AM
Rivista della Società italiana di antropologia medica / 17-18, ottobre 2004, pp. 273-286

2.5 *Umbilicals and baths, aby food and strollers: embodying hybrid cultures.*

Child care strategies and practices among African mothers in Perugia (Umbria)

Paola Falteri

Sezione antropologica, Dipartimento Uomo & Territorio, Università degli studi di Perugia

> «Our cosmogonic experience had its beginnings in the heat of the maternal body, along the edge of our warmed skin, when the inaugural horizon of a homeland first began obscurely to be lived. Against the affective background of that heat [...] we acquired our mouth, sucking milk, and as a mouth we emerged in the gluttonous pleasure of nutrition. Under the caress of the maternal hand the surface of our body came to be described and defined, just as by the image of the maternal face we trained to eminence the capacity to concentrate our gaze and reveal through the fog of the world the first wavy figure [...]. Our first practicable space opened up for us within that space which our mother, cradling us, gave us and took from us in equal spans, sweetening it with the soft iterations of a lullaby: a model space of security, of which we were saved the initiative and in which the going in both directions was followed by a return which always erased it again, while the first domestic voice helped with its melopoeia to make this thrifty becoming acceptable to us. From this space and from this motion, as sure as the orbit of a planet, we acquired our first cultural – and not just biological – possibility of human sleep [...]. Finally, through our mother we also acquired tears and pain [...], when the hard pedagogy of the separations began and we began to try out the harsh norms of human initiative that make time irreversible» (DE MARTINO E. 2002[2]: 620-621) .

Project Background

The study of which this paper provides a partial report (1), is articulated in two directions: on the one hand the elaboration of social and personal data relative to foreign families with children from 0 to 3 years, regularly registered in the Commune of Perugia, and particularly users of municipal infant day-care centres (*nidi* or "nests"). On the other, an ethnographic study of childcare practices of immigrant mothers from the Maghreb and West-central Africa, the home regions of most immigrant mothers resident in Perugia.

Immigration has imposed itself as an unavoidable terrain of research, solicited by the density of changes that it has introduced in the Umbria region, by the importance that it is assuming (or should assume) for local governments, by the complex configurations of local multi-culturality, which has brought the problem of deciphering others to "our own back yard" (2). Our focus on maternity and early childhood derives from the fact that Italy is now joining the ranks of countries with a substantial presence of "children of immigration" – children born to immigrant parents or who arrive in their new country at an early age. In 2001 in Perugia these children are 12% of the resident population under 3, with an increase of 3,1% from 1999. This phenomenon, however, was not unexpected (3). Already in 1993 the Region of Umbria, thanks to the impassioned initiative of a civil servant, who attributed to anthropology an essential role in public education, commissioned us to conduct an intercultural training program for staff of municipal infant day-care centres as well as a pilot project for a Centre in which Italian and foreign mothers and children could meet and share meaningful experiences. We have thus had the opportunity of establishing a long term relationship with the early childhood education services which has continued for ten years now (4), constituting a privileged observatory on processes of parenthood development and contacts and conflicts of an intercultural nature. We have been concerned for the most part with *research-training* (5) activities in educational anthropology, which have led us to cultivate an intensive collaboration with social and pedagogical psychologists (6).

In the present study the objectives are of an exclusively cognitive nature, to begin a more systematic analysis on the dynamics of adaptation, negotiation, and re-naturalization, which immigrant mothers of small children find themselves elaborating in the private sphere and in their relationships with public services in health and education.

The foreign women in our study live their pregnancies and childbirths in a medicalized context. They consult with paediatricians in raising their children, make use of – if they succeed in gaining access to them – municipal day-care services, and tend to follow "western" models of child care largely shaped by the health care system and child care industry. The health careers activated by the births are generally considered crucial in the parents' own social integration, in that they are generally induced to revise their migratory plan towards greater stability (7) and to enter into closer relationships with the institutions of the host society. The school system and health and social services play a decisive role in the immigrants' insertion in the local context. Their evaluation is substantially positive, especially when compared to levels of discomfort connected to work, living

conditions, and often problematic daily interactions with natives. Such services are generally recognized as better and more accessible than those in their country of provenance while negative considerations, when made explicit, are usually very similar to those often expressed by Italians. Criticisms directed at the organization of the health care system, for example, largely concern the bureaucracy or doctors' insufficient availability, while negative comments on day-care focus on costs and difficulty of access. It must be underlined, however, that foreigners in conditions of need or marginality rarely manifest to staff or to members of the research team, needs or possible dissatisfactions of a non-material or psycho-cultural nature. In the infant day-care centres, for example, they try to negotiate schedules and hours, but they rarely present requests tied to child rearing models or the care of their children and, even when inquiries are limited to asking mothers what differences they note or what care practices they might not share, they generally prefer to say that there are no differences and that everything is going fine.

