

# Annales d'Éthiopie

የኢትዮጵያ ዓመታዊ መጽሔት

Revue internationale sur la Corne de l'Afrique

N° 30

Année 2015

Centre français des études éthiopiennes  
Éditions de Boccard



Valentina Fusari\*

## Comboni Missionary Sisters in Eritrea (1914-2014)

*Les Sœurs missionnaires comboniennes en Érythrée  
(1914-2014)*

Italy was a prolific source of Catholic missionaries, but in this article, I focus solely upon the Comboni Missionary Sisters (CMS) in Eritrea, because of their long-term presence and the impact the missionary development had here compared to other Muslim (Somalia) or shorter-lived (Ethiopia) Italian colonies. Moreover, Comboni's point of view about missionary activity constituted a very important innovation, anticipating many changes associated with the development of international cooperation. The mobility of the missionaries gave rise to different types of selected movements: intercontinental flows from Europe to Africa; international flows within Africa; and flows within missionary fields moving from one missionary station to another, often going against classical trends like urbanization or international/regional migrations. These flows had a cultural and social significance for both the sending and the hosting countries, also influencing the gender role system (Nunn, 2014; King, 2005; Huber & Lutkehaus, 1999). Little information about female missionary demographics, however, is available in the literature.

During three years of fieldwork (2013-2015) I collected data in the CMS archives in Eritrea (CMS Private Archive in Asmara; Archive of the Italian Consulate) and in Italy (CMS Private Archive in Verona).<sup>1</sup> Official chronicles,

\* Department of Political and Social Sciences, University of Pavia, Italy. Contact: <mailto:valentina.fusari@unipv.it> <sup>1</sup> Data for my research were collected thanks to the collaboration of Sr. Anna Maria Sorio in Asmara and Sr. Paola Moggi in Italy—above all because during the *Qey Shibir* (Red Terror) in the late 1970s, CMS were ordered to send all documents from Eritrea to Italy to safeguard them.

together with other narratives like diaries, private letters, and biographies available in Asmara have proved a useful source to contextualize and add information about CMS demographics (morbidity, activities, family background, life experience, and so on). However, the most interesting details were collected during interviews with the last missionaries in Eritrea and the sisters who did part of their missionary work in Eritrea and are now in nursing homes in Erba (Como) and Verona.

Literature about missionaries and colonialism in Africa produced since the 1960s, in the wake of decolonization and the development of a new post-colonial historiography, discloses all the intricacies and complexities of the issue. Dichotomies are recurrent: the evaluation of the missionary work is alternatively seen as a source of destabilization and crisis of the so-called African “traditional societies” or as a development factor leading to emancipation; the relationship between missionaries and colonialism in terms of cooperation or antagonism; or, finally, an ethnocentric and racist approach versus an egalitarian approach is seen as embodied in the civilizing mission (Betti, 1999; Borruso, 1988; Marongiu Buonaiuti, 1982). Scientific literature about religious missions in former Italian colonies mainly pertains to political history or examines the social, cultural, linguistic and religious impact of missionary presence on indigenous communities. Only later, in the second half of the 1970s, did a substantial change in the literature concerning missionaries, colonialism and religion in Africa take place, focusing on complexity and internal contradictions within the missionary world. As a result, the literature on the subject may be divided into two major periods. Until the 1980s, it is characterized by the celebration of the civilizing function of missionaries, underlining their spirit of self-sacrifice and their stoicism (Metodio da Nembro, 1953). This literature was produced largely within the missionary domain. Only in the late 1980s, historiography took an interest in missionary work in Eritrea and Ethiopia; but the amnesia that for some decades characterized African studies in Italy affected also studies on missionary issues (Ceci, 2005).

Post-colonial studies have also drawn increasingly on feminist analysis, which has revealed gender as a key constitutive field in the production of colonial knowledge. Through this approach, women emerge as agents, while gender and religion become a crucial field of social change incorporating a much deeper dimension of individual experience and voice. Nevertheless, female missionaries have not yet received the ethnographic and theoretical attention they deserve, perhaps because the “malestream” has exiled them to peripheral roles. Furthermore, the church hierarchy has tended to reject any terms derivative of “feminism” with the exception of the expression “feminine genius” popularized by Pope John Paul II. Thus, elements related to feminism and essential to the ontological and anthropological analysis have not been

cultivated, and studies including a feminist critique of missionary experience are lacking. But gender issues are essential to the analysis of CMS' experience, because the founder Comboni used gender to identify, define and refine the values and roles women should have in their mission, opening up opportunities to situate this research issue in colonial and postcolonial "herstory" (Trento, 2012; De Araújo Silva & Rodrigues, 2013).

At the same time, despite the interest of historical demography in religious cohabitation in Europe, there is a lack of demographic analysis of the female missionary population in Italian colonies. No analysis has included vocation and missionary experience among the factors that could improve the social position of women in terms of gender roles allowed within the society of origin, especially in the first half of the 20th century. This does not claim to be an exhaustive study on the issue, but rather to give new insights for future researches, as its aim is to cast light on a peculiar category of expatriate workers through a gender lens. It is organized thematically to highlight Comboni's idea about missionary work and the role played by women; the demographic analysis of CMS' presence in Eritrea with regard to the activities performed and paying attention to their morbidity and mortality dynamics.

### **1. Comboni and the Arrival of CMS in Eritrea**

Catholicism has promoted strict gender relationships based on male dominance and female submission. This religious view emphasized ontological differences between men and women, also within the church hierarchy, noting that men were predisposed to leadership, activity, and strong work ethic, while women were naturally nurturing, passive, and receptive. Gender-traditional religions promote and share the belief that men and women were created to fulfil different and complementary roles (Burke, 2012: 122). Within this framework, the opening to women announced by Comboni took on particular relevance.

Daniele Comboni founded CMS in 1872 to offer female missionaries to African people. They were the female counterparts of Comboni Fathers founded in 1867 (Gaiga, 1993). The founder, due to his experience in Central Africa, thought an innovative missionary approach was necessary to reconcile progress with respect for diversity and the enhancement of Africans themselves (Romanato, 2003). The Plan for the Regeneration of Africa (1864) was the result of his vision that considered Africans equally worthy to be loved, because all mankind shares the same father (God). He was aware that the methodology of the Plan could not bear fruit immediately, but was rather a long, difficult process, where positive outcomes will occur only after much time. The centrepiece of Comboni's Plan was "Save Africa through Africa," and its realization needed the support of the whole church, because he knew that to evangelize the entire African continent it was necessary to convene

all the missionary movements of the Christian world and create new and appropriate institutions. Thus, the Plan was meant to involve a central council to coordinate and lead all available forces and initiatives for the evangelization of Africa. This Catholic effort was meant to be supranational, because it was intended for “*plantatio Ecclesiae*” worldwide. Schools, seminars, and health facilities were opened and aimed at the African “self-reliance”; but these institutions interacted with national and international policies and interests, above all in colonial times (González Fernández, 2003; Romanato, 1998). Other central themes for the regeneration of Africa through Africa, such as the abolition of the slave trade and the creation of Christian villages, affected the relationship between political power and missionary work.

The fundamental characteristic of the CMS’ vocation was its call for a mission “*ad gentes*,” which meant being among the poorest people because service to the poor and the abandoned occupied a central place in CMS’ spirituality. Missionaries were to live their missionary vocation among non-evangelized peoples, helping them to build their faith as Christian communities (Shapiro, 1981).

