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Fear of African Wombs. Birth Control in Colonial Eritrea (1882-1952)

Abstract

The historical narrative of birth control unfolds as a poignant aspect of colonial engagement with Africa. This article explores the impact of European anxieties about African population dynamics and how these concerns shaped birth control policies across colonial Africa. By examining Eritrea under Italian colonial rule (1882-1941) and British administration (1941-1952), where the imperative was to control Sexually Transmitted Diseases (STDs) and maintain racial prestige without sacrificing domestic and sexual comforts, the study highlights their influence on the exposure, knowledge, and adoption of modern contraceptive methods. Thus, the article attempts to provide a history of pioneering women in urban settings and discusses how the colonial encounter changed their attitudes towards STD prophylaxis, sexual behaviours, and birth control options.

Keywords

Birth control; Colonial demography; Eritrea; Population policy; Prostitution; STDs

In the beginning was the fear

Since the 1980s, there has been a resurgence of interest in Africa's historical demography. Evidence on past population trends became essential to answer core questions of African history, such as the human cost of the slave trade; the impact of colonial and African government policies on health, welfare, and households; long-term trends in mortality, fertility, and mobility; and the

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influence of religion, education, and work on intergenerational and gender relations. On the one hand, improving knowledge of Africa's historical demography proved crucial to understanding the origins of current population trends. On the other hand, uncovering Africa's demographic past may even contribute to the recognition of concerns about African population history as well as Western-sponsored narratives. However, to understand the genealogy of European politicisation of African population dynamics, we need to take a long detour and go back far into the colonial past to identify the roots of today's European anxieties.

Cultures of reproduction and sexuality are shaped by specific social, economic, and epidemiological circumstances. The same is true of birth control, which has always been practised in different ways, even in societies dominated by social, political, or religious codes that require people to be prolific. Among the earliest methods used by African women to prevent unwanted pregnancy were abstinence, breastfeeding, mutual pleasure without intercourse, withdrawal, abortion through laxatives, emetics, herbal concoctions, and physical manipulation. In Eritrea, breastfeeding until the age of three, concoctions made from a shrub called *shəbəthi* (*Phytolacca dodecandra*) and taken in large quantities to induce abortion or applied to women's genitals before sex as a spermicide,[1] were part of women's repertoire for controlling their reproductive lives before the colonial encounter (Mussie Tesfagiorgis G. 2010; Musisi 2021). Fertility preferences were influenced by the normative pressures of society, particularly in patriarchal societies, while abortion was a sin for both Christians and Muslims. Customary law and the Fətḥa Nägäśt condemn practices such as the withdrawal and the use of herbal medicines to avoid pregnancy. The Qurʾān seems silent on birth control (*ʾazl*), but there are some *aḥādīth* on contraception in the form of *sunnah al-qwal* and *sunnah al-taqrīr.* In such circumstances, it was unrealistic to assume that fertility decisions were individual, so Eritrean women resorted to pilgrimages, visits to holy sites or even *felati*, *ṭäbib*, and *däbtära*[2] to promote fertility, as childless marriages were perceived as unstable and childless women faced severe stigmatisation (Saba Issayas 1996). Instead, women who exercised control over their own sexuality and reproduction, or who induced abortion (*mnxal*), challenged cultural norms about womanhood, i.e. nurturing motherhood and sexual purity (Tesfa G. Gebremedhin 2001). Although practised, indigenous contraception was often ignored by colonisers, who imported modern methods for hygiene practices and imperial ambitions.

Understanding the history and significance of birth control in colonial Africa requires an awareness of a wider context to illustrate indigenous ideologies and institutions governing human and social reproduction, alongside an analysis of colonial warnings, concerns, and needs. In fact, birth control in colonial Africa predates – and is not simply the importation – of the family planning envisioned by Margaret Sanger in Brooklyn in the 1930s.[3] Demographers have studied the intertwining of contingency, modernity, agency, and reproduction in Africa (Cordell 2000; Bongaarts and Casterline 2013; Caldwell 2016), and there have been calls for a greater focus on the institutional and historical origins of current demographic regimes, as well as a foregrounding of individual choice (Walters 2021: 184). Historians have contributed on the role played by climatic (drought, food shortages, famines, epidemics), socio-economic (slave trade, raids) and political (colonialism, wars) factors on population dynamics in sub-Saharan Africa (Campbell 1991; Ittmann et al. 2010; Iliffe 2011; Frankema and Jerven 2014; Manning 2014). But only recently they have begun to take an interest in the politics and practices of birth control and the groups within colonial societies who changed their sexual behaviour or adopted strategies to control their fertility (Kaler 2003; Klausen 2004; Doyle 2016; Tilley 2016; De L'Estoile 2017; Herzog and Schields 2021). As Sarah Walters (2021: 200) reminds us, such arguments require a fusion of micro and macro approaches, combining demographic analysis with the historical and anthropological ability to read against the grain and at the margins.

Compared to other cases, the Italian colonies have been seriously under-researched in terms of population history. By placing current fears of large numbers in historical perspective, this article traces the stages and meanings of European fears of African wombs, focusing on Eritrea, Italia's *colonia primigenia*. Drawing on archival sources and oral history, the article explores the development of knowledge about African populations as a response to European anxieties vis-à-vis colonial population policies as harbingers of such fears. The study is based on a triangulation between coeval printed documents, archival material kept at the Historical Diplomatic Archives of the Ministry of Foreign Affairs and International Cooperation (ASDMAE), and life histories and memories of 40 people collected in Italy, Eritrea, and Ethiopia between 2008 and 2023. These include 7 Eritrean women who in their youth had "love affairs" with Italian men; 6 missionaries, including 4 women (1 Daughter of St. Anne, 1 Ursuline, and 2 Comboni Sisters) and 2 men (1 Pavonian and 1 Comboni fathers); 16 Italo-Eritreans, 2 former American military personnel who

served at the Kagnew Station; 6 Italians born or raised in Eritrea; and 3 elderly Eritrean women who came to Italy as domestic workers in the mid-1960s.[4] Although not all the collected oral sources have been thoroughly or equally included in this article, they have been crucial in reconstructing the grassroots context through the memories and practices passed down from one generation to another, and among the various groups that made up the colonial society.

