



Africans Unite Against Child Abuse



Voices of the Community:
*Exploring Type IV (Labia Elongation) Female Genital Mutilation in
the African Community across Greater Manchester*

*An AFRUCA Community Research Project
November 2016*

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About the Authors

- ❖ Debbie Ariyo OBE is Founder and Chief Executive of AFRUCA.
- ❖ Rose Ssali is FGM Project Co-ordinator at AFRUCA Centre for Children and Families, Manchester.
- ❖ Barbara Nambuya is volunteer Project Worker at AFRUCA Centre for Children and Families.
- ❖ Folasade Olurin is volunteer Researcher at AFRUCA Centre for Children and Families.

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ABOUT AFRUCA

AFRUCA - Africans Unite Against Child Abuse is a national charity promoting the rights and welfare of African children in the UK. AFRUCA has its Head Office in London, a Centre for African Children and Families in Manchester and projects working with families and communities across the country.

AFRUCA's work on Female Genital Mutilation is covered in our five key work areas:

Awareness Raising on Children's Rights: We are working with young people across Greater Manchester who are our "Anti-FGM Champions" to work in schools and in their communities to raise the risks of Female Genital Mutilation to children and promote the protection of children from harmful cultural practices.

Policy and Advocacy: We sit on a number of local, regional and national working and advisory groups and contribute to the development of policies on FGM.

Education, Research and Advisory Services: We conduct community research such as our previous study: "**Exploring the Practice of FGM among African Communities in Greater Manchester**". We design and run specialist training programmes for agencies and their staff on FGM and provide advice on the production of programmes and guidance documents for agency staff.

Community and International Development: We organise community education programmes on Female Genital Mutilation and have produced a number of resources to help educate and change attitudes towards FGM.

Support for Individuals and Families in crisis: We provide emotional and well-being support to children and families with difficulties resulting from FGM practices. We contribute to FGM related immigration case work through the provision of expert reports and assessments on "risks of harm" to families being returned to their countries of origin.

For further information about our work please visit our website at: www.afruca.org

EXECUTIVE SUMMARY: KEY FINDINGS & RECOMMENDATIONS

This is the second in the series of AFRUCA's "Voices of The Community" community research projects, undertaken between January and September 2016. The research is an outcome of the recommendations of the previous research which showed a need for better education and awareness raising of Type IV FGM - especially for the benefit of practitioners like social workers, health workers, law enforcement officers and communities, to protect children.

This study focused on attitudes towards Type IV FGM specifically looking at the practice of Labia Elongation. It involved focus groups from five different African communities with participants from Malawi, Zimbabwe, Congo, Rwanda and Uganda and 5 individual interviews with community leaders.

Key Findings

- Participants acknowledged this practice as a cherished cultural norm that has been around for generations and did not perceive it to be mutilation nor did they classify it as FGM. They indicated that FGM involved cutting of the female sexual organs and was nothing comparable to the practice of Labia Elongation.
- Some participants were aware of UK Anti-FGM laws but did not see any links with the Labia Elongation practised in their communities and thought it was exclusively focused on female genital cutting.
- Some participants indicated that they felt traumatised that their privacy was invaded whilst others say that they felt that not having it done was an issue in their relationships. This ultimately impacts their confidence and self-esteem.
- There is concern that women are shunning important medical checks out of fear of being identified as having done FGM (labia elongation). This may interfere with early detection of avoidable/ preventable medical issues in women from FGM practicing communities
- According to participants, the practice of Labia Elongation is easier to perform when one is younger. However it can still be carried out in adulthood as evidenced by some of the responses from participants who willingly did it as adults.
- Although focus group participants have said labia elongation is sometimes carried out by the young people themselves due to peer pressure, it is highly unlikely that this will happen without the knowledge of parents – especially where no direct instructions have been given against its practice. Therefore parents carry the overall responsibility where children engaging in labia elongation are concerned.
- Participants mentioned that some communities get round the practice of Labia Elongation in the UK by sending children to their countries of origin to live with relatives or to boarding schools where Labia Elongation is practiced.

Recommendations

- There is a need to work with young people and educate them about the effects of peer pressure that can lead to participating or engaging in the practice of labia elongation.
- Better education about UK Anti-FGM laws and how Labia Elongation fits in is necessary as many practising communities do not see this practice as FGM.
- As well as creating better knowledge and awareness of Labia Elongation among professionals, there is also a need to recognise the psychological effects of the practice and its impact on children and young people. Services already in place to support victims of other forms of FGM should also focus on victims of Labia Elongation.
- Since there is very little information available for professionals to help identify Type IV FGM, more sensitisation needs to be done to increase knowledge and strengthen their capacity to produce more robust and well balanced assessments so as to achieve the best outcomes for families.
- Across the UK, there is a need to capture accurate figures regarding Type IV FGM, including Labia Elongation. While the recent available statistics from Greater Manchester Police indicate a steady increase in FGM cases, it is not clear how many if any of these cases fall under Type IV FGM.
- Any form of FGM carried out on a child is a form of child abuse. Although more work is being done by AFRUCA and others in the Greater Manchester area to raise awareness, protect and support children at risk, there is still a long way to go. Therefore, we call for more concerted efforts to tackle FGM in general and the practice of Labia Elongation in particular.
- Community engagement is crucial to help tackle the risks of FGM, including Labia Elongation. More work also needs to be done in sensitising communities about the contents and implications of the FGM Laws as most participants do not view this practice as a form of child abuse, hence feel the law unjustly victimises them and their culture.
- There is need for more documented research on the health and psychological risks arising from labia elongation practices so practitioners and other professionals working with children are aware of the risks and can help enhance protection for children.
- One of the out comes from this study was that members from these communities expressed reluctance in attending medical checks like cervical smears among others for fear of being identified and documented as having done FGM. This is a concerning development because of the potential risk of medical conditions remaining undiagnosed among practising women and girls.
- The current initiatives during summer holidays to deter parents from taking children abroad for FGM, have made parents re-think other ways like postponing the age of carrying out this practice without totally abandoning the practice or sending children away where this practice can be done on them. There is a potential risk of harm involved if children are being sent away without their informed consent for this purpose.
- Where children are influenced by peer pressure, more efforts are needed to work with the children and young people in practising communities to highlight the dangers of labia elongation.
- Essentially, there needs to be work done to educate professionals about other forms of FGM

that do not involve cutting - including Labia Elongation, especially those practised in countries which are not reflected on the UNICEF/WHO FGM prevalence maps relied on by practitioners.

- Lastly, AFRUCA is calling on UNICEF and other international bodies to review the 2013 FGM Prevalence map which could be misleading. Although the map captures the prevalence of other forms of FGM and its prevalence countries, it does not adequately cover the countries where labia elongation is practised. This either trivialises those practices or minimises the negative impact they can have on women and girls.

CHAPTER ONE: INTRODUCTION

1.1 Overview on Type IV FGM - Labia Elongation

According to the World Health Organisation, Female Genital Mutilation (FGM) comprises all procedures that involve the partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons (WHO, 2008).

There are four categories of FGM as classified by the World Health Organisation.

- Type I Clitoridectomy involves partial or total removal of the clitoris and/or the prepuce.
- Type II Excision is the partial or total removal of the clitoris and the labia minora, with or without the labia majora.
- Type III Infibulation is the narrowing of the vaginal opening through the creation of a covering seal, which is formed by cutting and repositioning the inner or outer labia, with or without removal of the clitoris.
- Type IV involves all other procedures on the female genitalia for non-medical purposes. For example, the elongation of the labia minora/ majora until defined length is reached, pricking, piercing, incising, scraping of tissues surrounding the vaginal orifice (angurya cuts) or cutting of the vagina (gishiri cuts); cauterization by burning the clitoris and surrounding tissues; introduction of corrosive substances or herbs into the vagina to cause bleeding for the purpose of tightening or narrowing it and any other acts that fall under the definition given above.

Numerous forms of type IV FGM are widespread in African communities including countries where the estimated prevalence is not high or not mentioned on the UNICEF Map which works as an international guide to the prevalence of FGM in Africa. Some of these include South Africa, Lesotho, Malawi, Mozambique, Zimbabwe, Zambia, Congo, Uganda, Rwanda, and Burundi among others.

There has been significant effort by stakeholders around the world in the fight against all forms of FGM. However focus on Type IV procedures is limited and there has been insufficient research to interrogate the different forms of Type IV FGM. Based on available data leaning heavily towards Types I, II & III FGM, this could be a contributing factor for labia elongation practicing communities not to recognise it as a form of FGM.

