

“WE ARE GOING TO FIX YOUR VAGINA, JUST THE WAY WE LIKE IT.” SOME REFLECTIONS ON THE CONSTRUCTION OF [SUB-SAHARAN] AFRICAN FEMALE ASYLUM SEEKERS IN MALTA AND THEIR EFFORTS TO SPEAK BACK

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ABSTRACT This paper will draw attention to the way by which social relations structure knowledge to privilege particular ways of knowing and silences and subjugates others, namely that of asylum seekers. It is intended to illustrate how such epistemic violence, to echo Spivak, can result in surgical interventions that violate the rights, and dignity, of female asylum seekers, and reproduce the docile body.

ABSTRACT (Malti) Dan l-artiklu jitfa' dawl fuq kif ċerti relazzjonijiet soċjali joħolqu tipi ta' għerf li jagħtu prominenza lil forom partikulari ta' għarfien waqt li fl-istess ħin joskuraw forom oħra li nassocjaw ma' dawk li jfittxu l-asil politiku. L-iskop tal-artiklu hu li juri kif din il-vjolenza epistemika, terminu ta' Spivak, tista' twassal għal interventi kirurġiċi li jiksru d-drittijiet u jwaqqgħu d-dinjita` ta' nisa li jfittxu l-asil. B'hekk jirriproduċu ' gisem doċili'.

The arrival of sub-Saharan African¹ female asylum seekers in Malta is a relatively recent phenomenon. As children, many of these women will have been subjected to the practice of Female Genital Mutilation/Cutting

¹ From here on in referred to as asylum seekers. It is worth noting that migration to Malta is diverse and includes migrants from all corners of the globe. However, the term 'immigrant' has come to be synonymous – specifically - with sub-Saharan African migrants who arrive by boat. The majority of these migrants have been granted international protection. However, in public and political discourse the SSA migrant population are generally referred to as 'illegal' or 'klandestini'.

(FGM/FGC)². Initially unsure as to how to address the particular post/antenatal needs of female asylum seekers, the Maltese medical profession has seen fit to – following childbirth – conduct reconstructive surgery on the vaginas³ of those women who have undergone FGC. The women themselves were not informed of this decision, and the corrective procedure was conducted without their informed consent.

In this paper, I will draw attention to how social relations structure knowledge in a way that privileges particular ways of knowing, in this case the Maltese medical profession, and silences and subjugates others, namely asylum seekers. I hope to illustrate how such epistemic violence (Spivak, 1988) has resulted in – perhaps best intentioned – surgical interventions that violate the rights, and dignity, of female asylum seekers, and reproduced the docile body (Foucault, 1977).

This paper is necessarily situated within the global economic and political framework. I will begin by providing a brief account of the Maltese context vis-à-vis the arrival of asylum seekers. This contextualization will provide the groundwork necessary in order to critically explore how and why dominant discourses surrounding asylum seekers are constructed, and how they position these women as bodies in need of correction. Having set

² The World Health Association (WHO) defines FGM, also referred to as female circumcision, as ‘procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons’ (WHO, 2000) The prevalence of female circumcision varies from one nation/region in SSA to another. Somalia, Ethiopia, Nigeria and Eritrea are all examples of countries where female circumcision is practiced (albeit to varying degrees). Some of these countries, for example, Ethiopia, have introduced legislative measures to prohibit the practice (see UNICEF, 2005).

³ I have adopted the colloquial term ‘vagina’ that refers to the ‘vulva’, or the external genital organs of women

the scene, I then shift the focus to transformative pedagogy. I provide an account of how Somali cultural mediators repositioned themselves as agents within an educational process. The women engaged in their own praxis and mobilized in an effort to challenge the existing social order, reframing the dialogue and politically articulating their demands and needs (Freire, 2001). I employ elements of post/neo-colonial and post-structuralist feminist theory as resources that provide for critical thinking and reflection, and as a framework for advancing a transformative pedagogical project. Thus, I position critical pedagogy as a political discourse and practice that draws attention to the importance of contextual analysis that is attentive to power relations and the production of knowledge (Giroux, 1992).