Rather than producing quantitative figures, this article pinpoints the parameters that shaped fears of African numbers in the past to unfold the sense of ongoing crisis that undermines current narratives. By challenging the conventional discourse on Italian demographic colonialism, the article highlights the impact of colonial policies and practices on African sexual and reproductive behaviours. The literature review reveals an imbalance towards the quantitative analysis of the structure and dynamics of the Italian population in the colony (Castellano 1948; Buccianti 1998; Labanca 2002; Podestà 2011), while there are few attempts to study the dynamics of the African population in the Italian colonies (Ciampi 1995; Nobile 1996; Fusari 2011). Some scholars have focused on specific groups within colonial society, such as askaris (Scardigli 1996; Dirar 2004; Volterra 2005; Zaccaria 2013; Dechasa Abebe 2017), missionaries (Metodio da Nembro 1953; Dirar 2006; Lundstrom and Gebremedhin 2011; Fusari 2016; Persico 2019), religious groups (Cavallarin 2005; Cohen et al. 2016), the so-called *insabbiati* (Le Houérou 1989; Trento 2007), mixed-ancestry people (Sòrgoni 2001; Barrera 2002; D'Agostino 2012; Morone 2018; Fusari 2020; Pesarini 2020), or other vulnerable groups (Locatelli 2004, 2007). An ethnography of Italian colonial archives has been undertaken - with pioneering work by Barbara Sòrgoni (1998) and Giulia Barrera (2003) - illuminating concerns about colonial sexuality, intimacy, mixing, and miscegenation. They show how the colonial archive relies on reassuring categories shaped by political and social imperatives to contain colonisers' anxieties. Similarly, the examination of medical reports and school texts underscores the colonial administration's emphasis on hygiene within the African population. This emphasis was aimed at reducing the potential dangers of contagion for Italians in the colony and at ensuring a healthier African workforce.

The article traces the anxieties surrounding the African population in the 19th and 20th centuries by examining different stages, using the Eritrean case study as a focal point. During the early period of military occupation and colonisation (1882-1918), concerns about the so-called dying native story – commonly used by settler colonists in the 19th century – argued that indig-

enous people were inherently too weak to withstand contact with Europeans (Rowse 2014), led to efforts to acquire demographic knowledge and statistical skills to facilitate control over the African populations. Additional concerns about hygiene and racial contamination guided the implementation of policies that focused primarily on the control of Sexually Transmitted Diseases (STDs). The next period (1918-1941) saw a revival of attention to the health concerns of colonial societies and the demographic impact of interracial encounters, particularly in urban settings. During these periods, pioneering but often stigmatised groups emerged who expanded their understanding and use of hygiene and birth control practices, leading to changes in sexual and reproductive behaviour. The final period (1941-1952) saw a consolidation of interest in reproductive health, accompanied by the establishment of future health programmes that underlined the incorporation of birth control into the colonial experience. This last period is vague in the Italian colonial narrative, as Italy lost its African colonies in the early 1940s, but it is vivid in the memories of people who lived in Eritrea and witnessed such advances during the British Administration (1941-1952).

Birthing (in) the colony (1882-1918): sourcing, collecting, and numbering

Carlo Rossetti, deputy director-general of the Italian Ministry of Colonies, in his report on the forestry regime in the Italian colonies, presented at the Institut Colonial International in Brussels in 1914, noted that the coloniser only realises the harmful effects of the conquest on the environment and the population when he assesses the shortage of workforce and its increased cost (Rossetti 1914: 65). This consideration, on the eve of the First World War, epitomised the concerns of the dying native story. From the European perspective, African populations would have remained stuck in a Malthusian equilibrium of high birth and death rates, which could only be changed by colonial policies (Ittman 2022).

It is generally agreed that the population of East Africa declined significantly between 1890 and 1920 because of colonial invasion and labour exploitation (Beachey 1977; Kjekshus 1977; Dawson 1981). At the beginning of the European colonial expansion, growing fears of depopulation and underpopulation, together with the idea that a growing and healthy African population was essential for the *mise en valeur* of the colonies or for the occupation of further

territories, led colonial administrations to count and classify the peoples under their control (Kateb 1998; Etemad 2007; Gervais and Mandé 2007; Bennett et al. 2011; Tilley 2011; Hartmann and Unger 2014; de Matos 2016; Rowse 2017; Cordoni et al. 2022). They translated their concerns into inquiries aimed at better understanding colonial societies by introducing the *monde du papier* into the daily lives of an ever-growing number of colonial subjects, making them *sujects de papier* (Gervais 1996; Cohn 1997; Hawkins 2002; Awenengo et al. 2018). The need to tax the population was behind the insistence on tools for reliable population censuses (Gardner 2012) and the difficulty of filling labour shortages through migration from neighbouring territories, especially if they were under other colonial administrations. As in the case of the recruitment of indigenous soldiers, intelligence, and tropical medicine (Lindner 2014; Bonelli 2019; Wilhelm 2020; Coghe 2022), colonial administrations favoured transimperial networks for the transmission of statistical tools and training for colonial officers to prevent or alleviate the tensions of empire (Ferdinand and Overath 2016; Matasci, Bandeira Jerónimo 2022; Touchelay 2022). In the early 20th century, international forums began to discuss African demographic issues, such as the methods and purposes of population surveys.

The pivotal role of demographic knowledge, the circulation and adaptation of practices from the metropole or other imperial spaces can be traced back to the early days of the Italian presence in the Horn of Africa, where the convergence between statistical knowledge and domination took place, as Gianni Dore recalls (2021: 78-80), through the mobilisation of African testimonies. The commissioners, with the help of local mediators, extensively collected various types of data on each inhabited place to extend colonial rule, gain consensus and ensure stability.

Benedict Anderson argues that the novelty of colonial censuses lay in their systematic quantification. Previous censuses had primarily counted potential conscripts and taxpayers, but the emergence of new nation-states, such as Italy during its foray into colonial expansion, led to the enumeration of every individual, while administrative structures were based on ethno-racial hierarchies (Anderson 2006: 164-170). The reports of Teobaldo Folchi serve as an example in this regard, as they provided an overview of the eastern lowlands of Eritrea (Zaccaria 2009). Similarly, reports by other military and civilian officers, doctors and missionaries contributed to a quantitative image, albeit vague and lacking in historical series, of the colonial territories and the different human groups within them. The collection of socio-demographic information by trav-

ellers, missionaries and officers preceded the first military census promoted by Colonel Tancredi Saletta (1885), who recalled in his memoirs the difficulties of counting the Muslim population (Stato Maggiore dell'Esercito Ufficio Storico 1987: 114). The same obstacle, this time mainly related to the civil registrar, was later reiterated by the first civil governor of Eritrea, Ferdinando Martini, who emphasised how difficult it was to proceed with the registration of the African population because of its reluctance (Martini 1913: 80).

