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The mother to daughter transmission of Female Genital Cutting in emigration as evidenced by Italian survey data

1. INTRODUCTION

Female Genital Cutting¹ (FGC), defined as “the partial or total removal for non-medical reasons of the female external genitalia or other injury to the female genital organs”², is a traditional practice common in Africa and the Middle East found in at least 29 countries, with more than 125 million girls and women affected (UNICEF, 2013).

The international debate about FGC started in the 1970’s and initially framed opposition to FGC as a health issue. The health approach has, however, gradually fallen from favour adopting, alternatively, a human rights framework. The most recent approach attempts to combine the protection of human rights and the safeguarding of health (Shell Duncan, 2008). This topic has recently received great attention. In December 2012 the United Nations General Assembly adopted a resolution urging countries to ban female genital mutilation, calling it an “irreparable, irreversible abuse” (UN General Assembly, 2012: 2). Later, in 2013 the Regional Conference on Population and Development in Africa recognized that “the realization of human potential depends upon guaranteed rights of bodily integrity, including eradication of female genital mutilation/cutting” and the need to “protect the dignity and rights of women and girls by eradicating all harmful practices, including early and/or forced marriages and female genital mutilation/cutting, by adopting and enforcing laws that prohibit such practices, and by creating awareness

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¹ In 1990 the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children adopted the term “female genital mutilation” a terminology also shared in 1991 by the World Health Organization (WHO, 2008). However, as objections have been raised to this terminology the more culturally sensitive term ‘female genital cutting’ has become widely used among researchers and international development agencies (UNICEF, 2013). This term is also used in the Demographic and Health Survey (DHS) program and will be adopted along with its acronym through this paper referring to the practice. Occasionally terms as “circumcision”, “cutting” or ‘excision’ are employed for easier reading.

² The World Health Organization developed an internationally accepted typology that identifies four types of practices: type I or clitoridectomy, type II or excision, type III or infibulation and type IV that includes all other modifications (WHO, 2008; UNICEF, 2013).

around the harmful health consequences” (UNECA, 2013: 4). This approach has been strongly criticized especially in regard to the defence of multiculturalism (Londoño Sulkin, 2009; Smith, 2011). However, many African countries have taken steps to eliminate the practice, including educational programs and laws criminalizing FGC. As a result of these efforts there is evidence that the practice is declining (WHO, 2008; UNICEF, 2013).

International mobilization against FGC has also recently involved high income countries, as a consequence of the increasing presence of migrants from nations where the practice is widespread (Andro *et al.*, 2009; Farina, 2010). However little is known about FGC in immigration countries due to the absence of national surveys on this topic. The aim of this paper is to analyze the determinants of mother-daughter transmission of FGC in a country with massive migration such as Italy, on the basis of new a theoretical framework that will be proposed, discussed and tested, using original micro-data.

The paper is divided into five sections. The first section describes the recent changes in migration flows from Africa to Italy and their impact on the rising FGC issue among first and second generation migrants. The second section focuses on the theoretical framework and it includes two sub sections: the first concerns general theories of the FGC practice while the second proposes a framework for the study of FGC in migrant communities. The third section deals with the data, measures and the statistical methodology used in the analysis. The fourth section presents the results from descriptive and multivariate analysis. Finally the last section identifies the research findings and discusses their implications.

2. AFRICAN MIGRATION IN ITALY: IMPLICATIONS FOR THE NEED OF SURVEYS ON FGC

The growing interest in FGC among immigrants in Italy is due to the structural changes in the African immigrant population, which in recent years has become more numerous and proportionately more gender balanced. The most recent data released by the Italian Research Institute ISMU (the *Foundation for Initiatives and Studies on Multi-Ethnicity*) estimates the presence of approximately 1.2 million African migrants living in Italy (Blangiardo, 2013) which represents one in every four foreign citizens. The traditional long-term, male-dominated pattern of migration is still the most widespread model among African immigrants, but female-driven flows have increased in the last two decades (Adepoju, 2004; Campani, 2007). The percentage of men, which exceeded 60% in the early 90’s, has seen a decline of ten percentage points in 2011 (ISTAT, 2013). The feminization of migration flows has also made the migrants’ presence more stable. This process has been driven mainly by the growth of new and rejoined families: 75% of the foreigners in Italy are currently migrating with children compared to 25% in the eighties (ISTAT, 2013).

Female migrants from countries where FGC is widespread currently represent 34.7% of total African migrants (Farina, 2010). The growing number of women potentially living in Italy with the consequences of this little-known practice has triggered both the need to know how many mutilated female migrants currently live in the country and the factors related to the discontinuation of the practice. Results from FGC-targeted are essential in order to set appropriate national policies, for informed decision-making, to determine resource allocations, to monitor progress towards practice abandonment in emigration and to better plan health care assistance to circumcised women with special needs.

3. THEORETICAL FRAMEWORK

3.1 *General theories concerning FGC practice*

The theoretical analysis of the factors explaining the abandon of harmful traditional practices in migrants' countries of origin has increasingly recognized the direct effect of social norms on key aspects such as children's survival and respect for girls' and women's human rights. The study of the roots of FGC has been successfully framed in the perspective of social norms and social conventions (Mackie and Lejeune, 2009; UNICEF, 2013), an approach that proved to be useful in planning holistic and community-based campaigns aimed at the abandonment of the practice, such as the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting (2008-2013) and the programme developed by UNICEF with the European Union (2008-2012) (UNICEF, 2012, UNFPA-UNICEF, 2013).

According to this framework, a practice can be considered as a social norm or a social convention when individuals conform to a rule of behaviour because they expect that a sufficiently large segment of their social or reference group (e.g. ethnic or religious) will conform to that rule. In the case of a social convention, compliance with the rule is considered to be in an individual's best interest, while in the case of a social norm compliance is motivated both by expectations of social rewards for adherence to a given practice and by fear of social sanctions for non-adherence (Mackie and Lejeune, 2009; UNICEF-IRC, 2010; Paluck *et al.*, 2010).

The social convention theory uses game theory models to explain the dynamics of how social conventions and norms operate. It is used to explore the social dynamics of harmful traditional practices, and emphasizes the key role in their continuance of reciprocal expectations and the fear of sanction within a reference group. As individuals rejecting rules are likely to face criticism, social exclusion, stigma and their daughters' exclusion from the marriage market, it is difficult for isolated individuals to abandon a social norm.