My journey

Research is not neutral. Spivak (1988) underlines how our representations of the subaltern are intimately linked to our positioning (institutional, socioeconomic, gendered, cultural, historical) that calls for a heightened self-reflexivity. I am not a female asylum seeker, I am not black, and I am in the privileged position of being a citizen of the country from where I write. This privilege allows me the space and opportunity to speak where asylum seekers, generally constructed as ‘illegal’ are denied this right. I cannot claim to understand what it means to be an asylum seeker. However, as a post-colonial subject, I am well aware of how my knowledge and experiences can be exoticised and/or ignored; Malta remains – both physically and metaphorically – at the periphery of the European Union, the power relations established over thousands of years of colonial rule remain largely intact. And as a woman I am aware of the

spoken and unspoken rules that continue to constrain women in Maltese society and beyond. The intersection of 'race'/ethnicity, age, gender, legal status and other markers of difference continue to influence how an individuals' knowledge is produced, consumed and circulated, within a given space and over time.

My involvement with female asylum seekers began in 2004. The arrival of sub-Saharan African asylum seekers in Malta was a relatively new phenomenon and the institutional set-up that exists today was nonexistent then. My first post was as the Coordinator for the first Government run Open Centre that housed men, women and children upon their release from the detention centre. Over the years I have taken on a variety of different roles in the field. These included setting up and coordinating the International Organization for Migration office in Malta, where I was responsible for implementing a number of projects in partnership with the Government of Malta. A number of these projects included the design and implementation of educational projects designed to 'integrate' the asylum seeker population. Desperate for a return to the grass roots, I also co-founded and now run an NGO in Malta.

My position within the NGO has provided me the opportunity to work with, and for asylum seekers in Malta. This has included a strong advocacy role, working alongside asylum seekers, and in close collaboration with Government agencies and other NGOs and International Organizations. I have also taken on an activist role which, grounded in my commitment to social justice, provides the opportunity to produce and disseminate new knowledge that confronts and challenges the hegemonic discourse surrounding irregular migration in Malta. I understand and describe all of these activities and processes as educational.

This paper then, is borne out of many years of working with female asylum seekers in Malta, and the many hours spent with them, where together we have listened, questioned, challenged and developed relationships and the conditions to engage in critical and authentic dialogue. This paper also represents my own small attempt to tap into the power and voice my position allows me, in order to challenge dominant discourse, and to reposition female asylum seekers within academic discourse.

Malta: keeping Europe Christian

I will begin by reflecting on the historical, political, social and gendered context in order to shed some light on why and how asylum seekers are constructed and positioned in Maltese society today. This postcolonial analysis will provide some critical insight into how power relations have been, and continue to be negotiated in Malta, and why, how and where female asylum seekers are located within this discourse. In recognizing that power is never absolute and under permanent negotiation, post colonial analysis is able to crack open a window and allow the possibility for political intervention.

The Maltese archipelago (henceforth Malta) consists of the three inhabited islands of Malta, Gozo and Comino and a number of smaller, uninhabited islands. The southernmost Member State of the European Union (EU), Malta lies almost at the centre of the Mediterranean, some 60 miles south of Sicily and 180 miles north of the coast of North Africa. With a population of 400,000 living on about 316 square kilometres, Malta is the smallest and most densely populated country in the EU) and one of the most densely populated countries in the world.

Whilst the constitution of Malta provides for freedom of religion, it establishes Roman Catholicism as the state religion.

The limitations of this paper do not allow me to delve into Malta's history, a narrative that stretches back to 5,200 BC. The historical snapshot provided in this paper will be limited to highlighting a few key historical landmarks that, I believe, have had an important role in constructing what it means to be Maltese, or rather "Malteseness".

Maltese history is marked by its colonial legacy, colonized in turn by the Phoenicians, the Romans, the Arabs, the Normans and the Spaniards, the Order of St. John, the French and the British. Malta lived an Islamic period between the late ninth and the twelfth century (Wittinger, 1986; Dalli, 2002). However, the Islamic period is considered a blip in national history/identity that, despite documented evidence to the contrary, has essentially been erased from the national narrative. Refuting their Muslim past, popular belief has it that the Christian apostle Paul was shipwrecked in Malta in 60 A.D.⁴ and that the Maltese converted to Christianity – and remained Christian - thereafter. Indeed, the arrival of St. Paul, the national saint, marks a defining 'moment' in Maltese history. The following passage is taken from a speech made by the present Maltese President, and captures this notion succinctly:

⁴ The story is documented in the Acts of the Apostles (Acts 27, pp.39-42) and narrates Saint Paul's three month stay in Malta.

This was a definite moment in our history which has to be viewed not only in its historical and religious perspective but also in its moral and cultural implications because it laid the ethical and intellectual foundations of our State. It gave Malta a new identity: a Christian identity which gradually replaced the pagan, polytheistic culture into a Christian one (His Excellency Dr. George Abela, 2010).