Gabriele Ciampi (1995) and Annunziata Nobile (1996) attempted an annotated review of the available sources for the demographic study of the Italian colonies in Africa, focusing on their compilers, contents, limitations, and potential. Their sources related to population stocks, while those useful for understanding population flows, both natural (births, deaths, fertility) and social (mobility), remained in the shadows. Nevertheless, since the Italian occupation, sources have emerged to record births, deaths, and migrations, albeit fragmentary and limited in time and space. For example, the *Bollettino Ufficiale degli Annunzi Legali e Commerciali della Colonia Eritrea* (1890-1892), later the *Bollettino Economico e Commerciale della Colonia* (1892-1933), sporadically reported on the civil status movement, distinguishing between military, civilian, and indigenous. The deaths of indigenous people, along with their corresponding births, were presented only as aggregate data and by sex.[5] Before modern vital registration and censuses, religious records were also crucial for historical demography in Africa (Cordell and Gregory 1980; Siiskonen et al. 2005), such as the baptism, death, and marriage records preserved in the episcopal archives of Asmara and Keren. Similarly, genealogies can be fruitfully used for the demographic reconstruction of the population under Italian rule. But in patriarchal societies the obstacle remains in going beyond the nobility and adequately including the female side.

About mobility, Massimo Zaccaria's (2022, 2023) reflections on the recruitment of askaris shed light on a migratory movement facilitated by the profession of arms. Medical officers' and missionaries' reports suggest some forms of women's and children's mobility, attributed to phenomena such as the slave trade and its abolition, famine, or military tensions beyond colonial borders, as well as job opportunities in the newly established colony. For instance, during the *Kefu Qän*[6] Ethiopian women entered Eritrea, but they were escorted beyond the borders at the end of the famine. Similarly, the presence of 22 Amhara girls, 20 Tigrinya, and 8 from Gojjam, Shewa, and Wollo, who were employed in the Taulud brothel (Margaria 1889: 516), highlights this mobility, as does the accommodation of

children in Catholic and Protestant missionary orphanages in Massawa and its surroundings. Regarding fertility, the medical report of lieutenant Eliseo Francesco Mozzetti suggests that at the beginning of the 19th century, indigenous women typically bore six children, with higher fertility being uncommon. Sterility in married women was also rare, usually attributed to illness when it occurred.[7] Carlo Angelo Annaratone (1913), a medical officer sent to Eritrea at the end of the 19th century, pointed out that indigenous women were not very fertile and identified syphilis as the main cause of sterility and frequent spontaneous abortions. Interracial marriages were rare, while concubinage and prostitution were more common. Colonial concubinage, derogatorily referred to as *madamato* was a well-established institution in the Italian colonies of the Horn of Africa, where Italian men cohabited *more uxorio* or had a stable relationship with African women, referred to as a *madame*. During the military occupation (1882-1896), the colonial authorities encouraged officers to "take a *madama*" to avoid the spread of STDs and the sharing of local prostitutes with their subordinates. This encouragement gave way to tolerance after the defeat at Adwa (1896) and remained so until the mid-1930s, when such unions were criminalised (Barrera 2019: 69).[8] Prostitution, on the other hand, followed a different trajectory from concubinage. While it was present from the beginning of the colonial encounter, accompanied by preventive measures and regulations aimed at avoiding STDs from reaching epidemic proportions (Labanca 1993: 219-220), it was primarily with the declaration of the Italian East Africa that the fascist regime invested in promoting and organising prostitution. It remained the accepted form of interracial sexual relations, even with the aim of containing the "*piaga del meticciato*", which was seen as a source of racial degeneration and social disorder (Barrera 2019: 71).

Control of STDs included deterrents such as MOM and curatives such as Salvarsan (1910) and Neosalvarsan (1912).[9] In addition, as suggested by the physician Agostino Pasini during the First World War, there were calls for the widespread distribution of rubber condoms to prevent "love sores" (Pasini 1915: 734). To prevent the spread STDs, a special surveillance system was set up, supervised by regional commissioners, residents, doctors and the Royal Carabinieri (Martini 1913: 370), to thwart Italian men from risking a night with Venus and a lifetime with Mercury. Women involved in prostitution were given fixed residences, either separate or shared. These women, known as *sciarmutte*, usually lived in *tucul* arranged in a *ferro di cavallo* [horseshoe] outside or near villages (Margaria 1889: 515; Ambrogetti 1900: 9-10). Both in Italy and in the

colony, the prevailing view was that the defence of hygiene and health was paramount and justified the sacrifice of individual freedom. Prostitutes were therefore confined to brothels and subjected to strict health controls. Those suffering from venereal diseases were admitted to syphilis hospitals, which were gradually set up. In serious cases, with the agreement of the Royal Carabinieri, the regional commissioners and the local population, incurable or otherwise harmful patients could be escorted, back to their villages or even across the border (Martini 1913: 370). Although brothels became colonial institutions, African women largely rejected them because of the negative impact on their social status and autonomy. The system enforced registration and fortnightly inspections of "common prostitutes" in designated areas, as well as "voluntary" treatment.

Girls escaped registration because of their respectability, and there was a certain camaraderie between the prostitutes and people in the local communities. Margaria (1889: 520, 529) reported that on the days when the 48 women at the *balekum* of Taulud were scheduled for medical check-ups, there was a roll and vigilant supervision to prevent anyone from leaving under any pretext. Women also had to refrain from covert washing just before testing to remove diagnostic signs of subacute infection. In Segeneyti, prostitutes roamed the market, causing frequent disturbances and easily evading both public security and health surveillance. The regional commissioner of Akele Guzai therefore asked the Government of Eritrea for permission and financial support to build *tuculs* near the Royal Carabinieri barracks.[10] Similarly, in Massawa and Taulud, the regent regional commissioner, in response to the spread of STDs, found it necessary to reaffirm the decree of his predecessor, Oreste Baratieri: he issued a proclamation to put an end to clandestine prostitution in private houses or businesses run by colonial subjects.[11] The proclamation required these women to immediately register with the Royal Carabinieri, undergo health checks, and receive an identification plate to be always worn on their arm or around their neck.[12] Although surveillance extended to monitoring the mobility of women involved in prostitution, in 1903, after the complete dismantling of the brothel in Asmara, the inmates moved to those in the market to evade medical checks and public security surveillance. Consequently, *tucul* owners were forbidden to house women involved in prostitution.[13]