This approach therefore focuses on the key role in changing social rules played by the rise of a critical mass, a number of people large enough to launch an ongoing process of group change, publicly standing against a social norm. The existence of a growing number of families rejecting a social norm on the basis of new beliefs has the potential to lead other groups in the intramarrying communities³ to follow their example in abandoning the practice. When the greater part of the community is persuaded to abandon a harmful traditional practice, a ‘tipping point’ is reached and the abandonment becomes permanent (Mackie and LeJeune, 2009; UNICEF, 2013).

Convention theory is not the only useful theoretical approach used so far to explain the continuance of FGC across communities. Modernization Theory and Feminist Theory have underlined the importance of other key factors supporting or undermining the continuance of the practice (Yount, 2002).

According to Modernization theory, economic development, increased urbanization, education, wage labour and easier communication are all factors expected to affect the prevalence of FGC as they imply the reduction of family control over individuals, the erosion of ties to family or ethnic group and a change of attitudes to marriage and to the position of women (Boyle *et al.*, 2002; Hayes, 1975; Kennedy, 1970).

Feminist scholars, meanwhile, have generally interpreted FGC as attempts by the patriarchy to control women, their bodies, and their sexuality (Leonard, 2000). According to this view men are considered the real, though hidden, perpetrators despite the fact that it is usually women themselves who arrange and carry out FGC (Daly, 1978). Other feminists recognize a more active role played by women in the perpetration of the practice, referring to its utility in defining their collective social identity, in acquiring protection and economic security through marriage and in increasing their authority in the family (Hicks, 1993). Despite these differences, all feminist theorists of FGC focus on women’s status and predict that a change in the prevalence of FGC will occur only with substantial changes in the opportunities open to women. As a woman’s status and level of empowerment increase, her dependence on her family and husband declines. It will, accordingly, be easier for her to take her own decisions about her daughter’s body (Althaus, 1997; El Dawla, 1999; Gordon, 1991; Hicks, 1993; Kennedy, 1970; Kassamali, 1998; Yount, 2002). Results from campaigns against FCG support these hypotheses, showing that direct support for the broader goals of reducing gender inequality and violence against girls and women contributes to the abandonment of other harmful practices (Unicef-IRC, 2010).

³ The intramarrying community is defined as the group of people who accept certain requirements and standards that make individuals marriageable. Membership of this group may cut across socioeconomic groupings and geographical/national boundaries (Mackie and LeJeune, 2009).

3.2. *A theoretical approach to the study of migrant communities*

FGC has so far been examined in homogenous or comparable cultural contexts, usually within the same country or neighbouring areas. However, as a consequence of migration, communities from practising countries are relocated into a context where FGC was previously unknown and is regarded as a human rights violation, punishable by law and often addressed in a moralizing tone with judgemental language. This could affect perceptions of the practice within migrant communities, but at the same time it denies the cultural meaning and symbolic values of the practice. The analysis of FGC among migrant communities poses therefore new theoretical questions.

Most European qualitative studies show a gradual abandon of the practice and a decline in many communities of favourable attitudes towards it, implying a lower risk of undergoing the practice for second generations than what would be expected on the basis of surveys conducted in home countries (e.g., Morison *et al.*, 2004; Johnsdotter *et al.*, 2009; Vloeberghs and Van Berkum, 2011; Farina, 2010; Behrendt, 2011). On the flip side, pioneering quantitative surveys on FGC in France, Italy and Germany suggest that FGC cannot be addressed merely by adjusting data from countries of origin and that predictions of intergenerational transmission based on trends observed in countries of origin may be strongly biased (Andro *et al.*, 2009; Farina, 2010; Behrendt, 2011).

A new theoretical framework for the analysis of intergenerational transmission of FGC should include effects of migrants' selection, a re-examination of the mainstream hypotheses including the effects of individual and community integration and re-socialization in the migration context as well as the role of legal norms. We will analyze all of these factors point by point.

Selection. Migrant populations are usually different in their socioeconomic characteristics from the overall national profile of the country of origin. Migration from poor countries may be disproportionately expensive, resulting in a subpopulation belonging to the countries' higher and middle classes (Chau, 1997; Carrington *et al.*, 1996; de Has, 2010). Accordingly, results from studies in the European context show that the proportion of first-generation migrants who were cut before migration is closer to that observed among urban, highly educated, wealthy families than to the national average (Farina, 2010; Behrendt, 2011).

This finding suggests that, at least for economic migrants, we should consider our analysis through the lens of the Selection Hypothesis before moving to other factors. Characteristics such as high levels of education or wealth are usually related to a lower prevalence of FGC and the highest levels of opposition to the continuance of the practice. One reason that we have seen lower levels of FGC prevalence among first generation women along with a willingness to abandon the practice on their daughters is the women's

belonging to groups more inclined toward discontinuing the practice, even in their country of origin. Nonetheless in a few countries, like Nigeria, Mali or Guinea, these same features were related to a greater prevalence and higher levels of support for the practice (NPC and ICF Macro, 2009; UNICEF, 2013). Belonging to ethnic groups that support FGC is a driving force among these communities. As a consequence, higher prevalence rates were observed among overseas communities (e.g. among Nigerians) as compared to the estimated national level (Farina, 2010; Behrendt, 2011).

Re-examination of the Convention Theory. Emigration brings contact in such settings as work, school or church/mosque with multiple reference groups comprising both natives and other ethnic minorities. Membership in multiple, complex social networks may reduce the importance of community members' normative expectations to continue the practice of FGC. Additionally, as the prevalence rates of FGC among immigrant communities is generally lower than that found in the countries of origin (Farina, 2010; Behrendt, 2011), members of practising groups may have more opportunities to observe that uncut women from their own country of origin do not experience negative sanctions, potentially changing their initial opinions regarding the practice. Another important factor is the desire for an appropriate marriage that is one of the main motivations for the continuance of FGC across practising communities and is one of the main driving forces toward mutual expectation within families (Mackie and Lejeune, 2009). We hypothesize that based on this reason the support for FGC may be substantially reduced among communities with a high percentage of mixed couples (between citizens of practising and non-practising countries). Conversely the practice is likely to be regarded as more important in communities with a high level of homogamy or where marriages are frequently conducted between people from families still located in the country of origin.