Nonetheless, the first stages of the life cycle, on a closer examination, turn out to be a field of complex cultural strategies for the mothers who, though often in conditions of isolation, carry out intensive syncretic elaborations and actively mediate between differing conceptions of childhood and stages of growth. Although, contrary to native mothers and contrary to what staff members of the municipal day-care centres (at least those most sensitive among them) would prefer, they do not feel the need to talk about the doubts and anxieties they face, the solutions they adopt from time to time, the knowledge and resources they draw on, and why, on the one hand, they don't consider all of this to be a proper object of negotiation with professional staff or why, on the other hand, they are absorbed in the effort to orient themselves in their new situation. Precisely for this reason it is important that occasions be created, in the micro-contexts of child rearing services, to provide support for mothering through the sharing of experience and discussion among mothers. And studies like this one can also be useful to overcoming the facile dichotomy of integration/non-integration and recognizing in the practices of immigrant women the production of meaning vital for the foundation of a sustainable future.

Some notes on our methodology

The mothers in our study were first identified as active or waitlisted users of infant day-care centres and then indicated by our collaborators who

played a role of cultural mediation. We did not concern ourselves with the application of selection criteria aimed at ensuring homogeneity with respect, for example, to a more specific area of provenance. While on the one hand we were dissuaded from doing this by the difficulties involved, given the fragmentation of the foreign presence in the day-care centres we studied, we were also aware, on the other hand, that nationality – especially in sub-Saharan Africa – is not sufficient to mark the boundaries of a common sense of belonging and that construction of a homogenous sample of women would require the introduction of too many other variables. What the women in our study have in common (apart from the generic provenance from the Maghreb or West-central Africa) is, therefore, their condition as mothers who are raising children in a context of immigration.

A further unavoidable limitation of the study stems from the fact that, among the women with whom we made contact, the mothers who accepted to collaborate were the least marginal: the ones with the most available free time and the most flexible working hours; the ones who had better instruments for understanding the objectives of the investigation; or the ones who were less diffident and less uncomfortable in contacts with foreign women.

Our ethnographic findings are based on semi-structured interviews so as to allow interviewees to develop their own discursive itineraries and to construct the narrative nuclei that they considered most important in their story of immigration and maternity. We also made use of direct observation in contexts of daily living [8] or during rituals (weddings or religious ceremonies) in order to overcome the mediation of words or the silences underlying the obviousness of the practices, even though this involved difficulties in being accepted in the private sphere. The interviews and observations were centred on thematic fields regarding: the organization of the baby's daily routine and corresponding rituals connected to food, sleep, washing; bodily techniques, manipulation and modes of baby carrying; nursing; the stages held to be important in the acquisition of infant autonomy (the detachment of the umbilical cord, weaning, walking, toilet training); the management of health/illness.

The nine mothers from West-central Africa come from Cameroon, Ivory Coast, Nigeria, and Benin. Three of them have been in Perugia for 3 to 6 years and came here to follow their husbands or fiancés. Two emigrated to look for work, four to study, and their time of residence in Perugia has been longer (from 7 to 12 years). The youngest, who came here to join her husband, is 21 years old. The others range in age from 25 to 35. They are

all married to a co-national, except two who married an African of a different nationality; in both cases the couples met in Perugia. Four women have only one child, four have a second one (but one of these was pregnant again) and one has two other children. All the mothers have high school diplomas or university degrees except one who has a middle school diploma. At the time of the study four had low level jobs (caretaker, cook), two were unemployed, or were looking for work, with the exception of one, who was self-employed. In addition, all but one of their husbands were low level dependent employees.

The immigration plans of the women are for the most part indefinite; only one woman plans on remaining here until her daughter reaches the age of majority and completes her education, at which point the mother will return to the Ivory Coast, leaving her daughter the choice of where she wants to establish herself or, if she should choose to remain in Italy, to go back and forth regularly between Africa and Italy. The youngest, also from the Ivory Coast, hopes to leave Italy as soon as possible, in five years, after having earned enough to go back home "with her head held high". At the time of our meetings she was thinking about the possibility of taking her daughter back to her country and returning here with her husband to work, but then she decided against the separation.

