



**AN INVESTIGATION INTO THE MEANINGS AND CONTESTATIONS AROUND  
THE PRACTICE OF LABIA ELONGATION AMONGST A SELECT GROUP OF  
MIGRANT WOMEN LIVING IN PIETERMARITZBURG, SOUTH AFRICA.**

**NACHILIMA NAMWALA**

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**Supervisor: Dr. Janet Muthoni Muthuki**

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## DECLARATION

Submitted in partial fulfilment of the requirements for the degree of Masters of Social Science, in the Graduate Programme in Gender Studies, at the University of KwaZulu-Natal, South Africa.

I declare that this dissertation is my own unaided work. All citations, references and borrowed ideas have been duly acknowledged. I confirm that an external editor was used and that my Supervisor was informed of the identity and details of my editor. It is being submitted for the degree of Masters of Social Science (Gender Studies) in the Faculty of Humanities, Development and Social Sciences, University of KwaZulu-Natal, South Africa. None of the present work has been submitted previously for any degree or examination at any University.

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Student name and surname

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Date

## **ACKNOWLEDGEMENTS**

I am grateful to God for the gift of life and for the ability and strength to write this work.

Thank you to my husband, for always encouraging me and pushing me to do better. Thank you for holding my hand during the tough times. You inspire me.

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Lastly but not least, I am greatly indebted to my research participants who granted me an opportunity to have taken a glimpse into the private aspects of their lives. Without your co-operation, this work would not have been possible.

## **DEDICATION**

This thesis is dedicated to my brother Kamushe Simwala. I miss you. Till we meet again,  
Rest in peace.

## ABSTRACT

This study investigates the meanings and contestations around the practice of labia elongation amongst a select group of migrant women living in Pietermaritzburg, South Africa. This study examines how the migration experience shapes the discourses that surround the practice of labia elongation. It also aims to give a voice to migrant women concerning this practice.

By using a qualitative interpretivist theoretical paradigm, I seek to highlight how these migrant women deal with the labia elongation practice. The key question in this study is as follows; what are the meanings and contestations around the practice of labia elongation amongst migrant women living in Pietermaritzburg South Africa? In-depth interviews were utilized as the method of data collection. The study includes women from Lesotho, Malawi, Uganda, Zambia and Zimbabwe. The experiences that migrant women may encounter in their host countries may impact how they view labia elongation. When performed in a migratory context, cultural practices such as labia elongation, are usually reshaped. Migration therefore gives women an opportunity of cultural reflection and this has led to a modification of cultural practices, such as labia elongation. The majority of the women in the study stated that they had no problem with the continuation of the practice, as long as the age was revised and consent was sought from those women who wished to undergo this practice. However, other women were ambivalent. The results of this study indicated that, although these women have migrated from their home countries, they still regard this practice as being important.

Key words: African women migrants, genital modification, labia elongation, Transnationalism.

## ACRONYMS

FGCS	-	Female genital cosmetic surgery
FGM	-	Female genital mutilation
FGM	-	Female genital modification
IOM	-	International Organisation for Migration
LME	-	Labia minora elongation
UNHCR-		United Nations High commissioner for refugees
WHO	-	World health Organisation

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# CHAPTER ONE

## INTRODUCTION AND BACKGROUND OF THE STUDY

### 1.1 Background and Outline of the Study

Labia elongation is a cultural practice that is carried out in some African countries such as; Benin, Burundi, Congo, Ivory Coast, Lesotho, Malawi, Mozambique, Rwanda, Uganda, South Africa, Tanzania, Zambia and Zimbabwe. Labia elongation is viewed as a rite of passage into womanhood. However, over the years, there have been debates concerning this practice. These debates have varied from whether labia elongation is a type of mutilation or modification, to whether it is done for the sexual satisfaction of the man or woman, or even both. Existing literature shows that there is tension between African and western feminists. In these debates African feminists such as, Nnaemeka (2004) and Tamale (2008:63), have argued against the way in which African cultural practices, such as labia elongation, have been portrayed. They have also highlighted the double standards when it comes to African and western types of female genital modifications. The former is viewed as being imposed on African women, and therefore it is a violation of the bodily integrity of African women, while the latter is seen by western women as being empowering. This has led to some African feminists arguing that practices such as labia elongation are viewed as barbaric and primitive while western types of genital modification are carried out without any type of reproach. Scholars such as Njambi (2004), Bell (2005) and Pedwell (2007), question the logic behind criticising African female genital modifications while being silent about cosmetic surgery in developed countries. On the other hand, western feminists state that cultural practices such as labia elongation strip women of their dignity and that this type of practice should be abolished. Western feminists bring up issues of age and consent as a basis for their argument regarding African cultural practices such as labia elongation, therefore they regard these practices as being oppressive to women. This also stems from some African cultural practices such as, genital mutilation. Wade (2007:1-2) states that before these practices were known as circumcision before they were regarded as mutilation. The term female genital mutilation was framed by Fran Hosken in 1979. She used the term to refer to the permanent changes performed on the female genitals done through cutting. In Hoskins critique of female genital mutilation, she used words such as “inhumane”, “horror”, “cruel” and so on. Western feminists have been accused of ignoring the fact that women are different in terms of class,

race and nationality, hence different women are faced with different challenges and struggles; therefore, their priorities may be different. Although some scholars have advocated for the labia elongation practice, the World Health Organisation has condemned it and labelled it as being detrimental to women's health. Labia elongation has been categorised as Type IV under female genital mutilation<sup>1</sup>. Labia elongation has been placed together with procedures that pose health risks to women (WHO, 2008:27). The language adopted by the World Health Organisation to label these cultural practices has brought about controversy. According to Tamale (2007), Western media mostly have a habit of broadcasting culture in negative terms and consider it to be an obstruction of the current legal reform. Although culture can be patriarchal most of the times, such beliefs impact negatively on the potential that culture may hold as an emancipatory tool. African scholars are pursuing means to avoid permanent domination or the destruction of their culture as a whole. There is a need to determine what degree of imposed changes can, or should, be accepted. The term “female genital mutilation” creates a negative perception of cultural practices such as, Labia elongation. Such practices are seen as a violation of human rights. Female genital modifications are embedded with negative implications. Mwenda (2006:350) states that there are certain forms of cultural and physical female genital manipulation that have been proven to be progressive for both men and women. Such practices are known to have given women a sense of empowerment and pride in their sexuality; as well as a sense of confidence for maintaining their marriages and retaining their husbands. A blanket condemnation of all forms of female genital mutilation as being retrogressive and a gross violation of women’s rights is particularly troublesome. Not all forms of female genital mutilation constitute ‘backward customary practices’. The term “mutilation” is synonymous with defacement and destruction and is commonly associated with torture and abuse. However, labia elongation, unlike other forms of female genital modifications, does not include removing any part of the genitalia; it simply involves the stretching of the labia minora. Furthermore, the World Health Organisation changed the Type IV definition in (2008). The reasons for changing the definition have not been documented. This however, only raises more questions than answers. There is need to do

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<sup>1</sup>Female Genital Mutilation (FGM) is the collective name given to several different traditional practices that involve the cutting of the female genitals. It is sometimes referred to as female genital cutting or female circumcision.

more research on genital modifications. Therefore, this study looked at the practice of labia elongation among migrant women.

Migration can be defined as the process of going from one country, region, or place of residence to settle in another (Bhugra and Becker 2005:18). Generally, there has been an increase in the number of people migrating. This increase however, is not only limited to South Africa. Leung (2011) attributes the increase in migration to the globalisation phenomenon. However, different people have different reasons for migrating. Migration can be forced or voluntary. Zinyama (2002) states that negative factors such as the lack of freedom of expression, unemployment and poor living conditions are some of the reasons why people can be banished from their home countries. On the other hand, factors such as lack of skilled manpower in the host country, can influence the increase in migration. Attractive immigration policies in the host countries also play a role. Regardless of the reasons for migration, or the type or form of migration, it can be challenging for immigrants to adapt to their new environment. Settling into a new country is never an easy task for immigrants, especially a country like South Africa. Different countries have different and diverse cultures, therefore settling into a new culture can pose some challenges to the migrants (Bhugra and Becker, 2005:19).