The principle of Comboni’s methodology was “Save Africa through Africa,” so he encouraged the self-promotion of people, making acculturation indispensable and total dedication to the mission a priority whether missionaries were in the country of origin or in hosting countries (Kaplan, 2004; Manna Ghebremedhin, 1996; Van der Geest, 1990; Priest, 1987). He emphasized the specificity of the mission as living in a different culture, learning languages and customs, and serving the poor and abandoned as a preferential option. In fact, the fascination of the CMS was strongly based on the fact they were carrying out a “first evangelization”, which meant going where no missionary had gone before. Missionaries sincerely believed in those people they served in the mission, promoting them as evangelizing agents and creators of their own liberation. Of course, the mission involved accepting the inevitable difficulties and sufferings, facing a possible sense of failure or frustration or even experiencing physical risks as declared in the motto “Africa or death” (Capovilla, 1944).

According to Comboni, missionary work could not exclude women. He increased the participation and responsibility of women promoting missionary projects in which the woman was the protagonist, and worked for the dignity of women in societies where it was neglected and oppressed. In his opinion, women would succeed better than men to penetrate into the hearts of the indigenous people (Pezzi, 1981). So in Comboni’s project consecrated women were the best agents of evangelization of the family and society, because they were active in the fields of education, health and pastoral care.

Missionary work in territories that later became the Italian East Africa Empire dated back to medieval times, before the founding of Propaganda

Fide, at a time when the legend of Prester John attracted missionary attention animated by the hope of making an outpost for later penetration into Sub-Saharan Africa. Propaganda Fide, established by Pope Gregory XV's bull "*Inscrutabili Divinae*" (1622), dealt with the propagation of the faith, coordinating missionary forces, giving directives for the missions, promoting the formation of local clergy and hierarchies, establishing new missionary institutions and providing material aid for missionary activities.

In the 19th century, CMS and other female congregations arose and made their contribution to missionary activities, especially in education and health care, in family formation and promotion of women. In the early days, they had few members and limited resources; from a role as supporters of male congregations, they gradually developed their own autonomy.

European colonial policy was the backdrop to the missionary activities in the second half of the 19th and early 20th centuries, especially with regard to the missions to Africa. European colonial aspirations influenced the development of missions to Africa, favouring them, as evidenced by the position taken by the delegates of the European powers at the Berlin Conference (1884-1885), who considered the useful work of the missionaries in civilizing African people. Furthermore, the General Act of the Berlin Conference, which guaranteed freedom of religion throughout Africa, mandated that each European power should, without distinction of creed or nation, protect and favour all religious or charitable institutions whose aim was to bring civilization to the natives. In addition, all the properties of missionaries, scientists, and explorers were likewise to be the object of special protection. Nevertheless, the motherlands preferred or required missionaries of their own nationality in colonies. This trend, seconded by Pope Leo XIII (1878-1903) and Propaganda Fide, initiated a process of nationalization of missionary personnel, reinforcing the colonial policy.

The Mahdist revolt in Sudan and the indigenous violence against Italians (the massacre of Giulietti's expedition in 1881 and of Bianchi's column in 1883) led Italy, in agreement with other European powers, to occupy Massawa. From that moment on, the Italian expansion in the Horn of Africa was closely related to missionary presence. The royal government advocated the establishment of a mission with Italian staff, officially established on December 9, 1894, expelling the French Vincentian priests and nuns but tolerating the Swedish Evangelical Mission (*Evangeliska Fosterland Stiftelsen*), established on May 7, 1856 and who supported health, education and professional training.<sup>2</sup> On September 5, 1885, the Daughters of Saint Anne received the

<sup>2</sup> The Swedish Evangelical Mission in Eritrea hosted 11 Italian missionaries (men and women), especially in the role of teachers, flanked by military chaplains, as it can be seen through the Archives of the Waldensian Church (Coïsson, 1979; Coïsson, 2013).

Italian Ministry of Foreign Affairs' request of two sisters for the hospital in Assab. This was the first application made by Italy to have a female institution in the nascent colony.<sup>3</sup>

In Eritrea, once female congregations had been admitted, in a short time they outnumbered male ones leading to a feminization of religious staff. The difference in sex ratio was ascribable to the type of activities carried out by the female missionaries. In addition, the difference in sex ratio also depended on the education of a woman. To be active in the field, especially in the past, a sister's education did not need to be as long as that of a priest, who had to study philosophy, theology and perhaps even attend other schools.

CMS arrived in Eritrea at a time when the Apostolic Prefecture was raised to the rank of Apostolic Vicariate under the guidance of the Capuchins of the province of Milan (1911). CMS were requested because a key point of the program launched by the new vicar Camillo Carrara was the education of local clergy, considered crucial to evangelization, because a native missionary would know local languages, habits and customs, so they would be better listened to and accepted; they were also accustomed to the climate and conditions that for European missionaries might have been more onerous. At the end of the World War I, Pope Benedict XV, in his apostolic letter "*Maximum Illud*" (1919), gave importance to the application of the principle of indigenization of the Catholic Church (Baumgartner, 1975), also because indigenous clergy would ensure missionary continuity in case of expulsion of foreign religious staff. Furthermore, the new vicar wanted every indigenous village hosting a Catholic priest to have a school to share Catholic knowledge and promote literacy in local communities.

Under Carrara's vicariate, though not because of it, the misery of the indigenous people increased because of famine due to locusts, the explosion of World War I with its subsequent decline in financial contributions and private donations, the epidemic of Spanish flu in Asmara (1918-1919), and the earthquake that destroyed Massawa (1921). CMS along with the other missionaries could be a major civilizing and positive propaganda factor, particularly in Eritrea, where poverty affected the social condition of the indigenous population and customary law entailed female subordination. However, the interests of the colonial government were also in the direction of providing services to the growing Italian population without placing an undue burden on the state coffers.

In response to vicar Carrara's request, a group of six CMS arrived in Eritrea in 1914 to be employed in Regina Elena Hospital in Asmara, where the

<sup>3</sup> All data about the Daughters of St. Anne were collected between 2013 and 2014 thanks to Sr. Ghennet at the "Archivio Figlie di Sant'Anna—Asmara—Generalità del Personale Religioso 'Figlie di S. Anna' delle Case d'Africa" in Asmara.



Comboni Father Bonomi was chaplain, and later in Umberto I Hospital in Massawa. CMS outnumbered the staff of all other female congregations in Eritrea because of their charisma, their missionary vocation and the activities (health and education) they were in charge of, which became over time the regular ongoing activities of their mission. In fact, in many instances, the absence of an educational policy and the lack of funds for Italian schools provided missionaries with the opportunity to offer their services to the government (Miran, 2002: 132). Other female congregations were active in Eritrea, because the colonial government requested these sisters to work in health facilities. The first four Daughters of St. Anne arrived in 1886; but although they were the first to come, in one century they had only 185 missionaries, all of them Italian, because missionizing was not one of their distinguishing features. Later, other Italian congregations like Ursuline Sisters, Maestre Pie Filippini, Suore Cappuccine di Madre Rubatto, Clarisse, and Suore Buon Pastore opened missionary stations in Eritrea, but none of them reached the number of CMS.