With the passage of time then, and centuries of Euro-centric Christian domination, the importance of St. Paul and Malta's role in Christendom (read also Europe) has been embedded within the national consciousness and has become a totalizing discourse. Indeed, to date, the Church in Malta remains a quasi-political force in Maltese society that, amongst other things, has served to maintain women in a subordinate role (see Naudi, 2005). This latter point also has a bearing on the way female asylum seekers are perceived in Malta, as they migrate from one patriarchal system to another.

During the rule of the Order of St. John of Jerusalem⁵ (1530-1798) Malta resisted the attack of the Ottoman invaders, further cementing Malta's 'Europeanness' as 'defenders of Christendom' (Mitchell, 2002: 28). The feast of 'il-Vitorja' (the Victory) that commemorates the victory of the 1565 Great Siege against the Turkish Empire remains at the forefront of the Maltese collective memory, part and parcel of popular lore. During the Second World War, whilst forming part

⁵ The Sovereign Military Hospitaller Order of Saint John of Jerusalem of Rhodes and of Malta (SMOM) is celebrated as one of the oldest institutions of Western and Christian civilization. It is a Roman Catholic order based in Rome, Italy. The SMOM is considered a sovereign subject of international law. After the loss of Christian held territories of the Holy Land to Muslims, the Order first settled in the island of Rhodes (1310–1523), and operated from Malta (1530–1798), over which it was sovereign (SMOM, 1996).

of the British Empire, Malta's contribution to European history was further cemented in its defence against the North African Campaign. Indeed, the Maltese were collectively awarded the George Cross for their gallantry (Mitchell, 2009). British rule came to an end in 1964 when Malta gained independence.

In 1974, for the first time since prehistoric times, the Maltese were responsible for governing themselves. However, there is no clean slate. Colonial rule has influenced the way the autochthonous Maltese have come to perceive and react to the arrival of (specifically sub-Saharan African – read 'black') asylum seekers in Malta, and the way they continue to see themselves, as the following illustrates.

The orientalist's glance: on truth, superiority and being Arab

Maltese understandings of race, culture and nation then must also be understood as a narrative told 'from the position of the Other' (Hall, 1991:42). The orientalist glance is more than evident in the literature on Malta, demonstrating how the Maltese were subject to racial categorization. For example, in the following passage, the British imperialist - that which represents the voice of science and logic - addresses the denial of the Maltese to the suggestion that they are pure descendants of what he defines as the 'long-headed Eurafrican⁶ or Mediterranean race':

⁶ Bradley uses a scale to characterize skulls and determines race. He contends that the Maltese people represent the Mediterranean or 'Eurafrican race', a people originating south of the Sahara.

We can quite understand this pride among an insular people who desire to hold up their heads with the English and Italians and to point to an ancestry as noble and famous as any in the world; we can understand the aversion to being in any way connected with Arabs, especially when the Englishman's lack of discrimination with regard to foreigners is remembered. All this, however, is to the scientific mind of little avail compared with the value of truth' (Bradley, 1912, p.161-162)

This presumed 'superiority' of the English and Italians has constructed a certain knowledge base, a hierarchy of 'race' that situates the 'West' vis-à-vis the 'rest' (Hall, 1992). It is this 'common sense' which has ultimately shaped the attitudes and beliefs on both sides of the dichotomy.

Malta has been determined to make it clear that is not 'Arab'. The need to be acknowledged as 'European' can perhaps be understood as one response in the effort to be dissociated from the perceived – inherently inferior – Arab or 'Euroafrican' race. Freire (2001) described this as adopting an attitude of 'adhesion' to the oppressor (p.45). In doing so, Malta is disassociated from its colonized past and takes on a Eurocentric history that is not her own. It is these relations of inequality, grounded in colonial discourse and Malta's historical past, that have provided fertile ground for the development of a racist ideology and, with regard to the arrival of asylum seekers from the coast of north Africa, the backdrop for political rhetoric, policy development and service provision (see also Pisani, 2011). As such, the 'racial' hierarchies have endured.

Malta becomes European

The year 1987 witnessed a shift in the political landscape in Malta that preceded a period of rapid social change and economic restructuring. This culminated in Malta's accession to the EU in 2004: a nod, if you will, in recognizing Malta's 'Europeanness'. In line with EU fiscal policy, the Government of Malta (GoM) pursued a policy of gradual economic liberalization and privatisation towards the adoption of a market economy in line with the EU's declared requirements. Borg and Mayo (2006) have argued elsewhere that it is Western Eurocentric neo-colonialism, or hegemonic globalization, that is leaving the biggest mark on the evolving Maltese identity. Geographical position remains important however. This was even noted by the Prime Minister, who remarked that "being situated so close to the African continent proves to be a very effective proposition for businesses to come to Malta" (World Report, 2006, pp. 2-3). Such is the paradox of global capitalism, the migration of capital from Africa – unlike the migration of human beings – is to be celebrated and encouraged (see also Zizek, 2004).