It is a challenge to reconstruct the personal and professional trajectories of prostitutes, to grasp the roles they played in colonial society and to understand their implications, for example in terms of reproductive behaviour. Prostitution

seems to have been endemic in Eritrean cities from the earliest days of the Italian presence, and certainly before. However, it was not seen as a state of rejection and degradation, as it was in Europe, but rather as a profession that allowed impoverished girls to accumulate the dowry or jewellery necessary to secure a husband (Martini 1913: 64). This perspective was emphasised, albeit in different ways, by Giovanni Margaria (1889), Paolo Ambrogetti (1900), Alberto Pollera (1922), Richard Pankhurst (1974), Lyda Favali and Roy Pateman (2003). They portrayed prostitution not only as a vital means of subsistence, but also as a temporary, culturally acceptable, and non-stigmatising practice. For example, Iatù Hagùs, a sixteen-year-old Tigrinya prostitute registered at the *ferro di cavallo* of Taulud, married an Abyssinian *bāsh-būzūq* in Massawa in July 1887, according to the Coptic rite. They lived together in harmony, following the rule of Abyssinian prostitutes who proved their marital fidelity by entering a legitimate marriage (Margaria 1889: 517). It was the increasing commodification of sexuality due to the Italian male presence that brought about a change in the image of the prostitute within the colonial society. Due to the symbolic and moral representations imported by Europeans (Cegna 2023; Schettini 2023), prostitutes were simultaneously needed and stigmatised so much so that the colonial authority introduced forms of control linked to the issuing of licences.

In addition to the fear of the spread of STDs, another consequence of interracial sexuality was the so-called *problema del meticciato*, the racial mixing that occurred between Italian men and African women. This led to concerns about the social deprivation, care, and criminality of Italo-African children, as well as the racial prestige of the colonisers. In his diary, Ferdinando Martini commented on the reproductive behaviour of *more uxorio* unions between African women and Italian men and the fact that in the past they were often infertile. Instead, he noted that the *madame* had become fertile and that Italo-Africans were being born in large numbers (Martini 1947: 48). Martini hypothesised that such births were rare when officers had to return home and so did not provide for the children they had in the colony. He also assumed that African wombs had become fertile as soon as the colonial administration, philanthropic associations, and Italian fathers began to care for the Italo-African children (Martini 1947: 48).

From the beginning, colonial occupation led to further control of African women's sexuality. This was in addition to customary law and religious precepts. The colonial government implemented policies to prevent unintended

consequences such as the spread of STDs sexually and mixed-race births. These policies - later intertwined with imperial ambitions - affected the sexual and reproductive behaviour of groups within the colonial society.

Sex *in* the city: pioneers of contraception (1918 - 1941)

After the First World War, a growing awareness of the health of Africans ushered in a second phase of discussion and intervention regarding African populations. With the consolidation of colonial regimes in the inter-war years, more systematic efforts were made to measure and plan their economic development. Preventive measures for the well-being of Africans, such as vaccination campaigns or free medical check-ups, went beyond a curative approach and extended the health services offered mainly by missionaries. The implementation of health policies was no longer aimed at European settlers or selected groups of African workers, such as indigenous soldiers. It now involved the implementation of services beyond the urban areas and including reproductive health. Such an approach was part of strategies for the alleviation of European concerns about colonial populations (Coghe 2020).

In the 1920s, the fear of declining birth rates began to gain traction in Europe, as it was perceived to lead to demographic, economic and cultural decline. The obvious response to this perception, in fascist, nazi, communist and democratic Europe alike, was the adoption of pronatalist policies aimed at positively influencing reproductive behaviour and legitimising state intervention in the private lives of individuals and families. These policies involved providing incentives for procreation and penalising those who did not contribute to demographic growth (Treves 2001). In 1920, France passed pronatalist laws, partly because of concerns about the size of its population in relation to its European rivals. These laws were later extended to its colonies. They banned any propaganda about contraception and severely repressed abortion (Latham 2002). In the 1920s, also British colonial population policies were pronatalist due to high death rates and a desire for a large native workforce. Yet, in the 1930s, the British eugenics movement lobbied for population control in the colonies, and some small-scale family planning initiatives were launched, mainly in Asia and the Caribbean (Ittman 2003).

In the Italian colonies, despite a growing and functional interest in the health of colonial subjects, reproductive health continued to be sidelined. It remained mainly the domain of the missionaries, who provided rudimentary Western medical services along with education. In practical and informative language,

they informed on how to contain diseases and contagions, as exemplified in the *Manuale di igiene italiano-tigrai ad uso delle scuole indigene* (1918). The missionaries paid attention to mothers and children before the colonial administrations, to combat the unhealthy customs of the Africans, especially the practices related to childbirth,[14] which were considered dirty and barbaric, and to introduce European family models and morals. Their activities were supported by philanthropists, such as women who followed their husbands to the colony and expressed their concern for mothers and children in colonial society, as in the case of interracial unions and their offspring.[15] With the rise of fascism, the demographic element returned to the fore and, with the creation of the National Statistics Office (1926), demographers and statisticians played an important role in discussing and defining government decisions on demographic policies in Italy and beyond. In this scenario, birth control and abortion became the targets of pronatalist policies and led to the promotion of marriage and high fertility, the fight against infant mortality, the containment of urban concentration mainly through the National Motherhood and Childhood Programme (Minesso 2007).

After Benito Mussolini's Ascension Day speech in May 1927, the Fascist government ushered in a new era of policies towards the colonial societies: the national and colonial populations ended up coexisting, reconciling nationalist and racist policies just before a new wave of occupation in Africa designed for settlement projects (Mussolini 1928; Ipsen 1997; Ertola 2022; Deplano and Pes 2024). In this context, Italian women were involved in the colonial project both as bearers of new Italian citizens and as settlers: this was seen as an opportunity to emphasise the importance of motherhood for the sake of the nation and the future empire (De Grazia 2023). Demographic surveys were intensified in colonial Africa. In the case of Italy, this happened after the proclamation of the Italian Empire of East Africa (1936). In 1939, a census of the indigenous population of the empire was carried out without prior information to the National Statistics Office or to the Statistical Office of the Italian East Africa – located at the Ministry of Italian Africa and directed by Tommaso Mascaro.[16] Surveys of the natural and social movement of the national and foreign population, already existing in Eritrea, were extended to the commissariats and residences of the pacified (Somalia) and occupied (Ethiopia) territories (ISTAT 1940: 23).

The interwar period was characterised by a focus on reproductive health at the national level and the increasing institutionalisation of racism in the colonies. In Italy, families were called upon to increase their fertility, even to

contribute to the imperial project (Horn 1991). In Eritrea, the colonial administration outlawed abortion to prevent women from suffering the consequences of abortions carried out by untrained people, without further reference to birth control.[17] Only later, when the national penal code was extended to the colonies there was a clear reference: art. 553 "Incitement to practices against procreation", part of Title X dealing with "Crimes against the integrity and health of the race", included offences such as abortion, induced impotence, and the spread of STDs.