CMS had to face their compatriots' prejudice and cope with problems related to climate, accommodation and food. In addition, at the beginning their presence was hampered in various ways and their works in Asmara raised "criticism and objections" (Soriolo, 1985). Thus, in addition to discomfort, they had to endure slander. In fact, anticlericalism or at least indifference in religion matters was the prevailing attitude among the Italian troops in the colony before the advent of fascism, and it was even more pronounced among the officers, who were in the ranks of liberal movements. Although during fascism the missionaries gained in importance, the government was interested in maintaining the status quo avoiding anti-colonialist uprisings or tensions, so missionaries were not allowed to carry out evangelization campaigns but were restricted to providing services for their compatriots. For many years, female missionaries were involved in social works although they complained of a chronic lack of collaboration among different congregations, except for cases of men and women belonging to the same congregation. Additionally, the government showed a different attitude to men and women, allowing hierarchy among institutions. As a result, at the beginning of their experience in Eritrea, CMS were tolerated but had no power to do real missionary work and they felt "confined in Asmara." Moreover, it was only in 1941 that they took advantage of the help of their male counterparts, when the Comboni Fathers fled from the advancing British troops in Gondar and settled in Eritrea. Thus, although Eritrea was a fertile ground for the work of the CMS, especially at the beginning of their activity, they had to downplay the missionary activities that were the essence of their work.

As a result of this interaction, until recently, studies have pointed out how Catholic missionaries actively participated in both defining and implementing

colonial policies in Eritrea (Taddia, 1986; Tekeste Negash, 1987; Uoldelul Chelati Dirar, 2003; Miran, 2002). Their involvement in education and medicine was, in several contexts, complementary to secular policies (Bruzzi, 2012; Fredj, 2012; Uoldelul Chelati Dirar, 2006). But an understanding of the composition and dynamics of the female missionary population is still lacking.

**2. Trends and Activities of CMS**

By the turn of the 20th century women in the field outnumbered their male counterparts leading to a feminization of the missionary presence. Within a century, 416 foreign CMS served in Eritrea, of whom 91.35 % were Italian. I will focus my analysis on them, excluding not only other foreign missionaries, but also the Ethiopians. Fig. 1 shows the trend of CMS in Eritrea and the opening and closing of missionary stations. This trend should also be seen in light of the changes in the services carried out after the lost of the colonies and the following Eritrean independence. CMS’ presence in Eritrea followed the demographic trend of the Italian population, with some exceptions in the 1940s, 1970s and 1980s.

Only a few dozen CMS came to Eritrea in the 1910s and 1920s, when the sex ratio was strongly in favour of males because of the military presence. They started their activities in Asmara, Massawa, Dekamare and Senafe hospitals,

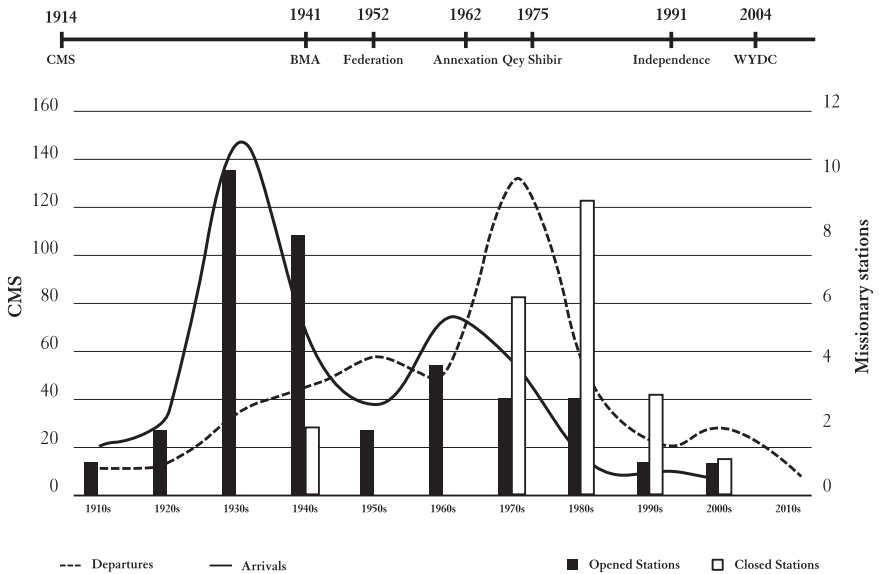


Figure 1. Arrivals and departures of Italian CMS with opening and closure of the mission stations—Eritrea, 1914-2014

Source: Processed data - CMS Private Archives (Verona, Asmara)

servicing compatriots and natives, Christians and Muslims from all walks of life. In their spare time, they used to go to villages to visit and care for those who could not reach the hospital, continuing the work inaugurated by the Daughters of Charity in the surroundings of Keren and by the Daughters of Saint Anne among the Kunama (Barentu). Along with health, they were also active in education. In fact, in the late 1920s, when the Italian government opened the primary school Vittorio Emanuele III for Christian and Muslim indigenous children in Asmara, CMS agreed to manage and teach. In time, their educational and health activities reached Belesa, Dekamare, Mai Habar, Senafe, Nefasit, Embatkalla, Igea Clinic, female prisons, Asmara orphanage, and new hospitals in Asmara, so that they opened 36 communities in a century of activity, although currently only 15 remain active with a large majority of Eritrean staff.

Throughout the first half of the 20th century, with a peak during the fascist period, the demographic trend of CMS' presence in Eritrea and the opening of new stations went hand in hand with colonization of Eritrea and the Ethiopian campaign. In the 1930s, there was a boom in arrivals (140), together with an increase of the Italian population and the need for health and education services. During the massive Italian presence, hospitals, schools, dispensaries reserved for the metropolitan and indigenous population were managed by or had in their workforce a large number of religious personnel. In fact, the colonial administration counted on their health, educational and linguistic skills to penetrate and "civilize" the indigenous population, as also happened in Algeria in the 1930s (Fredj, 2011: 182). The missionaries were using medicine as a means of their apostolate, arguing that medical knowledge enabled them to be a more effective apostolate of charity, although this approach has been criticized in postcolonial studies (Uoldelul Chelati Dirar, 2006: 259).

More in detail, in 1934 CMS opened "Casa Comboni" as an orphanage; but on the eve of the Italo-Ethiopian war, it was occupied by the Air Force Command, and was returned to CMS only in 1938, when it became a gathering point for single mothers with their children. They also opened the "Protezione della Giovane," a pension for female workers, since it was the time when many young Eritrean women from the countryside flocked to Asmara to work with the Italians and Italian women also arrived in the colony to work. The Italo-Ethiopian war (October 1935-May 1936) marked the interruption of school and an expansion of nursing as the schools were transformed into military hospitals. The post-war period saw the expansion of the presence of CMS in Eritrea, especially in Asmara, with educational and charitable works and the training of local young people to religious life. Furthermore, in 1938, CMS opened a training house for their novices including also half-castes and orphans already hosted in childhood institutions run by the sisters. In the same year, the "Santa Famiglia" boarding school for Italian children was opened;

Eritrea was turning into a settler colony, and Italian migration influenced the missionary activities (Borruso, 2002: 51).

In the following decades, up to the 1970s, the number of arrivals showed ups and downs, always more than 30 per decade, with a range from 34 (in the 1950s) to 69 (in the 1960s), but departures outnumbered them. In East Africa, World War II began on June 10, 1940. In October 1940, the government recalled CMS to military hospitals. Then, with the fall of Keren (March 27, 1941) and the loss of Asmara (April 1, 1941), the war in Eritrea ended and refugees increased the population of Asmara within a few months from about 100,000 to about half a million people (Podestà, 2011), including a large number of soldiers, sick and wounded. An exodus of the sisters from the missionary stations began as they were reemployed in providing assistance to refugees, prisoners and escapees. Many Italian sisters of different congregations decided to leave Eritrea when Italy lost the colony, taking advantage of the Red Cross Ships (1941-1943) and becoming in this way “refugees with the refugees.” However, CMS’s attitude in this moment was different compared to the Italian female population who had migrated to or grown up in Eritrea, because most of them decided to stay. At this point, some communities that had been devoted to caring for prisoners were closed, making it the only event of closure before the 1970s, when closures exceeded openings systematically.