Homemaking Industriousness. From maternal care to the embodiment of culture

The concept of life cycle, traditionally used with reference to folklore as an organizing scheme for lore and practices connected to critical moments of passage [(9)], seems to us to be useful – especially in reference to pregnancy, parturition and birth, and early childhood – in analyzing some of the most important effects produced by medicalization in its unceasing advance into the realm of healthcare, beginning, in fact, with the capillary diffusion of obstetrics and pediatrics. We first developed this line of research in a historical perspective (BARTOLI P. - FALTERI P. 1987) studying the encounter/clash between folk medicine and official medicine as it took place in the Italian context up to recent times, but it also holds important implications for the analysis of the present and of the modalities with which women today re-elaborate lore and practices whose transmission from generation to generation has been hindered or interrupted.

It has been a long time since the feminine genealogy of care could be described as linear, but there is no doubt that the initial stages of the life

cycle are to be considered a question of gender. Francine Saillant (SAILLANT F. 1999) proposed a gendered repositioning of research on health and illness by way of an *anthropologie des soins* (anthropology of care) that recognizes the central role played by women everywhere in the domestic production of health, thus correcting the neutral perspective with which the cultural dynamics connected to the pluralistic recourse to therapeutic careers are examined. This is an approach, moreover, which should overcome the *care/cure* dichotomy implicit in most Anglo-American medical anthropology, which risks reducing and fragmenting the object of study by defining it in reference to professional circles rather than the whole complex of the experience and management of health and illness.

But the maternal care that we are talking about here goes beyond the proper horizon of health. Indeed, its primary function is an anthropo-poietic one, which reduces the initial indeterminacy of the human condition – open to many as of yet unrealized possibilities – implying a project for the production of "partial" (10) individuals. Maternal care is and produces *habitus* (BOURDIEU P. 1972); it constitutes not only the driving force in the construction of maternity and infant subjectivity but also the primary terrain of the embodiment of culture.

In *La fine del mondo* ("The End of the World") from which we have taken our epigraph, Ernesto DE MARTINO (2002[2]) spoke about *la laboriosità appaesatrice* ("homemaking industriousness") which allows us to acquire the *datità del mondo* or the "givenness of the world", understood as that familiar backdrop which – precisely because it has been rendered domestic and practicable – can become the *patria accogliente dell'esserci* (the "welcoming homeland of being there"). It is through the domestication of the world that we are able to constitute ourselves "as a centre of operability [...] a centre of fidelity to past securities, converted into comfortable habits, and a centre of initiative for constituting, here and now, the pre-eminent security of which we are in need" (DE MARTINO E. 2002: 656). This is the "primary ground of cultural life" on the basis of which we are able to conceive other utilizable horizons and other life projects. The domestication and the acquisition of givenness are not addressed only or even primarily toward the outside; they are addressed above all to the body. It is not an accident that de Martino entitled his reflections on these themes *Tecniche del corpo* ("body techniques") even though their implications are much denser than those imagined by Mauss: beyond mere ability, the embodiment of culture produces the possibility of being in and acting on the world (11).

The feminine work of child rearing – daily, intimate, socially almost invisible – constructs, therefore, bodies and individuals. In rapidly changing

contexts, mothers, especially with their first child, deeply feel the responsibility of this task, which otherwise would appear obvious to them, and they are aware in some way or other that those minute operative and relational practices are the theatre of a hegemonic contest waged between the medical system, the educational system, and the childhood industry. They realize that they are being asked to choose and to rely, to be autonomous and to follow the heterogeneous indications suggested by professionals and service staff, by pediatric and pedagogic advice, or by the marketplace.

For immigrant mothers the perception of change is more clear cut and conscious; they know that child care requires mediation, substitution, interpretation, decision, and that this dense elaboration – to be rendered as economical as possible – is necessary to the further domestication of the new environment, no longer just for themselves or the couple, but in order for her and them to be able to raise their child who was born here. Perhaps it is because this labour is so evident that they do not complain about it to service staff – when they are users of day care – and tend to keep it to themselves, as an integral part of their own existential and cultural itinerary. They do not think of turning to day-care staff, as professional figures, to resolve problems that are part of their child rearing responsibilities and thus of the most intimately domestic sphere. They do turn systematically, however, to the medical system – to their paediatrician or the hospital emergency room – for illnesses and check ups, albeit in different ways and patterns depending on their personal choices.