In the UK the same challenge exists in undertaking preventive approaches by charities, policymakers and practitioners to identify and understand the different forms of Type IV FGM from unlisted countries. This could have significant implications for the children and young girls in communities where Type IV e.g. Labia Elongation is a common practice. It is important to identify those different type IV FGM practices among African communities in the UK so as to design appropriate intervention measures to tackle the practices that affect children.

1.2 AFRUCA Study on Type IV FGM - Labia Elongation in Greater Manchester

This study is the second of AFRUCA's '**Voices of the Community**' research projects. It is based on a key recommendation in the research report: "*Exploring FGM Among African Communities in Greater Manchester*" which called for better awareness and education of the practice of Type 4 FGM Labia Elongation among professionals and communities.

This study explored the attitudes and perceptions of five African communities/country nationals towards Type IV FGM (Labia Elongation) in the Greater Manchester area. It was conducted between January and September 2016 and involved 53 participants (7 men and 45 women) in 5 focus group sessions and 5 individual one-to-one interviews with key community leaders.

In conducting this research, AFRUCA aimed to explore the practice of Labia Elongation within the identified communities. We wanted to examine the reasons this practice occurs and the consequences of not having it done. Also, we were keen to identify how the procedure is performed on children, where and when. We also wanted to identify whether there is any risk of harm to children involved in the practice. For the men who took part in this study, we wanted to capture their attitudes and perception in line with the practice as a contributing factor in choosing a wife or partner. This was also a follow up to the earlier research where respondents said men should be included in the fight against FGM because they felt the main motivation for girls engaging in this practice was to get married.

The study also sought the views of participants about how they felt an organisation like AFRUCA could help to address the issue across Greater Manchester in order to help safeguard children at risk of harm.

1.3 Our Approach and Methodology

This research was conducted by AFRUCA to gather background information and shed more light on the cultural practice of labia elongation from the practicing community's point of view. The qualitative study involved one to one interviews with 5 community leaders and elders who are key players in the represented communities. A total of 5 female leaders were interviewed - 2 from the Ugandan community, 2 from the Congolese community and 1 from the Rwandese community.

The focus groups were organised and held between February and June 2016 among the Ugandan, Zimbabwean, Congolese, Rwandese and Malawian communities. A total of 53 discussants were involved in the focus group discussions including 7 males and 46 females.

The research also included a focus group specifically for men from one practicing community to collect their views on the subject. They were asked to give their position on the understanding of the practice, attitudes and perceptions and relevance in choice of a potential wife or partner.

1.4 Constraints & Limitations

Information and data on all Type IV FGM including labia elongation is very limited and virtually non-existence in the UK. For our background information we highly relied on desktop research based elsewhere and not in this country.

Due to limited resources, the number of communities and people reached was not sizeable enough to form a strong sample. Other countries that practice Labia elongation we would have loved to work with include South Africa, Lesotho, Zambia, Burundi, Botswana and Mozambique.

We were not able to fully capture the views of men as only one focus group was held. Since FGM is a subject men and women do not feel comfortable discussing at the same forum, the views of men from most of the participating communities were not fully explored.

The study did not explore the views of children and young people, although the study was open to the communities in general. This again is attributed to the issue of community gatekeepers.

Our findings highlighted the issue of peer pressure as a driving force behind this practice. However we were not able to evidence this in our research as we did not hold a focus group with young people but relied on the personal experiences of the adults.

It is important to note that the views presented in this study are from a sample of 58 participants from five communities. They should not be taken to be representative of the views of the entire communities as a whole.

CHAPTER TWO: WHAT IS TYPE IV FGM?

2.1 Identifying Type IV FGM

FGM Type IV and its Practices

The World Health Organization (WHO) has defined four types of Female Genital Mutilation/Cutting with Type IV involving all other procedures on the female genitalia for non-medical purposes. Some of these are listed below:

Female Genital Piercing

Female genital piercings are applied on clitoris, labia minor, labia majora and preputium clitoris using piercing jewellery.

Female Genital Incision

This procedure involves making a longitudinal incision in the anterior vaginal wall using a sharp cutting tool. This traditional practice has also been used for generations as local remedy for different gynaecological ailments such as difficult labour, infertility, urinal retention, painful sex believed to be caused by a narrow vagina.

Examples of this traditional practice include Gishiri incision performed in parts of Northern Nigeria and Southern Niger which is linked to early marriage.

Labia Elongation/Pulling

This procedure involves elongating the labia minora through manual manipulation (pulling) or use of physical equipment such as weights and other objects.

Female Genital Scraping

This procedure involves scraping of the tissues surrounding the vaginal orifice (angurya cuts) or cutting of the vagina (gishiri cuts). Angurya cutting is excision of the hymen, usually performed seven days after birth.

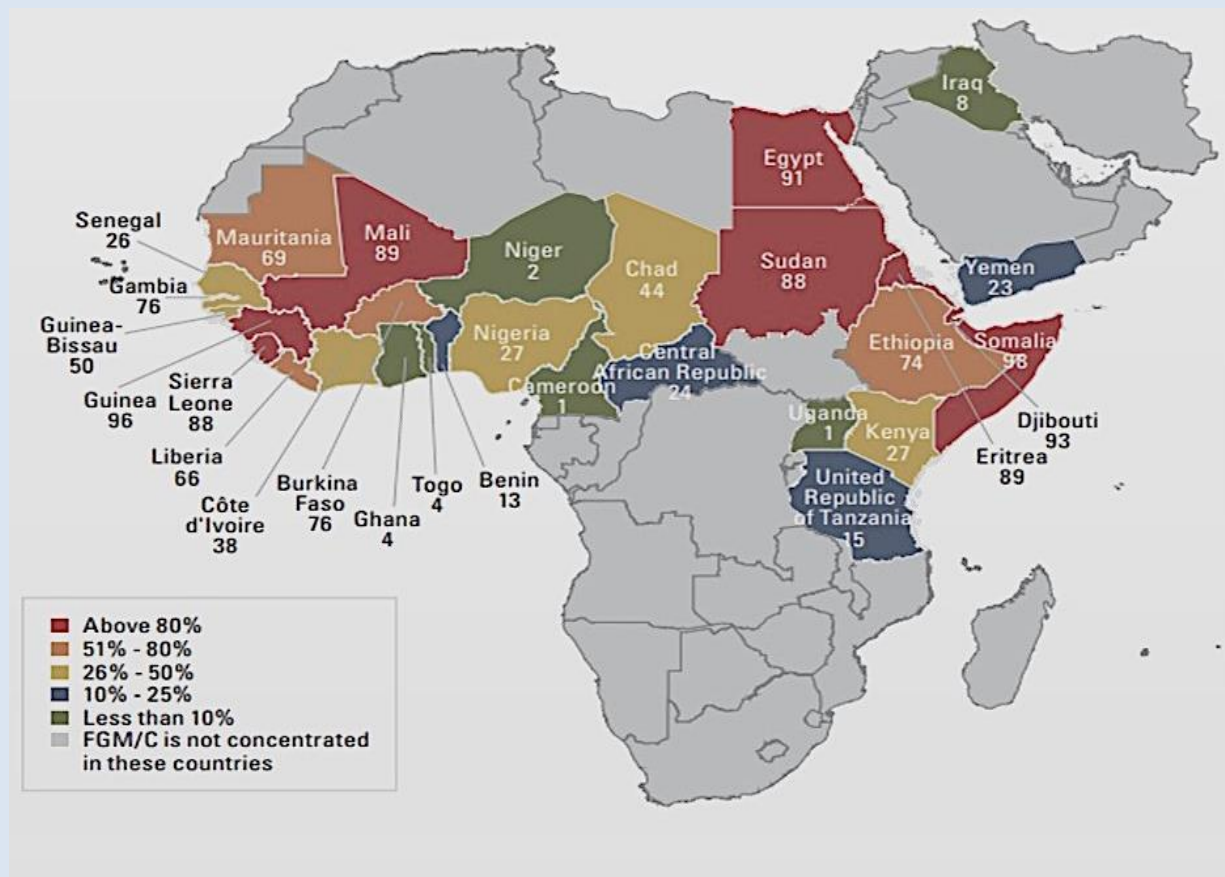
Female Genital Pricking

Female genital pricking is a type of intervention performed as a symbolic practice by some tribes in Africa and involves single or multiple perforation(s) on clitoris preputium applied without any excision. Other procedures involves, introducing corrosive substances or herbs into the vagina for the purpose of tightening or narrowing it.

2.2 FGM Prevalence

The African countries highlighted in Figure One below reflect the FGM prevalence rates according to UNICEF. There is a general reliance on WHO prevalence data, and many communities in which Type IV FGM is practised are not reflected in the most updated map. All participants who contributed to focus group sessions and interviews originally come from these countries which are in East, Central and Southern Africa.