With the loss of the colonies and the establishment of the British Military Administration (BMA) there was a decline in the presence of CMS, but new missionary communities continued to be opened, also thanks to the contribution of the Eritrean sisters trained over time.<sup>4</sup> Under the BMA, all missionary stations except Asmara and Barentu were gradually closed, and reopened only in 1946. The following years were marked by a shift in CMS’s activities because the new administration took charge of indigenous people’s education. Moreover, during the Federation and in the wake of the 1960s, the Catholic Church in Eritrea had an exarchate of the Ethiopian rite and a Latin apostolic vicariate: the first had to provide for believers scattered throughout the country, while the second had to convert indigenous people to Catholicism and assist the Europeans (approximately 54,000 settlers).<sup>5</sup> At this time, CMS could devote themselves to works closer to their mission (Cerbella, 1960), including the foundation of the University of Asmara in 1958.

With the annexation of Eritrea to Ethiopia, there was a brief resumption of arrivals, but when the Derg seized power and the Red Terror started, CMS

<sup>4</sup> In 1942, four Eritrean women became for the first time Comboni Sisters. They did not immediately enter fully into the mission but served in Eritrea. Only after five years of novitiate, in 1947, did they undertake the missionary life, moving out of Eritrea where required. <sup>5</sup> Only in 1996 did the Vatican resolve the matter by granting only the parish of the Cathedral of Asmara the opportunity to celebrate mass in the Latin rite.

faced a point of no return in terms of arrivals. However, this decline was due not only to the policies implemented by the different governments in Eritrea, but also to the decreasing vocations in Western countries.

In the 1940s, after the loss of the colony, arrivals were still higher than departures, but in the 1970s, departures almost tripled arrivals. The early 1970s were marked by a reduction in missionary work in Eritrea because the Italian presence was now reduced to a small number in the wake of the nationalization of properties; thus those activities of the CMS that were addressed purely to Italians were resized. In 1972, there was also a change in the leadership of the university: to fulfil the Ethiopization, a secular Ethiopian dean was appointed. Furthermore, in 1974 the Derg introduced a Marxist-Leninist government, with strong repercussions on missionaries. The exodus of foreigners from the country began, and CMS too had to flee; some moved elsewhere, others went temporarily to the South of Ethiopia, but their communities remained a refuge for people who did not feel safe in their own homes. On April 22, 1975, the Derg recalled all non-Ethiopian sisters to Asmara: they feared mass expulsion, but ultimately they were allowed to return to their stations and activities. In June 1976, the university reopened under CMS's management, but in early 1977, the institutions of higher education passed under direct control of the governmental Commission for Higher Education. The sisters continued to hold teaching and secretarial posts until July 1995, when their community had to discontinue working at the university campus.

In 1977, CMS opened a community in Ghinda for medical assistance. As the ongoing Eritrean liberation struggle against the Derg regime worsened the problem of abandoned women, CMS began to give moral and material assistance to widows, single mothers and women in general. In 1982, almost all religious institutions and all Catholic schools had to surrender to the government at least part of their buildings. As a result, CMS now focused their work on people who had been hurt by war, famine (1983-1984) and a cholera epidemic.

With the attainment of Eritrean independence in 1991, over 100,000 Ethiopians stranded in camps around Asmara become the object of care and comfort. Eritrea gained its independence after a long liberation struggle and missionaries played a crucial role in supporting the people; but in their narratives, this period is still a sensitive issue and there is a certain hesitancy to talk about it, because their life experiences are strongly joined with the social and political vicissitudes of the 1970s and 1980s. This is a very recent past, not yet resolved at the political level and, therefore, these memories can still influence the outcome of CMS's presence in Eritrea and Ethiopia.

Upon obtaining independence, the Eritrean government reduced missionary arrivals and allowed only retired CMS staff to remain, supporting Eritrean sisters in 15 active missionary stations in projects aimed at women's wellbeing,

in small health stations and kindergartens. In fact, the few arrivals that occurred since the 1990s have involved predominantly young African and South American nuns; but compared to the experience of the Italian sisters, they remained for a shorter period. Now, there are only seven foreign nuns (6 Italians and 1 Scottish), ranging from 66 to 93 years old.

### 3. Place of Origin and Distribution in Eritrea

Up to the 1930s female missionaries represented the dominant female component of the Italian population, just as the military accounted for the dominant part of the male population. In 1905, 80% of the Italian males over 16 in the colony were not married and only a few of the married men had their wives with them: so there were more than 1,300 European single males against 73 European women (De Angelis, 1921). Even in 1939, 65.8% of the Italian population was still male and 34.2% female (Buccianti & Fusari, 2013).

CMS, compared to the female lifecycle of their country of origin, were embarking on a new lifestyle. Although they were involved in activities considered appropriate to the female role both for the culture of origin and for local communities, they developed a more elaborate rationale for missionary practice than did other congregations. Comboni thought female missionaries should be persons of deep compassion, empathy, acceptance, solidarity and ability to create community. Missionaries played a peculiar role within the expatriate community, because working in the Italian colony allowed them to share the experience of other Italians, but at the same time, they were in a privileged position with regard to their relationship with the indigenous population.

CMS came mainly from Northern Italy, particularly from the Northeast: Veneto and Lombardy ranked at the top, followed by a large presence from Trentino Alto Adige (fig. 2). The strong presence from these areas was due to the founder's place of origin (Limone sul Garda) and, therefore, the congregation was better known there than in other regions, especially at the beginning. Later, staff from Central-South Italy came (Abruzzo, Lazio, Campania), but a new trend, due to the decline in vocations, above all in Italy and in Europe in general, began and missionaries from previously missionized lands (Africa and Latin America) began to outnumber Europeans (Zovatto, 2002). Other European countries (United Kingdom, France, Spain, Portugal) were underrepresented, partly because of the policies put in place by the Italians until the loss of the colony. Unlike CMS, the Daughters of St. Anne came mainly from Southern Italy (61.6%) with Sicily, Puglia and Campania ranking at the top, although their place of foundation (1866) was Piacenza (Emilia Romagna).

The analysis of the Italian CMS's places of origin highlights that they came from areas that were characterized by migration outflows until the first half



Figure 2. Place of origin of Italian CMS serving in Eritrea, 1914-2014

Source: Processed data - CMS Private Archives (Verona, Asmara)

of the 20th century. Veneto before its annexation to the Kingdom of Italy was an area with a strong culture of migration, especially in the foothills. Initially, the phenomenon was mostly temporary or seasonal, directed in particular to Germany, Austria and Hungary. People emigrated especially from mountain areas, in particular the provinces of Vicenza, Treviso and Belluno. After the unification of Italy, Veneto suffered a deep economic crisis, which began the great migration. This phase would last until the eve of World War I, which marked a break in Italian emigration patterns. In fact, the destinations of the emigrants and the attitude of the State towards those who migrated changed. The horizon of migrants from Veneto now included not only continental territories but also transoceanic routes and African colonies (Franzina, 2009; Bevilaqua, De Clementi & Franzina, 2001). With the advent of fascism, Italian emigration to Eritrea became a mass migration. In Eritrea, the community

grew to reach 10 % of the population of the colony with a large concentration in the capital Asmara, where Italians made up about half the population (La Banca, 2007; Castellano, 1948). The majority came from Northern Italy (with a prevalence of Emilia Romagna and Veneto) followed by the South and the Islands (Sicily, Campania and Puglia) and to a lesser extent from Central Italy (Podestà, 2011). Therefore, CMS from Veneto revealed a certain familiarity with the idea of long-distance migration, as part of their background. In Eritrea, they found a good number of fellow citizens, because about 40 % of the Italian population in the colony came from Veneto, and 34 % of CMS who served there came from the same region, with greater incidence in the period 1914-1935.