Migration usually creates transnational identities. Transnationalism has been defined as what occurs when transnational migrants take on a multiplicity of identities that are a combination of those from both their country of origin as well as their host country (Basch *et al*, 1994:6). The experiences that migrant women may encounter in their host countries may impact how they view labia elongation. Furthermore, cultural identity is never complete; it is an ongoing process. Even where people remain firmly in one place, customs and beliefs handed down from generation to generation do not remain the same. Therefore, cultural practices such as labia elongation can be modified, revived or abandoned. According to Chodorow (1995), although people may think they have formed their own identity, it is possible that they are simply mirroring their parents and grandparents of generations past. Hernalund and Duncan (2007) further state that cultural practices are usually about older women asserting and maintaining power. Therefore, for some migrant women, being away from their grandmothers and elderly women in society, reduces the pressures of such cultural practices. The importance of cultural practices such as labia elongation, develop due to social pressure.

Cultural practices such as, labia elongation, are a component of social conformity. A woman's morality and sexuality<sup>2</sup> are defined by her culture and this secures her future because it determines her inclusion in a certain social class. For women who have not undergone the practice, living in a foreign country provides them with safety from community judgement. Sometimes women who blindly adhere to traditions have a poor concept of culture. Culture guides human behaviour and may also influence how migrants may establish themselves in their host countries. This study discovered that some women continue to carry out this practice, but they modify it. It is taboo for a mother to talk to her own daughter about this practice; rather it is the duty of the aunts and the grandmothers to introduce it to the young girls. Therefore, being away from family, therefore, results in parents to introducing this practice to their daughters. The age at which the practice is introduced is also modified. Holloway (1990) states that when it comes to migrants, there is nothing like cultural purity. Cultural identities are both fluid and changeable. Cultural practices and identities are transformed. Therefore, some women, they do away with practices like labia elongation altogether. According to Falola (2003), migration provides women with different group networks that lead them to pay attention to some cultural practices and dismiss others. Migration gives women an opportunity to reflect on their culture. Therefore, this study examines how migration experiences shape the discourses surrounding the practice of labia elongation. This study focuses on African migrant women from Lesotho, Malawi, Uganda, Zambia and Zimbabwe, who come from different cultural contexts, but who all practice labia elongation. These debates have led to my study which highlights the experiences and perceptions that African migrant women associate with the practice of labia elongation. This study was conducted amongst a select group of migrant women living in Pietermaritzburg, South Africa. Pietermaritzburg is the second largest city in the Kwa Zulu Natal (KZN) Province in South Africa, it is situated within the boundaries of the Msunduzi municipality and is the administrative and legislative capital of Kwa Zulu Natal.

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<sup>2</sup> Sexuality is a complex term with multifaceted meanings referring to deep emotional feelings as well as to issues of power and vulnerability in gendered relationships. The feelings and power dynamics seem to be linked to the biological existence of an individual as either male or female. Nonetheless, the scope of sexuality is socially constructed. Sexual feelings and behaviour are influenced and constrained by cultural definitions and prohibitions rather than by physical possibilities for sexual indulgence. (Weeks, 2011).

Falola (2013:1) defines culture as ideas, values, habits, day to day activities that govern a certain group of people. Culture is an agency of power, it shapes human identity and reinvents nations, and it also influences how people interact. Culture can be a distinguishing factor between two groups. Modern Africa is diverse and has been influenced by cultural concepts which; have been exported and imported, resulting in culture not being static. Different African countries are subject to varying degrees of Western or Islamic influences, while some groups are still closer to their traditional practices. Culture is passed from one generation to another. According to Falola (2013), Africa has imported more culture than it has exported. Unfortunately, this has led to the constant review and modification of its indigenous traditions. This constant review of African cultural practices has led to labels such as, female genital mutilation being used to specify the harm caused by these practices.

Although labia elongation is not widely practiced in South Africa, it is practiced by the Venda people of the *Sibasa* district of the Northern Transvaal. This practice is emphasised at *vhusha*<sup>3</sup>. Though, it is not widely practiced, labia elongation might be on the rise due to increased mobility and migration. The Motivation for cultural practices is different from one context to another. However, there seems to be a tension between human rights and cultural practices. The challenge is finding a balance between protecting cultural practices while upholding human rights. Cultural practices have become a major concern for human rights activists, feminists and policy makers. However, some African authors have advocated against the negative way in which African women and African cultural practices have been portrayed.

Tamale (2007) states that mainstream feminists often present the two concepts ‘culture’ and ‘rights’ as invariably opposed. This is especially true in the case of the theorists of African women’s rights who view culture as being essentially hostile to women. A vast amount of literature shows African women as downtrodden, helpless victims of male dominance. According to Abusharaf (2001), this controversy is not recent. Historical documents from various parts of colonial Africa suggest that angry reactions towards these cultural practices have been frequent, especially in the case of European missionaries, who played an integral role in the work of the “civilizing” the colonial apparatus. According to Mugambi (1998), a

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<sup>3</sup> Vhusha is puberty school for the Venda girls.

black skin has always attracted the cultural identity of oppression. The argumentative relationship between white and black feminists persists, because the feminist discourse is dominated by white women who insist on pitting black women against their own culture. This study, therefore, examines whether migrant women view the practice of labia elongation, as harmful, or not. Shweder (2000) notes that labia elongation is viewed as an upgrade of the female genitalia from the original natural state. Most women who have undergone labia elongation do not view themselves as having been mutilated. According to Essen and Johnsdotter (2010), mutilation involves cutting a part of the body. Therefore, the vagina is simply altered, when it comes to labia elongation. This statement was qualified by the response of the migrant women that I interviewed in this study. All the women who were interviewed disagreed with the World Health Organisations label of labia elongation as a form of mutilation. The interviewees regarded this practice as a form of modification and not mutilation, although they had different views when it came to the benefits of the practice. The key question of this study is: What are the meanings and contestations around the practice of labia elongation amongst migrant women living in Pietermaritzburg, South Africa?

Bhugra (2004:129) defines migration as a social change process that involves moving from one area to another in pursuit of better employment, education and so forth. Africans have migrated into South Africa for different reasons; some migrate in search of employment, while others migrate because of political instability in their countries. According to Posel (2003), migration is not new. Throughout the history of the world, people have been migrating across continents in search of food, shelter, safety and hospitable weather. Today, people are still on the move for the same reasons, as well as for new and different reasons. Change normally occurs when people leave their home countries and settle in a foreign land. People who migrate leave their social networks behind, which leads to a sense of loss. Adjustments occur in various areas of the migrants' lives. African countries have diverse cultures and customs. Each community has unique cultural practices. Migrating from one's own country to another, regardless of the motivation for the migration, often presents varied challenges to individuals, families, and sometimes entire communities. Migration causes the diffusion of a culture and the development of new cultures. When migrants move, they move with their cultures; however, Berry (1997) states that when migrants come into contact with dominant cultures of the foreign land, acculturation occurs. Acculturation refers to the

changes in original patterns, behaviours, and values that result from continuous and direct contact between different cultures (Berry, 1992). However, this does not mean migrants will fully relinquish their original cultures. According to Beirens and Fontaine (2010), adaptation to the host culture does not preclude the maintenance of one's own ethnic group culture. This suggests that although adjustments may occur, migrants can still have the space to continue with their own cultural practices. While cultural identity forms part of an individual's identity, acculturation causes some aspects of identity to change.

According to the United Nations, cultural rights are individual rights to which every human being is entitled. In 2001, UNESCO adopted the universal declaration on cultural diversity and in December 2002, a resolution of the UN General Assembly, declared the May 21<sup>st</sup> to be the World Day for Cultural Diversity for Dialogue and Development. The day provides us with an opportunity to deepen our understanding of the values of diverse cultures and to learn to live together. Although cultural rights have been guaranteed under international law, they are the least understood and developed of all the rights. With the emergence of the global village, cultural practices may eventually be eradicated (Eide, 1995).

## **1.2 Problem Statement**

Different scholars view the labia elongation practice differently. Scholars like Mwenda (2006), Tamale (2006) and Larsen (2010) have advocated for the practice, for the following reasons: it maximises sexual pleasure, it enhances fertility, it aids in childbirth, it beautifies the genitals and it provides dignity and pride and power over ones sexuality. Others, like Abusharif (2006), Mbuyi (2006) WHO (2008) and Khau (2012) have opposed the practice. They have highlighted issues such as the violation of human rights and bodily integrity, the issue of age as well as consent and implications for sexual health. However, migration changes the dynamics of these cultural practices. According to Johansen (2006), migration enables women to embrace a preferred cultural identity that may be in opposition to their mother's cultural identity. Migration ushers in a change in their cultural practices such as labia elongation, and these women are able to question whether these practices deprive them of sexuality or whether they empower them. This questioning is done without opposition and therefore it gives migrant women an opportunity to make sense of their cultural experiences.

