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SYNTHESIS

THE FEMALE GENITAL MUTILATION FROM POINT OF VIEW OF MEDIATION

THE CUT ROSES

A short presentation

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The female genital mutilations and the Intercultural Mediation

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1. Introduction

The work to introduce as final Thesis for the European Master in Mediation, wants to be a precious occasion to elaborate and to deepen the theme of the Intercultural Mediation. Currently Italy counts 1.600.000 immigrants; the number is going to increase; it is also because a country of transit for thousands of foreigners who arrive to Europe. It is well known that our societies will be multiethnic. To build a pacific cohabitation we need to aim to the immigrants' integration up to valorise the opportunities offered by their presence and to prevent the possible conflicts. In this sense the Intercultural Mediation could represent a resource and a fundamental tool. The Intercultural Mediation is a constructive practice which aims to facilitate the dialogue; it is a process activated to favour the understanding and the mutual recognition, promoting the availability to the meeting, stimulating the dialectical comparison in the respect of the mutual differences. Meeting and comparison all people of different cultures, that involves an extremely interesting creative potential and can have as effect the search of innovative solutions on the communicative and relationship plan; because this happens, it will be necessary to realize conditions that allow to every person to express freely and fully. It will be necessary, therefore, to increase the ability of integration of the community favouring more and more deeply the intercultural multilevel exchanges and relationships: not only multiethnic lunches, festival of music ethnic, but new ideas, new ways to read the reality, new thoughts. Then the Intercultural Mediation will be an exercise to do to emerge with entirely different vision "the conflict", seen in last analysis as source of wealth. The new society "welcomes" a multiplicity of typologies of conflict: subjective conflicts, intersubjective conflicts, conflicts among ethnic groups, etc. There is dissatisfaction about the way used by the juridical formalities to resolve, or to don't often resolve, the conflict, producing laws not fit, and sometimes neither those ones. In front of the explosion of the social complexities there is the urgent need to fill the voids of guardianship. Therefore this work is also born from the need and from the conviction that the practice of the Intercultural Mediation could give a valid contribution to the resolutions of many problems, that instead seem to be without solution, making vain and impotent the arrangements once fit because children of only one culture, where the free will, the legality, and the democracy are strongly put in discussion. To analyse and to deepen the phenomenon of the Female Genital Mutilations (FGM), also seeming a phenomenon of complex solution, the potentialities of the Intercultural Mediation in the resolution of such problem list would result clear. Before reforming the possible solutions, however it is important to know exactly all the facets and implications that invest the phenomenon of the FGM, and it is for this reason that they prefer to begin the treatment of the phenomenon departing from its origins, that seem to be millennial, remanding the known of the contexts, the conditions, the functions and the roles in which such practices wear out, all this to be better able to sustain and to facilitate a complex ac-

tion, as it could be that of the Intercultural Mediation. The interesting aspect of the work is focused on the interpretation of the factors that pull the practice, moved from the more various motivations like those ones religious, revealed unfounded, those ones economic, for the wealth attributed to a mutilated woman, those ones cultural and social, which are so ingrained to justify the exclusion and the sneer if they don't submit to them, those ones mythical and ancestral to be believe that, only with the mutilation, a woman can get free of the masculine part of which she is bearer from the birth. They prefer to continue with the detailed treatment of the sanitary consequences of the FGM, really to reform the urgency of the resolution, and to add to these, all the national and international juridical information to the purpose to be able to understand better what they have been done, or it is possible to do, it is also come out of one of the last international Conferences which took place in Bruxelles on the 10th and 11th December 2002, from which, as we will see subsequently have sprung only hypothesis and embryonic projects based on information-sensitization and on a more rigid application of the laws, despite the legal way that until now to have been seemed the less profitable, due to a scarce application and to an inadequate sanctions, without considering that an embitterment of the sanction has involved the secretness of such practices. In forecast of some hypothesis of intervention, they held opportune to deepen the knowledge of the phenomenon, through the articulation of a questionnaire, administered on the occasion of a conference about the dynamics and the relationships between victims and executioners, foreseeing the exigency to collect some dates and information around the knowledge, the opinions and the possible hypotheses of intervention regarding the phenomenon of the MGF in Italy and in the countries of origin. The elaborate results, surprisingly similar to the advanced proposals in Bruxelles during the International Conference "Stop FGM", have noticed how much our sample, even though small and statistically ineffective, predominantly formed by graduated women between the 40 and the 50 years, born and residents in the south Italy, has advanced hypothesis of intervention mainly founded on the information and on the legislative embitterment just as it was proposed in Bruxelles. The hypothesis of a possible intervention in intercultural circle, is born from the close examination of some thematic about the phenomenon, that have put in prominence the ineffectiveness of the legislative application, and from the interpretative analysis of some testimonies released by young immigrated men, mainly mutilated women husbands, who communicated an entirely new awareness of the phenomenon, from the sexual, affective, and sanitary point of view. But, the principal exigency of a project of mediation usually foresees the individualization of the parts in conflict. Which would be the involved parts concerning the phenomenon of the FGM?

- cultures
- institutions
- operating
- immigrated

The project in hypothesis has been structured in little cycles, interesting various contexts and different categories of people:

- Scholastic contexts, nursery school, primary school, secondary school;
- Social – sanitary context, outpatients' department and family doctor;
- Territorial reality as centre of reception and listening;

and different categories of people:

- Among singles
- Between singles and groups
- Among groups more or less formal
- Between singles and operators
- Between singles and organizations (and respective culture and sub culture)
- Between singles men and singles women

The method could be based on four important points:

- To "separate" the people from the problem
- To concentrate themselves on the interests and not on a positions
- To generate a range of possibilities before deciding
- To work so that results can be measured in objective way

At last, the concretization would pass by forms of:

- comunication & metacomunication
- containment & reassurance
- connect between subject and services.