During the last years a radical change in the composition of female religious staff happened, because Eritrean sisters now outnumber foreign missionaries, due to the structural decline in vocations following the secularization process, to local policies about foreign workers in social and religious field, and also to the return of Eritrean CMS who served elsewhere. As a result, the aging of the missionary community is increasing while young Eritrean CMS face difficulties in leaving the country to other missions because of the national service (Fusari, 2011).

CMS' distribution in Eritrea was strongly linked to the opening of new missionary stations together with the available foreign and local staff and it is clear in fig. 3. The largest communities both in number and staff have always been those of Asmara, where health (hospitals), education (schools, college, university and formation houses) and social services (prisons and guesthouses) have resulted in 21 communities over time. The boom of the openings fell between the 1930s and 1940s, because CMS' service was held mostly in favour of the Italian community (from 4,188 in 1931 to 4,560 in 1934 and 72,500 in 1939) and to a lesser extent for the benefit of the Eritreans, thus putting into question Comboni's mission and principles. As for closures, except instead of the very few (2) whose opening and closure were due to the contingency of war, the sharp decline covered the 1970s and 1980s, when 15 missionary stations were closed because of guerrilla and civilian wars taking place in Eritrea resulted in a failure to replace the nuns.

The most isolated stations had health care facilities for indigenous population having no access to the facilities created for Europeans. Indigenous women used to refer to these dispensaries, and the sisters came into contact with female population, usually difficult to approach through the institutions, and established relationship that allowed not only to disseminate the basic rules of hygiene and to promote education for children, but also to open a channel for the evangelization of the family, as assumed by Comboni. With the rise of the Italian population, in such dispensaries run by nuns also the Italian indigent



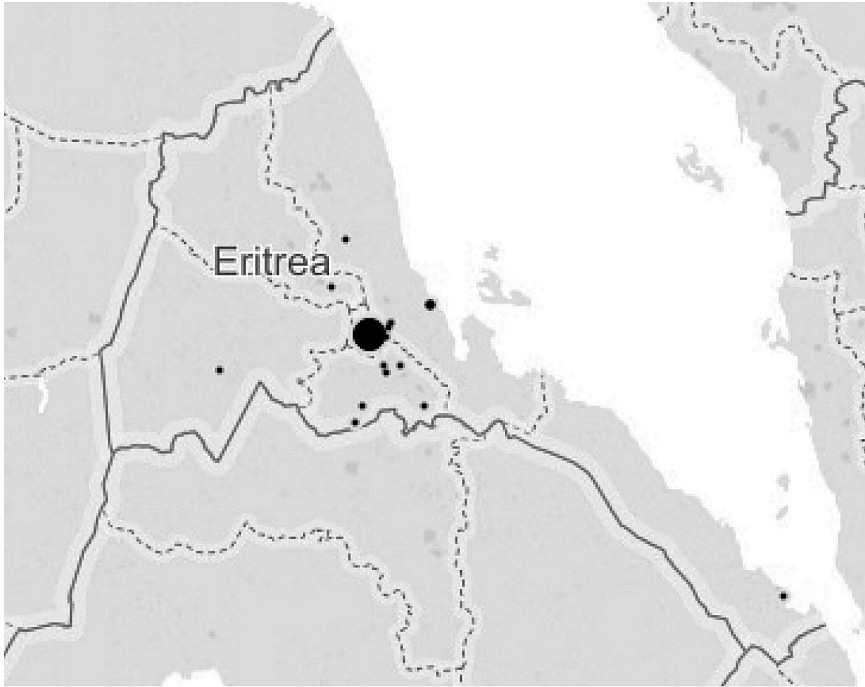


Figure 3. Distribution of Italian CMS in different missionary stations, Eritrea, 1914-2014

Source: Processed data - CMS Private Archives (Verona, Asmara)

population went to have medical consultations and free cares, in addition to home care provided by trained religious nurses.

Recently, four mission stations closed because the elderly sisters returned to Italy or died and there were no arrivals. However, the opening of new missionary stations in predominantly Muslim areas (Afabet, Tokombia) was aimed at overcoming the difficulties of the young Eritrean CMS to go to missionary fields abroad because of policies about emigration implemented by the government. In this way, the congregation trained them to carry out their mission at home.

#### 4. Age

In past times, women used to take their vows at a young age, sometimes without any vocation, but due to their family's wishes or to improve their lives, as an instrumental agency. Beyond the attractions to a religious community represented by the educational opportunities or economic advantages it offered, the reasons why a person might choose to join a particular community have been conflated into the factors that led to a change in worldview.

In general, scholars should be cautious about monocausal explanations of a phenomenon as complex and variegated as vocation. Thus, there was not one single unitary explanation for the choice to join CMS, but Italian sisters underlined the desire to go abroad, and particularly, their will was leaving for a mission to Africa or teaching to African children, it did not matter what their families thought about this. To some extent, joining CMS represented in young nuns' eyes of the last century a way to get out of a gilded cage of femininity, which was the other side of marginalization and subordination. In fact, because of the importance Comboni gave to education and mobility, the congregation gave opportunities to study and travel not common among women in Italy. Although migration was common, female missionary activity was not widespread, and it aroused curiosity when missionaries returned for a while to their place of origin. They were the real vehicle of propaganda among the younger generation. In personal memories, the encounter with missionaries already active in Africa emerged in several interviews, underlining the enthusiasm, skills and emancipation of these women.

In fact, through their missionary activity, women acquired a new status and agency relations both in the country of origin and in hosting countries. Furthermore, in personal memories, the time of departure and separation from family (the rule allowed a homecoming every four years) was described and experienced as a rite of passage, as the beginning of a new life in which their will could be realized and their skills and vocation could be tested.

Considering the feminine side of the age pyramid that is the age distribution at arrival in Eritrea, fig. 4 shows that the majority of CMS came to Eritrea between 25 and 29 years old, supposing that, due to their medium-high level of education, it was their first missionary experience. The mean age on arrival was 30.4 years old, while for the Daughters of St. Anne it was slightly higher (31.9), maybe because a good number of these missionaries arrived in their 40s or very young (16-24 years old). According to Comboni, youth was an important element in the missionary activity, because it was the phase of life when people have more energy and enjoy a better health, so young missionaries were able to address the difficulties faced in the field. These considerations explain the age distribution on arrival, with peaks in age groups 20-24, 25-29 (almost half the missionary population missionary fell in this age group) and 30-34, with a sharp decline in the older age groups having all less than 20 units.

The CMS's mean stay was 18.1 years, and it was 23.22 years for the Daughters of St. Anne: this difference highlights lower dynamics because the Daughters of St. Anne managed less missionary stations all around the world and they stopped sending missionaries once they had trained enough local staff.