Morawska (2003) states that migration gives women an opportunity to move beyond the restrictions imposed by culture and social norms however; not all women are quick to embrace their newly-found freedom. Some women continue to hold onto their cultural practices from back home and their identities therefore extend across boundaries. Since this practice is highly contested in the countries in which it is practiced, there is a need to highlight the experiences of these migrant women. This study examined how the migration experience shapes the discourses around labia elongation.

### **1.3 Aim of the Study**

This study aims to examine how the migration experience shapes the discourses surrounding the practice of labia elongation. It also aimed to give a voice to migrant women concerning this practice.

### **1.4 Research Objectives**

The research objectives of this study are to:

- To analyse the discourses surrounding the practice of labia elongation
- To examine and explore how labia elongation practices and discourses are reshaped and redefined in the migration process
- To determine what labia elongation represents for African migrant women

### **1.5 Key Questions to be Asked**

In an attempt to answer the key question, “What are the meanings and contestations around the practice of labia elongation amongst migrant women living in Pietermaritzburg South Africa?”, the study sought to answer the following questions:

- What are the discourses surrounding the practice of labia elongation?
- How does migration influence the reshaping of these discourses?
- What does labia elongation represent for African migrant women?
- How does migration perpetuate, hinder and/or reconfigure the practice of labia elongation?

## **1.6 Significance of the Study**

The significance of this study is to contribute to the existing knowledge regarding African migrant women's experiences of labia elongation. This study will therefore be contributing to the knowledge on discourses on sexuality, gender and cultural identities. Although most African women are portrayed as weak and helpless, literature shows that women are the ones in charge of cultural practices such as, labia elongation. This study gives women a voice, because it is difficult for African women who have experienced labia elongation, to escape the misleading media images of such cultural practices.

## **1.7 Plan and Structure of the Thesis**

The dissertation has been structured into the following chapters:

### **Chapter One: Introduction and Background of the study**

The introduction forms the first chapter of the dissertation. It highlights the preamble and the background of the study. It further focuses on the problem statement, the aim of the study as well as the objectives and key questions in relation to the significance of the study. Finally, it explains the structure of the dissertation and its conclusion.

### **Chapter Two: Literature Review and the Theoretical Framework**

This chapter explores similar research related to the labia elongation practice and migration. The existing literature on the labia elongation practice has been reviewed. However, these studies have focused on this practice in the local context, and not in the migratory context. Gaps have therefore been identified in the existing literature. The three theoretical frameworks adopted by the thesis, have also been outlined, including; Nego feminism, social construction and transnationalism.

### **Chapter Three: Research Methods and Methodologies**

This chapter looks at the research methodology and methods adopted by the study. This is a qualitative study that is based on the interpretivist paradigm. This chapter specifies where the study was undertaken and how the participants were selected. It also further specifies the sampling procedures, how informed consent was sought and the actual data collection process. The participant's demographic information is highlighted and the research participants are profiled, to provide an understanding of their narratives. This chapter is therefore comprised of the following: the research design, the data collection method, an analysis of the data, the participant's demographic information, the ethical considerations and the limitations of the study, as well as the conclusion.

### **Chapter Four: Discourses Surrounding the Practice of Labia Elongation**

This chapter comprises of a discussion of one of the three research questions. It is a presentation of the body of work on the various discourses of the practice of labia elongation. The practice of labia elongation and the meanings associated with it, are reviewed and the arguments against the practice are highlighted. The issue of how culture regulates female sexuality as well as the health concerns associated with it are discussed. Lastly, the Western versus the African perspectives are compared, before concluding the chapter.

### **Chapter Five: The Meanings that African Migrant Women Associate with the Practice of Labia Elongation**

This chapter presents the findings of the study, as well as a discussion, in narrative form, of those findings. It examines the experiences of migrant women with labia elongation. The discussion covers when the migrant women were introduced to this practice, the pressure that comes from family and friends, as well as the motivation for the practice. These include the following; maximising sexual pleasure, enhancing fertility, aiding childbirth, beautifying the genitals, and having dignity, pride and power over one's sexuality. The process of labia elongation, as well as how it's done, when and where it is done, is investigated. This is followed by contestations around the practice; including the issues of age and consent, the limitations of women's choices, mutilation or modification and the implications for sexual health. This chapter is the concluded.

## **Chapter Six: The Impact of Migration on the Practice of Labia Elongation**

This is a continuation of the previous chapter and it focuses on the themes that emerge from the interviews with the migrant women. These include: the influence of migration on the women's understanding of labia elongation and it is followed by encounters with South African medical practitioners and intimate encounters with South African men. This is followed by shifting powers to mother. The degeneration of social capital and moving away from the requirement of practicing labia elongation are then examined. Finally, the chapter is brought to a conclusion.

## **Chapter Seven: Conclusion and Recommendations**

This chapter presents an overview of the research process. A summary of the themes that emerged is highlighted and recommendations and suggestions for future research are made.

## CHAPTER TWO

### LITERATURE REVIEW AND THE THEORETICAL FRAMEWORK

#### 2.1 Introduction

This chapter analyses a variety of literature from different African countries that practice labia elongation. The cultural practice of labia elongation has been studied by a number of scholars. This chapter looks at what the practice involves, as well as the different debates on the subject and the perspectives that scholars have taken to justify their arguments, either for or against the practice. Some scholars have argued against the practice, using the rights perspective, while others have argued against the practice, using the health perspective. Some scholars have advocated for the practice, citing the importance of culture and the issue of cultural superiority by the Western media and feminists. This will lead to the establishment of my point of entry, after which, the three theoretical frameworks adopted for the study, will be presented, including; Nego feminism, the social construction theory and transnationalism.

#### 2.2 The Labia Elongation Practice

According to Mwenda (2006:341), labia elongation is usually performed on girls between the ages of 8 to 12. It is usually the duty of the aunties and grandmothers to guide the girl through this process. The process involves pulling the labia minora (inner vaginal), using herbs. These herbs help with the stretching of the labia by softening and lubricating them, therefore avoiding the cutting of the skin during the pulling process. The girl calls the aunty or grandmother into the bathroom after she has finished bathing and they then guide her through the pulling process. Originally, a group of girls were taken to the bush by the elderly women and they would be shown how to stretch their labia. Sometimes girls would be encouraged to stretch each other's labia. The process is known as '*uku tinta amalepe*'<sup>4</sup> in the Bemba<sup>5</sup> culture. This process continues, until the older women are satisfied with the length of the

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<sup>4</sup> Ukutinta amalepe translates as labia elongation in the Bemba culture

<sup>5</sup> Bemba is an ethnic group in the northern part of Zambia

labia. According to Larsen (2010), the desired length differs from one country to another, ranging from about 3cm to 8cm. The Rwandan women are said to have the longest labia of about 8cm.

Arnfred, (2004) and Qureshi (2004) enter the discussion with a fascinating point by stating that the interest in labia elongation is not new or modern. The term 'Hottentot Apron' in the 18th century was used to refer to the distinctive labia minora seen among the Khoisan women. Sarah Baartman, a Khoikhoi woman from Cape Town, was sold as a slave to a British showman, Hendrick Cezar, and was forced to exhibit herself in fairs and ethnological exhibitions. She became a symbol in the debate on whether the elongated genital features were artificial or natural in Khoisan women. Baartman's labia hung together between her legs, giving the impression of a curtain, or an apron of skin. Elongated labia were (and still are) a common feature in the Khoisan community. The labia were elongated by manual stretching. They further suggest that Baartman's genitals resembled the skin that hangs from a turkey's throat.

Different scholars have highlighted different reasons for the practice. For example, Rasing (2001), states that the motivation for labia elongation is to prepare girls to be wives and mothers, regardless of ethnicity. Labia elongation is a rite of passage therefore, it is a prerequisite for marriage. In addition, Khau (2012), states that these practices are taught to girls so that they can please their future husbands sexually. According to a study done by the Malawi Human Rights Commission (2005), labia elongation is done to keep partners faithful and committed. Similar sentiments were echoed by Mwenda (2006), who stated that some men are likely to be unfaithful to their wives, due to the absence of elongated labia. Another motivation is that labia elongation is symbolic of cultural identity, as the elongated labia are seen as a door that provides and encourages privacy (Larsen, 2010). A further motivation for this practice is that it beautifies the genitals. Mwenda (2006:349), states that for some women, it is simply an aesthetic art to please their husbands in the same way that a man might work out at the gym to build up his muscles. Kaunda (2016) states that labia elongation helps women during childbirth. However, the main reason for labia elongation is the enhancement of sexual pleasure. According to a study conducted by Perez *et al.* (2015), on Zambian women, it was established that elongated labia act like a blanket that holds the penis and

keeps air out. Scholars such as Kaunda (2015) and Tamale (2006), also argue that labia elongation enhances sexual pleasure for both men and women. This however, contradicts Khau (2012), who states that labia elongation is done for the sexual pleasure of men and it reduces the excitability for girls.