In 2009, the Prime Minister of Malta described migration as one of the key issues that has impacted Malta since EU accession. It is important to note that whilst the Prime Minister uses the general term 'immigration', the ensuing discourse refers specifically to the "thousands of boat people crossing from Africa in the quest for a better life in Europe" (Hon Lawrence Gonzi, Prime Minister, 2009:5). In Malta, the term 'immigration' has become synonymous with sub-Saharan African 'illegal immigration' (see also Gilroy, 1992). Coloniality has survived colonialism and relations of inequality

extend in to migration policies that dictate who has the right to rights (Quijano, 2000; Pisani, 2011).

The construction of the docile body

Since they first started arriving in 2002, the African '*klandestini*' (clandestines), as they are colloquially known, have come to embody the 'other'. Their arrival can arguably be linked to two distinct but interlinked reactions. The first is related to a hard-line political discourse that revolves around national security concerns. The second refers to the re-emergence of nationalist discourse, the ascendance of far right political parties, increased xenophobia, Islamophobia and racism.

The key political discourse advanced by the Government, and supported by the main opposition, rests on the depiction of Malta as too small and too vulnerable to be able to cope with the 'crisis.'⁷ Described as a 'veritable invasion' by the deputy Prime Minister (Borg, 2005), the arrivals have been associated with the Great Siege, WWII, and jelly fish. This, in turn, has triggered the mobilization of communal symbols that are seen to represent the nation's religion and Christian values (see also Borg & Mayo, 2006). The Government

⁷ It must be acknowledged that Malta places first – globally - in terms of per capita asylum applications, and indeed, ranked highest in terms of recognition rates, with 66% of all asylum claims being granted some form of protection, reflecting the high number of Somali nationals represented in the arrivals (Eurostat, 2010). However, the Government also continues to cite the number of arrivals, without also noting the number of departures (including through forced repatriation, Assisted Voluntary Return and irregular departures. See also Pisani and Giustiniani (2009). For example, at the end of 2010 the number of arrivals had reached 13,158, but at the end of 2010 the number of SSA asylum seekers living in Malta was estimated at around 5000. See also Mainwearing (2011) on the political strategy of production of crisis.

discourse that is supported and reinforced by a significant section of the general public and an often alarmist media, has also fuelled the highest rates of racism and Islamophobia within the EU. This has allowed the development of hard-line policies that all too often lead to hyper-surveillance, marginalization, exclusion and poverty. Such policies are designed and implemented as 'common sense' solutions, wherein the human rights of asylum seekers have generally come subordinate to the 'national good' (Pisani, 2011).

Immigration policy thus has had a considerable bearing on the institutionalization of racism. Take for example the following passage, wherein the Minister for Justice and Home Affairs, defends Malta's hard-line detention policy⁸ despite accusations of human rights violations:

Given Malta's small size you cannot expect the government to release illegal immigrants into the streets, especially in light of increasing numbers. This would send the wrong message and spell disaster for the country... As a minister I am responsible, first and foremost, for the protection of Maltese citizens" (Times of Malta, 2009)

Political discourse throughout has emphasised the securitisation of borders and the need to protect against dangerous/unwanted intruders. The incessant use of the

⁸ The Government of Malta has adopted a policy of administrative detention for all asylum seekers arriving in Malta in an irregular manner. Those persons whose application for asylum and subsequent appeal is refused within the first 12 months must remain the total duration of 18 months. The policy has come under considerable criticism, both for the poor conditions of the carceral like settings, the lengthy duration, and for how such policies are seen to criminalize the asylum seeker population and to fuel racism in Malta (see for example Commissioner for Human Rights, 2011)

term 'illegal', suggests a reluctance to commit to Malta's international obligations, negates the fact that the majority of asylum seekers have actually qualified for international protection, tends to criminalize the population, and appears to validate the question of the 'right' to 'rights.'⁹ This in turn impacts subsequent measures that are introduced to 'integrate' those already residing in the host country, who have, as a consequence, 'already been defined as problematic and thus 'become the objects of racially exclusionary practice, even violence' (Kofman et al, 2000. p.39).