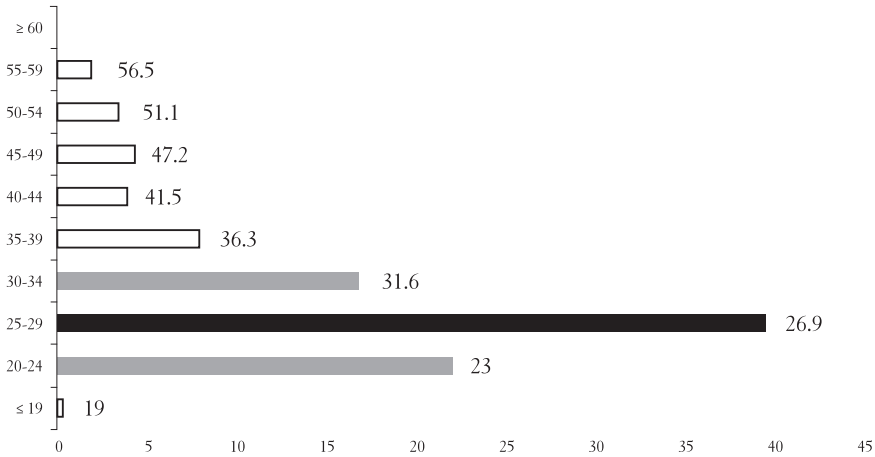


Figure 4. Age distribution on arrival of Italian CMS and mean age within the single age groups, Eritrea, 1914-2014

Source: Processed data - CMS Private Archives (Verona, Asmara)

Considering the departure for the field a change of status like marriage, it is possible to compare the Italian female population’s age at marriage and the missionaries’ age at their arrival in mission. For the 1895-1920 cohorts age at marriage was between 24.5 and 25.5 years, while for cohorts 1929-1954 there was a decrease which had no equivalent in the age of arrival in mission, while the trend returns similar for cohorts 1951-1976, characterized by an increase in the mean age. Similarly, the mean age at first birth during the time span under observation fluctuates around 30 years, with a decrease from the 1930s to the end of the 1940s; then it increased steadily, echoing the missionaries’ mean age at arrival in Eritrea.

With respect to the level of education, CMS represented an élite within the Italian scene, especially in post-war years, because on average they had a higher level of education (degree or professional degree) than most of the Italian female population. However, the majority of surveyed sisters born in the 1930s and mid-1940s said they already had a high school diploma before thinking to embrace the religious life; some had jobs of responsibility and were financially independent even when they came from large and not wealthy households.

Actually, next to institutional education, the sisters’ training also included knowledge of local languages and local customs, which took place both on site and through periods of training in other missionary stations, and Cairo was an example for those who had to learn Arabic.

In spite of their training, sometimes they felt sceptical about what they were doing in their mission, but most of them have never lost their faith and they have been able to carry out hard tasks. Of course, because of isolation, hardships, cultural shock and disenchantment with their life, 10 considered resigning while in Eritrea, above all young sisters who found themselves in Africa with the prospect of remaining a lifetime, without having assessed enough sense of their own choice and capacity. Among the resigned, seven were not Italians (six Europeans and one African) and one Italian sister left the CMS to found the Good Samaritan Sisters in Asmara.

Resigning and new missionary destinations were not the only causes to leave Eritrea, because the population dynamics were influenced also by morbidity leading to repatriation, and mortality.

### 5. Morbidity and Mortality in Mission

In Eritrea CMS did not contribute to Italian population's dynamics in terms of births and marriages, but influenced migration and death rates.

Comparing the epidemiological transition in Italy and Eritrea, morbidity and death rates changed for particular causes. Although in Asmara, death rates were low and steadily declining, because the population was predominantly young and selected from the point of view of health,<sup>6</sup> other areas were less healthy and missionaries had to face difficulties there. As a result, diseases and illnesses were rather common among missionary population where sanitary conditions were poor or where they were in contact with sick persons. It is true that compared to other missions like Central Africa or Sudan, in Eritrea death rate was lower because the climate and the social environment proved to be decisive factors. Sisters coming from other African missionary stations have already made an acclimatization period, allowing a better integration in local communities.

In the past, climate difficulties, diseases, traveling in harsh environments wore out many missionaries also in their youth. According to Comboni, CMS were destined to be cannon fodder, to embrace the most painful privations and sacrifices, and to undergo a slow martyrdom because Africa was known as the "white man's grave."

Environment diversity could affect the etiology and performance of certain diseases. CMS had no missionary stations among the Kunama (Gash Barka), where the Daughters of St. Anne were active, but they were in Massawa. These were the two most difficult places to live because of their extreme heat and widespread malaria. Although malaria did not lead to death among

<sup>6</sup> Death rate was equal to 10‰ in 1937, 6.7‰ in 1938 and to 6.5‰ in the first quarter of 1939, while in Italy death rates amounted respectively to 14.2‰, 13.9‰ and 16.1‰ (Buccianti & Fusari, 2013).

the missionaries, it often left them “exhausted, feverish and weak.” Other problems in Massawa were due to khamsin, to a particular type of impetigo, to sunstroke and heat. In Massawa, heatstroke was an important cause of death and, especially in September, there was muggy weather, feared by Europeans because of its damaging effects on skin perspiration. Assab was rather less humid and hot than Massawa, but, as remembered also by Fr. Serafino da Colleparado, a decade in Assab was equivalent to live three decades elsewhere, because of extreme heat, malaria, lack of healthy nutrition, deprivation of physical workout, absence of moral support, leading to early ageing. The valleys and the Eastern slopes (Ghinda) were not well suited to Europeans due to heat in summer, fevers, a bit of humidity and mists. However, by observing special rules of hygiene they could be safely inhabited. In the plains, in the valleys, in the Eastern slopes to a height of 1500-1600 m, the climate was dry with great daytime temperature excursions (Agordat, Keren, plains of Gash Barka and Setit), but these areas were infested by malaria and dengue. Only zones higher than 1500-1600 m were healthy and free from malaria. Malaria usually represented the main cause of death especially for newcomers who had no opportunity to build up resistance. Since the early 1900s quinine became increasingly important to treat malaria, but its prolonged use (or misuse) produced irritation to the nervous system, loss of appetite and insomnia.

The plateau (Asmara, Adi Ugri, Segeneiti, Adi Quala) had a temperate and dry climate, so it was healthy (Annaratone, 1913: 422). Very hot areas were conducive to intestinal diseases, hepatitis, disorders of the nervous system, and to less resistance to diseases. Differently, typhus fever, tuberculosis and syphilis were cosmopolitan diseases, imported by Europeans and then spread among local population. After World War II, there was also a typhus epidemic caused by “bad muddy waters” that soldiers had been drinking during the fighting and marches.

Although the risk of maternal mortality, which highly affected Italian mothers at the end of the 19th century and beginning of the 20th century (Angeli & Salvini, 2001) and that was even higher among the Eritrean population, did not affect the missionaries’ health, other factors did. In fact, 12 % of the CMS who served in Eritrea died there, yielding a death rate of 80‰ (1914-2014), while 29 others returned to Italy for health reasons, including cases of nervous breakdown due to socio-political events. The Daughters of St. Anne, arrived in Eritrea in 1886, when conditions were worse, yield a death rate of 180‰ (1886-2007), because 18.38 % of the missionaries died there, while the remaining large majority died in Italy.