FIGURE ONE: PREVALENCE OF FGM IN AFRICA



Source: UNICEF, 2013

The above map shows the prevalence of FGM in African countries according to a study by UNICEF. However, the map may not be representative of Type IV FGM prevalence including labia elongation as it only shows the prevalence rates for countries practising Type I to Type III FGM.

Table one shows some of the countries that practice labia elongation, some of which have been part of this research.

TABLE ONE: SOME TYPE 4 FGM PRACTISING AFRICAN COUNTRIES

Country of Origin	FGM Prevalence (UNICEF)	Presence in Greater Manchester
Burundi	Unknown	Yes, no focus group
Rwanda	Unknown	Yes, held focus group
Malawi	Unknown	Yes, held focus group
Lesotho	Unknown	Unknown, No focus group
Uganda	1%	Yes, held focus group and individual interviews
Mozambique	Unknown	Unknown, No focus group
South Africa	Unknown	Yes, no focus group
Congo	Unknown	Yes, held interviews and focus group
Zambia	Unknown	Yes, no focus group
Zimbabwe	Unknown	Yes, held focus group
Nigeria	27%	Yes, no focus group
Niger	2%	Unknown
Botswana	Unknown	Unknown
Benin	13%	Unknown
Namibia	Unknown	Unknown
Ivory Coast	38%	Unknown

2.3 Labia Elongation – Definition, History and Trends

Labia Elongation also referred to as labia stretching or labia pulling, is the act of elongating the labia minora through manipulation/pulling or physical equipment (such as weights). It is a known cultural practice in some African countries such as Rwanda, Burundi, Zambia, Uganda, Malawi, Zimbabwe. The early recordings of the results of the practice are among the Khoisan peoples of Southern Africa, where the inner labia were seen to be several centimetres longer than the outer labia. Main reasons for the practice are to enhance sexual pleasure for both partners and some cultures argue that it aids in delivery during child birth.

There has been a lot of debate about whether this practice of labia elongation is harmful or beneficial with some arguing that it is a "modification" rather than a "mutilation" and should not be classified as Female Genital Mutilation (FGM). However, it has been categorised by the World Health Organisation as a "harmful cultural practice that violates human rights" due to the social pressure on young girls to perform it and the permanent changes that it creates on the female genitalia (WHO, 2013). Labia elongation is still significantly under-researched among the other types of FGM and there have been calls for further research on the benefits and risks associated with this practice.

2.4 Practicing Communities/When and How Labia Elongation takes place

This ancestral culture is mostly practiced by many populations in some ethnic communities in eastern regions of the Central and Southern Africa countries (Burundi, Zambia, Malawi, Mozambique, Namibia, Rwanda, South Africa, Sudan, Botswana, Tanzania, Uganda and Zimbabwe. Furthermore, reports have shown it being practiced in eastern part of the Democratic Republic of Congo (DRC) as well as Republic of Benin (Koster & Leimar 2008; Larsen, J. (2010).

The practice of labial elongation in Africa has been studied by various researchers (Bagnol and Mariano, 2008; Johansen. 2006; Koster and Price, 2008; Gallo et al., 2006). These researchers have established that labia elongation begins very early in a girl's life, before her first menstruation when young females between age six years into puberty stage are encouraged to use sticks and massage on their genitalia (*ibid*). Additionally, some reports have shown some communities starting on girls as early as age four or five years (*ibid*).

Main motivations for this practice

The reasons for labia elongation practices are complex, interrelated and based on belief in the practicing countries/communities. They include women's sexuality, custom and tradition and social pressure.

2.5 Psychological Impact and Health Implications of Type IV FGM including Labia Elongation

According to the World Health Organisation the more genital tissue cutting there is (and this generally increases from Type I to III), the more the severity and risks involved. The amount of tissue cut depends on the type of FGM performed. Type IV comprises a variety of practices some of which do not involve removal of tissue from genitals. Though limited research has been carried out on Type IV FGM, in general these forms appear to be less risky than the other three types that involve removal of general tissue (WHO, 2007).

Available studies also indicate that labia elongation does not involve major long-term damage on Women’s sexual and reproductive health although some minor discomforts have been identified (**INTERNATIONAL JOURNAL OF SEXUAL HEALTH, 2013**). Never the less the following have been noted as possible implications arising from Type IV FGM:

Type IV FGM	Psychological and Health Implications
Female Genital Piercing/Pricking/Scrapping	<ul style="list-style-type: none"> • Bleeding, local infections i.e. (Tetanus, hepatitis B, C, AIDS). • Allergic reactions to piercing Jewellery, irritations, gynaecological complications, recurrent urinary infections, psychological problems (Depression).
Female Genital Incision/Cauterization	<ul style="list-style-type: none"> • Pain, Trauma and infections.
Labia Elongation/Pulling	<ul style="list-style-type: none"> • Severe pain and wounds resulting from the use of harnesses, sticks & weights to aid stretching of the labia. • Minor health risks such as lacerations, oedema, itching, swelling, ulcers, irritation, and discomfort when wearing pants. • Infections from the use of herbs • Psychosocial risks where girls are ostracised, criticized, mocked or stigmatised for failing to practice pulling. • Sexualisation of children • Bleeding • Bullying and abuse

2.6 Law on Female Genital Mutilation in the UK

In the UK, FGM is a severe form of gender-based violence, and where it is carried out on a girl, it is an extreme form of child abuse and currently part of the government’s child safeguarding agenda.

FGM has been illegal and a criminal offence in the UK since 1985 (Prohibition of Female Circumcision Act 1985). The Female Genital Mutilation Act 2003 repealed and re-enacted the provisions of the 1985 Act. The FGM Act 2003 set a maximum penalty for FGM to 14 Years imprisonment.

The FGM Act 2003 clearly outlines the offences of FGM and underlying penalties i.e.:

- The offence of female genital mutilation
- The offence of assisting a girl to mutilate her own genitalia
- The offence of assisting a non-UK person to mutilate overseas a girl’s genitalia

Further provisions have been made in “The Serious Crime Act 2015” regarding FGM. It is a criminal offence for UK nationals or permanent UK residents to perform FGM overseas or to take a UK national or permanent UK resident overseas to have FGM.

The FGM Protection Order is also in place, applicable in England, Wales and Northern Ireland and a breach of the same is a criminal offence under the 2003 Act. It offers a means of protection to girls and women who are victims, or may be at risk, of FGM.

The Serious Crime Act 2015 also introduced among other things a new individual duty on doctors and other health professionals in England and Wales to report known cases of FGM in children under 18 years to the police.

Since June 2015, all acute trusts and some GPs and mental health trusts have had to collect some specific pieces of data about FGM, as part of the FGM enhanced data set to come up with a national picture of this practice. This became mandatory for GP’s and mental health trusts from 1st October 2015.

Type IV FGM and the UK FGM Law

FGM is a Safeguarding issue and the UK law clearly states prosecution of anyone involved in carrying it out. However, according to our findings regarding the practice of Labia Elongation, it sometimes involves peer group work. Where children or young people are carrying out the practice themselves, this poses a dilemma in relation to the notion of “responsible person” for FGM accountability.

Also even though peer pressure is the driving factor for this act, it is doubtful if parents from practising communities are not aware their daughters are likely to engage in this cultural practice. However in our research we did not interview any young people and the peer pressure response was an outcome of adult personal experiences.

CHAPTER THREE: FOCUS GROUP SESSIONS & INTERVIEWS – KEY FINDINGS

This chapter focuses on our findings based on the focus group sessions held with five different communities across Greater Manchester between February and June 2016. Interviews were also done with community leaders regarding the subject of labia elongation. A questionnaire was used as a basis for the group discussions and individual interviews. **(See Appendix One).**

3.1 Focus Group Session with the Zimbabwe Women's Group from Greater Manchester Community

Zimbabwe: Background information

Zimbabwe is not on the UNICEF list among countries that practice FGM. However, Labia Elongation (Type IV) practices are highly prevalent all over the country.

This practice involves sustained pulling of the inner labia minora in order to stretch and elongate them to desired levels. This procedure is done over several years right from before puberty or before the onset of the first menstruation onwards. The goal is to stretch the labia minora until they form long flaps that extend outward from the woman's genitals.

Young girls are encouraged as early as 10 years of age to start this process of pulling using herbs and oils. A girl is instructed on how to perform the stretching by herself but may also be regularly supervised and guided by an older family member. Adult women also have to do it if their male partners require it.

The main motivation for this practice is to prepare the girls for marriage with the argument that elongated labia increases sexual stimulation and satisfaction for men. Labia minora elongation is mentioned as a requisite for Chewa and Nyau girls to start chinamwari, the initiation rites period of seclusion (Thabethe, 2008).

AFRUCA Focus Group Profile

A total of 15 women participated in this focus group. Languages spoken include Shona & Ndebele and many reside in the boroughs of Manchester, Trafford, Bury and Oldham.