The cultural *bricolage* of immigrant mothers is for the most part a solitary affair. There are visits from their mothers or their mothers-in law, from their sisters or sisters-in-law, when the baby is born. Sometimes there are relationships with African friends who are mothers or with elderly Italian neighbours who sometimes compensate for the absence of women relatives with childrearing experience [(12)]. There are the children's fathers, who everyone acknowledges are more present – work schedules permitting – than they would be in their country of origin. But the work connected to the process of embodiment, the production of health, and the choice of practices to adopt, is all substantially in their hands.

The moving boundaries between Tradition and Modernity

The women in our sample spontaneously draw boundaries between "tradition" and "modernity". To the first they attributed what is seen as a corpus

of local practices transmitted along female lines, that goes back to one's own mother or – if she is already no longer a *traditionalist* – to other female figures in one's family (a grandmother who lives in the country), or to an impersonal and generic group custom defined in terms of belonging ("*what we do*", "*our culture*") and another place ("*Africa*", "*down there*"). Modernity, on the other hand, is the term of reference for attitudes and modalities of care attributed to cosmopolitan medicine and to urban living, where the feminine condition has changed: women work, they have fewer children, nursing doesn't last as long, paeditricians are consulted for check ups.

For the most part our mothers declare themselves to be "*on the modern side*", with the single exception of V. (Ivory Coast), the youngest, who does not define herself in these terms, because her thoughts are all directed to her home country and returning there. This *modern* orientation is not, however, considered by the interviewees to be a consequence of their migration experience. On the contrary, they are anxious to point out that their culture of provenance has changed and is part of the contemporary world. «*Our times* – says C. (Benin) – *are already modern*». Yet C. has her own strong idea of tradition and is the only interviewee who wants to talk about local practices, showing impatience when our discussion doesn't turn to them immediately. She has hung a string of pearls around her daughter's hips, which are supposed to serve to shape her back, to make it more "*curved*" and less "*smooth*" than a boy's. She does not attribute to the necklace a propitiatory function for fertility, but sees it as a way of modelling the body and a symbol of gender; one should be able to tell just by touching the body that it is feminine. C. adds that only certain types of pearls are used and, when asked to explain, says: «*it's always been that way that you only put certain types of pearls on the back. That's all there is to it*». Tradition cannot be explained because that would mean it might be subject to discussion.

Thus Cn. (Cameroon), who cites in support of her modernity the fact that she prefers to carry her baby in a sling or a baby carriage rather than a piece of cloth, recounts nevertheless that she would have preferred – in accordance with tradition – to bury her baby's umbilical cord in her home country, by giving it to her mother-in-law[13]. But the elder woman, who is a nurse, refused to take it and told her to throw it away. Cn. couldn't bring herself to part with it and, taking advantage of the fact that her mother-in-law had departed before the cord detached, she buried it in the garden of her house in Perugia: «*to not just throw it away like that, so I dug up a little earth and put it under there with my hands*». What this involved then was a hasty gesture with no solemnity but still perceived as vital and necessary; although she would have preferred that it be the soil of Cameroon to wel-

come the detached cord, in the end the earth is the same everywhere. And maybe it was a way of "localizing" her child [14].

Many of the practices the mothers mention for their effectiveness are now only feint memories. They come to mind only because our discussion solicits the memory and a relationship with the culture of provenance beyond what may be really practicable. Cn., when she complains that her son was late to start walking, says that she's sure that in Cameroon he would have overcome the problem:

> «I started walking at seven (months), seven and a half. There is a ritual in our country to make children start walking. If I was there, I would have done it right away [...] they give you some special massages, with special bones, then the baby starts walking very soon».

But even though she asks for help in remembering from a friend who is present at the interview, the memory remains vague. In any case, it wouldn't have been of any use, because she would have wanted or been able to reconstruct the ritual outside of the African context.

Even with regard to recipes (foods prepared for the baby, broths for the puerpera, herb infusions, decoctions) the women speak generically of operations that evoke a collective female industriousness – pound, crush, mince, chop, mix, boil – rather than describe or explain.