Among all those possible, and not denying the efforts in national and international field operated until with various title, it has been hypothesized an intervention, not only, put to comparison the parts that have been less involved in the phenomenon, and that have been less involved in the phenomenon, and that seem to have a preponderant role in the perpetuation of such phenomenon: the young immigrants, but above all that feds doubts and it sows uncertainties, to stimulate new answers. From this, the idea to be able to try an intervention of Intercultural Mediation on the immigrants, not still found in literature and in projects of European intervention, mainly focused on the transformation of its own convictions, which have been tested false and inopportune to the guest culture, and of the sanitary consequences in which its own women incur. Such hypothesis of intervention, confirms, new within the techniques of intercultural mediation, not having found elsewhere some type of similar hypothesis, it would seem conceited, wanting to hypothesize resolutions there where other directives applications, would not still have given appreciable answers. Our notice, an intervention founded upon techniques of intercultural mediation, would cooperate with the matters already in itere, thanks to the multidisciplinary approach, profit to face the problem. Starting from such hypothesis, moving from an objective of sensitization and initial information, it is established to go down "inside", mainly proposing to the interested parts, in this case the men, the opening to a world considered by them "side". The objectives of the project

however cannot be thought decisive. It would be therefore inopportune to create utopian expectations, to the non-existence of similar experiences and the not verified practical application of this last one. In fact what is established cannot be finalized to the complete extinction of the practice and the objectives would be already considered reached, if a dialogue and the adjustment to the "culture of the least damage" could be obtained, foreseeing at least the sanitary control of the practice or its symbolic substitution with less harmful ritual of equivalent transition.

2. The FGM

2.1. The phenomenon

It is possible to count 135 million, according to the World Health Organization, the girls and the children that have suffered sexual mutilations and every year other two million added to. The FGM are practiced especially in Africa and in some countries of the Middle East (Egypt, Yemen Emirate Arabs). There are also cases of mutilations in some parts of Asia, America and Europe (in Italy too) inside immigrants' communities .

2.2. What the Genital Mutilations are

Three types of genital mutilations exist: the clitoridectomy in which all or part of the clitoris is removed; the excision that consists in the removal of clitoris and of the small lips; the infibulation, the most extreme form, that foresees beside the clitoridectomy and the excision also the scraping of the great lips that will stick and held together, so that, once scared they will cover completely the opening of the vagina, apart a small orifice that will serve to make to flow out the urine and the menstrual blood. The type of mutilation, the age of the victims and the formalities depend on different factors among which the ethnic group of affiliation, the country and the zone (rural or urban) in which the girls live. In the Tigrai the mutilation is practised seven days after the birth, in the other zones in the first pregnancy above all it is practised between the fourth and the eighth years of life. For the mutilation are also used broken glasses, cover of cans, scissors, razors or other sharp objects. If the infibulation takes place to assure the adherence of the great lips are used thons of acacia horses' threads and the legs are kept together for a period of forty days. To favour the cicatrisation on the wound is applied a mixture of grasses, milk, eggs, ash and dung.

2.3. The historical origins

The practice has its own the origin in ancient Egypt. According to a legend the gods were en-

dowed with a bisexual nature, nature that is also inherited by the man. Signs of this double nature are the prepuce in the man and the clitoris in the woman. Only eliminating them, man and woman would have recovered their true nature. The clitoris is one of the more demonizzatis human organs. The legend upon it are varied and curious. For a lot of African etnies it was, for instance, considered as an incomplete fault that would have damaged the sexual union and a possible child. But the reason, of such a noise around this organ was tied up to the woman's sexual pleasure. The ancient Romans, already, practised the abscission to prevent their slaves to fornicate. In reality the abscission is born as a form of control on the woman of the sexual pleasure, the possibilities that the woman betrays her man will decrease. But nowadays it is very difficult to explain all this. The practice is become tradition, it is done without any discussion.

2.4. The physical consequences

The mutilation causes an intense ache, it provokes shock and post-operating haemorrhages that can bring the children to died. Permanent damages can be caused to the near organs like abscesses and benign tumours to the nerves that innervated the clitoris. The use of not sterilized tools, of thorns of acacia and horsehairs provoke infections, and it can be vehicle of transmission of HIV. In the cities they have tried to sweeten the practice using the anaesthesia. Besides hygienic conditions are better compared to those ones of the rural area. The consequences are the same, but the initial ache is sparade to the child. Looking to the infibulation the complications are more serious. The long retention of urine develops infections that can interest both the urinary line the kidneys and the vagina. The stagnation of the menstrual flow can provoke infections to the reproductive apparatus that can bring to the sterility. When the girls will become adult their first sexual relation will beaching and often it is necessary to practise a cut to the great lips before the sexual relation. It is also necessary before the birth, otherwise the child could not come out. After the birth the women are often reinfibulation. The widening and the narrowing of the vaginal opening to every birth creates painful adherences and wide scars to the whole genital area.

2.5. The psychological consequences

It presents much more difficulties to study the psychological effect of the mutilation then those physical ones. All the collected testimonies talk about of anxiety, terror, sense of humiliation and betrayal, whose effects will mark for a long time. Some experts suggest that the shock and the trauma of the operation can concur to proof the women to be more stilled and malleable, qualities very appreciated in the societies that practise the genital mutilations.

2.6. The motivations of practice

The reasons that bring to practise the sexual mutilations can be divided into five mastergroups.
- *Cultural identity:* in some societies, the mutilation establishes who is part of social group and its practice kept up for safeguarding the cultural identity of the group.
- *Sexual identity*: the mutilation is judged necessary because of a girl becomes a complete woman. The removal of clitoris and the small lips, masculine part of the woman's body are essential to exalt the femininity, often synonymous of malleability and obedience.
- *Control of the sexuality*: in a lot of societies there is the conviction that the mutilation reduce the woman's sexuality desire, reducing therefore the risk of sexual relations out of marriage. It isn't believed possible that a non mutilated woman could be faithful for her own choice. The sexual mutilations reduce the sensibility but not the desire, that depends on the psyche.
- *Beliefs on hygiene, aesthetics and health*: the hygienic reason bring to believe that the outside genital female are 'dirty'. In some culture is thought that the genital can grow until to arrive 'to hang among the legs, if the clitoris is not chopped off. Some groups believe that the contact of the clitoris with the penis of a man would cause the death of it; others that if the clitoris touched the head of the newborn, during the birth, he would die.
- *Religion:* the practice of the female genital mutilations is foregoing to the Islam and a great part of the mussulmanis theory don't use. Nevertheless during the centuries this custom has acquired a religious dimension and the populations of Islamic faith that apply as motivation the religion. The Koran doesn't speak about the mutilations, there are only some hadiths (mottos attributed to the prophet) that wave to it. In one of them we can read Mohammed assisting to practise an excision had told the woman who practised it: "When you engrave don't exaggerate, by this way her face will be shining and her husband will be entranced". The genital mutilation is also practised by Catholics, Protestant, animists, Copts and falasha (Hebrews Ethiopians) in the various interested countries.