Migration is also likely to lessen the influence of ethnicity and religion. The link between ethnicity and FGC is likely to fade if the need to be recognized in the community of origin is dampened by contact with multiple reference groups because FGC is typically used to reinforce identity within one's own community. In fact, migration contexts may have different impacts on communities depending on their overall degree of social integration. Accordingly, some researchers have put forward the hypothesis of a direct correlation between segregation and the continuance of harmful traditional practices abroad: the lower the integration the higher the need to preserve the traditional practice (Barth, 1969).

Religion is also often considered an important factor in the continuance of FGC. Emigration can play a crucial role since it is quite frequent in receiving countries to have contact with non-practising groups belonging to the same religion. Studies among Mandinga and Somali immigrants in Europe have shown that contact with a broader Islamic community in which FGC is

often not practiced has called into question the link between tradition and religion, leading to support for the abandonment of the practice (Johnson, 2007; Johnsdotter, 2007).

Re-examination of the feminist theory. The migrants' new social environment may also reduce the impact of conditions that support the practice such as patriarchy and unbalanced gender relations (Mackie and Lejeune, 2009). Patriarchal institutions include socioeconomic subordination, which makes women dependent on marriage for their material well-being and therefore unable to risk not having FGC when it is a requirement for the union. They also imply social norms ensuring that women have little voice in some of the key matters affecting them and their children. Patriarchy is therefore a supporting condition of the practice, and when patriarchal institutions and norms are changed, the path to abandonment is eased (Mackie and Lejeune, 2009; Gruenbaum, 2001). Accordingly, some scholars have attributed an expected decline in the support for FGC in overseas communities to female immigrants taking advantage of the resources and possibilities available in their new environment, such as education or the ability to earn wages. Preservation of the practice is more likely in families where immigration indirectly enforces gender inequalities, irrespective of their initial socioeconomic conditions (Andro *et al.*, 2009b). In particular, participation in the job market is likely to play a crucial role in enhancing the process of female empowerment, a crucial factor in practising countries (Dorkenoo and Elworthy, 2006; Hayford, 2005; Boyle *et al.*, 2002; Yount, 2002; Afifi, 2009).

Legal norms. The presence of legal sanctions against the practice in the country of origin and a widespread human rights culture may help the rise of activism against FGC within communities. The French survey shows that programs against FGC resonate more among migrants when large critical movements are also active in the country of origin. The strong legal sanctions in countries of immigration may also provide women with incentives to protect their children from undergoing the practice when they visit their country of origin (Andro *et al.*, 2009b).

4. DATA AND METHODS

4.1 Data

The analysis was carried out using data from the First Italian Survey of the Sexual and Reproductive Health of Migrant Women carried out by the Regional Institute of Statistics (Eupolis) and the University of Milan-Bicocca. This cross-sectional survey included 2,011 migrants aged 15-49 living in the Italian region of Lombardy in 2010 and is representative of the region's main nationalities through quota sampling based on figures released by the ORIM - Regional Observatory on Migration (Blangiardo, 2011).

To reach a consistent sample survey by nationality, a combination of facility-based and respondent-driven sampling was used. 52.4% of the interviewees were recruited from a variety of facilities (hospitals, family planning clinics and other services). In order to correct the bias resulting from the under-sampling of non-users of these services, 47.6% of the sample was instead respondent-driven. Undocumented and naturalized women were included in the sample. The sampling was conducted in 9 of the 12 provinces of Lombardy, covering urban and rural contexts. To obtain a regionally representative sample a data weighting procedure followed the gathering of data.

The weights are a combination of three partial multipliers and were computed as follows:

Let γ_s be the country sampling fraction

Let δ_t be the macroarea sampling fraction

Let ε_i^R be the proportion of women of age class i according to regional estimates provided by ORIM (Blangiardo, 2011).

Let ε_i^S be the proportion of women of age class i according to the survey

The final weight is therefore defined as $v_{sti} = \frac{1}{\gamma_s} * \frac{1}{\delta_t} * \frac{\varepsilon_i^R}{\varepsilon_i^S}$ and provides corrections for nationality and age structure.

The interviewers were all foreign women well acquainted with reproductive issues who were mostly cultural facilitators or social workers in the field of reproductive health; they were carefully chosen from the communities selected in the sample and were thus able to translate and formulate questions appropriately. The choice to use women of the same nationality and a qualitative approach similar to that of in-depth interviews was key in avoiding bias due to social desirability or stigma and in facilitating intimate conversation with the women involved. In this sense, a very positive outcome was reported by most of the interviewers. These factors contributed to fewer than 15% of the women initially involved refusing the interview (Papavero and Menonna, 2010).

This paper analyses data from a subsample of the cross-sectional survey referred to above. This subsample was comprised of women from countries where FGC is practiced, and for which we developed a form modeled after the latest DHS standard form.

Although this dataset represents a unique source of information, there are nevertheless some limitations to be underlined.

Firstly, a daughter's circumcision was only associated with her mother's characteristics, as though it was a decision made by the mother alone. This choice was necessitated by the structure of our data, which were collected from women and include little information about other household members. Yet studies on FGC suggest that husbands and other family members, especially mothers-in-law, may play an important role in a child's circumcision (Shell-Duncan *et al.*, 2000; Yount, 2002; Hayford, 2005).

Secondly, there was only a limited amount of information about each daughter, her mother and family of origin at the time of circumcision.

Thirdly, these data also omitted questions that were intended to measure the respondents' beliefs about the opinion of the majority of her reference group toward the practice. To apply information in a model about the proportion of women not practising FGC on their daughters or who think that the practice should stop, we are implicitly assuming that this opposition was known by other women who would act accordingly. However other researchers in Europe show that the group opinion as perceived by an individual may differ from the real underlying opinion. This phenomenon, called "pluralistic ignorance", can lead to a vicious cycle in which genuine preferences remain hidden for a long time (Miller and McFarland, 1991). Pluralistic ignorance is perpetuated by the lack of communication among individuals about their private beliefs, attitudes and preferences that question or contradict prevailing social norms⁴.