What seems to be lacking is not so much the right ingredients or the skills to use them, but the backdrop of relationships in which to situate the preparation of the recipes. All of the interviewees agree, in fact, on a difference that translates into an absence. In Africa, during the baby's first months of life, new mothers go to live with their own mothers or in any case they have the support of the women in their families; they don't have to do anything but "*eat and nurse*", think about their own well-being and that of their newborn baby.

In Italy, African women – like all women immigrants from countries in which the process of medicalization has not been completed – find themselves in an environment where the social importance attributed to the first stages of the life cycle has been turned on its head. They are struck, in fact, by the disproportion between the care that one can receive here during pregnancy and the isolation in which one is left during the puerperal period [15]. The only reference point, which in any event regards the health of the baby and not the well-being of the mother, is the woman paediatrician (all of the mothers interviewed by us have, in fact, chosen a woman):

> «You're better off going to the paediatrician, if not, what can you do? You can't be sure, you can't see ... the baby's weight, the length, the growing

> organism, the ears, the equipment. The whole thing, at least this kind of check-up. You go to the paediatrician, even if [the baby] is doing fine, because there are little things you need to know, to see» (A).

The objectifying gaze of the physician, made penetrating by technology (the *equipment*) reaches where the eyes of the mother cannot. There remains, nevertheless, the awareness that is the mother's duty to mediate with the paediatrician, to put her own competence into play in interpreting the baby's state of health, so as to then illustrate effectively any problems that may arise.

> «First I explain and then the paediatrician will tell me what I have to buy. When the baby is sick I call her and explain everything to her» (V). «You have to look for the information and then ask for advice from the paediatrician. That's the way it works; you're the one that gathers the information» (M).

But the mediation is not always easy, not so much because of language problems – the interviewees from West central Africa, unlike those from the Maghreb, speak fluent Italian – but because the cultural frames of reference are not the same. Although it is considered obvious that the home country's medicine, whether empirical or magical [16], is neither known nor practicable, perplexity arises in regard to treatments that do not fit the opposition between official knowledge and traditional knowledge, but are attributed to a "domestic" medicine (SAILLANT F. 1999) that draws on products also available in the Italian market. This is the case of remedies (such as castor oil, or vaguely defined infusions or syrups) that have the function – beyond strengthening bones or preventing worms – more generally described as "*cleaning*", "*cleaning out*", "*washing*" the baby's body internally [17]. The mothers would like to administer them regularly, as is their custom, beginning with the third month, but the paediatrician believing them harmful, prohibit them and admonish the mothers: «*If the baby comes down with something the responsibility is yours*». The physicians believe that antihelminthic and purifying products may be useful in Africa, where hygiene is not widespread, but dangerous here, where it is. And even the mothers admit: «*it's cleaner here*», «*in my country there's a little more dirty*». But transference of the opposition dirty/clean from the inside of the body to the outside environment is not always convincing and some mothers consider it unacceptable that the paediatrician should interfere with their management of their children's health with such rigid prohibitions.

Nevertheless, taken as a whole, what emerges from the practices and words of the women in our study is not only the felt absence of a support system or the tendency to delegate responsibility to the paediatrician, but the labour of cultural elaboration that they are in engaged in for themselves

and their children. Our attention has been focused primarily on what they consider to be unrenouncable and interchangeable, on what, therefore, they don't believe to have lost but that they put into action, and that becomes, therefore, the driving force of recontextualization and resemanticization [18].

From this point of view, the most significant sphere of experience is their handling of their children, because it appears to be an integral part of a naturalized theory of childhood, of the body, and of care, which is functional to their immigrant condition.

Their childcare practices – such as baths and massages, the ways they carry and contain the baby – are fundamental forms of cultural modelling. Here, in a context of immigration, they also become ways of constructing a body able to domesticate a world perceived as constantly unstable.

As soon as they are home from the hospital the mothers bathe the baby, regardless of the advice of the obstetrician or the paediatrician, without waiting for the detachment of the umbilical cord. C. says: «*When the obstetrician came to show me how to bathe the baby, I laughed; behind her back though, because it's not polite*». The home visit had come too late; the first bath had already been given. Contact with water is considered to be too important. It is not a question of purification; rather it is thought necessary that the newborn be reintroduced to the natural element where he passed his intrauterine life and to the fluid confines to which he was accustomed in his mother's womb, because this will bring him pleasure and relaxation as well as awareness of his own body (a body that *"hurts"* from its change of state).