Key Outcomes of the Focus Group Session

FGM Practices

Participants were aware of Female Genital Mutilation (FGM) and had heard about practices of pulling, piercing, and Labia elongation, use of herbs to tighten & narrow vaginal elasticity. Two participants had knowledge of other practices of cauterization, pricking, scraping and incising through FGM training events attended.

Participants mentioned that labia elongation/pulling is practiced by their communities back in Zimbabwe but not in the UK. Some participants indicated that they would classify this practice as FGM because it is against children's rights. Others mentioned that it is a personal choice whether to do it or not, because you are taught how to do the procedure of elongation without any physical assistance.

When and How Labia Elongation is Done?

Most participants agreed that the process of pulling normally starts at the age of 10 onwards, before onset of menstruation when the girls are still young and the skin is still tender. But it is also done by adult women in case they missed out or if they are under pressure from their spouses to do it.

Participants mentioned that the girls would be instructed by their aunties or other adult family members and for some cases even friends could help out. Another mentioned that the process entailed waking up early in the morning while other members of the family are still sleeping, then going out and use cold water and oil (mafuta/paraffin) to pull. They were told it was important to have them long, or else they would be considered useless. Some could tie the labia with stones to facilitate the process of making them longer.

Attitudes and Perceptions

When asked about their attitudes/perceptions towards this practice the following responses were given:

- Participants indicated that they were taught by elders in the family or community that this practice was mainly done to increase sexual pleasure for men. Boys in the community were also taught what to expect from a proper woman.
- Others indicated that this is a cultural practice that is consistent with local traditions and has been done for generations.
- Others indicated that elongating the labia has been found to be beneficial for sexual satisfaction for both women and men and hence good for marriage.
- Another mentioned that "the main purpose was to please their husbands, just like today people put on makeup, this is what was available then".
- Another mentioned that you were instructed on when and how to do it and then you could make a personal choice to go ahead and do it or not to, given the fact that the process would be painful at the start.

Consequences of Not Having This Practice Done

When asked about their views of women who have not done this practice, participants gave the following views:

- Girls may feel isolated especially if they reveal to their friends that they have not elongated their labia.
- Culturally in some tribes where the practice is prevalent, women would be ridiculed as unmarriageable.
- Fear and uncertainty in marriage

- Stigmatization and being called useless.
- Promiscuity or adultery in relationships as the men will try and look elsewhere for partners who can satisfy them.

Availability of FGM Services

When asked if they are aware of any available services for their communities regarding FGM:

- Most participants indicated that they are not aware of availability of these services but acknowledged that they have come across information through training events with AFRUCA.

The UK Law on FGM

- Most acknowledged knowing FGM is illegal in the UK but they are not aware of the Types that exist and are included in the law.
- Most participants acknowledged that they have not taken the time to read or familiarise themselves with the content of the FGM law.

Additional comments

Participants were asked if they had anything to add to the FGM discussion.

- Someone raised the issue of parental responsibility because labia elongation can be done with or without the knowledge of parents. For instance someone mentioned that in their time this was one of the issues that would be discussed amongst themselves as girls.
- Other participants indicated that pulling is not like cutting therefore they do not have any negative attitude towards the practice.
- Another participant asked why male circumcision is not classified as mutilation as it involves cutting whereas the act of pulling is looked at as FGM yet no cutting is done.
- They mentioned that if individuals can do tattoos all over their bodies, then adult/growing children should be informed about their culture and make an informed choice. They said that the law is actually trying to dictate what cultures should be done away with and those that should be maintained.

3.2 Focus Group Session with the Rwandese Community in Greater Manchester

Rwanda: Background information

Rwanda is not on the UNICEF list among countries that practice FGM. However, there are indications that labia elongation is practiced.

In Rwanda, this practice is associated with the name *"gukuna imishino"* which means *"to do/make imishino"*, which are *elongated labia* or *"guca imyeyo"* which means *"to cut brooms"*. This is an allegory for groups of girls going to the bushes to practice labia elongation and when asked where they were going they would say they were going to get grass which they would turn into brooms. Traditionally, when a girl reached puberty stage, an adult female relative would introduce the practice of elongation of the labia minora and verbally instruct her or physically demonstrate on her, how to do it.

A girl could also view demonstrations of other girls as she witnessed how they applied the technique in pulling their own labia or by physically assisting each other. Girls would engage in daily self-manipulation (pulling/stretching her labia minora), others only once or twice a month while attempting to obtain an ideal length of around 8cm, or the length of a middle finger.

In Rwanda, several reasons are given for the practice of labia elongation. It is noted that the men and women view the practice of labia elongation as a factor of beauty that also allow them to experience greater sexual pleasure. It is further viewed as an act of socialisation that helps Rwandan women identify with their cultural heritage. Several researches have also documented the underlying assumption in the culture that women without elongated labia cannot produce sufficient vaginal secretion during sexual intercourse (Koster and Price 2008).

AFRUCA Focus Group Profile

A total of 6 women participated in this focus group. All were originally from Rwanda but two had also lived in Uganda and another Burundi. Local languages spoken include Kinyarwanda and Swahili

Key Outcomes of the Focus Group Session

FGM Practices

The participants were familiar with some of the Type IV FGM terms mentioned on the questionnaire, specifically identifying labia elongation as a normal practice in their culture. Those who had also lived in Uganda acknowledged that the practice was equally common wherever they went.

When and how labia elongation is done?

Participants indicated this practice was common among young people. Pulling age was early teenage or before the first period. They would assist each other in the pulling process. It was common in some

of the boarding schools they attended and girls would openly talk about it. Elderly relatives would also talk about the subject of elongation to the young girls especially before onset of puberty.

However, this subject was a no go area for parents. They said traditionally parents do not talk to their children about sexual related issues. One participant said the mother mentioned it to her once that she had to do it, but that was as far as the conversation went.

Attitudes and Perceptions

Participants said that in their generation, it was not a must to have it done, so those who did not want to could opt out. However, those who did it do not regard it as FGM because they do not cut off anything. Participants said that having long labia was a mark of beauty, the longer the more appealing to your husband/partner. They said if you did not do it, it definitely affects your sexual relationships and marriage, though people would rather not talk about it.

Impact

- Discomfort especially as the elongated labia keep rubbing against each other.
- Swelling of the labia

Availability of FGM services

- Participants said they were not aware of any services in relation to this type of FGM.

On the UK law on FGM

- Participants said they were aware of the FGM law but felt it is unfair because it tends to lump all practices together. Their view was that the practice of labia elongation cannot be compared other practices that involve cutting hence should not be even classified as FGM.

Key outcomes from individual interviews with community members/leaders

Interview I

This interview was done in Salford on the 10/06/2016 with a lead community member that works with the Rwandese/Burundi communities. She acknowledged having done it because it was part of their cultural requirements during their time. She said that the Rwandese do practice labia elongation as part of their culture though there is more choice now of not doing it. The term used locally for this practice is “kukuna emishino”

How it is done?

When girls are of age, normally before the start of their period, they are taught by friends and peers or even adults how to do it. Young people/teenagers also instruct and show each other how to perform it. Mothers never get involved in training their daughters but other adult family members take on the task. The process of elongation involves use of herbs which mainly helps to soften the labia and ease the procedure.

Attitudes and Perceptions

- Members of these communities are aware of the practice but no one openly talks about it.
- Sexual matters are really not openly discussed in these communities. She was non-committal

on whether labia elongation is still widely practiced. This is because some people feel it is an outdated cultural practice and therefore not necessary anymore, while for those who still promote it do not regard it as FGM.

- The reasons for the practice include sexual pleasure. The elongated labia were called bed-sheets, meant to keep a man's sexual organs warm.
- A woman who did not practice it was not marriage material because an ideal wife culturally had to have long labia. Scare mongering was used as a way of pushing the girls to do it. They were originally told/threatened that if people found out that one did not do it, then they would bring a cockerel to peck the labia until they were long enough. Of course as a young child, "you tend to believe everything you are told", she said.
- In some cases, the husband/partner may abandon you for another woman or send you back to your people/parents for proper training, she added.

Availability of support services

- This interviewee indicated that they are not aware of any support available on this specific type of FGM.

On the UK Law on FGM

- Majority of community members do not know that it is against the law neither are they aware of the content of the UK FGM Acts.

Impact

- Swelling especially during the process of pulling.
- Discomfort as the labia rub together as you walk
- Discomfort and difficult to wear tight clothing like trousers and jeans
- Sexualising children: Teaches children to masturbate as their hands are always down in their private parts.