Labia elongation is not widely practised in South Africa. The Venda people are the only South African ethnic group that practises labia elongation. Although research studies on South African cultural practices exist, there were none that directly looked at labia elongation. The closest research study that looked at this practice was a study entitled: *The Views of Women in the Limpopo Province of South Africa concerning Girls' puberty Rites* by Maluleke and Troskie (2003). Their study explored puberty rites and how the women from the Northern Province of South Africa viewed these rites. Puberty rites are known as, *khomba* or *Vhusha* among the *Vhavenda* people. These puberty rites initiate girls into womanhood. Krige and Krige (1947), state that these teachings that young girls go through are usually harsh, but that the older women justify this kind of treatment as discipline. According to an article by *Move* magazine (2015), labia elongation is practiced by the Venda girls in parts of Northern Limpopo. It is a cultural practice that is highly secretive and is not discussed in front of men. Before attending the *vhusha* ceremony eight year old girls are taken to a pre-initiation ceremony known as *Musheveto*. Here, girls are taught how to elongate their labia, this process is known as *ukuwevha*. *Ukuwevha* is important is important to the Vhenda culture as it is a pre-requisite for the *vhusha* initiation ceremony. There are various perspectives towards the practice of labia elongation. Each of these perspectives is discussed in the subsequent sections.

### **2.2.1 A Cultural perspective**

According to Arora and Jacob (2014), data reveals that women are usually in charge of labia elongation in many of these cultures and they are sometimes more in favour of continuing of this cultural practice than the men are. According to Fusaschi (2010, 2012), by playing with their labia, girls are introduced to the pleasures of sex even before they get married, which, therefore causes them to expect sexual pleasure from their future husbands. Kaunda (2015), further suggests that the practice is useful for women during childbirth. However, Mwenda (2006), states that women who do not have elongated labia are looked down upon by

proponents of labia elongation. They are seen as being lazy and uncultured. Elongated labia are a prerequisite for marriage, and are necessary for women to achieve womanhood and conform to the culture. Therefore, her husband has got every right to send her back to her parents. Some women may not be able to get a husband if they have not elongated their labia. Khau (2012), and Mwenda (2006), agree that women usually encourage their daughters to go through this practice, so that they are able to find a husband in the future. Africans have placed marriage as the ultimate goal for a woman, hence most women are proud when their daughters get married. The joy is not just in their daughters getting married, but it is in them staying married as well. Labia elongation is still ongoing because women continue to put their daughters through the practice. Most women do it so that they are not regarded as irresponsible mothers. In the event that the daughter is sent back to her parents because of the absence of elongated labia, it is the mother who will face the reproach of the community. Therefore, this practice is usually carried out to gain social approval. There is pressure from society for mothers to ensure that their daughters are well cultured. Social norms are a major motivation for labia elongation. Failure to conform, therefore, often results in harassment, exclusion, as well as discrimination. Katongo (2012), adds that the social pressure that women go through is an injustice.

Some scholars have emphasised that labia elongation increases sexual pleasure for both the man and the woman. According to Bagnol and Mariano (2008), elongated labia minora swell during sexual arousal, the opening to the vagina may create greater surface area for penile friction during coitus, thereby increasing sexual pleasure for both partners. Gallo *et al.*, (2006), State that one of the roles of elongated labia is to keep the vagina warm. This, in turn, provides sexual pleasure for both male and female. He adds that labia elongation builds the sexual confidence of women. It also gives women power over their own bodies and their sexuality. Unlike female genital mutilation, which has been called misogynistic because the aim is usually to curb female sexuality and thus oppress women, labia elongation is carried out for the sexual pleasure of both the man and the woman (Arora and Jacob, 2014). Scholars such as Kaunda (2015), and Tamale (2006), also argue that labia elongation enhances sexual pleasure for both men and women. In addition, the lived experiences of African lived should be more believable than the theories from the West. However, Bagnol and Mariano (2009:392) write that the elongated vaginal labia are often referred to metaphorically as ‘a

door'. Prior to the sexual act, the partners should 'open the door'. A man would have to open the door, in order to come in. These aspects illustrate the importance of the woman being 'closed', perhaps as a form of protection. It also permits 'playing' (having erotic games) prior to penetration. The notion of 'closing/opening' is an important concept in relation to both sexual pleasure and reproduction. According to Perez *et al.* (2015), Zambian women need their labia elongated in order to be complete. Narrower and tighter vaginas are associated with women who elongate their labia. Parikh (2005), also stresses the point of labia elongation as being erotic for the women. She states that when manipulated correctly, elongated labia can be a source of pleasure for women. The elongated labia work "as a brake, they secure the slow entrance of the penis, tightly fitting around it". Labia elongation is a source of pleasure for both the man and the woman, when included as a form of fore play (Arnfred, 1995:18). Furthermore, Shweder (2000) notes that approval ratings for cultural practices such as labia elongation, are high because women do not look at them in terms of human rights. Labia elongation is viewed as an important cultural heritage. He further states that such cultural practices are seen as an upgrade of the female genitalia from their original natural state.

### **2.2.2 A Rights Perspective on Labia Elongation**

The IOM (2013) states that every individual is entitled to human rights because they are the universal birthright of every human being. Human rights serve the purpose of safeguarding the inherent dignity and equal worth of everyone, regardless of nationality, gender and colour. They are inalienable, interrelated and interdependent. Every country worldwide is obliged, under the international law to protect, respect and fulfil human rights. Seven conventions are cited in support of the argument that female genital mutilation practices constitute the violation of human rights. These include the following: the Universal Declaration of Human Rights (1948); The United Nations Convention on the Rights of the Child (1959), the African Charter on Rights and Welfare of the Child (1990), the United Nations Convention on the Elimination of All Forms of Discrimination against Women (1992), the United Nations Declaration on Violence against Women (1993), the World Conference on Human Rights Declaration and Programme of Action, Vienna (1993), and the United Nations High

Commission on Refugees Statement against Gender-Based Violence (1996). In light of the issues asserted at the above conventions, the practice of labia elongation is considered to be a human rights violation because it contravenes three primary accepted protections: the right to health, the rights of the child, and the right to bodily integrity (Abusharaf, 2006). Therefore, practices such as labia elongation are viewed as a form of child abuse. According to Henlund and Duncan (2000), children are entitled to the right to culture, but they are also entitled to be protected from harmful cultural practices. The difficulty arises when parents decide when the right of culture becomes more important than the right to protect the children from these practices.

However, not all scholars agree on the benefits of this cultural practice. Khau (2012) looks at labia elongation as a violation of women's rights. She further suggests that the practice is unhygienic and a violation of the right to privacy and bodily integrity. She argues further that society has given men a pass to be unfaithful to their wives, if they have not undergone the practice. According to Cohen (2010), culture should be preserved, but this should not be done at the expense of other people's freedom. Esho (2015) states that cultural tolerance should not apply to harmful cultural practices, such as labia elongation. According to Esho (2015), the disfigurement of female genitals in some cases results in lesions, the formation of keloids, and the extensive destruction of nerve endings, due to continual manipulation of the clitoris. This curtails libido and sexual pleasure, which is the exact opposite of the desired effect, namely, female sexual pleasure. According to a study carried out by Weinberg *et al.* (2004), a Ugandan migrant woman asked the government of the United States of America to grant her and her family asylum because she feared that her daughter would be forced to undergo labia elongation, if they were deported.

According to Braun and Kitzinger (2001), debates on the perfect or imperfect vagina merely show how women's bodies are constantly coming under surveillance. Mbuyi (2006) argues labia elongation can only be a valid cultural practice if the full consent of the girls has been sought. Hernalund and Duncan (2007) further state that cultural practices are usually about older women asserting and maintaining power.