The Ethiopian Campaign (1935-1936) challenged the notion of respectability in the colonies. Cities such as Massawa and Asmara welcomed hundreds of thousands of men, changed their urban structure with the expansion of suburbs and witnessed the spread of prostitution. The large influx of young Italian men - both soldiers and workers - passing through during the occupation rendered ineffective the socialisation patterns established by the men who had settled in Eritrea between the late 19th and early 20th centuries, known as *vecchi coloniali*. These circumstances forced an effort to assert white prestige in the face of the very real fear that an increasing number of Italo-Africans, who could potentially become Italian citizens, would accelerate the collapse of the imperial ambitions. Mixed unions and their descendants thus became the focus of colonial anxiety because their existence threatened the ideological foundations of colonial rule, which were based on the supremacy of white Europeans, while mixed-race people were perceived as problematic in a society structured around a dichotomous racial division. The political intention was to prohibit and control intimacy in the form of *madamato* because it was believed to produce mixed offspring. By sanctioning this type of union, the government encouraged the emigration of Italian women to the colonies (Willson 2002; Colomo 2022; De Grazia 2023) and tightened control over prostitution, which would have borne the burden of sexual exploitation. Where previously *more uxorio* relationships had been tolerated, they were now demonised and prohibited in the name of racial prestige by preventing the birth of Italo-African offspring. Thus, the measures introduced in the colony to control STDs would now serve a dual purpose, potentially reducing the risk of unwanted mixed births due to prostitution.

In the meanwhile, in 1922, the businessman Franco Goldoni, already a representative of the Austrian company Olla, asked Mussolini for recommendations to obtain the bureaucratic authorisations to open a factory for rubber products, including condoms, in Casalecchio di Reno. Mussolini supported the initiative

on the condition that the Roman eagle be used as a trademark. Due to the political climate, however, condoms were not to be marketed as a contraceptive method, but rather to combat the spread of STDs. This purpose was reflected in the name Habemus Tutorem, which was later changed to the HATU brand for commercial reasons (Menzani 2006). The Second Italo-Ethiopian War led to an increase in sexual demand and therefore brothels, which were classified according to hierarchy and colour: those for officers, those for regular troops, and those for askaris. The exercise of the "political Venus" was carried out under the control of the colonial authority, and the "black Venus" was integrated into a revised system designed for pleasure, hygiene, and the racial prestige. Moreover, as in other empires, the colonial administrations' obsession with the presence of women in urban spaces as a source of immorality burst (van Heyningen 1984; White 1990; Akyeampong 1997; Taraud 2003; Locatelli 2009; Aderinto 2016; Biancani 2018; Bruzzi 2022).

New urban agglomerations sprang up around the strategic centres where companies and the army had established their bases, offering leisure activities such as bars, restaurants, hotels, brothels, and spaces for clandestine prostitution. Apart from a few agricultural concessionaires, civil servants and military personnel assigned to peripheral areas, Italians in Eritrea settled in the cities. The 7 censuses conducted between 1893 and 1939, which surveyed the indigenous population, show that Asmara, Massawa, Keren, Adi Ugri and Assab experienced population growth (Ciampi 1995), mainly due to internal migration because of job opportunities linked to the Italian presence. Female workers from peri-urban and rural areas, including those from across the border, also moved to these centres and entered the colonial economy as domestic servants or underpaid workers in the early stages of manufacturing industry, or even became *madame* or prostitutes. The urban centres were thus feminised. On the one hand, they became places of refuge for widows facing economic hardship, women rejected because they could not bear children, or those fleeing abusive partners, as in the case of Reem. She came to Asmara from Adi Nefas in 1933 at the age of 21, having suffered physical and emotional abuse at the hands of her husband's family for not having had children after four years of marriage. In the city, through the Comboni Sisters, she found work as a maid. She never had relationships with Italian men or children from other men.[18] The cities were also the place where very young girls were sent by Italian employers in case of unwanted pregnancies, as in the case of Nigisti. In 1936, at the age of thirteen, she became pregnant by her Italian employer, who lived with his

wife and children in ʿAddi Wägri. Nigisti was then sent from her hometown to Asmara with Elsa, a friend of the same age. There they found work as maids for Italians, and in the 1940s they had relationships with Italians who remained in Eritrea, resulting in illegitimate children.[19] The urban space thus became the privileged space for different types of sexual encounters that crossed the colour line, and such relationships could also be perceived by African women as a route to emancipation (Becker and Liebst 2022), promoting *révolutions minuscules* in the management of sexuality.

In the 1930s, Italo-African unions and births were perceived as a serious long-term threat to the imperial project so much so that racism was institutionalised through racial laws targeting Italo-Eritreans and men who lived *more uxorio* with African women.[20] In addition to the already known and practised birth control techniques, self-induced and clandestine abortions were carried out both by paid doctors and in the so-called *quartieri indigeni*, although illegal, such as Aba Shawl.[21] However, Italo-Eritrean births continued, and African mothers were more likely to entrust their Italo-Eritrean children to missionaries so they were provided with food, shelter, and Italian education, as well as to compensate for the *absent fatherhood* of Italian fathers (Fusari 2021). In 1933, on the eve of the empire and in accordance with the segregationist policy, the Istituto San Giuseppe Pro Infanzia Meticcia was opened in Asmara to receive Italo-Eritrean children. Similar institutions had already been set up in Keren and Segeneyti where Italo-Eritrean boys and girls were provided with education and vocational training.

Cities became the cornerstone of new knowledge about STDs and birth control since women in sexual relationships with Italian men may have had greater exposure to modern contraceptives. In 1936, Stella Coloniale, a line of condoms produced by HATU S.A., was launched in Italy, and promoted as being particularly resistant to tropical climates. In the same year, the Ministry of the Colonies authorised the company to trade in Italian East Africa,[22] where the condoms were sold in bulk or individually in pharmacies because of their cost. The leaflet urged soldiers in the colony to beware of African women's diseases and to use the Italian super-condom HATU as an invincible shield for the health of the race.[23] In this way, condoms began to appear alongside alternative methods of controlling STDs, which, as the memories of soldiers involved in the Second Italo-Ethiopian War suggest,[24] was the main fear, but not a deterrent to avoiding sexual encounters. It was also used to pass on knowledge between *vecchi coloniali* and newly arrived men on how to behave

in the case of interracial sexuality.[25] So, perfume was used as a disinfectant before sex, while goat guts were a cheaper alternative to condoms and street boys were sent to buy them by Italian men and prostitutes in exchange for tips.[26] In this respect, African women who had intimate and sexual relationships with Italian men could be seen as pioneers because of their exposure, knowledge, and acceptance of modern contraception. Both women in the "revolutionary domesticity" of mixed households – which continued to resist the ban, albeit with a low profile – and prostitutes may have been involved in birth control in the face of Italian *paternity deserts*.[27]