3.3 Focus Group Session with the Malawi Community in Greater Manchester

Malawi: Back ground information

Malawi is not on the UNICEF list among countries that practice FGM. However, labia elongation under type IV is practiced by some communities. Another practice involves cutting/pinching off the tip of the girls' clitoris using finger nails. Due to a culture of silence and secrecy surrounding these traditional practices, they almost go unnoticed.

According to a research report by the Malawi Human Rights Commission on cultural practices, it is one among other practices undertaken in relation to rites of passage.

Girls as young as 7 or 8 years of age are taught how to pull their labia. The practice may sometimes involve pairing girls, each gently pulling the labia of the other for minutes or hours as instructed by community elders. This is done up to the time when they attain puberty or when the labia have reached the right size. At the initiation ceremony locally referred to as „*chinamwali*“ which begins with the attainment of puberty or when a girl experiences her first period, the girls may be physically checked to see if they have pulled their labia also known as „*kukuna, zokoka*“.

Reasons for the practice include:

- It helps to strengthen marriages
- The labia cover the inner female private parts especially for women who have given birth
- Reduces problems during delivery as the birth canal is properly opened
- Helps stimulation for both men and women during foreplay
- May aid stimulation of men who are impotent

AFRUCA Focus Group Profile

A total of 8 women participated in this focus group. Languages spoken/ethnic group include Chewa, Tumbuka, Nkhonde, Chilomwe, Yao etc. Participants reside across Manchester i.e. Oldham, Bury, Stockport, Wigan, Manchester. They acknowledged that labia elongation is practiced in Malawi by some cultures. They also use herbs to tighten and narrow virginal elasticity.

Key Outcomes of the Focus Group Session

FGM Practices

Most participants were aware of FGM and familiar with the practice of labia elongation common in their communities.

When and how labia elongation is done?

Participants said that the process begins when a girls is about 13, puberty age or younger around 9

years of age. It is done as a rite of passage where older women in the community instruct girls of age how to go about it, at a ceremony called „*chinamwali*“. The practice is locally termed as pulling/ „*zokoka*“, and herbs called „*Nsansi*“ are used in the pulling process. There is also a herbal drink (khosomole) which can be taken to lengthen the labia. Vaseline may also be used in the absence of local herbs.

The ideal size is to tie three knots out of the labia or use the longest finger as a standard size. Older women/adult women instruct younger girls on the process, but even older girls instruct younger girls.

Attitudes and Perceptions

Communities from Malawi that practice labia elongation do not classify it as FGM because FGM refers to something more serious. As part of their culture, it is as a rite of passage symbolic of transition from girlhood to womanhood. It also prepares girls for marriage as part of wider training and instruction. They were also told that elongated labia enhance sexual pleasure because they help hold the manhood in place. Another indicated that it helps beautify the vaginal area in order to be more appealing and attractive. Another participant said that it is something they grew up with so they have never stopped to think whether it is important or not, nor ever considered the side effects. Only one participant indicated that this practice is FGM because it alters the natural look of a woman's private parts.

One participant said that she attended a bridal shower for a member of their community in Manchester who had not done it. The bride was advised by the women in attendance to do it or risk being a disappointment to her husband. Members offered to order for her pulling herbs from Malawi and also showed her how she has to go about it.

Another participant said her husband was upset on finding that she had not pulled her labia, so she sent for herbs and has since done it. The participants indicated that it is far better to do it when young because the skin is still tender.

Yet another, a mother, said that, her friend had started talking to her daughter about it thinking she was doing her a favour. She stopped her daughter from visiting that friend again because she found it hard to bring up the subject.

The general feeling was that people should be left to maintain their culture and be allowed to do what they want with their bodies. It gives them confidence that they are attractive and marriageable.

For those who have not done it, participants said that it brings shame to their families, disgrace to their mothers and can be sent back to their parents after marriage. It can also lead to marriage breakdown.

Impact

- Swelling or soreness of the labia
- Pain for days
- Infections especially from the use of herbs
- Trauma for the young girls

Availability of FGM services

- Participants said they were not aware of any services in relation to this type of FGM. One

said, they see no reason for it, because this is not FGM. It is their culture.

On the UK Law on FGM

- Participants said they are not aware that this practice is against the law and were not equally familiar with the UK FGM law/Act. Many of the participants have expressed the interest in being educated or enlightened on the FGM law and its content.

3.4 Focus Group Session with the Congo Community in Greater Manchester

Congo DRC: Back ground information

Congo is not on the UNICEF list of countries that practice FGM. The labia elongation (élongation des petites lèvres) or traditionally known as *nimphae* is commonly practiced among the Kivu, Kasai and Katanga provinces, and in the Kinshasa region, particularly in its rural areas within the DRC (Gallo et al. 2010). According to studies carried out, the practice is a traditional rite of sexual initiation involving prepubescent Congolese girls between the age of six and eight. The acts entails learning how to elongate their labia and applying material such as oils and herbs, over a period of some months in order to achieve a length that is desirable to men and to make oneself acceptable for marriage. This process is traditionally taught by a female relative such as a grandmother or an aunt.

The primary motivation for labia elongation in DRC is for beauty and is based on the belief that it benefits the girls so they can better compete for marriage (Gallo et al. 2010, pp120,122).

AFRUCA Focus Group Profile

A total of 8 women from Oldham, Manchester and Ashton participated in this focus group. Languages spoken include Lingala, Swahili, Kihavu, French and Mashi. Individual interviews were also carried out with female community leaders/elders.

Key Outcomes of the Focus Group Session

FGM Practices

The women talked about labia elongation as a common practice among the Baluba people and a few other tribes. They said it is referred to as “Kukokota misitu”.

When and how it is done

Participants said labia elongation is done to girls about 14 years of age or before a girl’s first period. They use olive oil or Vaseline here in the UK, though back in Congo, herbs are used or even sold which aid the process. Some of these include fresh aloe Vera, ashes mixed with charcoal, these are meant to make the labia dark because the darker the more desirable. The participants said their

parents never talked about labia elongation to them as children. None of the participants remembered hearing their mothers talking about it even in passing but expected them to have it done anyway.

One participant said she was put under pressure to do it as an adult before she came to UK to meet her husband.

Attitudes and Perceptions

Members were of the view that labia elongation is not FGM. Some women said “no we don’t mutilate anyone, we just pull and no one is really hurt”. People are still doing it and a girl who has not pulled is not good for marriage.

Reasons mentioned for the practice included:

- Enhancing sexual pleasure for men
- Fear of being rejected by your spouse/partner or being left for another woman who has elongated her labia and is more desirable.

Impact

- Swelling
- Shock
- They look ugly
- Very painful especially at the start of the process
- Stigmatisation

Availability of FGM Related Services

- To this they responded that they are not aware of support services available for this procedure.
- One participant who is a theatre nurse said a few women had approached her for advice on how to get them surgically removed in hospital.

Additional Comments

- One participant said she was encouraged to pull by her friends in Manchester and she did it as an adult aged 25. She said she now enjoys sex more than before. Though after a while, her husband said they are ugly which has disappointed her very much.
- Yet another mentioned that she knew midwives back in Congo who used to cut them off during delivery even without the women’s consent.

Key Outcomes from Individual Interviews with Community Members/Leaders

Interview I

This interview was done with a member of the Congolese community on the 8/06/2016 who has been

working on FGM for over 10 years in Greater Manchester. She gave her interview from the Type IV women's perspective and as a result of working with and supporting African communities over the years. Some of these include people originally from Zambia, Uganda, Congo, Zimbabwe and many more.

In Congo the practice is mainly amongst the Baluba and Swahili speakers settled in the North Eastern region and Central area of Congo. It has no specific name but referred to as "Kukokota Misuti".

How it is done

The Community leader said that parents can pay an expert to do it or a family member like an aunt or grandma can be assigned to do it. However in most cases young people are shown how to do it and they carry on themselves. The young person is asked to lie down and then spread her legs and is shown what to pull to a length of about 10-12 cm. They may be assisted for the first time and there after continue by themselves using the size of a little finger or more as a benchmark. Girls have to do it every other day as the first day of pulling is very painful and the labia are normally swollen and very painful to touch. She compared the sensation to "hot pepper in the mouth". The role of the aunt or grandma is to remind and encourage the young person to continue the pulling process regardless of the pain. The process is done by use of herbs or a mixture of herbs sold in the community. In some cases palm oil may also be used.

The process is very painful initially but women feel it is something worth doing. Sometimes herbs may be given to drink in order to lessen the pain and also make the body more relaxed. After birth the woman is expected to re-touch the elongation and also cleanse and tighten the vagina. The labia needs to be darkened.