Finally, as with all retrospective surveys, the data were impacted by a selection effect since we had only collected data from women who were alive and who had not returned to their countries of origin. In order to limit the bias deriving from potential changes of attitude, we only included only perception of the benefits of the practice and perceived disadvantages as we supposed, according to our theoretical framework, that migration could typically reinforce attitudes against the practice. If a woman had a positive attitude toward the practice we speculated that she probably had the same opinion before migration and at the time of the decision about each daughter's circumcision.

Some information about the community characteristics (per cent of housewives, per cent female in mixed couples) used as community level covariates came from the 2010 survey carried out by the Regional Observatory on Multiethnicity and Migration of Lombardy which is one of the main providers of regional statistics and is published by the regional government (Blangiardo, 2011).

4.2 *Method*

The survey contains information about a sample of 689 daughters from 450 mothers of 9 different nationalities. The lack of detailed information about the timing of the circumcisions of all of the daughters prevented us from applying an event history approach. Since the dependent variable "daughter is cut" is dichotomous, a multilevel logistic regression model was

³ This phenomenon is illustrated for example in Johnsdotter's research among Somalis living in Sweden. Interviews with women showed that most women were convinced that Somali men favoured infibulations, while interviews with men revealed their solid opposition to the procedure. The lack of communication between Somali men and women on this sensitive topic led to false beliefs about the preferences of the opposite sex (Johnsdotter, 2007).

chosen for modeling. In our data, lower level units (daughters: level-1) were nested within higher level units (mothers: level-2) and the clusters were again nested within units at the next level up (country of origin: level-3). Given the hierarchical structure of the data a generalized linear mixed model approach was chosen, fitting a three level random-intercept logistic regression. This model is still quite efficient, as it allows the simultaneous examination of the effects of group level and child level variables on children’s outcomes while accounting for the non-independence of observations within groups.

The model is specified as follows:

$$\begin{aligned} \text{logit} \left\{ Pr (y_{ijk} = 1 | x_{ijk}, \zeta_{jk}^{(2)}, \zeta_k^{(3)}) \right\} \\ = \beta_1 + \beta_2 x_{2ijk} + \dots + \beta_9 x_{9,k} + \zeta_{jk}^{(2)} + \zeta_k^{(3)} \end{aligned}$$

Here $x_{ijk} = (x_{2ijk}, \dots, x_{9,k})$ is a vector containing all covariates, $\zeta_{jk}^{(2)} \sim N(0, \psi^{(2)})$ is a random intercept varying across mothers (level 2) and $\zeta_k^{(3)} \sim N(0, \psi^{(3)})$ is a random intercept varying across communities of origin (level 3). The random intercepts $\zeta_{jk}^{(2)}$ and $\zeta_k^{(3)}$ are assumed to be independent of each other and independent across communities and $\zeta_k^{(3)}$ is assumed to be independent of the vector of covariates x_{ijk} . This model permits the relaxation of the unrealistic assumption that the status of circumcision for each daughter belonging to a family and community is conditionally independent after controlling for the included covariates x_{ijk} (Rabe-Hesketh and Skrondal, 2012). It also permits the variation to be broken down to ‘between communities’ and ‘within community’ variations. The measure of intraclass correlation calculated according to Guo and Zhao (2000) is reported at the end of each model.

4.3 Measures

4.3.1 Dependent Variable

Information about the circumcision status of daughters is generally regarded as more reliable than women’s self-reports, since any cutting is likely to have occurred relatively recently and mothers are presumed to have had some involvement in the event (Yoder *et al.*, 2004). However, before being able to apply the model to our data, a preliminary operation had to be performed on the dependent variable accounting for the circumcision status of each daughter included in the sample. In fact, using simple information about

the circumcision status of children at the moment of the interview might have resulted in an underestimation of the intergenerational transmission of FGC for younger daughters, especially in those communities where the cutting is performed in late childhood, such as Egypt (UNICEF, 2013).

To correct this bias we followed the procedure proposed by Hayford (2005) which consists of combining the actual and the planned circumcision status of daughters. As decisions on the circumcision of daughters in emigration may change over time, especially if some years pass between the interview and attainment of the age when it becomes appropriate to perform the cut, only the children of women who had expressed a firm intention to perform the operation were considered to be future circumcised daughters. In order to improve the strength of the results, a model using only the actual status of each daughter was fitted as a sensitivity test and was found to be consistent with the result presented in this paper.

4.3.2 Independent variables

Level 1. The variables at level 1 (daughters) include year of birth (continuous) and place of birth (Italy, other country).

Level 2. The variables at level 2 account for the following characteristics of the mothers: circumcision status (yes, no), education (junior high school or less, more than junior high school), religion (Muslim, Christian, Others, None), age (continuous), years since arrival in Italy (continuous), agreement with the sentence “a woman should tolerate being beaten by her husband to preserve her family’s unity” (yes, no). A number of the perceived benefits, according to mothers, for girls undergoing FGC were also included: social and family recognition and respect for tradition (yes, no), religious approval (yes, no), better marriage prospects (yes, no), women’s sexual control (yes, no) and hygiene (yes, no). A variable accounting for adverse consequences of FGC (yes, no) according to the mother’s experience and experience with the most difficult type of cut (i.e. type III, infibulations; yes, no) was added for the model calculated only on mutilated mothers.

Level 3. Finally the variables at level 3 accounting for community characteristics are: the percentage of housewives in the community (continuous; data from ORIM 2010 survey), percentage of female in mixed couples (i.e. with a partner of a different nationality; continuous) and percentage of families without any cut daughter (continuous).

4.3.3 Grouping variables

The grouping at level 2 (mother) resulted from the questionnaire structure, which was only addressed to women, who provided information about

their daughters. Grouping at level 3 (community) resulted from attributing the mother's nationality of origin to her daughter, regardless of the mother's current nationality or the nationality the daughter's father (the latter information was not available from the questionnaire).

4.3.4 Covariates and theoretical hypothesis

Although our search for evidence of migrant selection is found in the results of the descriptive analysis in the next section, some covariates were used to directly test our theoretical hypothesis.