Racism in Malta and the way power is exercised against asylum seekers is still informed by the criteria established by empire, but has also morphed and fed into the ideological knowledge that now maintains neoliberal economic policy. This has allowed for the fortification of Europe. Nowadays, nation states protect themselves against, and control the influx of what Bauman (2004) has described as 'disposable' humans: paradoxically the much needed stock of cheap and exploitable labour supplied by the global south. In Malta, the 'carceral archipelago' (Foucault, 1977, p.197) takes on a literal meaning, the detention policy serves as an absolute reminder of absolute power. Fuglerud (2005) describes, the 'non person' as subject to the rulers' 'absolute power over life and death', this not so much a 'judicial process, but rather a political process' (p.311). And so it is. The illegal body will be a docile body, easily observed, easily identified by her dark skin and as I illustrate below, easily corrected.

⁹The reader is reminded that the term 'illegal immigrant' does not exist in international law (ETUC, PICUM & SOLIDAR, 2007). Furthermore, in recognition of the very nature of forced migration, the 1951 Geneva Convention does not require asylum seekers to enter a territory in a regular manner.

She will be docile

In her groundbreaking work entitled '*Can the Subaltern Speak?*,' Spivak (1988) demonstrates how the 'masculine-imperialist ideological formation' is part of the construction of the "third-world" woman (1988, p. 296). Indeed, Spivak does not hold out much hope for the subaltern woman. Picking up on both patriarchal discourse and the ideological construction of gender that maintains male dominance, combined with colonial production that served to mute the subaltern, she suggests the subaltern as female is doubly erased.

In Malta, female asylum seekers are largely invisible in political and public discourse. When they are discussed, the one-sided (non)debate seems to focus exclusively around the themes of the 'hijab', FGM, prostitution, HIV, and pregnancy. As such, this presents and reinforces the notion of – or rather, an often skewed image of African women as victims, passive and burdensome, or otherwise, disease ridden scheming whores (see Pisani, 2001). Certainly, the knowledge generated about female asylum seekers is not produced by them, but rather, by others.

Frequently, and most powerfully, these 'others' are dominant institutions who have the power to decide the 'who, what, when, where and how' of knowledge production and dissemination. Coloniality continues to envelop black women (see Mohanty, 2003; hooks, 1989). Not only can the docile 'other' be treated differently – this is already established in migration policies - the representation has real material and physical effects that extend beyond the immediate carceral mechanisms, as the following example demonstrates.

Doing it the European way

The practice of FGM has been raised as one of the key concerns and ‘challenges’ for health attendants in Malta (see Savona-Ventura et al, 2009).¹⁰ Indeed, it would be fair to say that this ‘concern’ is evident elsewhere. In the seven years that I have been working with female asylum seekers, I have attended at least three training seminars specifically on FGM and many meetings and conferences where the topic was addressed. On each occasion, a female, white, western feminist was invited from abroad to discuss the horrors of FGM. As Carby (1999) notes, such training sessions often ignore the experiences of African women, but the barbaric primitive practices conducted within primitive societies are discussed at length, almost fetishized.

It would also be worth noting that, over the years, in the course of my work with asylum seekers, no woman has approached me and expressed concern regarding the practice of female circumcision. This is not to suggest that female circumcision is celebrated, but rather, that it simply has not featured in the women’s list of priorities. In general, over the years, women have approached me in what they describe as their immediate, and often urgent problems, that are more related to day-to-day survival (namely poverty and joblessness), and trying to contact lost relatives who have been caught up in the war and conflict back home. Wanjiku Kihato’s (2007) has expressed similar concerns that the increased academic interest in gendered migration has been accompanied by a narrow focus on situations of exploitation (be it labour, or sexual) and the consequent depiction of migrant

¹⁰ Official statistics on the practice of female circumcision being conducted in Malta do not exist, however, to date, it does not appear that the practice has been carried out in Malta (see also Dalli, 2010).

women as passive victims who have no control over their future.

For example, Wanjiku Kihato argues that much of the discourse surrounding female migration is couched within a 'moral concern' with western scholars seeking to 'save women from inhumane practices...and a human rights agenda that seeks to impose mechanisms to stop the trafficking of women and children' (2007, p.399). African women's voices are thus suffocated within the discourses of rights and progress. The latter is rarely subjected to scrutiny, but rather is taken on as the final word. Indeed, as Zizek (2006, p.59) argues, '...while human rights pretend to be universal, they secretly privilege a Western set of values, so that their global imposition equals western cultural imperialism'. In this regard, the term 'Female Genital Mutilation' (FGM) is contested. In 1991 the World Health Organization (WHO) recommended that the United Nations (UN) adopt the term FGM to draw attention to the violation of girls' and women's rights, thus promoting the term as a powerful advocacy tool towards the termination of FGM.

