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Female genital mutilation of minors in Italy: is a harmless and symbolic alternative justified?

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In 2004, Omar Abdulcadir - a gynecologist of the Centre for the prevention and therapy of female genital mutilation (FMG) at the Careggi Hospital (Florence) - proposed a "harmless and symbolic" alternative to FMG, which consists in the puncture of the clitoris under local anesthesia, in order to allow the outflow of some drops of blood (1). The intention behind the symbolic alternative is to avoid more severe forms of FGM while respecting cultural heritage. The proposal of this alternative procedure, which was sustained by the leaders of 10 local African immigrant communities, has encountered ample criticism (1). However, the question is: is the puncture of the clitoris prohibited by the Italian Law n. 7/2006? If it is not, could it be considered a method of reducing health risks caused by the more invasive forms of FGM (2)? Or could it culturally legitimize FGM, causing a greater difficulty in the attempts to prevent and eradicate FGM in Italy?

WHO defines FGM as "all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons", classifying them in four different types. In particular, type IV includes all other forms of harmful procedures to the female genitalia for non-medical purposes (pricking, piercing or incising of the clitoris or labia; stretching of the clitoris or labia; cauterization by burning of the clitoris and surrounding tissue; scraping) (3). In fact, the underlying concept is the submission of women to male power: the damage to the integrity of the female genitalia serves to underline this subordination, since it deprives women of sexual pleasure (4).

The health consequences of invasive FGM types are extremely important, especially considering the complete absence of health benefits deriving from these procedures that are imposed on minors, incapable of expressing their dissent. Complications vary, depending on the degree of FGM and the way it has been performed (for example, without anaesthesia and sterile conditions). Hemorrhage, acute anemia, local and generalized infections (including HIV and hepatitis B), severe pain and even death are possible short-term consequences of all types 1-3 (2). FGM is also associated with a series of delivery risks. Rates of cesarean section and postpartum hemorrhage are both more frequent among women with FGM compared with those without FGM. In 2009, considering the population of 2.8 million 15-year-old women in six African countries, FGM-related obstetric hemorrhage was estimated to cause a

loss of 130 000 life years, which is the equivalent of losing half a month from each life span (5).

Psychological implications of FGM include post-traumatic stress disorders, chronic anxiety and depression. The psychological impact of FGM in immigrant women is further complicated by their presence in a society whose culture does not include FGM (6).

FGM performed on the mother is also a risk factor for the infant. There is a significantly higher death rate (including stillbirths) among infants born from mothers who have undergone FGM than from women with no FGM. The increase is 15% for Type 1 FGM, 32% for Type II FGM and 55% for Type III FGM (7).

It is estimated that between 100 and 140 million girls and women worldwide have already been afflicted with this form of mutilation. Currently, at least two million girls every year are subjected to this practice. According to the statistics released in 2009 by the Italian Ministry for Equal Opportunities, in Italy there are 35 000 infibulated and circumcised women and every year another 1 000 young girls (age < 17 years) risk being subjected to FGM (8). In fact, families that emigrated from countries that traditionally practice FGM, tend to maintain their tradition even in the immigrant country. Parents often organize for their daughter to be subjected to this practice either by an itinerant traditional midwife expressly sent from their countries, or during a vacation in the country of origin. The request expressed by immigrant parents to obtain FGM on minors, arises from their desire to maintain their own identity and traditions. They feel the need to be welcomed and integrated in the local community of compatriots and the practice of FGM is one of the most distinctive signs of their belonging.

The above mentioned motivations generate strong dissent within modern western culture. The Italian National Bioethics Committee (NBC) formulated in a 1998 document: "even in the due respect of the plurality of cultures, also when they manifest themselves in forms which are extremely far from those of western tradition [...] (the NBC) believes that no respect is due to practices, even if ancestral, whose only purpose is to irreversibly mutilate the individual and above all to violently alter his psycho-physical identity [...] when this does not find an unequivocal justification in the strict interest of the individual health [...]" (9). It is a very clear position, which rejects any form of cultural relativism that justifies any tradition or action as long as it is freely accepted by the subject. In the case of FGM on minors, the decision is taken solely by the minor's parents, who perceive this procedure as "useful" and "good". They believe to act in the *best interest* of the child, even though the evaluation is in reality founded only on their perspective, and they perceive the physical harm caused by FGM to be overcome by the social benefits that derive from it.

If the principle rational for condemning FGM is the alteration of bodily integrity, one might deduce that a non-invasive operation (i.e. puncture of the clitoris) is harmless and can therefore be considered acceptable. However, it is necessary to consider a further aspect of FGM: the symbolic value. In fact, without considering the physical harm in itself, the strong symbolic value which is degrading and aggressive towards women would already be a sufficient reason to consider this practice illicit.

In 2006, the Italian Parliament passed a law - Law no. 7/2006 of 9th of January 2006 - which introduces regulations on the prevention (informative campaigns; training of health workers) and prohibition of the practice of FGM. In particular, art. 6, comma 1 cites: "as regards to the present article, the following are considered forms of mutilation of the female genital organs: clitoridectomy, excision, infibulations, and any other operation that causes similar effects". Considering that the puncture of the clitoris does not determine a modification of the structure of the external organs, it would therefore not seem included in the above mentioned article.

However, the FGM Guidelines of the Italian Ministry of Health are useful in clarifying this aspect (10). They specifically refer to the WHO definition and classification of FGM, which include in type IV any form of "pricking, piercing or puncturing of the clitoris". However, the term "pricking", which is a synonym of "puncturing", in the guidelines was translated into "cutting". They further specify: "the WHO is currently revising the classification accepted in 1997 in collaboration with UNICEF, UNFPA and UNIFEM. The revised classification, which is not yet formally accepted, introduces a type V, which includes any symbolic operation that consists in small cuts or punctures of the clitoris in order to allow the outflow of drops of blood".

After 2007, the WHO classification of FGM has not been modified, however, as mentioned, it already included the form proposed by dr. Omar Abdulcadir.

In conclusion, it is evident that the

puncture of the clitoris, besides being ethically unacceptable, should already be banned by the Italian Law. However, a legal prohibition of all forms of FGM is not sufficient. It is equally important to eradicate the symbolic value behind the puncture of the clitoris, on a cultural level, especially through the education of women to the equal dignity of all humans.

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