In most cases, causes of death were unknown, but when reported, they included old age, diabetes, heart or lung complications, typhoid and a case of car accident. These causes were similar to those of other sisters died in mission after being transferred from Eritrea; while among the 228 sisters died

in Italy, there were several cases of cancer, which might be due to extensive use of DDT made in missionary stations at greater risk of malaria and other insect transmitted diseases. For malaria, quantitative data were not reported, but the allusions were found predominantly in missionaries' memories, reports and chronicles. The CMS in Eritrea came mostly from Italian hypoendemic malarial areas, where 10 % of all national cases were registered until the mid-20th century.

Furthermore, in the highlands, animals like hyenas, jackals, leopards, ocelots, and reptiles frightened the missionaries. Other difficulties also beset them, like the *shif'a* (bandits) in the 1950s, the Red Terror in the 1970s, the attack at the University of Asmara in January 1975, and the anxiety due to the Eritrean liberation struggle, when CMS had been charged by the Ethiopian authorities to help *tegadelti* (freedom fighters) giving them shelter and food.

### Concluding Remarks

This article makes no claim to be a comprehensive study of CMS history in Eritrea, but rather to address underexplored issues through an interdisciplinary approach. As a result, it helps to understand colonial and postcolonial mobility in gender perspective, crossing the borders of territories, gender hierarchies, and race relationships. In addition, it seeks to highlight how the CMS' mission in Eritrea tried to adapt its role in the ongoing transition, from political and religious colonial actor to postcolonial subject.

CMS experienced health, education and social activities as a cornerstone of their apostolate. Both the administrations occurred on the territory and the CMS, they had their own imperatives, which had repercussions on the organization of missionary presence and activities. In time, their mission was transformed to caring for different groups within the population (Europeans, Eritreans, Ethiopians, soldiers, civilians, guerrilla fighters, women, and so on). However, their mission endeavour offers a vantage point for observing relationships between different powers and social groups, although it is still difficult to explore the emotions and experiences related to more dramatic and delicate historical periods.

Embracing the missionary life, CMS certainly had privileged opportunities that excluded the majority of the Italian female population, at least until mid-20th century. Thus, they were able to carry out their activities among male-dominated social institutions and played roles that in Italy were still male-dominated, such as university teaching.

The presence of CMS in Eritrea, deployed at different speeds in different areas, shows a varied temporal and geographic gradient, whose analysis highlights CMS' specificities in terms of charisma, activities, mobility, age, morbidity and mortality.

In Eritrea, as a result of the policies put in place in the last decades, today the Italian missionary population is reduced and aged, but still active in social, education and health fields, with the management now in the hands of the Eritrean sisters, themselves part of the legacy of the female missionary presence. This new arrangement seems in line both with Comboni's idea of reconstructing Africa through Africans and with the self-reliance principles of the Eritrean government.

### Acknowledgements

I thank Sr. Anna Maria Sorio and Fr. Ezio Tonini for their encouragement and support in carrying out the research and for helping me in the collection of archival materials.

### Bibliography

- ANGELI A. & SALVINI S., 2001, Mortalità per genere e salute riproduttiva: il percorso italiano tra Ottocento e Novecento, *SIDeS - Popolazione e Storia*, 1, 71-106.
- ANNARATONE C., 1913, Le condizioni igieniche dell'Eritrea, in AA.VV., *L'economia dell'Eritrea*, Novara-Roma, Istituto Geografico De Agostini, 419-460.
- BAUMGARTNER D., 1975, L'espansione delle nazioni cattoliche da Leone XIII fino alla seconda guerra mondiale, in Jedin H. (ed.), *La storia della Chiesa*, 9, Milano, Jaca Book.
- BETTI C. M., 1999, *Missioni e colonie in Africa Orientale*, Roma, Ed. Stadium.
- BEVILACQUA P., DE CLEMENTI A. & FRANZINA E. (ed.), 2001, *Storia dell'emigrazione italiana*, Roma, Donzelli.
- BORRUSO P., 1988, I missionari cattolici italiani nella "colonia eritrea" (1922-36), *Analisi Storica Rivista di Studi e Ricerche*, 6 (10), 35-38.
- BORRUSO P., 2002, *L'ultimo impero cristiano. Politica e religione nell'Etiopia contemporanea (1916-1974)*, Milano, Guerini & Associati.
- BRUZZI S., 2012, The Role of Muslim Mentors in Eritrea. Religion, Health and Politics, *Storicamente*, 7.
- BUCCIANTI C. & FUSARI V., 2013, Dalle colonie all'impero: la popolazione italiana d'oltremare fra età liberale e regime fascista, in Buccianti C. & Fusari V. (ed.), *Percorsi africani. Saggi storico-demografici e antropologici a sud del Mediterraneo*, Siena, Libreria Scientifica, 115-137.
- BURKE K. C., 2012, Women's Agency in Gender-Traditional Religions: A Review of Four Approaches, *Sociology Compass*, 6 (2), 122-133.
- CAPOVILLA A., 1944, *Il servo di Dio Daniele Comboni: vicario apostolico dell'Africa Centrale; fondatore delle missioni africane di Verona e delle Pie Madri della Nigritia*. Verona, Missioni Africane.
- CASTELLANO V., 1948, La popolazione italiana dell'Eritrea dal 1924 al 1940, *Rivista Italiana di Demografia e Statistica*, 2 (3), 530-540.

- CECI L., 2005, La Chiesa e la questione coloniale: guerra e missione nell'impresa d'Etiopia, in Franzinelli M. & Bottoni R. (ed.), *Chiesa e guerra*, Bologna, Il Mulino, 321-356.
- CERBELLA G., 1960, *Eritrea 1959. La collettività italiana nelle sue attività economiche sociali e culturali*, Consolato Generale d'Italia, Asmara, unpublished manuscript.
- COÏSSON R., 1979, *I valdesi e l'opera missionaria*, Torre Pellice, Tipografia Subalpina.
- COÏSSON R., 2013, I missionari valdesi in Eritrea, *La beidana*, 76, 3-23.
- DE ANGELIS F., 1921, Il censimento del 1913 della popolazione italiana ed assimilata nella Colonia Eritrea, *L'Africa italiana. Bollettino della Società africana d'Italia*, 40, 65-73.
- DE ARAÚJO Silva M. & RODRIGUES D., 2013, Religion, migration and gender strategies: Brazilian (Catholic and Evangelical) missionaries in Barcelona, *Religion & Gender*, 3 (1), 42-59.
- FRANZINA E., 2009, *Storia dell'emigrazione veneta: dall'Unità al Fascismo*, Verona, Cierre.
- FREDJ C., 2011, Encadrer la naissance dans l'Algérie coloniale. Personnels de santé et assistance à la mère et à l'enfant "indigènes" (xix<sup>e</sup>-début du xx<sup>e</sup> siècle), *Annales de démographie historique*, 2 (122), 169-203.
- FREDJ C., 2012, "Et il les envoya prêcher le royaume de Dieu et guérir les malades..." (Luc, IX, 2). Soigner les populations au Sahara: l'hôpital mixte de Ghardaïa (1895-1910), *Histoire, monde et cultures religieuses*, 2 (22), 55-89.
- FUSARI V., 2011, *Dinamiche etnodemografiche all'interno dello spazio geopolitico eritreo*, Siena, Libreria Scientifica.
- GAIGA L., 1993, *Donne tra fedeltà e violenza. Le prime missionarie comboniane in Africa*, Bologna, Editrice Missionaria Italiana.
- GONZÁLEZ Fernández F., 2003, *Daniele Comboni e la rigenerazione dell'Africa. Piano, postulatum, regole*, Roma, Urbaniana University Press.
- HUBER M. T. & LUTKEHAUS N. C. (ed.), 1999, *Gendered Missions: Women and Men in Missionary Discourse and Practice*, Ann Arbor, University of Michigan Press.
- KAPLAN S., 2004, Themes and Methods in the Study of Conversion in Ethiopia: A Review Essay, *Journal of Religion in Africa*, 34 (3), 373-392.
- KING U. (ed.), 2005, *Religion and Gender*, Oxford, Blackwell Publishers.
- LA BANCA N., 2007, *Oltremare. Storia dell'espansione coloniale italiana*, Bologna, Il Mulino.
- MANNA Ghebremedhin, 1996, *The History of the Catholic Church in Eritrea: Its Inculturation as a Model for Neo-Evangelization in AMECEA Regions*, Nairobi, CUEA Publications.
- MARONGIU Buonaiuti C., 1982, *Politica e religioni nel colonialismo italiano (1882-1941)*, Milano, Giuffrè.