Furthermore, Zimbabwean-born Human rights activist, Betty Makoni (2013), has equated the pain of pulling the labia minora with that associated with the cutting during female genital mutilation. Makoni states that all the private parts are pulled out therefore, resulting in

permanent changes. All this is done in the name of pleasing the man. She further suggests that this cultural practice is rampant in Zimbabwe. The WHO<sup>6</sup> (2008:4), in their classification, of Type IV genital mutilation have labelled labia elongation as one of the practices that is detrimental to women's health. Type IV includes pricking, piercing or the incision of the clitoris and/or labia, stretching of the clitoris and/or labia, the cauterization of the clitoris, and the scraping or introduction of corrosive substances into the vagina. Mwenda (2006:353-354) states that a fine line should be drawn between voluntary or consensual labia elongation.

### **2.2.3 Social Economic aspects of Labia Elongation**

Scholars such as Tamale (2005:9), look at labia elongation as a form of empowerment for women. She writes that elongated labia are a “woman’s secret” and express an area of power that women have been developing and protecting over generations, despite many forms of oppression. Larsen (2010), in her examination of labia elongation among Rwandese women, posits it as an instrument that creates social capital. This social capital is built around the group of girls that engaged in the practice, and the older women such as the aunts and grandmothers, who supervise the process.

Putnam (1995:67), define social capital as those “features of social organization, such as, trust, norms, and networks that can improve the efficiency of society by facilitating coordinated actions”. Social capital is the glue that holds societies together. A number of scholars have advocated for the practice of labia elongation. These groups become a source of support and knowledge on sexual and reproductive health. Trust, loyalty and solidarity are feelings that are produced and anchored in a girl’s network for the rest of her life. Larsen (2010), suggests that this social capital, within which older women are regarded as repositories of sexual knowledge can be utilised as a framework for increasing an understanding of the social determinants of sexual health. The social capital created through labia elongation can be utilised creatively, to enhance the access of women’s health-improving knowledge and community solidarity.

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<sup>6</sup> World Health Organisation

These older women also possess extensive knowledge on what herbs can be used to elongate the labia. These women are therefore knowledge producers in a world that has previously only recognised men as the producers of knowledge. The practice of labia elongation also sustains older women socially and economically. These older women are called *bana chimbusa*.<sup>7</sup> Cultural practices such as labia elongation, promote self-reliance. Larsen (2010), in her examination, of labia elongation among Rwandese women, posits it as an instrument that creates social capital. This social capital is built around the group of girls engaged in the practice and the older women, such as aunts and grandmothers who supervise the process. This therefore helps the girls to build friendships among themselves as well as with the older women. These friendships encourage the girls to trust the older women, which in turn creates channels of communication. These young girls are able to open up to the older women on issues that they are uncomfortable talking to their own parents about, and this influences their health behaviours. Putnam, Leonardi and Nanenetti (1993), state that social capital increases the adoption of healthy norms and practices, and it also helps in the dissemination of health information. Larsen (2010) suggests that this social capital, within which older women are regarded as repositories of sexual knowledge, can be utilised as a framework for increasing the understanding of the social determinants of sexual health.

#### **2.2.4 A Sexual Health Perspective**

According to a study done by Perez *et al.* (2015) among Zambian women living in South Africa, it was established that one of the advantages of the practice was that the elongated labia keep the condom from slipping off during intercourse, thereby preventing the transmission of HIV. On the other hand, Grassivaro Gallo and Villa (2006) state that during the pulling process, women are prone to diseases such as HIV, due to the scratches and the sores that might be sustained. However, Perez *et al.* (2015) disputes this fact by stating that these wounds heal quickly. Perez *et al.* (2015), claim that the harm done is minor, short term,

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<sup>7</sup> Bana Chimbusa are older women in the Bemba culture in Zambia. These women are usually responsible for the pre-marital teaching of young women.

preventable and bearable. The symptoms include; pain, swelling, soreness, irritation, redness and itching when passing urine. These symptoms are usually experienced at the beginning of the pulling process. Older women in communities where labia elongation is practiced usually have a knowledge of what herbs can be used to elongate the labia, (Mwenda 2006). The findings of Koster and Price (2008) suggest that some herb species, such as *Solanum aculeastrum* Dunal and *Bidens pilosa* L, appear to be beneficial medicinal species, showing antibacterial and antifungal activity, which is cleanse and reduce pain. Rasing (2010), states that the elongation of labia is believed to increase sexual pleasure in marriage and is easily opens up the birth canal during childbirth.

### **2.2.5 Impact of Migration on Cultural Practices**

Cultural practices are also impacted by a change in geographical location. Changes in a migrant's life can be a barrier to the fulfilment of many of their cultural practices. The migratory space can actually initiate discourses around cultural practices, such as labia elongation. Migration, in the broadest sense, is much more than mere movement between places; it is always embedded in the wider processes of meaning-making. In other words, migration, in particular and mobility, in general are socio-cultural constructs involving important imaginary and discursive dimensions (Frello, 2008). According to Berry (1997), after a period of time, immigrants usually adapt to their new cultures. Bhugra and Becker (2005) suggest that some immigrants resort to acculturation, in order to cope with the nostalgia. This is a process in which an individual absorbs the culture of the host country, while retaining the traditions of their original heritage. While assimilation leads to a loss of cultural identity, it can also have severe psychological effects on the immigrant. Adapting to the different cultural attitudes, language, cultural practices and religious beliefs of the new environment is part of migration. Acculturation is the process of incorporating the viewpoints and behaviours of the new culture (Sam and Berry, 2006:3). It causes stress, because people have to adjust to cultural and psychological changes and to attitudinal dissimilarities between the culture of origin and the host culture (Gil *et al.* 1994). Johnson (1995) defines the term 'culture of migration' as the movement of ideas that people share and not the actual movement of individuals and populations.

However, debates have moved from assimilation to transnationalism, where migrants maintain multi-stranded links between their country of origin and their host country. For some migrant women, being in a foreign country causes them to pursue the customs of their origin country as rigorously as they would have done back home. (Bhugra, 2004). Migration does not only indicate the movement of people, but also the movement of cultures (Castles and Miller 2009). Hernalund and Duncan (2007) state that the factors surrounding migrant women in the host country, contribute largely to whether they will continue with their cultural practices or not. Some of the factors that either perpetuate or prevent migrants from taking part in cultural practices include being married to a man of the same or different ethnic group, living in a rural or urban area and being surrounded by people who practice the same culture. As people move, their cultural traits and ideas diffuse along with them, creating and modifying cultural landscapes. Berry (1997) argues that, in order for immigrants to survive their new social environment, they need to function and understand the host countries culture. The fact that a person has adapted does not mean that they are fully adapted. Furthermore, the fact that an immigrant is functioning does not mean that they belong. Hernalund and Duncan (2007) further state that cultural practices are usually about older women asserting and maintaining power, therefore, for some migrant women, being away from their grandmothers and elderly women in society, this reduces the pressures of such cultural practices.

Culture can be defined as a continuous process of change that gives a community a sense of identity, dignity, continuity, security which binds it together (Maluke 2015). Bonifacio (2012:210) states that, culture as a way, of life of a particular group of people is significant to the process of migration, whereby people leave one set of social and historical circumstances and move to another. Furthermore, cultural identity is never complete; it is an ongoing process. Even where people remain firmly in one place, the customs and beliefs handed down from generation to generation do not remain the same. Therefore, cultural practices, such as labia elongation can be modified, revived or abandoned. For some migrant women, this therefore means, being away from their grandmothers and elderly women in society, reduces the pressures of such cultural practices. Cultural practices, such as labia elongation develop in importance, due to social pressure. They are a component of social conformity. A woman's morality and sexuality are defined by her culture, which secures her

future because it determines her inclusion in a certain social class. For those women who have not undergone the practice, living in a foreign country protects them from judgement of the community. Culture guides human behaviour and women who blindly adhere to traditions, sometimes have a poor concept of culture.

Identity can be viewed as being a result of one's culture. Brown (1996) states that identities must be negotiated, they are not simply a matter of choice because identity formation among individuals and groups is derived from their interaction with the social and cultural context in which they live. These social and cultural meanings influence how these women view the world and being in a different environment may change their views about labia elongation. This also reflects of Judith' Butler's theory that sexuality or sexual identity is performative, rather than a core aspect of essential entity (Butler 1999). Our behaviour and attitudes concerning sex, sexuality or cultural practices that deal are due to our socialisation in human groups. Furthermore, Strauss and Quinn (1994) suggest that identity gives us a sense of who we are, in terms of how we fit into the world around us. Identities of individuals are socially constructed and negotiated through every day experiences and social interactions. Hall (1990) states that cultural identities reflect shared historical experiences and shared cultural meanings. This cultural identity also means oneness. Cultural identities in migrant women are usually transformed. According to Esho (2015), there is need to understand the social meaning of body engravings, which further leads us to the understanding that principles of gender and sexuality are culturally invented and endorsed. According to Hurnlund and Duncan (2007), the prevalence of labia elongation is determined by one's membership of a cultural group. Which side of the boarder you on of the border you are on makes a difference.