At this stage, contraceptive exposure, knowledge, and use became imbued with multiple meanings. First, the birth control appears to be rooted in racial prestige, which led to white fears of mixed-race overpopulation. Secondly, social bodies became political bodies through the promotion of the control and tightening over interracial intimacy, sexuality, and their reproductive outcomes. Finally, women of different birth cohorts experience increasing social stigmatisation for their sexualised and racialised position within the colonial society. However, women who were free from customary constraints were not stigmatised for using contraception and for pioneering the knowledge and use of traditional and modern devices in urban settings.[28]

Lost but not least: loosing colonies but not interest in (1941-1952)

While Italy lost its African colonies during the Second World War (1941-1943), elsewhere this period coincided with late colonialism and anticipated decolonisation, demonstrating further attention to the health of colonial subjects. In 1941, Eritrea came under the British Military Administration (BMA, 1941-1952), but as it was understaffed, it did not dismiss the Italian colonial staff. The Italians therefore remained in Eritrea, albeit with a smaller demographic presence, often in privileged positions, and continued their intimate and sexual relations with African women. Moreover, Italy's "reluctant decolonisation" meant that it continued to express interest, exert pressure, and fund activities in its former colony until at least the early 1950 (Calchi Novati 2011; Negash and Taddia 2017).

After the Second World War, the colonial powers came under increasing pressure to decolonise. As a result, they shifted their policies towards a greater emphasis on development (Unger 2018). Efforts were made to develop education and health services as the colonial authorities recognised the need for a skilled workforce and invested in educational institutions. Health services have been developed to address public health issues and improve general well-be-

ing, with particular attention to reproductive health. Similarly, the institutions responsible for compiling official population censuses, which are essential for a quantitative understanding of the different groups within the population to provide adequate services, have been strengthened. On the one hand, they helped to consolidate and train the staff who would later form the national statistical offices of independent African states. On the other hand, the introduction of family planning policies would prove crucial to the acceptance of birth control after independence. Such policies would leave a legacy in debates about population dynamics, reinforced by controversial international family planning programmes. More specifically, due to concerns about population trends, political unrest, and economic difficulties in the British Empire, colonial policy was centralised in the Colonial Office in London to support the war effort. After the Colonial Development and Welfare Act (1940) was formalised, colonial population control was adopted in 1941 as a method of promoting economic development, while modern methods of birth control were introduced in the 1950s (Canning et al. 2022: 2-3). In France, instead, pronatalist laws were repealed in 1967, but remained in force in all former French colonies in Africa until the 1980s, when the African governments began to promote family planning following the adoption of the resolutions of the World Population Conference held in Bucharest in 1974.

In Eritrea, this period developed under the BMA. Alongside socio-economic and political changes, there was an increased emphasis on reproductive health, but also an increased presence of prostitution, especially in Asmara and Massawa, where new military troops were stationed. Stephen H. Longrigg, the BMA's chief administrator in Eritrea (1942-1944), maintained and improved the previous Italian services, from public health to the administrative services, into which the British slowly began to recruit Eritrean officials, from the school system to political education and freedom of the press. On his personal initiative, the Eritrean Children's Welfare Society was founded in 1943 and 9 clinics for the wellbeing of Eritrean women and children were opened. The Society relied on some 400 contributors, both local donors and staff, such as Tedla Bairu, interpreter and adviser on Eritrean affairs to the Senior Political Officer in charge of Asmara and leader of the Unionist Party, or *ato* Tzeggai Teferi, a lawyer born in Addisc Addi in November 1914. Similarly, the training of nurses - which dated back to 1923, when a course was started by the Swedish Evangelical Mission and later by the Italian Comboni Sisters - has been improved, but it was still not enough to make a significant difference to the health care system.

Along with these improvements, the BMA also complicated colonial society, especially in urban areas. The Italian presence increased after the war, then decreased due to the transfer of prisoners of war and the repatriation of Italian civilians living in the former colonies of the Horn of Africa. The repatriation was proposed by the British to the Italian government, with the mediation of the United States, which then represented the interests of the Italians in those territories. It was carried out by four Italian ships equipped with safe-conducts and painted white with red crosses as insignia to avoid hostilities during the circumnavigation of Africa. These ships made three round trips and repatriated about 28,000 Italians (Rainero 2015). In addition to those integrated into the BMA and the so-called *insabbiati* - those who had assimilated the African way of life - there were Arabs, Indians, Jews, newly arrived British imperial soldiers and Americans. Kagnew Station was established in Asmara in 1943. It was a United States Army radio station that took over and refurbished Radio Marina, a former Italian naval radio station, and operated as a listening station during the Cold War. It became home to the US Army's 4th Detachment of the Second Signal Service Battalion, which brought thousands of soldiers with it when it operated until 29 April 1977. As a result, the sex ratio was once again affected, and women's employment opportunities expanded, but prostitution also increased. For most women who lacked education or training and whose circumstances forced them to seek employment, domestic work and the manufacturing industry in Asmara offered employment opportunities. For those unable to secure respectable employment as domestic workers or labourers, the alternative was to work as barmaids, which was often understood to include prostitution.

Many prostitutes were able to evade the system of registration and monitoring. For example, the so-called *contromuro*, who worked in popular areas and near places frequented by Italians and foreign military personnel. They would approach men in the street, where sexual services were often provided in response to an invitation for a *nik-nik* [quickie].[29] There were also waitresses who supplemented their income by offering sexual services to customers in *tecceria* (bars where *mies* was sold) in rooms used as alcoves.[30] Some of the girls who worked in the bars were illegitimate Italo-Eritreans.[31] Others became the girlfriends and then wives of American soldiers, who "took the cars and the girls".[32] As Michela Wrong (2005: 56-58) also recalls, it was common in Asmara for American GIs to be approached by young boys who worked as pimps, soliciting customers for prostitutes with the cry, "Hey GI, you want my mom? She's a virgin". The presence of prostitution in urban areas, as well as

the diversification of the clientele, suggests a greater availability of modern contraceptive methods in the local market, combined with greater exposure, knowledge and even use by men and women, in order to avoid STDs and unwanted births.[33]