- Metodio da Nembro, 1953, *La missione dei minori Cappuccini in Eritrea: 1894-1952*, Roma, Institutum Historicum Ord. Fr. Min. Cap.
- MIRAN J., 2002, Missionary, Education and the State in the Italian Colony of Eritrea, in Hansen H. B. & Twaddle M. (ed.), *Christian Missionaries and the State in the Third World*, Oxford-Athens, Ohio University Press, 129-131.
- NUNN N., 2014, Gender and Missionary Influence in Colonial Africa, in Akyeampong E., Bates R., Nunn N. & Robinson J. A. (ed.), *African Development in Historical Perspective*, Cambridge, Cambridge University Press, 489-512.
- PEZZI E., 1981, *L'Istituto delle Pie Madri della Nigrizia. Storia dalle origini alla morte del fondatore*, Bologna, Editrice Missionaria Italiana.
- PODESTÀ G. L., 2011, Emigrazione e colonizzazione in Libia e Africa orientale, *Altreitalia*, 42, 36-48.
- PRIEST R. J., 1987, Anthropologists and Missionaries: Moral Roots of Conflict, in Franklin K. (ed.), *Current Concerns of Anthropologists and Missionaries*, Dallas, The International Museums of Cultures.
- ROMANATO G., 1998, *Daniele Comboni, L'Africa degli esploratori e dei missionari*, Milano, Rusconi.
- ROMANATO G., 2003, *L'Africa Nera fra Cristianesimo e Islam. L'esperienza di Daniele Comboni (1831-1881)*, Milano, Corbaccio.
- SHAPIRO J., 1981, Missionary Messages. Ideologies of Catholic Missionary Practice in a Postcolonial Era, *Comparative Studies in Society and History*, 23 (1), 130-149.
- SORIOLO A. M., 1985, *Regione Etiopia Nord – Cenni storici, 22 marzo, Asmara*, unpublished manuscript.
- TADDIA I., 1986, *L'Eritrea colonia 1890-1952. Paesaggi, strutture, uomini del colonialismo*, Milano, Franco Angeli.
- TEKESTE Negash, 1987, *Italian Colonialism in Eritrea, 1882-1941. Policies, Praxis and Impact*, Uppsala, Acta Universitatis Upsaliensis, Studia Historica Upsaliensia.
- TRENTO G., 2012, Ethiopian-Italians. Italian Colonialism in Ethiopia and Gender Legacies, *Arabian Humanities*, 17.
- UOLDELUL Chelati Dirar, 2003, Church-State Relations in Colonial Eritrea: Missionaries and the Development of Colonial Strategies (1869-1911), *Journal of Modern Italian Studies*, 8 (3), 391-410.
- UOLDELUL Chelati Dirar, 2006, Curing Bodies to Rescue Souls: Health in Capuchin's Missionary Strategy in Eritrea, 1894-1935, in Hardiman D. (ed.), *Healing bodies, saving souls: medical missions in Asia and Africa*, Amsterdam-New York, Rodopi.
- VAN DER GEEST S., 1990, Anthropologists and Missionaries: Brothers Under the Skin, *Man*, 25 (4), 588-601.
- ZOVATTO P. (ed.), 2002, *Storia della spiritualità italiana*, Roma, Città Nuova.

### *Interviews*

Sr. Annamaria Soriolo, Asmara 09/03/2013; 25/10/2013

Fr. Ezio Tonini, Asmara 25/03/2013; 03/05/2013

Padre Michele, Asmara 29/03/2013

Sr. Agnese, Asmara 03/06/2013

Sr. Ghennet, Asmara 05/06/2013

Padre Amilcare Guerra, Asmara 10/10/2013

Sr. Thomas, Asmara 20/03/2014

Sr. Margherita, Erba 31/07/2015

Sr. Gianantonia, Asmara 20/12/2013; 07/02/2014

Sr. Giuseppina Tulino, Asmara 11/04/2013

Sr. Paola, email personal messages, July-August 2015

### **Abstract**

This article aims at presenting the missionary population belonging to the Comboni Missionary Sisters who served in Eritrea between 1914 and 2014. The choice of this congregation is due to the quality and reliability of available data found in the Comboni Missionary Sisters' Private Archives (Verona and Asmara); to their weight in terms of number and activities (health, education, social works) carried out in Eritrea; to the possibility of including a gender perspective in the analysis, and applying the ethnodemographic method. Furthermore, the founder Daniele Comboni's thought about the importance of female missionaries in implementing his idea of "reconstructing Africa through Africans" opened new opportunities for the missionaries themselves. Thus the CMS missionary experience is contextualized in the socio-political and cultural environment in which it took place, underlining the transition from colonial actors to postcolonial subjects. The main challenge of this article is to outline the demographic history of Italian CMS in Eritrea, highlighting their specificities in terms of mobility, age at arrival, mortality and morbidity.

**Keywords:** Eritrea, women, missionaries, Catholic Church, Comboni Missionary Sisters, health, education, Italian colonialism, Italian settlers, ethnodemography

### **Résumé**

Cet article présente une étude de la population missionnaire des Sœurs missionnaires comboniennes qui ont servi en Érythrée entre 1914 et 2014. Cette congrégation est à la fois remarquable par la qualité et la fiabilité des documents conservés dans ses archives, à Vérone et à Asmara, par son importance en termes de nombre et de types d'activités couvertes (santé, éducation, œuvres sociales) sur le territoire érythréen,

et parce qu'elle permet d'inclure une perspective de genre dans une analyse fondée sur la méthode ethno-démographique. L'insistance du fondateur Daniele Comboni sur l'importance des femmes missionnaires dans la mise en œuvre de son idée de « reconstruire l'Afrique par les Africains » a ouvert de nouvelles opportunités aux missionnaires elles-mêmes. L'expérience des missionnaires comboniennes est contextualisée dans son environnement socio-politique et culturel, en soulignant leur transformation d'actrices de la colonisation à sujets postcoloniaux. Au cœur de cet article, l'histoire démographique des sœurs comboniennes italiennes en Érythrée éclaire leurs spécificités en termes de mobilité, d'âge à l'arrivée, de mortalité et de morbidité.

**Mots-clés :** Érythrée, femmes, missionnaires, Église catholique, Sœurs missionnaires comboniennes, santé, éducation, colonisation italienne, colons italiens, ethno-démographie