Convention theory and re-socialization in the migration context were approximated by the mother's length of stay and by using items about the mother's perceived benefits of FGC, the mother's experience of FGC, the percentage of families without cut daughters in each community and the percentage of women in the community belonging to a mixed couple. Feminist issues such as the role of female empowerment were tested using the mother's educational level, tolerance of IPV, the percentage of housewives in the community and, again, the mother's perception of FGC benefits. Finally we indirectly tested the role of legal norms and campaigns against FGC using the daughter's year and place of birth to form the hypothesis that growing legal enforcement especially that which is found in emigration may result in a lower prevalence for younger, foreign-born daughters.

5. RESULTS

5.1 *Descriptive Analysis*

Data used for this analysis provided a unique opportunity to compare estimated values in the country of origin and abroad. Tables 1 and 2 show the variation in the FGC prevalence rates among women in overseas communities and in the country of origin. Moreover, as shown in Table 2, and according to the selection hypothesis, prevalence rates in emigration were closer to those observed among younger, more educated and urban women settled in the countries of origin. Nigeria is the only case where a significantly higher FGC prevalence was found compared to the national occurrence. However, this is not an exception to the selection effect. On the contrary, this is the result of the strong spatial and socio-economic selection of the migration flow from Nigeria to Lombardy that nearly exclusively consists of women from the Edo State, an area where the prevalence of FGC is estimated to be around 74% (Allen, 2014). In Nigeria the prevalence rate of excised women was higher than the national average for women who are more educated, live in wealthier families and reside in urban settings, while it was lower for girls aged 15-19.

Table 1 – Prevalence rates (%) of women with FGC in home countries (most recent available data) and in Lombardy, Italy (2010)

Countries	Prevalence in Lombardy among first generation migrants (2010)*	Year of last DHS/ MICS survey	Country prevalence	Difference between prevalence in Lombardy and in the country of origin
Ivory Coast	22.8	2005	41.7	-18.9
Burkina Faso	65.7	2010	75.8	-10.1
Egypt	76.7	2008	91.1	-14.4
Ethiopia	56.4	2005	71.3	-14.9
Ghana	4.2	2006	3.8	+0.4
Nigeria	75.3	2008	29.6	+45.7
Senegal	5.9	2010	25.7	-19.8
Somalia	91.5	2007	97.9	-6.4
Eritrea	87.0	2002	88.7	-1.7

Note: *The prevalence is calculated on all first migrants in the sample, including daughterless women.
 Source: Authors' synthesis from latest available DHS/MICS surveys and authors' elaborations from the First Italian Survey of Sexual and Reproductive Health of Migrant Women, 2010.

Table 2 – Prevalence rates (%) of women with FGC in migrants' countries of origin according to selected characteristics

Country	Age class		Type of residence		Education level		Wealth quintile	
	15-19	45-49	urban areas	rural areas	no education	highest education level	first wealth quintile	highest wealth quintile
Ivory Coast	28.0	39.7	33.9	38.9	51.8	15.2	55.2	23.4
Burkina Faso	57.7	89.3	68.7	78.4	70.7	73.8	73.2	75.9
Egypt	80.7	96.0	85.1	95.5	97.6	87.4	95.4	78.3
Ethiopia	62.1	80.8	68.5	75.5	77.3	64.0	73.0	70.6
Ghana	3.3	7.9	3.5	7.1	14.1	1.9	n.a.	n.a.
Nigeria	21.7	38.1	36.8	25.6	18.0	37.2	13.4	39.2
Senegal	24.0	28.5	23.4	27.8	33.7	19.1	n.a.	n.a.
Somalia	96.7	99.1	97.1	98.4	98.0	96.3	98.4	96.2
Eritrea	78.3	95.0	86.4	90.5	92.9	83.2	94.0	84.3

Source: Authors' synthesis from latest available DHS/MICS surveys.

Table 3 focuses on the characteristics of the daughter-mother subsample, which was the focus of our analysis.

Daughters' characteristics. The majority of the daughters were born in Italy (60.8%), with the only exception being girls with an Ethiopian background that were born in emigration in only 32.1% of the cases. The mean age of the daughters ranged from 9 in Egypt, Nigeria and Senegal, to 14 in Ethiopia and Eritrea.

Table 3 – *Characteristics of daughters and women in the sample by selected indicators, according to nationality, First Italian Survey of Sexual and Reproductive Health of Migrant Women, 2010*

	Ivory Coast	Burkina Faso	Egypt	Ethiopia	Ghana	Nigeria	Senegal	Somalia	Eritrea	Total
<i>Daughters' characteristics</i>										
% daughters born in Italy	67.2	68.6	64.1	32.1	69.6	55.6	52.2	61.9	62.7	60.8
Mean age of daughters	11	10	9	14	11	9	9	12	14	10.1
% of actual and planned mutilated daughters	1.6	12.8	20.7	20.8	0	28.9	0	19.5	46.3	17.4
<i>Women's characteristics (subsample of women with at least a daughter) and migration background</i>										
% of mutilated mothers	17.4	74.6	81.6	69.4	3.6	66.7	2.2	96.4	84.4	60.8
% medium high education	23.9	5.5	88.6	54.1	46.4	32.1	11.1	57.1	60.0	50.5
% ever married	87.0	98.2	100	91.9	92.9	73.3	100	100	93.3	94.2
% Muslim	41.3	70.9	74.2	10.8	3.6	0	100	100	20.0	55.2
% currently housewife	19.6	30.9	78.3	16.2	29.6	33.3	62.2	21.4	23.8	45.1
mean number of years spent in Italy	11.3	9.4	9.0	10.1	16.3	9.9	6.5	14.0	15.9	10.6
<i>Gender and FGC related items</i>										
% women indulgent toward IPV	18.8	44.2	31.3	0	0	20	24.7	11.9	17.9	23.4
Benefits for a girl undergoing FGC: Tradition, family and social approval	17.3	29.1	46.8	21.6	10.7	53.6	2.2	39.3	33.3	31.6
Benefits for a girl undergoing FGC: Religious approval	4.4	5.5	8.5	5.4	3.6	0	0	14.3	11.1	6.4
Benefits for a girl undergoing FGC: Better marriage perspective	4.4	3.6	2.8	10.8	0.0	25.0	0.0	10.7	0.0	4.9
Benefits for a girl undergoing FGC: Girl's sexual control	10.9	3.6	16.3	5.4	3.6	14.3	2.2	25.0	11.1	11.0
Benefits for a girl undergoing FGC:	4.4	0.0	10.6	2.7	0.0	7.1	0.0	7.1	13.3	6.2

...Cont'd...