With the relaxation of racial laws, more stable mixed households emerged, regardless of whether they were legitimated unions or not. As a result, the number of Italo-Eritrean births increased in the 1940s and 1950s. This is confirmed by data collected by the Associazione Italo-Eritrei for the Four Power Commission of Inquiry on Eritrea, which visited the country from 8 November 1947 to 3 January 1948 to determine the fate of the former Italian colony (Associazione Italo-Eritrei 1950; United Nations 1950: 12). Comparing the Association's figures with the calculations of Gino Cerbella (1959), deputy consul at the Italian Consulate General in Asmara, and the applications for Italian citizenship in the following decades, it can be estimated that the births of Italo-Eritreans in Asmara reached up to 200 per month in the 1940s and 1950s. It should be noted that it was not until 1945 that the BMA authorised the legitimation of Italo-Eritreans by Italian fathers, at least for those who were not married, through notarial acts, and ensured the repeal of Royal Decree Law no. 880 "Sanzioni sui rapporti di indole coniugale tra cittadini e sudditi" of 1937, so that the new legislation provided a preferential channel for the Italian citizenship of those born to Italian men and African women. Royal Decree Law No. 822 "Norme relative ai meticci" of 1940 was only repealed by Decree No. 1096 "Abrogazione della legge 13 maggio 1940, n. 822" of the provisional Head of State on 3 August 1947, to repair the damage caused by the racial legislation. However, the Italian regulations could not be applied until the BMA adopted them by means of its own legislative measure, Proclamation No. 125, which did not come into force until 1952, thus leaving the situation of the Italo-Eritreans unchanged until the early 1950s (Fusari 2018: 234).

Alongside the increase in childbirth within mixed couples during these decades, it is observed that induced abortions were indeed carried out in the private clinics that proliferated in Eritrean cities. These included cases of Italian women terminating pregnancies due to relationships with Eritrean and Italo-Eritrean men to whom they were not married, as well as cases of European and US men paying for the abortions of young Eritrean women who had become pregnant unintentionally.[34] In both cases it was the men who paid for the procedure, and it seems that a certain Italian doctor was well known and sought after for the safe and discreet way in which he carried it out.[35]

Listening to the wind of change

Fears about the dying native story, hygiene, and racial contamination were clearly present in colonial discourses and policies, often fed by transimperial expertise about population issues. Over time, within the colonial setting, statistical skills solidified the relationship between knowledge and control, so that the rise of statistics contributed to the asymmetry of power relations. Investigative skillfulness became an essential attribute of colonial rule, while the desire to control through classification and quantification paved the way for the reification of racial categories. Subsequently, population policies and artificial and controversial narratives focused on these categories. As a result, on the one hand, colonial demographic sources are embedded in hegemonic relations that render their categories, constituencies, and contexts selective. On the other hand, such a process of counting, classifying, and normalising through *official* statistics has led to the integration, marginalisation, exclusion or stigmatisation of groups and behaviours, including sexual and reproductive ones. From this perspective, from the very beginning of Italian colonialism in the Horn of Africa, prostitutes were not members of a deviant group, but a regular part of colonial society, especially in urban spaces, even if they were considered *marginalised protagonists*. The colonial encounter in urban spaces led to the emergence of pioneering, albeit stigmatised, groups who, by making a virtue of necessity, increased their exposure, knowledge, and use of the range of hygiene and birth control techniques and consequently modified their sexual and reproductive behaviour. Navigating a corpus of biased archival records, it became imperative to draw attention to individual life narratives beyond the confines of the colonial archive and to resiliently transcend the distortions of memory. This approach proved crucial in understanding the retrospective reproductive histories within the urban milieu, where women struggled with escalating economic and social obligations. Remarkably, some emerged as pioneers in the knowledge of contraception, even in the use of modern contraceptives.

The shaping of new reproductive behaviours in the urban environment seems to have depended on the different cohorts of urban women who sought to avoid the long-term consequences of the sexual colonial encounter. Indeed, wombs have proved to be an effective site of political struggle in Italian colonialism, as the control of reproduction became central to the exercise of colonial power. Metropolitan women were seen as the guardians of the Italian demographic empire through their *national wombs*, while African female subjects were ex-

pected to reproduce subordinated and racialised labour. Their *colonial wombs*, however, were seen as a threat to the racial prestige of the empire, producing people of mixed ancestry who formed a distinctive but diverse group that characterised colonial societies, especially in urban environments, and could have undermined the imperial age.

All in all, African wombs continued to shape European anxieties beyond the colonial era. By the 1960s, the pendulum had swung, and the worrying concern had become African overpopulation and its consequent mobility. Censuses in independent African countries and estimates by international agencies such as the United Nations Population Division, which showed extremely high population growth, were the beginning of this awareness. The first African Population Conference, held in Ghana in 1971, recognised the need for trained demographers and showed that African governments were becoming increasingly aware of their population challenges, while international cooperation campaigns began to address reproductive health to curb African population growth. Yet most of Africa's pioneering population programmes were promoted and funded by former colonial powers, so they can only be fully understood in a long-term perspective. Moving beyond conventional understandings of African population issues allows us to see how the colonial encounter challenged entrenched reproductive strategies and social hierarchies, the ramifications of which continue to shape today's complex landscape of anxieties ranging from population growth to migration to Europe, as well as the resulting population policies.

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Notes

1 - Meregeta Yetaberek, an Eritrean ecclesiastical scholar, provided a passing mention of *shəbəthi* in an argument between a Catholic monk and an Orthodox priest.

2 - In Geez, *felati* means a person who can divine. *Ṭäbib* translates as "wise" and is commonly used to describe skilled craftsmen, especially blacksmiths. However, it can also have negative connotations and be used to refer to sorcerers. *Däbtära* refers to an unordained member of the Orthodox clergy involved in the performance of music and dance during church services. They also act as astrologers, fortune tellers, and healers. Thus, they are recognised for their religious knowledge, but also criticised for practising magic that blurs the boundaries between the sacred and the profane.

3 - Birth control, or contraception, is any method, medicine, or device used to prevent pregnancy. Traditional methods included periodic abstinence, withdrawal, and breastfeeding; modern methods, instead, range from barrier to hormonal (i.e. condom, vaginal methods, injections), from reversible to permanent (i.e. intrauterine device, sterilisation), and some also prevent STDs. Family planning, instead, is the control of number and space of children through contraception or sterilisation. In her speech (1921), Margaret Sanger, the founder of Planned Parenthood, advocated stopping the procreation of irresponsible people. She thus supported eugenics, while Planned Parenthood has a problematic history as it provides sexual and reproductive health services worldwide but has been accused of neo-colonialism in its practice.

4 - All participants were given the information they needed to make the decision to volunteer for the research. Pseudonyms conceal their identities for reasons of confidentiality. All the material is private, archived, and indexed by year, place, and subject.