Attitudes and Perception

- People from these communities do not classify this practice as FGM. Most women seen by this charity do not regard it as FGM because it cannot be compared to other painful types that involve cutting and viewed as are barbaric.
- This practice is very much cherished among the Congolese communities doing it. According to her, they feel that the longer the labia the better as it is believed that it makes child birth easier and keeps the sexual organs warm for both partners.
- She said if a woman does not do it she may be called names and is considered less desirable for marriage. Also, Congolese men from other areas have expressed that they would definitely prefer women with longer labia's.

Impact

- Swelling and pain arising from continual stretching.
- Infections through labia bleeding and contact with pulling chemicals/herbs.
- Continual discharge for some women due to insertion of tightening chemicals/herbs.
- Sexualisation of young children.
- Psychological impact amongst others.

Availability of FGM services

- NESTAC and AFRUCA provide FGM related services in this area and are also able to signpost people for further help where necessary.

On the UK Law on FGM

- In the last decade, initiatives to prevent and stop the practice of FGM are picking up in the UK, but the focus is mainly on circumcision/cutting and relaxed on Type IV. Again, the available support services and professional intervention equally leans towards Type I, II and III and less emphasis on Type IV.
- The interviewee also highlighted the safeguarding limitations on the issue of parental responsibility, with this practice of labia elongation. This is because young people sometimes carry out the practice of labia elongation without the knowledge of their parents as a result of peer pressure.

Interview 2

This interview was done with a member of the Congolese community on the 9/06/2016

The respondent is aware that the practice of labia elongation does exist among communities from Congo and even Zambia. It is practiced amongst the Baluba people from Congo Brazzaville and Kinshasa but also common amongst the Congolese community within Greater Manchester. A similar name used by Zambians and Congolese around Lumumbashi for this practice is “*Kukuna emi-Shino*”.

Those practicing labia elongation usually start to prepare their children as early as 10 years. Some people may buy products from abroad in this case Congo which they bring to use or even sell for the procedure. The same products are used to tighten the vaginas or used as lubricants. In the absence of the same, Vaseline and olive oil are used for the pulling process.

Practicing communities do not perceive this practice as FGM but something done to please and to become more desirable to their husbands/partners.

Health effects from this practice:

- Pain and difficulty in walking during the procedure which may take up to 6 weeks to get a desired outcome.
- Labia friction which may lead to swelling and bleeding.

Availability of Services in Greater Manchester

Charities like WARM HUT provide women with emotional support, space to talk about such issues and also sign post to other organisations like AFRUCA.

Recommendations

- It is crucial that young people are involved in tackling FGM.

3.5 Focus Group Session with Men from Ugandan Community in Greater Manchester

Uganda: Back ground information

- According to UNICEF data, the national prevalence rate of FGM in Uganda is only 1%.
- The types of FGM practised include I, II, III & IV.
 - Type IV Genital Pulling or Genital Elongation is done by gradually stretching the labia minora and is practised by girls before they start menstruation. There is no documented statistics available for this category because type IV FGM has received less international attention than other forms of FGM. In Uganda, a popular term used in referring to labia elongation is "*okukyalira ensiko*" (visiting the bush) or "*okusika*" (pulling out). This traditional rite was performed out of view from men in a clearing among bushes where herbs known as "*mukasa*", "*entengotengo*", and "*oluwoko*" were used.

The method of extending the labia is generally done mostly among girls between the age of nine and twelve or at the first signs of adolescence. The parental aunt or surrogate version also known as "*Ssenga*", takes the role of tutoring young girls and women of Baganda communities about this acts in preparation for future sexual activity as well as erotic instructions (Pérez & Namulondo, 2011). It would be mandatory by the *Ssenga* for a period of two weeks or longer, that the pubescent girls "visit the bush" few hours every day to perform the rites.

These girls are expected to succeed in elongating their labia minora up to least one and a half inches long (2-4cm) before they start menstruating or before getting married. Once attained, girls are deliberately ready for marriage to a *Muganda* man whilst traditionally the *Ssenga* is rewarded with a traditional attire (*Gomesi*) and a goat for her efforts. Furthermore, elongation of the labia minora is also to be found among the Bagisu, Bakiga, Banyankole, Banyoro and the Batoro in Uganda (Grassivar & Villa 2005).

It is important to note that, today there are commercial aunties/*Ssenga*'s in Uganda who offer this service to girls and adult women in Uganda for a fee. These are sometimes a re- placement of paternal aunts as a source of information about sexuality, reproduction and marriage.

A number of risks have been documented to be associated with the practice of "*Okukyalira ensiko*", given that the rite takes place in the bush, while using corrosive caustic herbs and other elements such as dust or sand from the bush and ashes from the fireplace. These risks include pain which tends to be more severe if the stretching is done when one is older and the tissue structures are less elastic, bleeding, infections, soreness, anxiety among others.

The men and women from practicing communities/tribes believe that this practice was/is necessary as a cultural ritual which also brings greater sexual pleasure and so disregard the risks associated with it.

AFRUCA Focus Group Profile

A total of 7 men participated in this focus group. They are originally from Central and Eastern Uganda. Individual interviews were also carried out with female community members to capture views that could have been missed out in the first Afruca community research. One of the recommendations from the previous research was to involve men/males in tackling FGM because the women generally agreed that the main reason for engaging in this practice was to please men.

Key Outcomes of the Focus Group Session

FGM Practices

Participants were aware of Female Genital Mutilation (FGM) and had heard about practices of pulling, piercing, labia elongation, use of herbs to tighten & narrow vaginal elasticity. Participants acknowledged that labia elongation using herbs (pulling) is practiced by their communities. Only two out of the seven respondents indicated that they would classify this practice as FGM because it involves tampering with the natural being of a woman.

Other respondents disagreed that the practice of labia elongation is classified as FGM, arguing that it is for enhancing sexual pleasure and not to cause harm. Another argued that mutilation means serious damage to a part of the body but as far as he knows, this practice enhances sexual pleasure among women and there is no damage. They were generally concerned that the law generalised all practices as FGM without scrutinising each individual practice. Participants felt that communities were being victimised for their cultural practices.

Attitudes and Perceptions

When asked about their attitudes/perceptions towards this practice there were varied responses:

- One participant indicated that there is no need for it because it is abuse and wrong to force girls to carry out the procedure.
- Another indicated that this is a cultural practice that has been around for years and years and therefore there is nothing wrong with it.
- Others indicated that pulling and elongating has been found to be beneficial for sexual satisfaction for both women and men.
- Another participant indicated that pulling is not like cutting therefore she does not have any negative attitude towards the practice.
- One participant said this is not FGM because elongation is meant for pleasure for both women and men while mutilation takes away the pleasure for women.
- Another participant asked why male circumcision is not classified as mutilation because it involves cutting while pulling falls under FGM.
- There was also concern raised as to why other communities are left to do what they want for instance piercing their bodies, putting large holes in their ears etc. while those who practice FGM are criminalised.

When asked about their views of women who have not done this practice given its cultural background and what an ideal wife is in line with this practice.

- Three respondents indicated that sex is less pleasurable because with experience they can tell the difference. One said that those who have done it are easily lubricated. Another mentioned that in Buganda, a woman who has not done labia elongation is perceived as “hollow”. They indicated that their ideal wife is one who has pulled because sex is more pleasurable.
- A participant indicated that it is a personal choice whether to do it or not though they would rather have a wife who has done it.
- Another participant indicated that they are comfortable with a wife who has not pulled. The traits they look out for is a loving and caring wife.

Availability of FGM Services

When asked if they are aware of any available services to their communities regarding FGM:

- Six participants acknowledged that charities like AFRUCA, UCOMM are able to provide support or sign-post you to other organisations that could provide the needed support.
- Another indicated they were not aware of any available services regarding FGM.

On the UK Law on FGM

- Three participants indicated they were aware of the existence of the law but had no clue on the contents of the FGM Act 2013.
- Another participant indicated that the law was wrong and blindly formulated because it does not respect people’s cultures.
- Two participants indicated they had no knowledge on the existence of this FGM Act 2013. They had not even heard about it until it was mentioned in this focus group discussion.
- Generally, all seven respondents indicated lack of awareness on the contents of the FGM Act 2013.

Additional comments

Respondents were asked if they had anything to add about the FGM discussion.

- One participant mentioned that there is need for reconsideration about this practice of pulling because it is not damaging but rather enhances.
- Another indicated that the law is forcing people to lose/abandon their cultures and adapt other cultures.
- Another mentioned that the baseline for them is to eliminate cultural practices that are harmful or cause medical complications and leave alone those that are not harmful.
- Another mentioned that they have seen videos of women of other races that have pins in their

private parts so they need further clarification whether that also falls under FGM or not. This is because it seems unfair just to pick on a few races and criminalise their cultural practices.

- They also mentioned the need for further medical research and evidence on the dangers of each FGM practice and not just band all practices together.
- They concluded that the law should not apply to all practices because the dangers are not identical.