The last two decades have witnessed a decline in the use of this term, with members of the academic community and some agency choosing to adopt the term 'Female Genital Cutting' (FGC). Their objection to the term FGM is specifically related to the word 'mutilation' and the negative connotations related to its use, which may reinforce an often distorted image of African culture as barbaric and uncivilized. Hooks (2000), for example, calls on feminists to 'decolonize feminist thinking and practice' so that issues such as female circumcision 'can be addressed in a manner that does not re-inscribe Western imperialism' (p.46)

Western imperialism is no less evident than in the disciplinary power of the medical profession and its attempts to normalize and order life – and in this case vaginas – in the production of docile bodies (Foucault, 1994). Central to Foucault’s study on biomedical discourse is how the ‘medical gaze’ transforms the perceptions of medical objects through explicit discursive practices and how disease and ‘normality’ is constructed as an objective reality and ‘fact’. Such discourse is not impartial, but rather, is a politically charged hegemonic force. What is crucial in this debate is not the legitimacy of the claims, but how they are “produced, reproduced, contested, and sustained through the inappropriate use of western cultural constructs to define and interpret epidemiology cross culturally” (Taylor, 1998). The following passage, an extract from a medical paper written by Maltese Obstetricians and Gynaecologists, captures how the Eurocentric epistemological parameters of progress and civilisation have triumphed (see also Escobar, 1995):

'The European-trained health professional personnel in the Maltese islands are increasingly being exposed to ever-increasing numbers of immigrants from Africa with their inherently different cultures and attitudes...[these] 'cultural differences towards obstetric care and perinatal loss can pose management problems for the attending physician. The outlook of women coming from an undeveloped country with the associated high obstetric mortality is very different from the outlook of a practitioner trained in a highly organised developed obstetric service geared towards minimizing obstetric mortality' (Savona Ventura, Buttigieg and Gatt, 2009, pp. 147-148).

In the following passage, Professor Mark Brincat, Director of the Department of Obstetrics and Gynaecology, describes the particular challenges associated with female circumcision for the first time. Their initial response was to delivery all pregnancies by caesarean section:

We had problems because some of the women were against having a caesarean section...Unlike the Royal British College, in Malta we do not have guidelines which we could follow. So we had to follow the Royal British College ones, (Dalli, 2010).

Certainly, the Maltese medical profession can be commended for responding to their newly acquired learning needs by seeking training in order to address the needs of this particular patient population. In 2010, a 'specialist' midwife from abroad provided training to Maltese medical staff, the training included a procedure that reverses the 'genital mutilation' (op.cit, Dalli, 2010).

However, it would appear that, despite what may have been the best of intentions, the women in Malta were not engaged in this debate. Decisions were taken based on knowledge generated *about* the women, and not *by* the women. In short, reconstructive surgery was conducted on the women without asking them what they wanted their vaginas to look like. What was ‘wrong’ was ‘corrected’. Indeed, why should they be asked? The answer lies deconstructing the above text.

The ‘immigrants from Africa’ are being treated by ‘European trained’ – read superior – personnel ‘in a highly organised developed obstetric service’ - ergo unlike the chaos and primitive practice that these women are used to. The ‘outlook of women coming from an undeveloped country’ - the ‘standard’ reference to ‘underdeveloped’ is not even utilized here, apparently these countries of origin have completely failed in ‘developing’/progressing/improving at all, thus read the outlook of ‘primitive’ women from ‘primitive’ contexts - ‘poses management problems’. Female asylum seekers are thus repositioned as a problem to be ‘managed’, and solved through strategies imposed by the knowing/enlightened management.

This position is summed up by Grech (2011: 89) when he notes that this discourse is ‘founded on the construction of a group of people (non-Western) as under/undeveloped, inferior and in need of correction or intervention, which hence legitimises the exercise of power and control by the Western hand’.

It is interesting to note that, following their own colonial roots/route, the Maltese experts turned to the British experts, who, apparently still represent the all-

knowing and superior colonizer¹¹. Somewhere along the line, however, it would appear that they neglected to consult the ‘bodies’ themselves: the reconstructive surgery was conducted without the informed consent of the women.

In an apparent effort to ‘emancipate’, the post-colonial is re-colonized (see also Mohanty, 20003). Her body is the site of multiple scripts, inscribed by a patriarchal, colonial, statist and capitalist history, and rendered more docile, subjected to control, regulation and ‘improvement.’¹² But the story does not end here, hegemony is never complete, and even under the most oppressive conditions, the space for resistance may be present.