According to Falola (2003), migration provides women with different group networks that leads them to pay attention to some cultural practices and to dismiss others. Migration gives women an opportunity of cultural reflection. Although some migrant women might throw out labia elongation, other women continue with the practice, regardless of where they are. For them, it is a source of identity and it gives them a sense of belonging. For women who maintain their cultural practices, changes are made to adapt to their new surroundings. Immigrants may experience *cultural shock*<sup>8</sup> therefore, holding on to their cultural practices

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<sup>8</sup>*Culture shock* is a phrase that describes the negative feelings people have when they migrate

may provide them with a sense of safety. These immigrant women may experience a sense of uncertainty when they are uprooted and transplanted into a new environment. They may not know what to expect of others. More importantly, they may not know what others expect of them. When cultures meet, as a result of one group migrating and settling in an area already inhabited by other groups, some mixing of the cultures is bound to occur (Cohen, 2010).

According to Holloway (1990), migrants usually borrow ideas from their host countries. This borrowing of ideas, is not only one sided, it is also a two way stream. Sometimes immigrants may have a strong influence on their host country. Incoming cultures may also leave their mark on existing cultures. By integrating and assimilating into new countries, hybrid cultural practices are formed. Hybrid identities are usually in-between, being neither indigenous nor alien. Some women are absorbed completely in the culture of their host countries. In addition, Holloway (1990), states that when it comes to migrants, there is nothing like cultural purity. Cultural identities are both fluid and changeable. Cultural practices and identities are transformed. Hybrid cultural practices give women the freedom to manipulate their own identities. However, creating two cultural identities is a process that requires time. Migration also provides the populations of both the home and host countries with the opportunity to be exposed to different social norms and practices. The interconnections fostered by migration permit the flow of ideas, know-how, skills and cultural practices. When it comes to hybrid cultures, cultural practices can be seen to be free-floating.

Cohen (2010) suggests that there are first and second generation immigrations. Children of immigrants usually fall into the second generation category. The first generation migrants usually have a stronger bond with their culture. This bond can be a source of strength and comfort as they adjust to their new surroundings. However, for their children, the cultural ties may be a hindrance to their cultural landscape. First-generation immigrants usually hold tightly to their language and other cultural traditions. They may associate mainly with those of their own culture and resist assimilation. Second generation immigrants who are not introduced to it at a very young age, may reject traditional values and language, and they may feel disconnected from their heritage and sometimes even embarrassed by it. According to

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Brown (1996), sometimes immigrants downplay or discard their cultural practices in the host country for fear of harassment and embarrassment, and so that they can fit in the new culture. Perez *et al.* (2015), state that, for migrant women, simple things like visiting the gynaecologist for medical check-ups may be a source of embarrassment. They also suggest that even giving birth becomes very uncomfortable for migrant women because their genitalia are different from those of women in their host countries. Johansen (2006) states that some migrant women have approached health professionals to perform female genital cosmetic surgery such as labiaplasty so that their genitalia may conform to the local norms. Hernlund and Duncan (2007) state that when women, who are from communities where any form of female genital mutilation/modification is practiced move into new countries, they are often prejudged by strict cultural assumptions.

This study focuses on migrant women who come from communities where labia elongation is practiced. It is important to study the experiences and perceptions among migrants from different African countries, because arguments about this practice differ from society to society and from one individual to another. However, while there is pressure to undergo this cultural practice in their home countries, women living in South Africa, who have not undergone this practice, are protected from judgement. A study carried out by Perez *et al.* (2015) looked at the experiences of labia elongation among migrant women living in South Africa. However, he only looked at Zambian women. According to the findings of his study, Zambian women view the practice of labia elongation as beneficial to their social and sexual well-being. This study builds on Perez's study, by including the experiences of African migrant women (from Lesotho, Malawi, Uganda, Zambia and Zimbabwe) living in South Africa, since this diversity makes the study richer. Other studies on labia elongation have been done only in their particular countries, for example, Rasing (2001) in Zambia, Larsen (2010) in Rwanda and Khau (2012) in Lesotho, and not in a migratory context. The fact that Perez is a man also raises the question of how much the women really opened up to him, considering the fact that it is a taboo for men and women to sit and discuss this practice. Oakley (1981) argues that shared gender encourages respondents to respond freely and openly to a female researcher. It must be highlighted that the only reason, the women agreed to talk to him was because he was white. Labia elongation is not discussed in public. Perez (2015), found that the majority of his respondents disagreed with the World health

Organisation's classification of labia elongation as a type of mutilation. The women also pointed out negative effects of the practice, such as pain and swelling. The current study consists of interviews with women from other African countries, so as to build on Perez's (2015) findings.

According to Sam and Berry (2006), migrant women usually bear the burden of being the cultural bearers in their families. They have the pressure of passing on cultural practices and traditions to their children, through the maze of two cultures. According to Johansen (2006), although some migrants might view practices such as labia elongation negatively, they still allow their daughters to undergo these practices. The reason for this obvious contradiction between attitude and behaviour is the social and cultural pressure to uphold the tradition. Migrant women understand that these lived and social experiences are specific to the society in which they live. Therefore, the choice of which cultural practice to continue with becomes a possibility. Migration can generate different attitudes toward social norms. When they migrate, women may claim labia elongation for themselves, while in their countries of origin, others claim it for them, for example, the grandmothers. Hernalund and Duncan (2007) observe the situation of migrant women in their host country, determines how the women are situated in the host country also determines the outcome, for example, if they stay in the urban or rural areas, if they are married to someone from a different ethnic group, or whether they are surrounded by neighbours whose families practice labia elongation. Women who continue to engage in practices, such as labia elongation after they migrate, do it on their own autonomy, because they are aware that being different affects them.

How people view themselves and how they relate to others reflects their cultural identity. When these women identify with particular cultures, and have strong ties with cultural practices from their home countries, they may continue with these cultural practices even in their host countries, as a way of maintaining a sense of security and belonging. Hence, some migrant women might adapt to the dominant culture of the host countries, but they will still maintain their own cultural identity. Some migrants move with their strong cultural identities. For some women, they may pride themselves in being different, hence the elongated labia makes them stand out. While some women may feel inferior culturally, this may change when they migrate.

According to Namalondo and Perez (2011), women who do not have elongated labia are looked down upon. They are seen as being lazy and uncultured. Elongated labia are a prerequisite for marriage and are necessary for women to achieve womanhood and conform to culture. Therefore, her husband has got every right to send her back to her parents. Some women may not be able to get a husband if they have not elongated their labia. Therefore being away from home may mean freedom from judgement for some women.

Martin Hiber *et al.* (2012) state that women who have undergone this practice, have gone through all the necessary traditional teachings and are capable of taking care of the home and the family. These women are still able to benefit and contribute to the social capital, even from afar. Some migrant women become instructors to the younger women and pass on the importance of these traditional practices. Koster and Price (2006) state that labia elongation is a sign of beauty and it also represents fertility. Therefore, women whose views about the practice have not changed, continue to regard it as important, even in foreign countries. Even while they are away from home, migrant women place social importance on labia elongation (Grassivaro *et al.*, 2010). He further suggests that migrant African women regard labia elongation as functional and essential to their individual growth. It is also viewed as the fundamental aspect to their sense of belonging to a group and their social identity. Perez (2015) states that labia elongation is not just restricted to young girls, because women also engage in the pulling of the labia minora. This does not only apply to women in countries where it is practiced, but also to migrant women who may learn about the practice when they are adults. Perez (2015) further suggests that labia elongation is a reminder of their culture back home.

According to some migrant women, labia elongation represents a rite of passage to adulthood. Some migrant mothers send their daughters back home so that they can undergo this process (Perez, 2015). They view elongated labia as a sign of beauty and they use it as a basis to judge between a cultured woman and one who is not cultured. Furthermore, some migrant women may hold onto cultural practices, such as labia elongation so that they can be differentiated from the women of the host country.