2.7. The international legislation

The international efforts to rooting the female genital mutilation have a long history, but it is only in this century, thanks also to the increasing pressure of the African female organizations, that concrete results have been reached. The Committee on the Human Rights of the United Nations lifted the problem of the female genital mutilations in 1952 and this matter was for a long time object of studies and debates. At last in 1984 the U.N. created to Dakar, a "Committee interafrican on the prejudicial traditional practices for the health of the women and of her children" (IAC) to coordinate the activities of the non government Africans organizations (ONG). The most impor-

tant aim of the IAC was to give life to campaigning of sensitization and formation for local activists, midwives and authoritative members of the local communities. Beginning from the years '90 the female genital mutilations were recognized by the international community as a serious violation of the rights of the women and of the children. In the "Declaration on the violence against the women" of 1993, the FGM were declared a form of violence towards the woman and in 1994 the collaboration between the agencies of the U.N. and the ONG brought to the launching of a Plan of action to eliminate the prejudicial traditional practices for the health of the woman and of the children. This intention was then reaffirmed with the Lecture in Peking in 1995. In September 1997 the IAC held a conference for jurists in the centre of the organization for the African unity (OUA) in Addis Abeba that elaborated the Paper of Addis Abeba, a document asking to all the African governments to employ themselves for rooting (or a drastically reduce) the female genital mutilations within 2005.