Speaking back: an educational process

The issue of what is considered to be ‘knowledge’ is central here. Historically, the ‘authorized’ knowledge within a given colony was under the direct control of the imperial ruling class, who had the power to license and control the ideological institutions and the knowledge that was to be imparted (Borg & Mayo, 2006; Ashcroft et al, 1989). Clearly, cultural invasion remains intact within the post-colonial era, as post-colonial societies are now embroiled within globalization and continue to judge against a Eurocentric paradigm wherein notions of ‘truth’, ‘order’ and ‘reality’ remain intact. Thus,

¹¹ Representing an interesting continuum of what Memmi (1991) called the eventual collaboration of the colonizer and the colonized to entrench the psychologies of the colonial.

¹² Disability theorists and activists have also long criticized the domination and oppression of their bodies and lives by the medical profession, with some also calling this the colonization of disabled bodies (see Oliver, 1996).

ideological institutions, and this would include the medical health profession, continue to 'bank' the knowledge of the 'superior' the content of which is alien to, and detached from, the learner. Indeed, as Kane (2001) notes, the knowledge base of those considered to belong to a different cultural reality is often referred to as 'ignorance' (p. 15). All too often 'expert' knowledge is used to improve the lives of the poor in the global South with little or no understanding of the context; invariably it is a recipe for failure. For example, and pertinent to this paper, research has demonstrated how use of the term Female Genital Mutilation in prevention campaigns and health education programmes may have estranged practicing communities, thus thwarting collaborative efforts and ultimately, social change (see for example WHO, 2012).

However, this should not allow for a glorification of popular culture or '*basismo*', the absence of critical interrogation here would be equally destructive (Kane, 2001:16). Indeed, popular education has received its fair share of criticism for creating a 'bourgeois equals bad, popular equals good' dichotomy. In this regard, in the discussion below, I will not be entering the debate on the rights and wrongs of female circumcision, the matter has been, and continues to be discussed and disputed elsewhere, as have the numerous medical problems and physical and emotional suffering that circumcised women experience (see for example, Abusharaf, 2006; UNICEF, 2005).

Suffice to note that I strongly believe that the *imposition* of any form of surgical procedure for religious/cultural/social reasons is wrong. However, at a time where genital cosmetic surgery and the quest for the 'designer vagina' (Hernlund & Shell-Duncan, 2007, p. 25) has come to be legal and acceptable for Western women, one cannot but draw attention to the inconsistencies and

the imbalance of power between cultures. The issue here becomes, not whether or not a vagina should be cut, but rather, that of disrupting disciplinary power and the order of discourse. The domination of a Eurocentric paradigm will ensure that marginalized voices are not explored; their knowledge and subjectivity will remain at the periphery, ignored and extraneous.

We are reminded that hegemony is never complete. The following describes a situation where Somali female asylum seekers spoke back and, in collaboration with others, created the space for dialogue. What ensued was an educational process that brought the knowledge of female asylum seekers and that of the professionals together, producing new knowledge and the possibility of change. It articulates a broad understanding of education, what Freire (2001) would have described as a project of freedom. Inherently political, such an educational process creates the conditions for self-reflection, self direction, the promise of critical agency and transformation (Mayo, 2009).

Hooks (2003) reminds us that dialogue is at the heart of pedagogy for the democratic educator. It is a learning process that takes place within a democratic space wherein power relations are confronted and reconfigured, and the educational project is developed with the oppressed, ensuring that it is relevant to their reality (Freire, 2001, p. 54). It is a process then which involves 'people in processes of critical analysis so that they can act collectively to address inequalities and injustices' (Foley, 1999:140). Crucially, an emancipatory project must subject dominant ideologies to critical analysis, providing insight into how social relations have structured knowledge in a way that privileges certain ways of knowing whilst silencing and subjugating others, in particular female asylum seekers.

Finding a voice and speaking back

In 2008 the Department of Primary Health established the Migrant Health Unit. The unit was specifically set up in response to the arrival of sub-Saharan African asylum seekers. The unit has been responsible for implementing a number of initiatives, including a collaborative project with Medicin sans Frontiers (MSF) that saw the introduction of a team of trained cultural mediators working in the hospital and the main health centre. Whilst cultural mediators are called to work in a number of different hospital wards, the highest demand for the service comes from the delivery ward. The presence of cultural mediators (particularly in ante/post natal care) is generally considered to be a positive development, facilitating dialogue and enhancing mutual understanding between the medical practitioner and the patient (see also HUMA, 2011).