According to Cohen (2012), some migrant women may discard their cultural practices, but their daughters may seek out their cultural roots on their own which may lead them to engage

in the cultural practices of their home countries. According to Benson (2011), lifestyle migration is a new term that has been coined. It refers to movement based on enhancing an individual's way of life with richer cultural choices. In the event of some women being uncomfortable with their own cultures, this type of migration becomes an option. Mwenda (2006) states that when it comes to labia elongation, it is not a matter of whether the girl undergoes the practice, but it is a matter of when she does so.

According to Mumbi (2001), most African societies do not provide a fair environment where women can fully define who they want to be. To be a woman is to be constantly addressed and scrutinized. Therefore, being away from the country of origin reduces such pressures. African women are usually interlinked, which requires them to form numerous social groups. The significance of cultural practices such as labia elongation is measured within the social network therefore, the social pressure is reduced when they migrate. Falola (2003) attributes the importance of cultural practices, such as labia elongation, to the nature of African families. While most people from the West are very individualistic, African tradition is very connected. Nuclear families are still very much connected to the extended family. This connection leads to women to depend on each other to the extent that one woman in a community acting independently, can threaten the balance of the social group. Culture is a tool of community mobilisation. African women are socialised to function as a group, hence, labia elongation was historically performed in groups. The community looks out for the collective interests of women and children. Women are answerable to the group. Bringing up children and ensuring that girls undergo labia elongation is a community effort. Migration can therefore, lead to the loss of cultural practices, such as labia elongation. When these women are settled in their new cultures, they may find it difficult to go back to the old ways.

In her study, Khau (2014) states that migrant students at a South African university, have been subjected to being made to feel different, even being objectified because of their elongated labia. While some of their sexual partners may find migrant women to be more pleasing than local women, it may be new to some of the men who may not understand it. Furthermore, Grassivaro *et al.* (2010) highlights that sexual partners of migrant women, who may be from the host countries, may view elongated labia as a hindrance to penetration. Some men have expressed outright disgust at the sight of elongated labia.

According to a study done by Grassivaro *et al.* (2010), research needs to be carried out to address the issues and the discrimination that women may face when they migrate to countries where labia elongation is not customary. There is need to highlight and document how the process of the adaptation of their traditions to the new environment affects their health and makes them vulnerable. He further states that health practitioners, who may have heard about labia elongation are still shocked by the images. Pasini (2007) states that when the health practitioners meet women who have undergone labia elongation, they do not use the opportunity to find out the reasons for this type of modification. It is unknown if this is because they do not have the time to do or because they are afraid of embarrassing their patients. Some health practitioners may not say anything, because they do not want their patients to feel different.

Immigrants may continue to subject their daughters to labia elongation, even if they are as young as ten to twelve. Unfortunately, the frequency is difficult to assess because of the silence surrounding this practice. The fact that labia elongation is done in secret makes it difficult to study the actual incidence and effects of the procedure (Arora and Jacobs, 2014). According to Case (1996), being disconnected from one's history, whether cultural or geographical, often brings with it a new awareness and appreciation of the meaning of "home".

The current study is significant because most studies on migrants have focused on areas other than cultural practices, such as labia elongation. While there have been other studies on migrant women in South Africa, Perez *et al.* (2015) is the only scholar who concentrated on the health implications of labia elongation on migrant women from Zambia only. Some of the other areas of study concerning migrants include the following; Transnationalism and the (Re) construction of Gender Identities amongst foreign students of African origin at the University of Kwa Zulu-natal in Durban, South Africa, (Muthuki 2010), Giving birth in a foreign land: Maternal health-care experiences among Zimbabwean migrant women living in Johannesburg, South Africa, (Makandwa 2014), managing the final journey home: exploring perceptions, experiences and responses to death among Congolese migrants in Johannesburg, (Kwigomba, 2013), xenophobia: a critical study of the phenomenon and pragmatic solutions for South Africa, (Muchiri 2016), attitudes towards foreigners in south Africa: a longitudinal study (Schippers,2015

## **2.3 Theoretical framework**

Theories are formulated to explain, predict and understand phenomena and, in many cases, to challenge and extend existing knowledge within the limits of critical bounding assumptions. The theoretical framework is the structure that can hold or support a theory of a research study. The theoretical framework introduces and describes the theory that explains why the research problem under study exists (Duplooy, 2014). A theory, as explained by Shikumo (2008), helps to bring forward the various structured ideas within the research, while at the same time acting as a point of origin for the ideas and views contained within the discussion. This study is informed by three theories namely, Nego feminism, social construction and transnationalism.

### **2.3.1 Nego-Feminism**

Obioma Nnaemeka (2004: 360-361) coins the term nego-feminism to speak to the tensions and aspirations of African feminism. She speaks of this as the feminism of compromise, she contends with the multiple aspects of patriarchy on the continent and deals with this in an African-specific way. Nego-feminism is the feminism of negotiation and it stands for “no ego” feminism. The foundation of shared values in many African cultures are the principles of negotiation, give and take, compromise, collaboration, mediation and balance.

Nnaemeka’s (2005) theory on nego-feminism highlights the importance of the participation of African women in knowledge production, especially when it involves problems within their local societies. Nnaemeka (2005) defines nego-feminism as the feminism of negotiations and not as ego feminism. She further adds that nego-feminism is meant to add on the indigenous. Theorizing in a cross-cultural context is fraught with intellectual, political and ethical questions, such as the question of provenance (where is the theory coming from?), the question of subjectivity (who authorizes?), and the question of positionality (which specific locations and standing [social, political, and intellectual] does it legitimize?). Unfortunately, women throughout the world have constantly been sexualised and objectified. The imperial nature of theory formation must be interrogated, to allow for a democratic process that will create room for the intervention, legitimation and validation of theories

formulated “elsewhere.” Theories about African cultural practices should not be coming from the West. According to Arora and Jacob (2014), if labia elongation is viewed culturally as a means to sexual pleasure, then it could be argued that parents are acting in the best interests of their daughters, by introducing them to procedures that uphold these beliefs, but which do not cause any long-term effects.

The classification of cultural practices as mutilatory by the World Health Organisation has been condemned by many scholars. Mwenda (2006:345) states that the World Health Organisation views labia elongation as a violation of human rights because it violates ‘bodily integrity in the absence of any medical benefit’ and oppresses helpless young girls. However, Arora and Jacob (2014) argue that male circumcision is also a procedure that violates bodily integrity and until recently, was thought not to have a justifiable medical benefit. Male circumcision was instead tolerated because of religious and cultural freedom and the lack of long-term harm. They further advance that Western feminists may have good intentions of protecting women in these cultures, but they mistake labia elongation as being an example of male domination, in philosophical and practical terms. Arora and Jacob (2014) add that there are other examples of procedures that lack medical benefit, but which are not classified as human rights violations and which society accepts, although it may not ethically condone them. These are seen as expressions of personal agency, and may include piercings and cosmetic surgery. While African cultural practices are under scrutiny, women in the West continue to undergo different types of cosmetic surgery, without any reproach. Theory should bring justice to humanity and it should not coerce the African women. In order to avoid misrepresentation of the African women, the knowledge production concerning cultural practices should come from African women, because they are the ones with the lived experiences. Western feminists have appropriated themselves the moral responsibility to intervene and rescue African women. There is a danger in African cultural practices being labelled by Western feminists. This may result in cultural imperialism<sup>9</sup> and, unfortunately, Africa is already a victim of this. Some of the negative consequences of culture include lost identity and under development (Mugambi, 1998).

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<sup>9</sup> Cultural imperialism is the domination of one culture over another by a deliberate policy

Nnameaka further states that many of the Western-inspired and Western-funded projects fail because the local indigenous people, and especially women are excluded, marginalized, and alienated from female genital modification project designs and execution. Therefore, nego-feminism helps with the feminist struggles that occur on the continent. It considers the implications of patriarchal traditions and customs and aims to dismantle and negotiate around these. Arora and Jacob (2014) state that the alleged harm, done by rites involving genital procedures, such as labia elongation, were to be analysed, the question must be asked whether it actually is harmful in the eyes of the people involved, or whether the harm is perceived only by people who view the situation from a different perspective. There is need for Western feminists to respectfully work together with African women and not independent of each other. Women from these communities can offer and promote the alternative of labia elongation as a compromise that respects culture, but provides the necessary protection for young girls. This ‘complex cross-cultural issue cannot be adequately dealt with by simple condemnation’ and any movement to end labia elongation, if there is need to eradicate this practice, it must come from within the cultures that practise it. The goal of eradicating procedures, such as labia elongation that do not cause significant harm, is at worst, morally questionable and at best, an invitation to waste resources that could be applied to ends that are more likely to further human well-being. In order to better protect female children from the long-term harm of the serious types of female genital mutilation, we must adopt a more nuanced position that acknowledges that labia elongation is different, it is not associated with long-term medical risks, it is culturally sensitive, and it does not discriminate on the basis of gender<sup>10</sup> and it does not violate human rights. Nego-feminism negotiates with elements of custom and tradition and the goal is to emancipate women. Therefore, this theory helps to unpack the contestations around labia elongation.