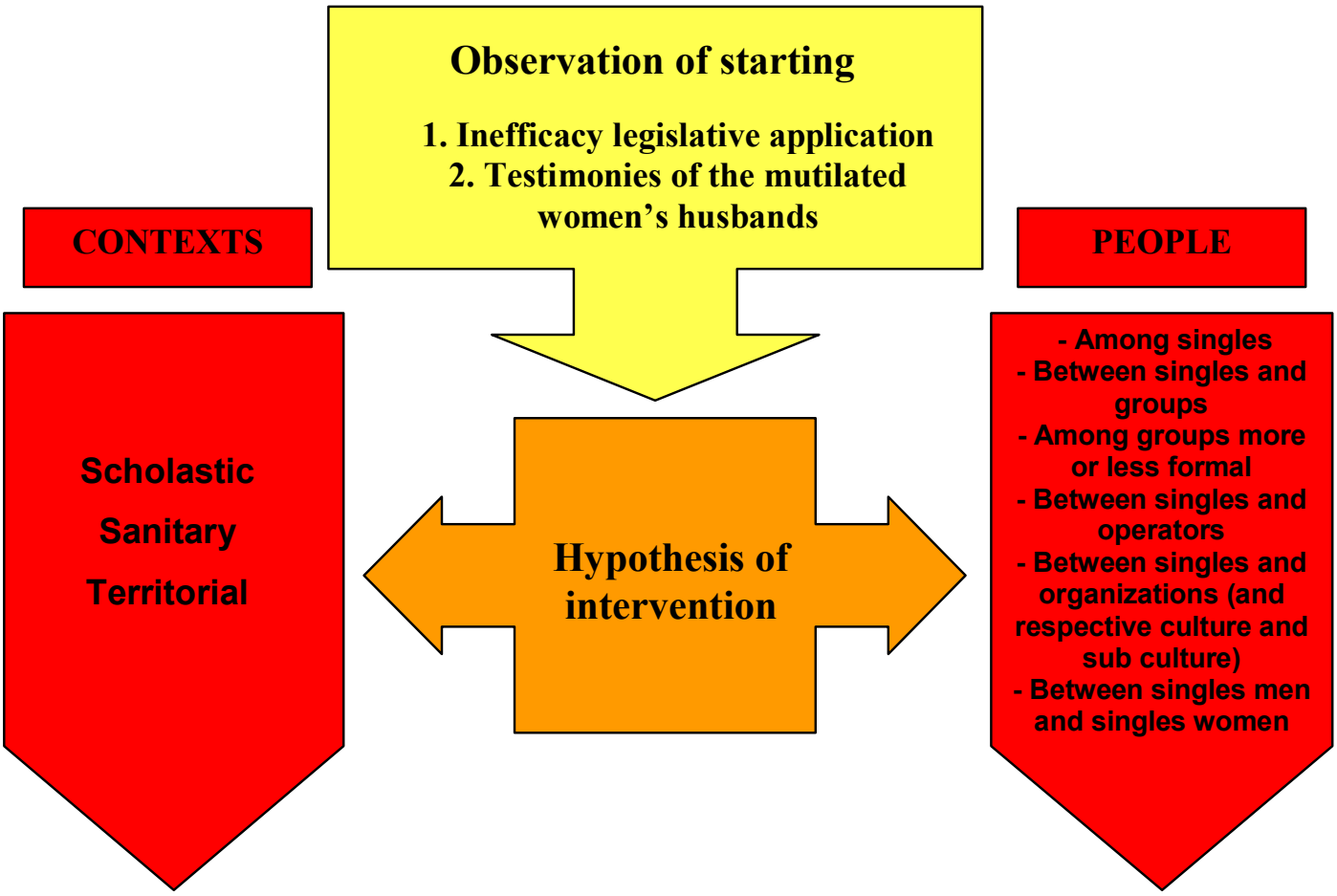
2.8. The infibulation in Italy

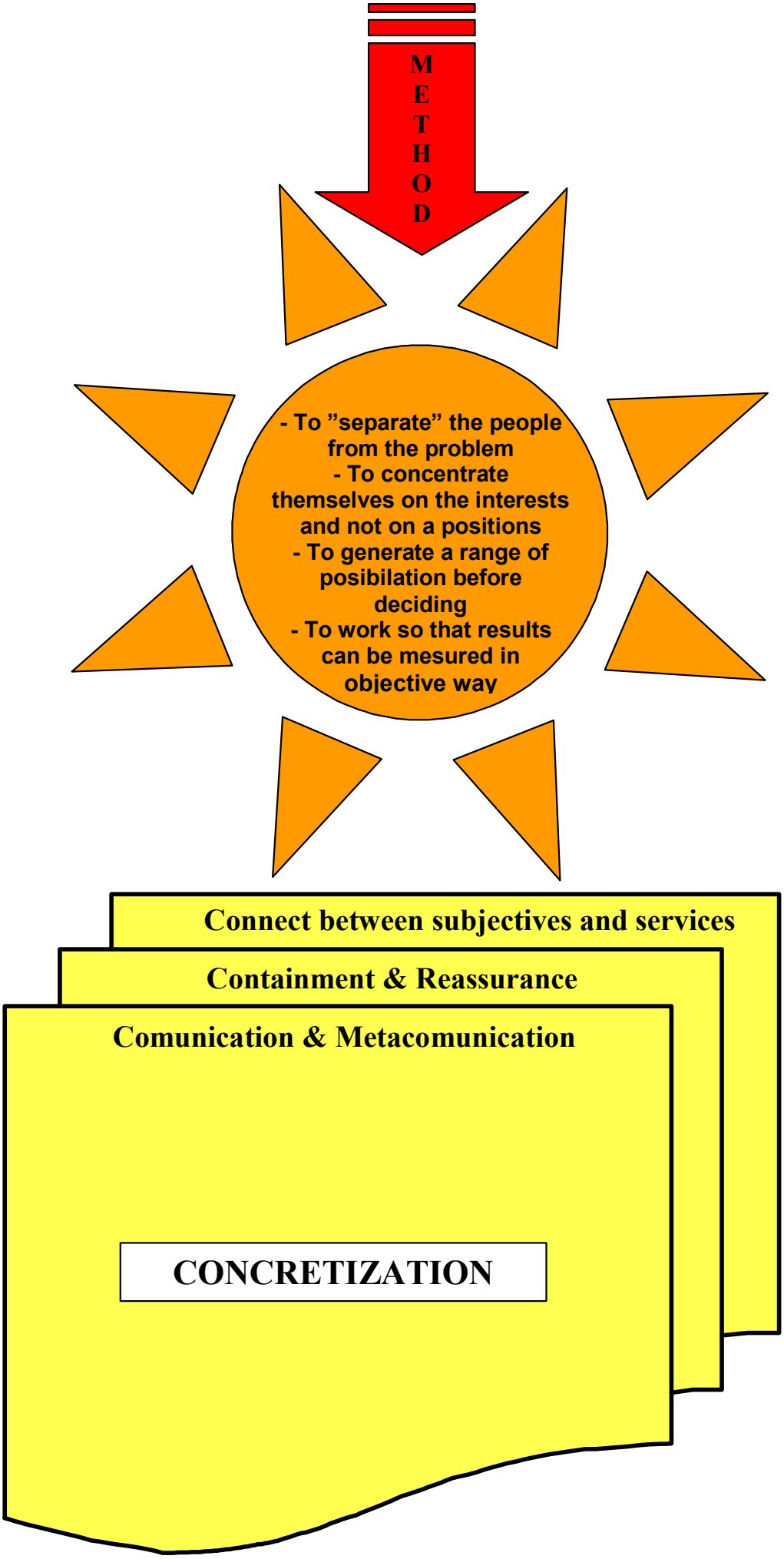
In our country live around 38000 women infibulate or excised and 20000 children "to risk" because of they belong to community where such mutilations are practised. These are the data emerged by doctors Aldo Morrone and Gennaro Francos study introduced within the sixth international meeting "Culture, Health, Immigration" developed in Rome in November 1999. In the nineties a lot of women have arrived in Italy from countries (Egypt, Somalia, Ethiopia, Eritrea) in which the infibulation is the norm. Physicians and midwives are so in front of a new reality. A lot of women ask to the physician who has them deinfibulation to give birth, be closed again, as it imposes the tradition of their country of origin. In other cases, it turns us, to the sanitary structures to mend the damages of the infibulation. This is the case of the adopted children in Italy who had already suffered the infibulation. In Italy, there isn't a specific legislation, but the practice it is implicitly forbidden (serious lesions, penally punish), but the problem is above all of cultural nature. For a woman tied up to her own community of origin don't be resumed after the birth is a mark of shame, even if she live in Rome or in Milan. Therefore, there is, to prepare the Italian physicians to such situations, holding well in mind that, in the respect of the different cultures, the fundamental rights of the person must however be safeguarded. An account is, the chador, another is a permanent mutilation.

3. Hypothesis of intervention of Intercultural Mediation within the FGM

Currently, compared to the FGM resolution, projects have been foreseen and realized up to the formation, sensitization and prevention, but above all focused to the legislative aspect operating

with most dictates and penalization. But many questions are still opened what wonders us is how much a law can be considered propitious compared to such a rooted phenomenon to prefer the punishment to the infringetion of her own cultural identity, behaving in some cases also situations of clandestinity. To parliamentary level the question is felt very much and many countries are persuaded to accept the women who risks the infibulation as politics sheltered. As said the problem is ample and complex and despite to the numerous interventions we are still in the position that thousand of children could incur in the FGM. We judge fundamental, up to the confusion that flutters around the phenomenon to succeed to stamp e/o to care a form of communication that promotes an agreement at least on the language and on its symbolism. A valid example could be that one discovered in literature, reading women testimonies that, even though reticent, have accepted to give specific interviews. It come out that while for us was infibulation resulted, cut, slash, mutilation, for them it was just "the seam". What for us, young occidental women, is on inadmissible crime, for them it represents the result of their "flowering." The complexity of the management of such a problem is already recognized by the type of initial approach, considered by the same involved women as strongly invading. The sphere in which we are moving has been considered for centuries from these women as inviolable, and they have "felt" the interventions as real cries, violence on the violence. It is easy deduced the whole delicacy and the brittleness of the theme that requires feel and proximity, understanding, support and a comparison that mustn't be asymmetrical, ethnocentric, but must help to sustain that sense of guilt that is born and in




METHOD
- To ”separate” the people from the problem
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ready tried. To interpret and to look without condemning the life of these women can be the right key to open to the comparison and to new solutions. To bring the women to confide their lived to her own companions without no shame nor fear, could involve another valid contribution. A man that leans out to the sufferings of his own woman will set himself serious questions about the hanging over of such practices and, not by chance, we have quoted, more times "the man" as a fundamental resource to interrupt the generational cycle in regard to the obligation of such practice. From this dictate, it seems us that the mediation, also not denying the limits and its possible failures, results to be the practice that could better answer to the demands of empathic communication, of touch, of symmetry, of negation of unknowing judgments, of support and of comparison "not howled." Conquests that have established objective of such course, however ask for long and structured trials. Our project, in fact, is thought of phases and underphases that would contemplate to objective more and more complexes. In a first phase, our aim is the communication, a simple dialectical trading characterised by one rule, that one of hand themselves lacking from every prejudice. A second phase would aim to extend the express contents in the preceding phase analyzing the motivations and the lived subtended. A third phase then, would still aim to stimulate those proposals to be born by the same parts in comparison. A fourth grade phase, would be tense finally to verify the possible results. The configuration of such project would allow for his "simplicity" to eventually be applied and, obviously set, to any "part" represented, (operating-immigrant-institution-cultures).