The bath and the massage are part of the daily routine, once or twice a day. Beyond their being necessary for the pleasure of the baby and the care of his skin, which otherwise turns dull and whitish, they have a function thought to be literally molding. Usually the massage is performed with products generally found in stores but shea butter and various oils, purchased in stores run by Africans or sent from home, are also used, depending on the season. Mothers from the Ivory Coast have their families send them local "sponges," made of netting; these are an indispensable personal care item, used starting from the earliest days of infancy for the work of cleansing and reconfiguring the body.

But the infant body, before it is modelled, must first be constructed: it is subjected to a passive physical training, complementary to the massage, to invigorate, *loosen* and straighten the limbs, promoting early autonomy of movement. Legs and arms are pushed behind the back, the baby is held up by the feet. The white babies, not subjected to these practices, are per-

ceived as more fragile, more flaccid and more rigid at the same time, and even one's own child, if not manipulated sufficiently, risks failing to acquire the strength, compactness, and elasticity that his body should have. It is a body that his mother's hands have rendered more flexible and more aware of its own extremities, a "localized" body that can handle the challenge of instability.

Notes

(1) The study is been conducted for the CNR (National Research Council) within the framework of a project which also includes a research team in Milan and one in Rome. On the national level the project is coordinated by Tullia Musatti (CNR), while I am responsible for coordinating the research team in Perugia, composed of Fiorella Giacalone and Roberta Pompili, with the collaboration of Loredana Vanacore Falco for relations with the women from West-central Africa and Asmaa Lafi for those with women from the Maghreb.

(2) The *Istituto di etnologia e antropologia culturale della Università degli studi di Perugia* (today *Sezione antropologica del Dipartimento Uomo & Territorio*) has been involved in immigration research for many years, both in the case of Umbrian emigrants to distant countries and migrants from the country to the city, and in the last ten years in the case of intense foreign immigration to Umbria. Tullio SEPPILLI, who from the beginning of his research career has cultivated an interest in processes of acculturation and syncretism, has considered migratory flows from the point of view of medical and food anthropology (2000a, 2000b, 2002). Paolo BARTOLI, Caterina PASQUINI and César ZÚNIGA VALLE have conducted a multifaceted study on "Health Itineraries of Immigrants in Umbria: practices of household management of health/illness and recourse to health and social services" (2001).

(3) For an informative overview of immigration flows in Umbria, see MARINI 2000; CIPRIANI *et al.* 2001; MONTESPERELLI - CARLONE 2003.

(4) Among the publications which document my direction of the work are: FALTERI P. 1997a, 2001a; FALTERI P. - MUSATTI T. 2001.

(5) This term refers to forms of research which are conducted not *for* but *with* staff members: the social use of such research consists not only in the indications for intervention which emerge from the information-gathering process, but above all in the development of reflective skills on the part of staff memebers of health and social services. For a methodological framework tied to a choice of working methos, see BARTOLI P. - FALTERI P. 1994.

(6) Our Milanese and Roman partners in the CNR study are, in fact, social psychologists and pedagogists**.** As a result of their research experience within immigration, they have moved progressively towards an ethnographic and anthropological approach.

(7) Not to be underestimated, nevertheless, is the fact that, in some cases, infants are entrusted to the family of origin back in the mother country because of the economic and organizational difficulties of daily life faced by their parents, and particularly by working mothers, in Italy. In such cases, problems of a material nature are accompanied by a desire that the child spend the initial stages of growing up in the family and in the context of provenance, learning the mother tongue, the religion, and nutritional and dietary practices, so as to avoid irreversible cultural breaks, even though this means risking a break in the mother-child relationship. At this point not much is known about these traumatic separations in terms of numbers and personal experiences; they are beginning to become known through the accounts of mothers and mediating women: BALSAMO *et al.* 2002; CHINOSI L. 2002.

(8) In one case Roberta Pompili arranged for one of the mothers to come to her house to help her in the care of her own one-year-old child. The relationship in this case was thus reversed: it was not

the researcher who became a participant in the other woman's experience but the other woman who entered into Roberta's daily routine to share in moments of child care with the (uninformed) consent of the child.

(9) For a brief historical overview of life cycle research in Italy, particularly on de Martino's initial interest during his research in Lucania in the 1950s (DE MARTINO E. 1996), see FALTERI P. 1996.