Key outcomes from individual interviews with community members/leaders

Interview I

This interview was held with one of the community leaders in the Ugandan community in Greater Manchester. The wider community is spread around the different boroughs of Greater Manchester. They are originally from different parts of Uganda though there is a large percentage from Central Uganda/Buganda where the cultural practice of labia elongation is a norm. The community does not view labia elongation as FGM because the main motivation is sexual pleasure for both women and men.

How it is done

Girls of age are taught by their aunties or responsible adults to do it and then monitored to make sure they have done it properly. The labia minora is pulled up to a certain level and the middle finger is mostly used as the required size. They use herbs and bitter leaves to aid the pulling process.

Attitudes and Perception

The community believe this is part of their culture practiced for generations. They believe it is essential for marriage and if one has not done it and the husband requires it, they can be sent back to their parents/family to be properly trained.

Reasons for the Practice

- Enhances sexual pleasure for both men and women

Impact

- Infections from the use of herbs
- Soreness/swelling of the labia
- Dryness
- They look ugly
- Hanging out of clothing e.g. some may not participate in swimming due to embarrassment
- Fear of going for essential medical checks for women like cervical smears, scans because they will be asked questions.

Availability of services and knowledge of the law

- There are no known services to support women who have done it.

Additional comments

- Some parents are not thinking of not doing it but rather on how to get around the law, for instance shifting the age of cutting/pulling. It is important to note that this practice can also be done in adulthood.
- Other worried parents have queried on the way forward as they know it is against the law but their daughters are of age. Some have contemplated the idea of taking children back home to live there for a while other than just take them to have it done during long holidays.
- Professionals need to address the issue of raising awareness rather than criminalising communities. Communities generally feel they are being victimised because of their culture.
- There is a need to raise awareness and engage young people from within practicing communities.
- People tend to have strong attachment to their culture so more work needs to be done in engaging these communities especially on the health aspects of some of these practices.

Interview 2

Another interview was held with one elderly member of the community and the following were the responses.

They acknowledged that the process of pulling was common in their generation/culture almost a pre requisite for sexual satisfaction in marriage. It was commonly referred to as pulling, locally called 'Okusika' or 'visiting the bush' or 'Okukyaila Ensiko'.

Those who refused to do it were considered unmarriageable. Obviously this brought shame to the individual and the family especially the paternal aunties locally known as (*Senga's*) who were considered not to have done their job of preparing their nieces for marriage. The elongation has to be revisited after every child birth.

Asked whether they classified this practice as FGM, the response was yes because it is done to children of no consenting age and secondly because it tampers with and modifies a child's sexual parts. However, if an adult chooses to do it on themselves, then that is their right because they are able to make an informed choice and should not be victimised for this - just like some adults have body piercings or tattoos. This is something they choose to do regardless of the pain associated with the procedures.

How it is done

Normally when a child turns about 10 years old, they would be sent to their aunties during school holidays for instructions on how to start the pulling process. They would be shown what herbs to use and how to carry out the process on themselves but with the supervision of the aunties. The process was also common in boarding schools especially in Buganda where matrons were tasked with instructing the girls to begin the pulling process. Children would assist each other with the pulling.

Children from non-practicing tribes would also join due to peer pressure, without the consent or knowledge of their parents. As a result this practice spread wider to other communities/ tribes that originally did not practice labia elongation. So today you find it widely practised in Uganda than culture dictates.

Additional comments

- More research needs to be done on the health impact regarding the practice of labia elongation, because without that, communities will always feel they are being targeted for their culture.
- Children may sometimes carry out this practice due to peer pressure without the knowledge of their parents, so how can parents be victimised for something which children do without their consent. The law needs to put that into consideration.
- It is important to note that many who did it in boarding schools never informed their parents because issues of sexuality are not openly discussed with parents. They either delegated a family member (commonly aunties) or an elder in the community to talk about the subject or sometimes these people would approach you as part of their responsibility without the permission of parents.

- **3.6 Other Practicing Countries**

- **Lesotho: Back ground information**

Lesotho is not on the UNICEF list of countries that practice FGM. However, labia elongation is practiced by some communities.

In the past, the elders held discussions with young people in traditional initiation schools about their sexuality. The instructors were tasked with informing the initiates of their sexual duties within marriage and how to become good men and women (Sekese 2002). The girls were taught before menarche how to elongate their inner labia as it was believed that menstruation hardened the inner labia, and hence making pulling difficult.

The general belief behind this practice was that elongating the inner labia increased *mocheso* (heat) in women thus making sex more pleasurable for men. It was also argued that elongated labia were believed to reduce women's sexual excitability.

- **Zambia: Back ground information**

Zambia is not on the UNICEF list of countries that practice FGM. However, the tradition of elongating the labia minora exists among some communities. Fingers alone can be used to elongate the labia with or without the use of natural herbs and oils, others use weights and pegs to stretch them. The process is done before or upon reaching adolescence, where girls are taught how to regularly pull their labia to a desirable length.

"this traditional practice is so deeply rooted in Zambian culture that it is not a question of whether a girl will begin stretching her labia minora, but when she will begin".

Women/girls who do not conform to this cultural expectation are regarded as defiant and insubordinate girls/women. Motivation for this practice is mainly sexual pleasure/performance, aiding child birth, marriage etc. Normally those who do not do it are ridiculed.

CHAPTER FOUR: KEY FINDINGS

4.1 General Findings from Focus Group Sessions

A total of five group sessions involving five communities were involved in this study. These were originally from Zimbabwe, Rwanda, Malawi, Congo and Uganda. One group had only male participants while the other four groups had only female participants. The total number of participants for the focus group sessions was 53 of which 7 were males while 46 were females.

TYPE IV FGM - Labia Elongation as A Key Cultural Practice

All the communities involved in this study acknowledged that the practice of labia elongation is a cherished cultural norm that has been around for generations. Over 90% disagreed that the practice should be classified as FGM because the general perception was that it had nothing to do with mutilation. Labia elongation was done for the benefit of sexual pleasure for both men and women. The few who agreed that it was FGM only attributed it being abusive if it done to children which is against their rights.

When and how labia elongation is done

Participants agreed that the practice was done to young girls ideally before on-set of their menstruation. Average age of labia elongation was between 9-14years of age. The main reason for this was that the skin was still young and tender making it easier to pull. Participants all said it was the role of paternal aunties and other significant elderly women or relatives to instruct and demonstrate how to carry out the procedure of pulling. Mothers were not directly involved but they had the awareness and concern and expectation of daughters undergoing the practice when they are of age. They all agreed that herbs, oils and other substances are used in the process. In the UK majority agreed that in the absence of herbs and oils, Vaseline and olive oil can be used to aid the process. Participants acknowledged that due to peer pressure young girls also assist each other to carry out the procedure, sometimes without the awareness of the parents.

A few participants have acknowledged carrying out the practice when they are adults due to pressure from partners, spouses or family members. Generally they all agreed that it was never too late to have it done and can be a continuous process.

Attitudes and Perceptions

Majority of the participants agreed that this was important for sexual pleasure for both men and women, and hence a good factor to being marriageable. To many participants the longer the labia the more appealing and some acknowledged that it was a symbol of beauty. Most disagreed that it should be classified as FGM because there is no cutting involved.

For communities where it is still cherished those who have not done it are ridiculed and blamed for failed relationships and a given reason for male promiscuity in marriages.

Some mentioned that it is becoming an outdated practice and although it is still brought up by the older generations they have a choice of saying no to the practice.

More than half of the male participants some said that sex is less pleasurable with women who have

not done it and the ideal wife is the one who has done it.

Health and Psychological Impact

Participants said that it was a painful process that led to immediate swelling of the labia as it was pulled again and again over a period of time. As young girls some women said they experience shock and found the procedure traumatic. Some felt uncomfortable due to the labia rubbing against each other as they walked. Others expressed discomfort in wearing tight clothes such as trousers and jeans.

Some women said that as young girls they were ridiculed and felt isolated because they had not done the procedure. Some felt stigmatised and useless as marital problems were blamed on not having done the practice or not having done it to the satisfactory standard of their spouses.

Some mentioned experiencing infections from the use of herbs.

Other participants said that elongated labia looks ugly, and one participant who is a theatre nurse has been approached by women from her community to seek advice of having them surgically removed.

Availability of FGM Services

Participants said that there is no specific service for this type of procedure though at the same time some indicated that services were not necessary in this case as the reason for doing it was for pleasure.

On the UK Law on FGM

Most participants were not aware of the law on FGM in the UK and those who are aware of the law are not familiar with the content of the FGM Acts.

Some were aware of the law but did not know the content included labia elongation.

Those who are aware that the law included Labia Elongation felt that the law was victimising and criminalising their culture.