3.1. Cognitive investigation on the theme of the FGM

Such hypotheses of intervention have been confirmed and strength on the base of the results of a cognitive investigation around the phenomenon of the MGF and hypothesis of intervention (see enclosures), on purpose built in the circle of the realization and organization of a National Lecture of Studies, to which we have participated inside the organizational reception office, developed the days 8th and November 9th 2002 close to the Judicial Psychiatric hospital "Filippo Saporito" of Aversa, with the title "Victims & Executioners", taking advantage of the big flows of public and employees foreseen, through questionnaire with open and close administered to the intervenes, from which it was possible to deduced, compared to sprung by the last International Conference held 10 and December 11th 2002 in Bruxelles on the theme of the FGM from the title "Stop FGM" (see enclosure), that possible hypotheses of intervention were individualized similarly projects of information on the spot and in the guest states, and in legislative decrees more and more rigid, acted to repress the phenomenon. In the specific of our search and of the elaborate data on the conformity champion of 141 subjects, the statistic elaboration of the registry data has shown us a greater representation women born and resident in the south of Italy, aged between the 40

and 50 years and with a title of university study. Such datum results fundamental for the interpretation of the following ones, respect to the knowledge of the phenomenon, but above all to the hypotheses of intervention suggested. A female champion, would seem not by chance, mostly involved and competent around the theme in matter, but we mustn't underestimating the masculine champion, represented by 39.6%. Around the knowledge of the phenomenon, this is on unespected data, the in conformity champion is seemed enough informed around the phenomenon of the FGM, apart for the normative existing, that we hypothesize known and inclusive at least from the 10% of the in conformity subjects. Regarding the motivations of such practice, the % attribute them to a consequence of the culture. At last, the knowledge "Enough" of the phenomenon, that the champion is attributed himself, it seems to us believable, also on the base of the following answers. Finally, respect to the most interesting hypotheses of intervention suggested by our in conformity champion, as already mentioned, around the 90% is seemed inclinable for in informative interventions near the countries of origin, against the 57% for the legislative embitterment. Of these only the 28% has held interesting to suggest interventions of mediation freely recommending: processes of globalization, generational interchanges, economic investments and crusades of occidental acculturation. Regarding the hypotheses of intervention on the guest territories, and particularly in our case, in Italy, the hypotheses of informative interventions have gone down until the 65%, to help to go up again those of legislative embitterment up to 90.8%, showing a greater trust in its own juridical system. Only the 57% seems to have recommended interventions of intercultural mediation, besides the institution of campaigns of sensitization, control of the immigrations, interventions of scholastic acculturation, comparison of the respective cultures and customs. All together, the only words listened during the International Lecture "Stop FGM", thanks to the internet technology that has allowed connections in deferred to the single sections and interventions (www.stopfgm.org), they hypothesized interventions, on the place and in Europe, exclusively of legislative and informative nature, without never mentioning, or hypothesizing, the intervention of the intercultural mediation, to the light of the results, that such interventions, already applied for a long time, have brought. We are not questioned why the type of hypothesis advance by us has not been sifted, we would like to think that it has not been considered only because the mediation "culture" isn't still felt very much, because it stirs on terrestrial still little beaten, because its application requires deep movements, but we also believe that it has outlawed because it excludes and overturns positions and powers.

4. Conclusions

A possibility to our disposition, to try at least t to limit the following of such practices, seems at last to resolve itself in the work of the Intercultural Mediation moving itself on the ground of the comparison, of the dialogue and of the common growth. An useful strategy, also in the guest

countries, is surely the information, that is to inform and to form those people which daily have to do with potential "subjects to risk", that is the relief operators (physicians, voluntary etc.), police's strengths, the teachers, etc…It will be fundamental therefore to create some competences able to strongly face a convinced mother persuaded of her convictions, without resorting to the legislative threat that would not have a great comparison if not perhaps that one of increasing the mutual hostility, and consequently to embitter the defence of her own essence and social identity. As it will be also important to look for a comparison with the future husbands (and fathers) of these children, because anybody mother will renounce to assure a future to her own daughter, until men that will refuse the genital mutilation won't exist. This is surely a project looking to a long way, that can be realized only through a process of mediation that doesn't criminalize the subject, but must bring him to feel more and more welcomed, protected and involved in the new social context, also without having been deprived of a good so precious and important as his own sexuality. A matter of such course and complexity, that recalls to an approach multidisciplinary, as it has been faced, in the attempt to frame it in a frame of intercultural mediation, new, experimental and deprived of any literary reference or structured hypothesis, elsewhere and before experimented, it cannot certainly be considered him exhaustive in a synthesis, that necessarily postpones it to the job from which it derives, perhaps more suit and rich of enclosures and fit close examinations to elucidate it and to elaborate all the aspects of it.

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Internet Links

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3. Equality Now: *http://www.equalitynow.org/*
4. Female Genital Mutilation Education and Networking Project: *www.fgmnetwork.org/*
5. FORWARD - Foundation for Women's Health, Research and Development: *http://www.forward.dircon.co.uk/*
6. International Planned Parenthood Federation (IPPF): *http://www.ippf.org/fgm/*
7. Johns Hopkins University Center for Communication Programs, Media/Materials Clearinghouse M/MC: *http://www.jhuccp.org/mmc/fgm/index.stm*
8. National Organization of Circumcision Information Resource Centers (NOCIRC): http://www.nocirc.org/
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10. Promotion of Initiatives to Eradicate Female Genital Mutilation (FGM): *www.gtz.de/fgm*
11. Reproductive Health Outlook (RHO): *http://www.rho.org/html/hthps.htm#*
12. Rising Daughters Aware: *http://www.fgm.org/*
13. Stop FGM: *www.stopfgm.org*
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15. United Nations Development Fund for Women: *www.unifem.undp.org/fgm.htm*
16. United Nations Population Fund (UNFPA): *www.unfpa.org/tpd/gender/fgm.htm*

ALLEGATO 1

On the occasion of the World Human Rights Day, the promoters of the International Campaign against Female Genital Mutilation "*STOP FGM: an international campaign to eradicate Female Genital Mutilation*" organise in Brussels, on **10 and 11 December 2002**, the "STOP Female Genital Mutilation" Conference.