(10) Francesco Remotti (REMOTTI F. 1999) uses the term *anthropo-poiesi* for processes in the construction of given forms of humanity – always therefore specific and particular – through ritualized and naturalized practices, which manipulate and shape the body in order to make individuals coherent with a shared social ideal

(11) De Martino himself uses the term *embodiment* when he speaks of the act of walking as an automatic operation that implicitly embraces the "personal and human history of knowing how to walk": in this sense – he says – "we never walk alone". "That lengthy not knowing, that relative forgetting, that *embodying* of teachings in operative abilities that can be carried out in the relatively unconscious [...] is in integral part of that constantly renewed liberation from givenness that constitutes the emergence of being there" (DE MARTINO E. 2002: 617).

(12) A. (Cameroon) has, in fact, relied on the experiences of elderly women, considering herself fortunate to have had for some time the benefit of advice from her grandmother, who came to stay with her in Perugia after her baby was born, and from a neighbour, whom she calls her "*Italian grandmother*". "*They* - says A. - *have a different way of doing things than young women have. When you're on your own you're afraid to do certain things. But they gave me strength*". For the dense meaning that the word *neighbourhood* can have in contemporary society, see APPADURAI 1996.

(13) It is well known that, prior to the medicalization of parturition/birth, the stump of the umbilical cord has had great symbolic importance everywhere and has been the object of rituals in which it is burned, dried and conserved or, as in this case, buried, as generally happens in West central Africa.

(14) Here, we are referring to the "production of locality", according to APPADURAI A. 1996.

(15) In Italy this reversal is as recent as the medicalization of parturition/birth. For some thirty years now the puerperal period has become practically irrelevant, no longer addressed by either profane or technical knowledge. The cases in which it has been the object of attention from medicine are both rare and interesting: FALTERI P. 1997.

(16) This is how C. (Benin) expresses herself with regard to magical practices of preventive medicine, about which she talks profusely: «*What's different in my country are certain types of talismans that are prepared for protection from illness, because with us everything is mystical, no?*».

(17) The same function with regard to the respiratory system is attributed to a «*traditional honey that clears out the chest* [...] *cleans out the mucous*» (C.).

(18) For a model analysis of processes of meaning production among immigrants, see SIGNORELLI A. 2000.

Bibliography

APPADURAI Arjun (1996), *Modernity at Large. Cultural Dimensions of Globalitation*, University of Minnesota Press, Minneapolis - London.

BALSAMO Elena - COLMEGNA don Virginio FAVARO Graziella - GIACALONE Fiorella - PAVESI Amalia - SAMANIEGO Monica (2002), *Mille modi di crescere. Bambini immigrati e modi di cura*, Franco Angeli, Milano.

BARTOLI Paolo - FALTERI Paola (1987), *La medicina popolare in Umbria dalla fine dell'"800 ad oggi: permanenze e trasformazioni*, pp. 167-208, in PASTORE A. - SORCINELLI P. (eds.), *Sanità e società. Emilia Romagna, Toscana, Marche, Umbria, Lazio. Secoli XVI-XX*, Casamassima, Udine.

BARTOLI Paolo - FALTERI Paola (1994), *Usage social de l'anthropologie. Pour un éloge de la formation*, "Ethnologie Française", tome 24, n. 3, juillet-septembre 1994 (issue on *Italia. Regards d'anthropologues italiens*, LOUX Françoise - PAPA Cristina eds.), pp. 531-548.

BARTOLI Paolo - PASQUINI Caterina - ZÚNIGA VALLE César (2001), *Health-seeking Behaviours of Immigrants in Umbria*, "AM. Rivista della Società italiana di antropologia medica", ottobre 2001, n. 11-12, pp. 255-271.

BOURDIEU Pierre (1972), *Esquisse d'une théorie de la pratique*, Droz, Genève.

CHINOSI Lia (2002), *Sguardi di mamme. Modalità di crescita dell'infanzia straniera*, introduction by Silvia VEGETTI FINZI, Franco Angeli, Milano.

DE MARTINO Ernesto (1996), *L'opera a cui lavoro. Apparato critico e documentario alla Spedizione etnologica in Lucania*, edited by GALLINI Clara, Argo, Lecce.

DE MARTINO Ernesto (2002[2] [1977]), *La fine del mondo. Contributo all'analisi delle apocalissi culturali*, edited by Clara GALLINI, introduction by Clara GALLINI and Marcello MASSENZIO, Einaudi, Torino.

ERNY Pierre (1999 [1972]), *Les premiers pas dans la vie de l'enfant d'Afrique noire. Naissance et première enfance*, L'Harmattan, Paris.