Table 3 – *Cont'd*

	Ivory Coast	Burkina Faso	Egypt	Ethiopia	Ghana	Nigeria	Senegal	Somalia	Eritrea	Total
Hygiene										
% thinking that migration has not changed personal attitudes on FGC	82.2	66.7	72.4	38.2	55.6	85.7	95.4	42.8	36.4	66.8
% of women who think the practice should stop	84.4	90.9	74.1	97.3	50.0	60.7	91.1	70.8	90.7	80.0
% of <u>cut</u> women who think the practice should stop	87.5	87.8	69.9	96.0	0	50.0	100	69.6	88.9	76.7
% of cut women who suffered adverse health consequences of FGC	100	78.1	87.0	32.0	100	38.3	100	100	97.4	83.6

The percentage of daughters who had already undergone FGC or, based on their mother's intentions, would have eventually undergone FGC was 17.4%, but reached a maximum of 46.3% among girls with an Eritrean-born mother.

Mothers' characteristics. FGC occurrence was definitely higher among the girls' mothers with an overall prevalence of 60.8%. FGC was almost universal among Somali women (96.4%) and the prevalence also exceeded 70% among women from Eritrea (84.4%), Egypt (81.6%) and Burkina Faso (74.6%).

The education level among nationalities varied greatly. With the exception of Burkina Faso and Senegal, the percentage of women with a mid-level or higher education (i.e. at least a high school diploma) was above 25%, an overall high level that further confirmed the strong selection process. Most women were married (94.2%) but only in the cases of Egypt (78.3%) and Senegal (62.2%) did the proportion of housewives exceed 50%. The mean number of years spent in Italy was also quite high (10.6 years), with the highest values observed for mothers from Ghana (16.3), Eritrea (15.9) and Somalia (14.0).

In addressing sensitive gender-related issues, the percentage of women declaring that women should tolerate partner violence for the sake of the family unit (23.4%) was highest among those from Burkina Faso (44.2%) and still quite substantial among Egyptian women (31.3%). On the contrary, the percentage of women willing to tolerate IPV was inconsistent among women from Ethiopia and Ghana.

Among the FGC items related to perceived benefits, the survey investigated attitudes towards FGC and its continuation. Most of the perceived benefits

for girls undergoing FGC centered upon respect for tradition and the consequent achievement of family and social approval (31.6%). These aspects were particularly valued among women from Nigeria (53.6%), Egypt (46.8%), Somalia (39.3%) and Eritrea (33.3%). The relationship between FGC and religion was particularly strong for women from Somalia (14.3%) while the positive effect on marriage ability was particularly valued among Nigerians (25%). Perceived benefits for girls such as sexual control and the reduction of sexual desire were particularly valued among women from Somalia (25.0%) and Egypt (16.3%). A higher level of hygiene was also counted as an important benefit for women from Eritrea (13.3%) and Egypt (10.6%).

Most mutilated women had suffered adverse health consequences (83.6%). Details are not listed in Table 4 however survey data included the presence of menstrual pain, difficulty in passing urine, painful sexual intercourse, difficulties in giving birth and psychological effects as the most common consequences.

Most women thought that the practice should be stopped, even though this opinion was not always reflected in their behaviour towards their daughters. This difference between a mother's opinion and her daughter's circumcision status may result from a conflict between the need to conform to social norms and a change of opinion in light of new information available about the practice. The highest percentage of unfavourable opinions toward the continuation of FGC were found among women from Ethiopia (97.3%), Burkina Faso (90.9%) and Senegal (91.1%). Consistent with the what was found in the countries of origin, a lower percentage of opponents to the practice were found among the subgroup of circumcised women (76.7%) than in the entire community (80%).

5.2 *Multilevel analysis*

We began the analysis by measuring the overall degree of homogeneity in the circumcision status of daughters within a family and within a community without any attempt to distinguish between covariates (Table 4, Model 1). Further results arrived from the inclusion of observed covariates at the individual, family and community levels, in order to identify the determinants of daughter circumcision and to assess the extent to which family and community membership become less important in the presence of controls for observed covariates (Table 4). Two models were fitted to test our theoretical hypothesis. The first model was fit to the whole sample of daughters, while the second was restricted to the subsample of cut women's daughters in order to include variables accounting for health consequences and the mother's type of FGC.

5.2.1 *Constrained Models*

We fitted a multilevel logistic model with no observed covariates and calculated the residual intrafamily and intracommunity correlation. Given that all of

the daughters from the same mother live in the same community, the residual intrafamily correlation must have been at least as large as the intracommunity correlation, and both correlations were constrained to lie between 0 and 1. For the same community k but different mothers j and j' the intracommunity correlation was 0.406 while for the same mother j the intrafamily correlation was 0.943. Such a high value suggests that families who cut or plan to cut a daughter are likely to do the same for all the girls in the family. The residual intracommunity correlation was considerably lower than the corresponding value for families, but still substantial.

When we restricted the analysis to the daughters of cut women (Model 2; 62.4% of the full sample) the intra-family correlation remained very high (0.904), while the intracommunity correlation drops to 0.048, suggesting the importance of the mother's FGC status in further analysis.