The Conference aims at presenting the "Stop FGM" campaign and making public the International Appeal against Female Genital Mutilation, **launched on the initiative of African personalities and from the rest of the world.**

"Stop Female Genital Mutilation"
European Parliament - *Room 7C50 (PHS)*
Programme of the Conference

15.00 - 18.30 **1st Session**
An International Campaign: Why?

Chair : **Edna Adan Ismail,** Minister of Family Welfare and Social Development, Somaliland and **Gianfranco Dell'Alba,** MEP (NI) and Secretary General of No Peace Without Justice

Welcome remarks
Emma Bonino, MEP (NI)

The «STOP FGM» Campaign
Daniela Colombo, President of AIDOS, Associazione Italiana Donne per lo Sviluppo

Presentation of the "Stop FGM" website
Cristiana Scoppa, Head of communication, AIDOS, and **Giulia Spagnoletti Zeuli**, Project Manager, Agorà

Prevalence of FGM in African countries according to DHS Data
Stanley P. Yoder, DHS Project Co-ordinator, Macro International, USA

Prevalence of FGM in Europe: methodologies for the evaluation
Isabelle Gillette-Faye, sociologist, Director of GAMS, Groupe femmes pour l'Abolition des Mutilations Sexuelles

Legislating on female genital mutilation in countries where these practices are traditional
Me Mame Bassine B. Niang, Human Rights Commissioner, Senegal

Harmonising the existing legislative framework on FGM in the immigration countries
Linda Weil-Curiel, lawyer, President of the CAMS, Commission pour l'Abolition des Mutilations Sexuelles

Promoting information campaigns to bring about a lasting change in the behaviours
Moushira Khattab, Ambassador; Secretary General, National Council for Childhood and Motherhood, Egypt

Supporting field work of governmental and non governmental organisations
Morissanda Kouyaté, Secretary General IAC, Inter-African Committee against traditional practices affecting the health of women and children

17.30 - 18.30 **Debate**

18.45 - 19.30 ***"Because you are a girl"***
Multimedia Performance
Salle Polyvalente - PHS1
Joy Amma Kesewa Frempong
Artist presented by Fabrica

11 DECEMBER 2002

9.30 - 13.00 **2nd Session**
Towards a Common Action Plan

Chair : **Daniela Colombo**, President of AIDOS and **Moushira Khattab**, Ambassador; Secretary General, National Council for Childhood and Motherhood, Egypt

The Resolution of the European Parliament on against FGM
Anna Karamanou, MEP (PSE), President of the Committee on Women's Rights and Equal Opportunities

The role of the European Commission in the fight FGM
Peter Ashman, European Commission, EuropeAid, Democracy and Human rights Unit

The right of asylum in front of FGM
Mary Collins, European Women's Lobby

Research and evaluation as an instrument for better interventions to prevent FGM
Heli Bathija, Department for research in reproductive health, WHO

Presentation of a dictionary project of FGM
Sophie Bessis, journalist

10.45 - 11.00 **Coffee Break**

The Media Model Campaign against FGM in Tanzania
Ananilea Nkya, Director of TAMWA, Tanzania Media Women's Association

Including programs for the prevention of the practice in reproductive health policies: Amanitare Network
Nahid Toubia, President of RAINBO, Research, Action and Information Network for the Bodily Integrity of Women

Intensifying the collaboration between outset and host countries organisations
Khady Koïta, President of the European Network against the Traditional Practices, in particular FGM

12.00- 13.00 **Debate**

13.00 - 15.00 **Lunch**

15.00 - 18.00 **3rd Session**
Presentation Ceremony of the International Appeal against FGM

Chair : **Emma Bonino**, MEP and **Me Mame Bassine B. Niang**, Human Rights Commissioner, Senegal

Message from **Anna Diamantopoulou***,* European Commissioner for Labour and Social Affairs

Lecture of the International Appeal
Chantal Compaoré, First Lady, Burkina Faso

Round Table
Loren Bangura, "FGM" Co-ordinator, Sierra Leone
Mary Banotti, MEP (PPE)
Kathalijne Buitenweg, MEP (Greens)
Monica Frassoni, MEP, President of the Group of the Greens
Amna Abdul Hassan, Director of the National Committee on Traditional Practices, Sudan
Edna Adan Ismail, Minister of Family Welfare and Social Development, Somaliland
Lousewies van der Laan, MEP (ELDR)
Miet Smet, MEP (PPE)
Saumura Tioulong, MP, Cambodia
Elena Valenciano, MEP (PSE)
Antonio Vitorino, European Commissioner for Justice and Internal Affairs
Debate

18.15 - 18.30 Conclusions

ALLEGATO 2 - La ricerca sulla conoscenza del fenomeno e sulle ipotesi di intervento: il questionario e l'opuscolo informativo, le tabelle dei dati, gli istogrammi dei dati elaborati.

Il Questionario e l'opuscolo informativo

Numero progressivo_____

Prima Batteria

INDAGINE CONOSCITIVA SUL FENOMENO DELLE MUTILAZIONI GENITALI FEMMINILI E SULL'INFIBULAZIONE

Gentile partecipante, nell'ambito del Convegno al quale Lei è convenuto, Le saremmo grati se volesse rispondere ad alcune domande qui di seguito riportate, circa un tema che ci sembra inerente a quello del Convegno stesso, al fine di indagare circa la diffusione della conoscenza del fenomeno in questione.

Una volta completata la prima batteria di domande, La preghiamo di consegnarla all'apposito punto di raccolta dove Le verranno restituiti un piccolo opuscolo informativo sul fenomeno, ed una seconda batteria di domande, alle quali La preghiamo nuovamente di rispondere dopo aver letto l'opuscolo.

Nel ringraziarLa del tempo dedicatoci, La preghiamo, infine, di voler restituire il secondo foglio di domande presso lo specifico punto di raccolta, ricordandeLe che per qualsiasi dubbio o domanda potrà rivolgersi allo stesso punto di raccolta e al personale addetto.

Grazie.