FALTERI Paola (1996), *Il nano Pipino che nacque vecchio e morì bambino. Intorno al ciclo della vita e ai riti di passaggio nella ricerca demoantropologica*, pp. 216-264, in SPERA Enzo - MAGNELLI Francesco (eds.), *Un laboratorio tra i castagni. Teoria e metodi della ricerca demoantropologica*, Arnaud, Firenze - Gramma, Perugia.

FALTERI Paola (1997a), *Contatti, "*Bambini e Bambine in Umbria", anno XIII, n. 2, febbraio 1997 (issue on *Servizi multietnici, culture in comunicazione*).

FALTERI Paola (1997b), *La quarantena è una cosa sacra. Puerperio, ciclo della vita e mutamento culturale*, pp. 1-15, in PECORELLI Sergio - AVISANI Rosaria (eds.) (1997), *Puerpera, puerperio, assistenza (Brescia, 11 ottobre 1997)*, Spedali Civili - Università degli studi, Brescia.

FALTERI Paola (2001a), *Multidimensionalità dell'esperienza infantile e approcci valutativi*, pp. 27-31; *Scelte metodologiche: il percorso di monitoraggio della qualità e gli strumenti di rilevazione*, pp. 43-51; *Scelte metodologiche: la dimensione della qualità percepita dagli utenti*, pp. 52-60; *I servizi integrativi al nido: la qualità percepita*, pp. 157-170; *I servizi di sostegno alla genitorialità*, pp. 171-206; *I servizi educativi e ricreativi per il tempo libero: la qualità percepita dai genitori dei ragazzi utenti*, pp. 293-304, in CIPOLLONE Laura (ed.), *Il monitoraggio della qualità dei servizi per l'infanzia e l'adolescenza. Indicatori e strumenti*, Junior, Bergamo.

FALTERI Paola - MUSATTI Tullia (2001), *Cura dell'infanzia e uso dei servizi nelle famiglie con bambini da 0 a 3 anni. Una ricerca a Città di Castello e Gubbio*, Assessorato alle Politiche Sociali, Regione dell'Umbria, Perugia, (Quaderni del Centro per l'Infanzia e l'Età Evolutiva).

GIACALONE Fiorella (ed.) (2002), *Marocchini tra due culture. Un'indagine etnografica sull'immigrazione*, Franco Angeli, Milano.

MARINI Rolando (2000), *Convivenza interetnica e politiche pubbliche locali. Il caso dell'Umbria in prospettiva comparata*, Irres – Istituto regionale di ricerche economiche e sociali, Perugia.

MONTESPERELLI Paolo – CARLONE Ugo (2003), *Primo rapporto sull'infanzia, l'adolescenza e le famiglie in Umbria*, Regione dell'Umbria-Assessorato alle Politiche Sociali.

REMOTTI Francesco (ed.) (1999), *Forme di umanità. Progetti incompleti e cantieri sempre aperti*, Paravia, Torino.

SAILLANT Francine (1999), *Femmes, soins domestiques et espace therapeutique*, "Anthropologie et Sociétés", vol. 23, n. 2, 1999, pp. 15-40.

SEPPILLI Tullio (2000a), *Immigrants in Europe and Health Services Strategies. An Introductory Outline*, pp. 31-43, in VULPIANI Pietro - COMELLES J.M. - VAN DONGEN Els (eds.), *Health for all, all in health. European experiences on health care for migrants*, CIDIS ALISEI, Perugia.

SEPPILLI Tullio (2000b), *Le nuove immigrazioni e i problemi di strategia dei servizi sanitari europei: un quadro introduttivo*, "AM. Rivista della Società italiana di antropologia medica", n. 9-10, ottobre 2000, pp. 35-58.

SEPPILLI Tullio (2002), *Migrazioni e processi di acculturazione alimentare*, pp. 35-53, in DIPARTIMENTO DI STUDI STORICO-SOCIALI E FILOSOFICI, UNIVERSITÀ DEGLI STUDI DI SIENA (ed.) (2002), *Culture e mutamento sociale. Per Carla Bianco: studi e testimonianze*, Le Balze, Siena.

SIGNORELLI, Amalia (2000), *Le molteplici singolarità di un processo di massa. Alcune riflessioni sullo studio antropologico delle migrazioni*, "Etnoantropologia", n. 8-9, 2000, pp. 285-293.