Table 4 – Odds ratios (O.R), Standard Error (S.E.) and significance (Sig.) from Multilevel Random Intercept Logistic Regression analyses assessing associations between daughters, mothers and community selected characteristics and circumcision status of each daughter. Full sample (Model 1) and sub-sample of cut women (Model 2)

Model without covariates	Full sample (Model 1)			Cut women (Model 2)		
<i>Random part</i>						
$\psi^{(z)}$	31.316 (17.882)			29.417 (17.166)		
$\psi^{(z)}$	23.617 (17.470)			1.651 (1.794)		
$\rho(\text{mother, community})$	0.943			0.904		
$\rho(\text{community})$	0.406			0.048		
AIC	0.722			1.009		
Model with covariates	Full sample (Model 1)			Cut women (Model 2)		
<i>Fixed part</i>						
Daughter's place of birth: Italy (ref. Abroad)	0.138	0,113	*	0.122	0.106	*
Daughter's year of birth	0.817	0.667	*	0.810	0.071	*
Mother is cut: No (ref. Yes)	0.002	0.004	**	-	-	
Mother's religion: Other (Ref. Muslim)	1.680	1.593		2.420	2.293	
Mother's age	0.995	0.079		1.036	0.090	
Number of years since mother's arrival in Italy	0.997	0.080		0.970	0.082	
Mother's education: High (Ref. Low)	0.097	0.097	*	0.120	0.118	*
Mother justifies IPV: No (Ref. Yes)	0.123	0.120	*	0.088	0.089	*
Mother perceived benefits from FGC: conformity to tradition and community/family approval (Ref. No)	13.918	12.063	**	17.151	16.213	**
Mother perceived benefits from FGC: sexual control (Ref. No)	23.268	22,710	**	19.822	19.791	**

...Cont'd...

Table 4 – *Cont'd*

Model with covariates	Full sample (Model 1)			Cut women (Model 2)		
Mother perceived benefits from FGC: hygiene (Ref. No)	23.284	29.255	*	26.987	35.384	*
Mother perceived benefits from FGC: better marriage perspectives (Ref. No)	1.525	1.920		2.303	3.901	
Mother perceived benefits from FGC: religion approval (Ref. No)	53.732	62.483	**	90.698	90,231	**
Mother suffers adverse consequence from FGC: Yes (Ref. No)	-			0.117	0.136	
Mother is infibulated: Yes (Ref. No)				0.668	1.358	
% of housewives in the community	1.135	0,057	*	1.111	0.056	*
% of families in the community without any cut daughter	0.754	0.095	*	0.726	0.114	*
% of mixed couples in the communities	0.926	0.039	*	0.951	0.043	*
Log likelihood	-169.853			-151.483		
Number of level 1 units	681			425		
Number of level 2 units	449			273		
Number of level 3 units	9			9		
LR test vs. Logistic regression: Likelihood-ratio test of rho=0	Prob> chi2 = 0.0000			Prob> chi2 = 0.0000		

Models with fixed covariates: Model 1. Girls characteristics. At the first level of analysis we observe that both covariates regarding daughters were significant. Being born in Italy had a strong protective effect (OR = 0.138) adjusted for the other observed covariates and given the random intercept at the mother and community levels. In fact, for girls born in Italy the estimated conditional odds ratio of being cut was 86% lower than that of girls born abroad. The effect of a girl's year of birth was also significant with younger daughters being at a lower risk than older girls (OR = 0.817).

Mother's FGC experience. Regarding the characteristics of the mothers, the most important dimension was their personal experience with FGC. This finding was consistent with results in the countries of origin: women who had been cut were more likely to favour maintaining the practice than their peers who had not been subjected to it. Consequently their children were at a considerably higher risk of experiencing it than other girls (UNICEF, 2013). Given the constellation of values, beliefs and meanings surrounding FGC it is reasonable to expect that the strongest support for the continuance of the practice should come from the girls and women who make up a community that practices FGC, since they are expected to share those beliefs and meanings (Mackie and Lejeune, 2009). Given the extremely low value of the estimated odds ratio for the circumcision status of the mother (OR = 0.002) it's quite evident that the daughters of uncircumcised women are at virtually no risk of experiencing FGC (although a few cases have been observed).

Length of mother's migration experience. It is remarkable to observe that, according to our results, there was no significant effect from the number of years that had elapsed since the mother's arrival, which is most likely due to nearly all of the women in our sample being first generation migrants (98.8%) and for some children the cutting may have been performed before migration. This finding was also consistent with the women's self-perception: most declared that migration had not affected their opinion of the practice (66.8%; Table 3). In our view, the number of years elapsed since migration is not a good variable to directly explain the impact of migration on a girl's risk of undergoing FGC because this information does not tell us anything about the family's interactions with their social environment, which could lead either to integration or isolation.

Female empowerment. As in practising countries (Farina and Ortensi, 2014), the role of female empowerment substantially impacted FGC continuation. Women with higher education levels (OR = 0.097) and declaring no tolerance for intimate partner violence (IPV; OR = 0.123) were less likely to have circumcised daughters. On the contrary, daughters belonging to communities where a higher percentage of housewives was observed were more likely to be subjected to FGC (OR = 1.135).

More highly educated women were less likely to cut daughters even if they had been circumcised themselves. These women are expected to have greater access to information outside of that received in their inner family circle, broader knowledge of groups not practising FGC and more awareness of the dangers and consequences of FGC. Education also fosters questioning and discussion that may lead individuals to question the practice and to develop new social norms (UNICEF, 2013).

The link with gender roles and the perception of violence against women is also very interesting. The organizers of national campaigns and educational programs in practising countries have found that efforts to end FGC have also positively contributed to larger aims such as ending violence against children and women and confronting gender inequalities. Our models show that even in migration, FGC was more likely to take place in families where IPV was tolerated or justified by women.

The proportion of housewives in each community was also related to female empowerment and gender roles. Especially in emigration, female workers have many more opportunities to come into contact with different groups and to take on social roles that are not dependent only on family and community. In this case, FGC might become less important in terms of social acceptance. Moreover when women earn a salary they also gain authority in the family, increasing their power in decision-making, including those that affect their daughters. A strong presence of workers in the community is also likely to have a broad positive impact on the entire female social network, benefitting from the new ideas and modes of behaviour introduced by wage earners.

Perceived benefits of FGC. The perception of FGC benefits is also significantly related to its continuance. As stated by Mackie and Lejeune (2009) the starting point of the FGC continuation analysis is the assumption that parents want the best for their children and this is the most basic value that motivates a parent's decision to perform any form of cutting. Accordingly, the perceived benefits for a girl undergoing the practice do play a key role in decision-making. Our model includes several items about a mother's perception of benefits including social, religious and hygiene benefits. The variable most strongly related to the continuance of FGC was religious approval (OR = 53.7). Consistent with the findings in practising countries, it is not the religion itself that is related to a higher risk of FGC but the belief that circumcision is a religious requirement. This dimension has positively predicted this practice (Hayford and Trinitapoli, 2011). The results from our sample showed that the conviction that FGC will bring a girl religious approval is found among women of all religions.