DATI ANAGRAFICI

a1. **Luogo di nascita:** ☐ Nord ☐ Centro ☐ Sud ☐ Isole

a2. **Luogo di residenza:** ☐ Nord ☐ Centro ☐ Sud ☐ Isole

a3. **Sesso:** ☐ M ☐ F a4. **Età:** _____

a5. **Titolo di Studio:** ☐ Elementare ☐ Medio ☐ Superiore ☐ Universitario

CONOSCENZA DEL FENOMENO

b1. **Conosce il fenomeno delle Mutilazioni Genitali Femminili e dell'infibulazione?** ☐ NO ☐ SI

Se ha risposto NO a questa domanda, consegni questo foglio e legga il successivo opuscolo informativo che le verrà consegnato per rispondere poi alle domande successive, altrimenti, se ha risposto SI a questa domanda, continui a rispondere alle sottostanti e consegni il tutto. Grazie.

b2. **Che grado di conoscenza ha del fenomeno?** ☐ Superficiale ☐ Sufficiente ☐ Buona ☐ Ottima

b3. **Sa in quali parti del mondo è maggiormente diffuso il fenomeno?** ☐ NO ☐ SI

b4. **Se SI, quali?** ☐ Europa ☐ America ☐ Asia ☐ Africa

b5. **Conosce la diffusione del fenomeno in Italia?** ☐ NO ☐ SI

b6. **Conosce le motivazioni della pratica?** ☐ NO ☐ SI

b7. **Attribuisce le motivazioni di tale pratica, maggiormente alla:**

☐ Cultura ☐ Salute ☐ Economia ☐ Religione

b8. **E' a conoscenza delle normative legiferate circa il fenomeno?**

☐ NO ☐ SI

Opuscolo informativo

Il fenomeno

Sono almeno 135 milioni, secondo l'Organizzazione Mondiale della Sanità, le ragazze e le bambine che hanno subito mutilazioni sessuali e ogni anno se ne aggiungono altri due milioni. Le MGF sono praticate soprattutto in Africa e in alcuni paesi del Medio Oriente (Egitto, Yemen Emirati Arabi). Vi sono anche casi di mutilazioni in alcune parti dell'Asia, nelle Americhe e in Europa - compresa l'Italia - all'interno delle comunità di immigrati.

Cosa sono le Mutilazioni Genitali.

Esistono tre tipi di mutilazioni genitali: la clitoridectomia in cui viene tolta tutta, o parte della clitoride; l'escissione che consiste nella asportazione della clitoride e delle piccole labbra; l'infibulazione, la forma più estrema, che prevede oltre alla clitoridectomia e all'escissione, anche il raschiamento delle grandi labbra che vengono poi fatte aderire e tenute assieme, così che, una volta cicatrizzate, ricoprano completamente l'apertura della vagina, a parte un piccolo orifizio che servirà a far defluire l'urina e il sangue mestruale.

Il tipo di mutilazione, l'età delle vittime e le modalità dipendono da molti fattori tra cui il gruppo etnico di appartenenza, il paese e la zona (rurale o urbana) in cui le ragazze vivono. Nel Tigrai la mutilazione viene praticata sette giorni dopo la nascita, in altre zone alla prima gravidanza, ma nella maggior parte dei casi l'età è compresa tra i quattro e gli otto anni.

La pratica

"..Subii la mutilazione quando avevo 10 anni. Mia nonna mi disse che mi portavano al fiume per una cerimonia particolare e che dopo avrei ricevuto molto cibo da mangiare. Ero una bambina innocente e fui condotta, come una pecora, al massacro. Entrate nella boscaglia fui condotta in una casupola buia, e spogliata. Fui bendata e denudata completamente. Due donne mi trascinarono nel luogo dell'operazione. Fui costretta a sdraiarmi sulla schiena da quattro donne robuste, due mi afferrarono saldamente ciascuna gamba. Un'altra si sedette sul mio petto per impedire che la parte superiore del mio corpo si muovesse. Mi ficcarono a forza un pezzo di stoffa in bocca per impedirmi di urlare. Poi fui rasata. Quando l'operazione iniziò, cominciai a lottare. Il dolore era terribile ed insopportabile. Mentre mi divincolavo fui mutilata malamente e persi molto sangue. Tutte quelle che prendevano parte all'operazione erano mezze ubriache. Altre danzavano e cantavano [...]. Fui mutilata con un temperino spuntato".

Hannah Koroma, Coordinamento Donne della sezione ghanese di Amnesty International

Per la mutilazione vengono anche usati vetri rotti, coperchi di lattine, forbici, rasoi o altri oggetti taglienti. Se ha luogo l'infibulazione, per assicurare l'aderenza delle grandi labbra vengono usate spine di acacia o fili di crine e poi le gambe sono tenute legate fra loro per un periodo di quaranta giorni. Per favorire la cicatrizzazione sulla ferita viene applicata una pasta a base di erbe, latte, uova, cenere e sterco.

Le conseguenze fisiche

La mutilazione causa intenso dolore, provoca shock ed emorragie post-operatorie che possono portare a morte le bambine. Vi possono essere inoltre danni permanenti agli organi vicini, ascessi e tumori benigni ai nervi che innervavano la clitoride. L'uso di strumenti non sterilizzati, di spine di acacia e di crini provoca infezioni, e può essere veicolo di trasmissione di HIV.

Nel caso dell'infibulazione le complicanze sono più gravi. Infatti, a lungo andare la ritenzione di urina sviluppa infezioni che possono interessare sia il tratto urinario e i reni che la vagina. Il ristagno del flusso mestruale può provocare infezioni a carico all'apparato riproduttivo che possono portare alla sterilità. Quando le ragazze diverranno adulte il loro primo rapporto sessuale è molto doloroso e spesso si rende necessario praticare un taglio alle grandi labbra prima del rapporto sessuale. E così pure prima del parto, altrimenti il bambino non potrebbe uscire. Dopo il parto le donne sono spesso infibulate di nuovo. L'allargamento e il restringimento dell'apertura vaginale ad ogni parto crea aderenze dolorose e cicatrici estese a tutta l'area genitale.

Le conseguenze psicologiche

Gli effetti psicologici delle mutilazioni sono più difficili da studiare di quelli fisici. Tutte le testimonianze raccolte parlano di ansia, terrore, senso di umiliazione e di tradimento, che possono avere effetti a lungo termine. Alcuni esperti suggeriscono che lo shock e il trauma della operazione possono contribuire a rendere le donne "più calme" e "docili", qualità molte apprezzate nelle società che praticano le mutilazioni genitali.

Le motivazioni della pratica

I motivi che portano a praticare le mutilazioni sessuali possono suddividersi in cinque gruppi principali.

Identità culturale: in alcune società, la mutilazione stabilisce chi fa parte del gruppo sociale e la sua pratica viene mantenuta per salvaguardare l'identità culturale del gruppo.