5 - See *Bollettino Ufficiale degli Annunzi Legali e Commerciali della Colonia Eritrea*, I, n. 5, Massaua, 16 giugno 1890, p. 4.

6 - The Great Ethiopian Famine of 1888-1892 was a devastating famine that had a profound impact on the country and its people. It resulted in the loss of many lives, widespread suffering, and forced migration as people sought food and relief. It also had a significant impact on the Ethiopian economy and contributed to social and political changes in the country (Pankhurst 1966).

7 - ASDMAE, Ex Ministero dell'Africa Italiana (MAI), Archivio Eritrea (AE), Busta 1891-1914, Pacco 141, Fascicolo 7, Il Capitano Medico Direttore del Servizio di Sanità Eliseo Mozzetti alla Direzione degli Affari Civili, Informazioni richieste dal Dott. Samuel Gache di Buenos Aires, Asmara 17 agosto 1903.

8 - The literature on colonial concubinage is extensive and covers different colonial contexts. For the Italian colonies in Africa, see Campassi 1983; Tseggai 1989; Sòrgoni 1998; Iyob 2005; Barrera 2008; Ghezzi 2008; Poidimani 2009; Tarchi 2023.

9 - Manufactured by the Istituto Farmaceutico Candioli, founded in Turin in 1882 by Dr. Attilio Candioli, MOM was launched in 1915. The packaging presented the product as a powdered parasiticide against body and head lice, highlighting its exceptional effectiveness against pubic lice. It was recommended that it be used before each sexual encounter to prevent possible infestation. Salvarsan and neosalvarsan, on the other hand, were arsphenamine-based

drugs that replaced the use of mercury in the treatment of syphilis and were later replaced by penicillin (1928).

10 - ASDMAE, MAI, AE, Busta 1891-1914, Pacco 141, Fascicolo 7, Commissariato Regionale dell'Acchelè Guzai all'Onorevole Governo dell'Eritrea, Oggetto: Prostituzione, Saganeiti 2 settembre 1903.

11 - ASDMAE, MAI, AE, Busta 1891-1914, Pacco 141, Fascicolo 7, Commissariato Regionale dell'Acchelè Guzai all'Onorevole Governo dell'Eritrea, Oggetto: Prostituzione, Saganeiti 2 settembre 1903.

12 - ASDMAE, MAI, AE, Busta 1891-1914, Pacco 141, Fascicolo 7, Commissariato Regionale di Massaua, Bando, Massaua 12 luglio 1903.

13 - ASDMAE, MAI, AE, Busta 1891-1907, Pacco 141, Fascicolo 7, Commissariato Regionale dello Hamasien all'On. Governo Asmara, Oggetto: Postribolo d'Asmara, 2 ottobre 1903.

14 - In 1928, for example, the Swedish Evangelical Mission in Eritrea published an obstetric manual in Tigrinya. Later, after the opening of the first gynaecology and obstetrics department at the Regina Elena Hospital in Asmara, Alberto Ciotola's book for indigenous midwives was published (1934).

15 - Some of the wives of missionaries, officers and civil servants left written records that focused on the encounter between the "maternal imperialist" and African women. Since motherhood was women's work, they fulfilled obligations such as teaching African mothers how to breastfeed and feed babies properly, mothercraft, and so on. Deviant forms of maternal behaviour were coupled with arguments of racial backwardness and local superstition. See Pianavia Vivaldi (1901) and, more generally, Allman (1994) and Stephens (2013).

16 - For the demographic evolution of the indigenous population of Eritrea from the beginning of the 20th century until 1939, see Vittorio Castellano (1949), who was part of the staff that carried out the 1939 census, the materials of which were scattered but could be reconstructed thanks to his notes and his possession of 6,000 cards.

17 - The civil and penal codes for Eritrea were drafted in Asmara by a commission of judges and lawyers appointed by Ferdinando Martini in 1903 to study and propose to the Eritrean government the amendments to be made to the national codes to make them applicable in the colony. After revision in Rome, the colonial codes were promulgated by special royal decrees between 1908 and 1909, but they were never actually published and therefore not applied. Only the Penal Code was published in Eritrea by Royal Decree No. 485 of 1908, but only in Italian, without translation into Amharic and Arabic, as the promulgation decree was necessary for the Eritrean codes to be applicable and therefore could not come into force. However, with the establishment of the Empire, the national penal code was also adopted in the colonial territories (Martone 2002).

18 - Sr. HG, Asmara, 16 January 2014; ODE, Milan, 22 October 2022.

19 - FM, Addis Ababa, 7 April 2022.

20 21 - Royal Decree Law No. 880 "Sanzioni sui rapporti di indole coniugale tra cittadini e sudditi" in 1937, and Royal Decree Law No. 822 "Norme relative ai meticci" in 1940.

21 - RT, Rome, 28 January 2008; Sr. SA, Asmara, 25 October 2013.

22 - See *La Stampa*, 4 December 1936, p. 4.

23 - Ufficio Propaganda Società Italiana "HATU" S.A., *Meglio un "HATU" oggi che un….. AHIMé domani!*

24 - Emilio Cosci, born in Cortona in 1912 (Comune di Prato 2000: 24); Rolando Cocchi, born in Abatoni di Prato in 1913, (Comune di Prato 2000: 25).

25 - Ilio Borgi, born in Prato in 1914 (Comune di Prato 2006: 25).

26 - Fr. BF, Asmara, 7 March 2010; DD, Asmara, 20 June 2013; NS, Milano, 17 October 2021; FM, Addis Ababa, 13 April 2022.

27 - LP, Asmara, 31 December 2012; GH, Adi Keih 7 July 2013; Sr., SA, Asmara, 13 March 2014.

28 - NT, Asmara, 22 April 2010; PG, Massawa, 13 January 2014; FM, Addis Ababa, 13 and 18 April 2022.

29 - LV, Milano, 9 January 2018; K1, VoIP, 20 March 2019; K2, 22 March 2019.

30 - To read more about prostitutes and their relationships with foreigners in Eritrean cities between the 1940s and mid-1970s, see https://www.kagnewstation.com/stories/ (last accessed 21 November 2023).

31 - HT, Asmara, 20 February 2014; FM, VoIP, 8 July 2022.

32 - FM, Addis Ababa, 10 April 2022.

33 - RTH, Asmara, 5 April 2014; PB, Addis Ababa, 17 January 2023.

34 - BG, Asmara, 21 December 2013; FT, Asmara, 22 December 2013; FM, Addis Ababa, 21 April 2022.

35 - DD, Asmara, 23 April 2010; DD, Asmara, 20 June 2013; BH, Addis Ababa, 15 March 2022; FM, Addis Ababa, 10 April 2022.

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