Conformity to tradition and family and social approval is also positively related to the continuance of FGC, even in the context of emigration (OR=13.9). Instead marriage ability was is not significant. In the field of marriage, however, our data has showed that the incidence of FGC among daughters was positively related to a higher incidence of homogamy within the community. It has indirectly confirmed the relevance of FGC to the marriage market, where community is most important. The perceived benefits of having sexual control over women (OR = 23.3) and hygiene (OR = 23.3) were also factors highly related to the circumcision of daughters.

Practising families in the communities. The importance of the decline of the practice on children in each community was confirmed by the significant relationship with the proportion of families without cut girls in each community controlling for all other factors included in the analysis. This finding is consistent with the Convention theory, showing that the more the practice remains widespread in a community, the more girls are at risk of undergoing FGC.

Random part. The residual intraclass correlation for daughters of the same mother has indicated that the circumcision statuses of girls from the same family were more similar than the circumcision statuses of girls living in different families. Conversely, the residual intraclass correlation for girls of the same community but born to a different mother was very close to zero, confirming the importance of the variables included in the model in reducing the significance of the country of origin.

Model with fixed covariates. Model 2. The second model, also reported in Table 4, was only fit to the daughters of cut women subgroup and it was particularly interesting in trying to explain the process of the intergenerational discontinuance of the practice. It also allowed for the addition of covariates for

the adverse consequences of FGC and the type of FGC undergone by a girl's mother. General findings from this model did not substantially differ from those explained in Model 1. Most interesting was the finding that the report of both adverse consequence from FGC and having received the most aggressive form of cutting (i.e. Type III: infibulations) were not significantly related to a girl's risk of being cut herself. This probably resulted from most cut women having reported adverse health consequences (83.6%; Table 4) and because the perceived social benefits in cut women exceeded the perceived seriousness of FGC side effects.

Mean predicted marginal probabilities. Finally, to facilitate interpretation of the effects of nationality and to identify communities at a higher risk for FGC continuation mean predicted marginal (population-averaged) probabilities were included in the analysis. According to the model, the overall highest risk of intergenerational transmission of FGC was observed among girls with mothers from Eritrea, Nigeria, Ethiopia and Egypt and Somalia. This estimation was consistent with the observed prevalence among daughters. In fact the prevalence of cut daughters in these communities exceeded the average value of 17.4, ranging from 19.5 among the Somali to 46.3 among Eritrean (Table 5). A comparison of the estimated probabilities for the entire population and the subsample of cut women's daughters confirmed a higher risk for the latter subgroup. The risk for the daughters of cut mothers from Eritrea, Ethiopia and Nigeria is particularly high and exceeded 0.35.

Table 5 – *Predicted marginal mean probabilities and standard deviations (Std.) from Multilevel Random Intercept Logistic Regression analyses for subjects in the sample according to Model 1 and Model 2, according to nationality*

Country	Model 1		Model 2	
	Mean	Std.	Mean	Std.
Burkina Faso	0.086	0.019	0.105	0.029
Egypt	0.209	0.014	0.246	0.017
Eritrea	0.417	0.041	0.451	0.041
Ethiopia	0.231	0.035	0.366	0.043
Ghana	0.003	0.001	0.012	0.001
Ivory Coast	0.042	0.016	0.174	0.076
Nigeria	0.279	0.042	0.415	0.049
Senegal	0.004	0.002	0.103	0.001
Somalia	0.234	0.039	0.255	0.041
Total	0.172	0.009	0.271	0.013

6. DISCUSSION AND CONCLUSION

Our analysis confirmed most of the theoretical hypotheses proposed in this paper. The role of selection was confirmed by analyzing both the socio-demographic characteristics and FGC prevalence among first-generation migrants, which in most cases was close to that of higher educated, upper-class and urban settled groups. Migration however, plays a central role as our data confirmed the importance of a girl's place of birth. Second generations born in Italy have a considerably lower risk of being cut than girls born abroad. This effect could be attributed to changes in parental attitudes toward the practice, to inclusion in social networks that do not legitimate FGC, to the effect of law enforcement in destination countries and finally to difficulties in arranging circumcision in Italy. Controlling for the daughters' place of birth, the risk of being cut was still lower for younger girls. This is probably due to worldwide campaigns against FGC and law enforcement.

Although the role of social networks deserves further analysis, based on the most detailed information, it is worth noting that some characteristics of community settlement like the level of heterogamy within communities and the proportion of families without circumcised girls were significantly related to intergenerational transmission of FGC. This helps confirm the suitability of the convention theory in emigration contexts as well. Our study suggests that the more cohesive and isolated groups tend to preserve their identities by giving a higher value to the practice of FGC. Accordingly the benefits of FGC as perceived by mothers (conformity to tradition, community or religious approval) are all related to reinforcement of the group's identity and represent symbolic and emotional bonds with the country of origin.

The empowerment of women is also a very important dimension leaving room for a revalidation of certain points highlighted by the feminist approach in the country of origin. The abandonment of the practice is positively related to an opposition to domestic violence and occurs easily among more highly educated women, among communities with a higher percentage of female workers and among those who report low levels of agreement with the suggestion that the sexual control of girls is an advantage of FGC.

Results from practising countries suggest that policies aimed at reducing female genital cutting that respect the rights and cultures of those countries can be effective. Our study further suggests that they might also be successful in immigration countries. These policies include support for the empowerment of women and should also include close attention to women's inclusion in the job market.

Our study also implies that given the key role played by communities and beliefs in determining the degree of circumcision risk for girls, policy makers should support the role of activism against FGC within each community. The active involvement of religious and community leaders is likely to bring results by sustaining the active 'critical mass' inside each community.

To conclude, we expect a lower prevalence of daughters with FGC in emigration than in countries of origin because there are more non-circumcised women present in emigration context, and almost all non-circumcised women do not circumcise their daughters. Furthermore, there is an increasing incidence of families in which the mother has been cut abandoning the practice. We would also expect a faster decline in FGC among daughters in emigration than in countries of origin. Moreover, according to the Convention Theory, the increase in the number of non-practising families within practising communities should bring a faster decline in FGC.

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