Identità sessuale: la mutilazione viene ritenuta necessaria perché una ragazza diventi una donna completa. La rimozione della clitoride e delle piccole labbra - "parte maschile" del corpo della donna - sono indispensabili per esaltare la femminilità, spesso sinonimo di docilità ed obbedienza.

Controllo della sessualità: in molte società vi è la convinzione che le mutilazioni riducano il desiderio della donna per il sesso, riducendo quindi il rischio di rapporti sessuali al di fuori del matrimonio. Non si ritiene possibile che una donna non mutilata si mantenga fedele per propria scelta. Nella pratica, le mutilazioni sessuali riducono la sensibilità, ma non il desiderio, che dipende dalla psiche.

Credenze sull'igiene, estetica e salute: le ragioni igieniche portano a ritenere che i genitali femminili esterni siano "sporchi". In alcune culture si pensa che i genitali possano continuare a crescere fino ad arrivare a "pendere" tra le gambe, se la clitoride non viene recisa. Alcuni gruppi credono che il contatto della clitoride con il pene di un uomo ne causerebbe la morte; altri che se la clitoride toccasse la testa del neonato, durante il parto, esso morirebbe.

Religione: la pratica delle mutilazioni genitali femminili è antecedente all'Islam e la maggior parte dei mussulmani non la usano. Tuttavia nel corso dei secoli questa consuetudine ha acquisito una dimensione religiosa e le popolazioni di fede islamica che la applicano adducano come motivo la religione. Il Corano non parla delle mutilazioni, esistono solo alcuni hadith (detti attribuiti al Profeta) che ne fanno cenno. In un di essi si racconta che Maometto vedendo praticare una escissione abbia detto alla donna che la praticava: "Quando incidi non esagerare, così facendo il suo viso sarà splendente e il marito sarà estasiato". A conti fatti le mutilazione genitali vengono praticate anche da cattolici, protestanti, animisti, copti e falasha (ebrei etiopi) nei vari paesi interessati.

La legislazione internazionale

Gli sforzi internazionali per sradicare la mutilazione genitale femminile hanno una lunga storia, ma è solo in questo secolo, grazie anche alla crescente pressione delle organizzazioni femminili africane, che si sono raggiunti risultati concreti. La Commissione sui Diritti Umani delle Nazioni Unite sollevò il problema delle mutilazioni genitali femminili nel 1952 e questa questione fu a lungo oggetto di studi e di dibattito. Finalmente nel 1984 l'ONU creò a Dakar, un "Comitato interafricano sulle pratiche tradizionali pregiudizievoli per la salute delle donne e dei bambini" (IAC) per coordinare le attività delle *organizzazioni non governative* (ONG) africane. L'obiettivo principale dello IAC era dar vita a campagne di sensibilizzazione e formazione per attivisti locali, levatrici e membri autorevoli delle comunità locali.

A partire dagli anni '90 le mutilazioni genitali femminili vennero riconosciute dalla comunità internazionale come una grave violazione dei diritti delle donne e delle bambine. Nella **Dichiarazione sulla violenza contro le donne** del 1993, le MGF vennero dichiarate una forma di violenza nei confronti della donna e nel 1994 la collaborazione tra le agenzie dell'ONU e le ONG portò al varo di un **Piano di azione per eliminare le pratiche tradizionali pregiudizievoli per la salute della donna e delle bambine**. Questa intenzione venne poi riaffermata con la Conferenza di Pechino nel 1995. Nel settembre 1997 lo IAC tenne un convegno per giuristi nella sede dell'Organizzazione per l'Unità Africana (OUA) ad Addis Abeba che elaborò la Carta di Addis Abeba, un documento che chiede a tutti i governi africani di adoperarsi per eradicare (o drasticamente ridurre) le mutilazioni genitali femminili entro il 2005.

L'infibulazione in Italia

Nel nostro paese vivono circa 38mila donne infibulate o escisse e 20mila bambine "a rischio" in quanto appartenenti a comunità in cui vengono praticate tali mutilazioni. Questi sono i dati emersi da uno studio dei dottori Aldo Morrone e Gennaro Franco presentato nell'ambito del sesto incontro internazionale "Cultura, Salute, Immigrazione" svoltosi a Roma nel novembre 1999. Negli anni novanta sono arrivate in Italia molte donne da paesi (Egitto, Somalia, Etiopia, Eritrea) in cui l'infibulazione è la norma. Medici e ostetriche si trovano così di fronte a una nuova realtà. Molte donne chiedono al medico che le ha deinfibulate per farle partorire, di essere richiuse, come impone la tradizione del loro paese d'origine. In altri casi, ci si rivolge alle strutture sanitarie per riparare i danni dell'infibulazione. È questo il caso delle bambine adottate in Italia da piccole ma che avevano già subito l'infibulazione. In Italia, pur non essendoci una legislazione specifica, la pratica è implicitamente vietata (lesioni gravi, punite penalmente), ma il problema è soprattutto di carattere culturale. Per una donna legata alla propria comunità d'origine non essere ricucita dopo il parto è un marchio di vergogna, anche se vive a Roma o a Milano. Si tratta, dunque, di preparare i medici italiani a situazioni del genere, tenendo comunque ben presente che, nel rispetto delle diverse culture, vanno comunque salvaguardati i diritti fondamentali della persona. Un conto è, infatti, il chador, un altro è una mutilazione permanente.

Numero progressivo _____

Seconda Batteria

OPINIONI

c1. **Secondo Lei le MGF sono una pratica:** ☐ GIUSTA ☐ SBAGLIATA

c2. **Bisognerebbe intervenire per abolire questa pratica?** ☐ NO ☐ SI

c3. **Per quale motivo?** _____

IPOTESI DI INTERVENTO (solo per chi ha risposto SI alla domanda c2)

d1. **Secondo Lei, per abolire il fenomeno delle MGF, bisognerebbe intervenire solo nei rispettivi paesi d'origine, oppure solo in Italia sugli immigrati, o su entrambi?**

☐ SOLO PAESI D'ORIGINE ☐ SOLO IN ITALIA ☐ ENTRAMBI

Che tipo di intervento ipotizzerebbe valido per la risoluzione del fenomeno…

d2. **nel paese d'origine?** ☐ INFORMAZIONE ☐ MEDIAZIONE

☐ RIGIDO CONTROLLO LEGISLATIVO

☐ ALTRO _____

d3. **in Italia?** ☐ INFORMAZIONE ☐ MEDIAZIONE

☐ RIGIDO CONTROLLO LEGISLATIVO

☐ ALTRO _____

COMMENTI: _____

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