Two of the female Somali cultural mediators raised concerns regarding the postpartum treatment of Somali women. Specifically, they wanted to give voice to the broader female Somali community in Malta who expressed unease with the reconstructive surgery conducted by the medical staff. They argued that the procedure was being conducted without the consent of the Somali women and that it went against their wishes. It is interesting to note that a number of Somali women living in Malta with international protection have demonstrated their resistance to the reconstructive surgery and their agency by travelling elsewhere in Europe (particularly Scandinavia) in order to deliver their babies within a context that they feel is more respectful of Somali tradition. However, the option to

travel is not available to those women whose request for asylum has been rejected, but who cannot return home.

It would appear that, following the migratory experience, and their exposure to different realities, the Somali women critically appraised their own beliefs and readjusted them to their new realities and worlds. This critical investigation resulted in a change in beliefs that was generated from within the group: the Somali women do not want to force circumcision on their daughters (such findings are supported elsewhere- see for example Berggren, 2005). They did not need to be 'enlightened' by Western feminists to engage in this learning process. However, the women are also asking for a say in what surgery is conducted on their bodies and what their vagina 'should' look like. Some of the women were demanding re-infibulation, whilst all of the women were unhappy with the aesthetic procedure, namely, the reconstruction of their labia.

The subaltern perhaps had found her voice and was able to speak back, as advocates of, and in solidarity with, other Somali women. They intervened in their new world. The cultural mediators were mobilized to use their contacts within MSF to inform them of these developments and engage in dialogue with the medical profession, critically questioning the medical procedures and insisting that Somali women be included in medical decisions about them. Their position as cultural mediators allowed them a certain amount of vertical social capital, not readily available to the broader female Somali community, that they were able to tap in to as a resource for social justice (see Bourdieu, 1984).

As a result of this mobilization, MSF contacted the Migrant Unit at the Primary Health Care. In October 2010, the Migrant Unit organized a half day training seminar. The aim of the event was to listen to the Somali

women, to gain an understanding of their concerns, and to generate new knowledge, about the socio-cultural issues and sexual health implications involved in female circumcision. The seminar was attended by women working across the field, including social workers, health professionals and stakeholders working with migrants. The information disseminated in the seminar included a presentation by one of the Cultural Mediators wherein she expressed the concerns of the Somali women, and, together with her Somali colleague, engaged in dialogue with all of the women present. In doing so they made the shift from knowledge consumers to knowledge producers, in the act of 'talking back' they repositioned themselves as pedagogical subjects, they reclaimed their bodies, constructed a new narrative that was their own, and made the case for a progressive and collaborative agenda (see hooks, 1989)

One of the conclusions of the seminar was to consider a strategy for addressing the issue directly with Medical Staff at the hospital. Unfortunately, at the time of writing, this had not taken place, the corrective procedure has continued, and, it would appear, the epistemic validity of Somali women, and indeed, their need to be in control of their own bodies, has been adequately suppressed. Here, it would appear, the Eurocentric paradigm continues to triumph. The Somali women may have been able to speak, but it seems they were not heard.

Conclusion

Malta, like all other nation-states, is marked by a historical, political, economic and social narrative that impacts political and popular discourse, national policy development and ultimately the lived realities of female asylum seekers. In this paper I have demonstrated how

the 'Maltese' narrative has impacted social discourse on the arrival of female asylum seekers. This in turn has had well documented implications for subsequent national immigration policy development, and the women's experiences of poverty, racism and Islamophobia, and social exclusion.

As such, the 'right' to 'rights' cannot be assumed. Indeed, elsewhere I have highlighted how critical pedagogists cannot afford to make what elsewhere I have termed the 'citizenship assumption' (Pisani, 2012:190). Often labelled as 'illegal', female asylum seekers' opportunities as pedagogical agents are not just limited as a result of patriarchal, social, economic and material conditions that are historically grounded; rather, their legal status, in particular those whose request for asylum has been rejected, implies that they lack political leverage, and often fear the prospect of identification, retribution and/or forced deportation if they do speak up. And yet, a pedagogical process described in this paper was initiated by the Somali women, where they 'owned' the process, and for a moment, at least, the subaltern was able to speak, albeit, within a limited space.

It is for this reason that, in some spaces, others will have to speak up for female asylum seekers. This begs the question, who has the legitimate authority to represent them? It would appear that those with the legitimate authority will be chosen by the women themselves, as was the case with the cultural mediators described in this paper. The challenge is in representing the women, and giving true voice, rather than re-colonizing her voice and perpetuating subjugation. This paper represents my own small effort to tap into my privileged position as a white, European woman with

access to the privileged academic realm, and to give voice to female asylum seekers living in Malta.

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