Other Additional Contributions

Participants said the notion of parental responsibility is of concern to them because labia elongation can be done with or without the knowledge of parents.

Others said that if people can have tattoos and body piercings then growing children should be told about their culture to make an informed choice.

Some felt the law was dictating what cultures should be done away with and what should be maintained.

Some felt that there was need for reconsideration regarding the practice as they felt that it did not damage but rather enhances and that the law should not apply to all FGM practices because the dangers are not identical.

Others felt there is a need for further medical research and evidence on the impact and dangers of labia elongation.

4.2 General Findings from Individual Interview Sessions

Five individual interviews were carried out with community/organisation leaders of the Congolese, Ugandan and Rwandese communities. The organisations were New Step for African Communities (NESTAC) based in Rochdale, Warm Hut based in Salford and Ugandan Community in Greater Manchester (UCOMM) based in Withington. All three organisations work across Greater Manchester.

All interviewees agreed that Type IV Labia Elongation was present within the communities that they have worked with as a long standing cultural practice. They all agreed that peer pressure is another contributing factor to the practice where adults are not directly involved.

According to the interviewees the members of the communities that they work with do not regard this practice as FGM. The reason given being is that the practice does not involve cutting in comparison with other types of FGM and it is done to enhance the sexual pleasure of both men and women.

Regarding the UK law on FGM, one interviewee highlighted the safeguarding limitations on the issue of parental responsibility as this practice is sometimes carried out by the young people themselves and without the awareness of parents.

It was also noted that the focus of the law, support services and professional intervention is mainly on cutting/ circumcision and not clear on Type IV.

Interviewees also stated the need to raise awareness and for young people to be involved in tackling this practice.

There is also need to raise awareness in practicing communities rather than criminalising communities who feel they are being attacked for their culture.

One interviewee said that there was a fear of women attending cervical smears as they could easily be identified as having done FGM.

CHAPTER FIVE: CONCLUSION & RECOMMENDATIONS

5.1 Conclusions

The African communities in Greater Manchester that took part in this study acknowledged that Type IV (labia elongation) is a practice that is cherished and still practiced in their cultures.

All across these communities, the practice is normally done before girls reached puberty stage or before young girls started their first period. The reason behind this early start is because the girl's skin is still tender and therefore easily stretched or pulled to desired levels. Though some of the participants acknowledged having carried out this practice as young girls, others admitted that it is something that they did under pressure as adults because it was required by their husbands/partners.

Most of the participants across these communities agreed that this cultural practice is mainly done for sexual pleasure for both women and men, though as young girls some were never told the actual reasons for doing it. It is something they had to do as instructed by their aunties or other adult family member. They never had a choice about it. This raises the issue of consent especially where children are concerned. At the same time other participants acknowledged that peer pressure was another driving factor for participating in this practice even without the intervention of their family members.

As far as the communities are concerned, the practice of labia elongation even when done to young girls should not be compared or even called mutilation. The reason is that there is no cutting involved like other types of FGM and the pain involved is bearable because the ultimate goal is pleasure for the woman as well. Some mentioned that women should be left to own their bodies and do as they please. They mentioned that if individuals can do tattoos all over their bodies, then adult/growing children should be informed about their culture and make an informed choice.

5.2 Recommendations

- There is a need to work with young people and educate them about the effects of peer pressure that can lead to participating or engaging in the practice of labia elongation.
- Better education about UK Anti-FGM laws and how Labia Elongation fits in is necessary as many practising communities do not see this practice as FGM.
- As well as creating better knowledge and awareness of Labia Elongation among professionals, there is also a need to recognise the psychological effects of the practice and its impact on children and young people. Services already in place to support victims of other forms of FGM should also focus on victims of Labia Elongation.
- Since there is very little information available for professionals to help identify Type IV FGM, more sensitisation needs to be done to increase knowledge and strengthen their capacity to produce more robust and well balanced assessments so as to achieve the best outcomes for families.
- Across the UK, there is a need to capture accurate figures regarding Type IV FGM, including Labia Elongation. While the recent available statistics from Greater Manchester Police indicate a steady increase in FGM cases, it is not clear how many if any of these cases fall under Type IV FGM.

- Any form of FGM carried out on a child is a form of child abuse. Although more work is being done by AFRUCA and others in the Greater Manchester area to raise awareness, protect and support children at risk, there is still a long way to go. Therefore, we call for more concerted efforts to tackle FGM in general and the practice of Labia Elongation in particular.
- Community engagement is crucial to help tackle the risks of FGM, including Labia Elongation. More work also needs to be done in sensitising communities about the contents and implications of the FGM Laws as most participants do not view this practice as a form of child abuse, hence feel the law unjustly victimises them and their culture.
- There is need for more documented research on the health and psychological risks arising from labia elongation practices so practitioners and other professionals working with children are aware of the risks and can help enhance protection for children.
- One of the out comes from this study was that members from these communities expressed reluctance in attending medical checks like cervical smears among others for fear of being identified and documented as having done FGM. This is a concerning development because of the potential risk of medical conditions remaining undiagnosed among practising women and girls.
- The current initiatives during summer holidays to deter parents from taking children abroad for FGM, have made parents re-think other ways like postponing the age of carrying out this practice without totally abandoning the practice or sending children away where this practice can be done on them. There is a potential risk of harm involved if children are being sent away without their informed consent for this purpose.
- Where children are influenced by peer pressure, more efforts are needed to work with the children and young people in practising communities to highlight the dangers of labia elongation.
- Essentially, there needs to be work done to educate professionals about other forms of FGM that do not involve cutting - including Labia Elongation, especially those practised in countries which are not reflected on the UNICEF/WHO FGM prevalence maps relied on by practitioners.
- Lastly, AFRUCA is calling on UNICEF and other international bodies to review the 2013 FGM Prevalence map which could be misleading. Although the map captures the prevalence of other forms of FGM and its prevalence countries, it does not adequately cover the countries where labia elongation is practised. This either trivialises those practices or minimises the negative impact they can have on women and girls.

APPENDIX ONE: FOCUS GROUP/ INTERVIEW QUESTIONNAIRE

FGM Community Questionnaire

AFRUCA RESEARCH INTO THE PRACTICE OF TYPE IV LABIA ELONGATION FGM WITHIN AFRICAN COMMUNITIES IN GREATER MANCHESTER AND THEIR AWARENESS OF THE UK LAW ON FGM
INTERVIEW AND FOCUS GROUP QUESTIONS

The main purpose of this research is to explore the practice of type IV FGM (Labia elongation) within African communities in Greater Manchester, understand the way the practice is carried out, it's impact and how the UK Law on FGM affects the practicing communities.

Advice for Interviewees: For the purposes of this research AFRUCA needs to advise you that should any disclosures be made which would place the safety of any individual at risk, this information will be shared with the relevant authorities. Please answer the questions below as best as you can.

What is your country of Origin?

What is your Ethnic group and/or Language Spoken?

1. Which borough do you reside in?

Manchester City		Bury	
Trafford		Rochdale	
Salford		Oldham	
Wigan		Tameside	
Bolton		Stockport	

2. Have you heard of the following practices?

a) Female Genital Mutilation		f) Pulling	
b) Piercing		g) Pricking	
c) Labia Elongation		h) Incising	
d) Cauterization		i) Using of herbs to tighten & narrow virginal elasticity	
e) Scrapping		j) Other	

3. Does your community practice any of the above?

Yes No

If yes, please list which of the above type(s) and the name locally used for the procedure.

.....

4. Would you classify this practice as FGM? (Please list the reasons for your response)

.....
.....
.....

5. Why does the community undertake the practice? (Please list the reasons)

.....
.....
.....

6. At what age is the practice done and who performs it? Why is it done at that age?

.....
.....

7. What are the consequences of not having this practice done?

.....

8. Are you aware of any FGM services i.e. health, advice, education and social links within your community?

Yes No

If yes, give details

9. Are you aware that all procedures to the female genitalia for non-medical purposes e.g. Type IV FGM is against the law in the UK under the FGM Act 2013? Are you familiar with the content in the FGM Act 2013?

.....

10. If there is anything you want to add please give details:

.....

Thank you for your time in taking part in this research, all contributions will be treated with strict confidentiality. Please see attached slip for support and advice.

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AFRUCA



AFRUCA Head Office

Unit 3D/F Leroy House
436 Essex Road
Islington
London N1 3QP

Tel: 0207 704 2261

Fax: 0207 704 2266

AFRUCA Centre for African Children and Families

Phoenix Mill
20 Piercy Street,
Ancoats,
Manchester
M4 7HY

Tel: 0161 205 9274

Fax: 0161 205 2156

Email: info@afruca.org

www.afruca.org