### **2.3.2 Social Construction Theory**

According to Burr (1995), social constructionism is a universal term sometimes applied to theories that emphasize the socially-created nature of social life. Nardi and Schneider (2013)

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<sup>10</sup> Gender refers to socially and culturally determined characteristics associated with women and men, stereotypes based on these characteristics, the conditions in which women and men live and work and the relations between them. Gender identity has to do with somebody’s sense of being a woman or a man and is socially constructed rather than biologically determined

state that social construction spans a theoretical field of what might be constructed, ranging from sexual acts, sexual identities, sexual communities and the direction of sexual desire to sexual impulse. McFadden (2003) states that, for many African women, even the suggestion that sexual pleasure and eroticism have political implications elicits alarm, and it is seldom recognised that sexual pleasure is fundamental to our right to a safe and wholesome lifestyle. In patriarchal societies, women are regarded as second-class citizens. Their bodies are regarded as diseased and dirty. In most African cultures, the sexual choices that women make, impact the whole family. The socialization of women as pure is meant for them to carry the burden of carrying the family's honour. Pleasure is linked to the men, while reproduction is linked to the women. Women have been socialized to be pure and reserved, when it comes to issues of sexuality. A woman who is sexually expressive is seen as loose and immoral. Women are sexual beings too and should not be regarded as passive objects of male desire. Women should be able to take control of their own bodies and make their own decisions. It is assumed that women are naturally faithful, while men are promiscuous and have to fight hard to be faithful. Women's sexuality has been demonized, while male sexuality is idealized, hence, it is difficult for many to believe that labia elongation is done for the sexual pleasure of women. Culture demands that women be asexual. Male sexuality has been accepted to be promiscuous, while women are supposed to be morally upright. This has affected the sexuality women negatively and has imposed a politically correct sexual practice on them. Hence we have a proverb in Zambia which states *ubucende bwa mwaume tabutoba inganda*, this simply translates that a man's infidelity cannot destroy a marriage. This further implies that a woman must not compete with a man when it comes to sexuality. The burden of carrying the family honour has been placed on women, the very women who are said to be the weaker sex. This explains why cultural practices, such as *virginity testing*<sup>11</sup> still exist. Furthermore, African cultures, the world at large and the media have put a lot of pressure on women to attain a certain standard of idealised beauty and sexual attractiveness. Batisai (2015) suggests that the policing of women was brought about by the missionaries. Sexual purity was required from young women and therefore religion was used to manage women's bodies. Women's sexuality was policed by the parents, the community and the church.

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<sup>11</sup>Virginity testing is a common cultural practice in the Zulu culture. Matrons in the community inspect girls to prove there are still virgins.

Women also play a big role in sustaining these patriarchal structures. Batisai (2015) further suggests that the culture of paying *ilobola* simply transfers leadership over the woman, from the father to the husband. Unfortunately, the burden of sexual success in marriages is placed on women.

Esho (2015) states that the truth of the matter is that the view of a woman's sexuality and feminine appearance in contemporary and traditional societies is established in patriarchy. Women are viewed as objects of beauty, sexual attraction, reproduction, sustenance, desire and prestige while men are often reflected through the women that surround them. Women are viewed as objects that fulfil male sexual desires. The idealisation of masculine genital appearance and sexual power is evident in the aggressive Internet advertising for penis enlargements. Body modifications, such as labia elongation can therefore be influenced by these predominant characterisations of beauty and sexual attractiveness. Libby and Thomas, (2003) state that the social constructionist theory views the term 'sex' as referring to physical differentiations between male-female, whereas the term 'gender' is used to refer to a social construction that is masculine-feminine.

According to a study done by Perez *et al.* (2015), it is taboo for women to talk publically about the cultural practice of labia elongation. This shows just how much pressure has been put on them, when it comes to sexuality. While issues such as men's circumcision are talked about on the television, practices such as labia elongation are hardly ever heard of. According to Butler's (1999) theory that sexuality, or sexual identity is performativity rather than a core aspect of essential entity and therefore both male and female are merely performing an act. Male and female sexuality can be attributed to how people are socialised. Our societies do not provide a fair environment where women can fully define who they want to be. Popovicova (2000) states that to be a woman is to be constantly addressed and scrutinized. Batisai (2015) states that authority over women's bodies is granted to men through traditional and religious institutions. Women are influenced by the media, culture, and the world at large, to have an idealised body hence they are forced to engage in body modifications, such as labia elongation.

Western feminists have perpetuated the idea that African cultural practices are tools that men use to dominate women. According to Rasing (2001), this could not be further from the truth, as African women use most of the cultural practices to gain control over their own sexuality, for example, in matrilineal<sup>12</sup> societies like the Bemba community in Zambia. Patrilineal societies detect that women carry themselves with dignity when it comes to sexual matters. This is done in order to control legitimacy of the children's paternity, therefore keeping the system in place. A man is considered to have the right to restrict the woman's sexual relations while society turns a blind eye to his relationships. Hence, the social construction of sexuality is not only limited to how society views men and women, but also how the Western feminists have portrayed the sexuality of African women. Rasing (1995) further argues that among the Bemba people, men and women are expected to enjoy a full sex life. According to Kenschaft *et al.* (2015), society has created a binary between bad and good women, wives and future wives, and lastly, the virgin/whore dichotomy. All these can be observed throughout the patrilineal world. The notion that women are supposed to be chaste and modest is a worldwide phenomenon and it is not only an African concept. This worldview is instilled in many people around the world today. Therefore, social construction theory helps to describe how sexuality is socially constructed. There are several themes of the dominant discourses of female genital operations in the West. Harsh language is employed to invoke violence and fear, practices are re-named, notions of global patriarchy and universal female oppression are believed to transcend local subjectivities and differences between women, female genital operations are perceived as a primitive tradition among the uneducated and as evidence of the savage "Third World Patriarch" and victimized "Third World 'Woman,'" and non-Western women's genitalia are objectified and subjected to Western spectatorship. Each of these methods perpetuates dangerous neocolonial ideologies, by reifying the "First World/Third World" dichotomy, portraying non-Western cultures and peoples monolithically and homogenously, and aspiring to moral superiority and transcendent truth (Brux, 2007). The social construction theory in this study therefore, highlights what labia elongation represents for African migrant women.

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<sup>12</sup> Matrilineal involves inheriting descent through the female line  
<http://www.dictionary.com/browse/matrilineal>

### 2.3.3 Transnationalism

Transnationalism is a social phenomenon and scholarly research agenda that has grown out of the heightened interconnectivity between people and the receding economic and social significance of boundaries among states (Levitt 2001). Bourne (1916) describes transnationalism as a new way of thinking about relationships between cultures. Transnationalism can be linked to different concepts, such as economy, culture, social and geography. Transnationalism leads to the transfer of cultural practices. Cultural practices, such as labia elongation may gain momentum in countries like South Africa where they are hardly practiced. Culture and identity models spread and culture does not just flow one way. Immigrant communities do not de-link themselves from their home country; instead, they keep and nourish their linkages to their place of origin (Itzigsohn *et al.* 1999). This study uses this concept to examine whether women who have undergone the practice of labia elongation may transmit this knowledge to their children, therefore, keeping the cultural practice alive. Transnationalism may also lead to cross-border relationships, exchanges and affiliations. According to Esho (2015), although culture may define the identity of these women and provide them with a sense of belonging, culture is always transforming. It gains new meaning with new interpretations of norms and values. People are able to reshape culture, and relearn traditional rites of passage. According to McLeod (2000), notwithstanding their reasons for migration, these women are separated from their roots. They have to search for new ways or “routes” to merge their perceptions of their pasts with their futures.

Hull (1994), proposes that cultural identity is a state of becoming, as well as a state of being. Culture identities are far from eternally fixed in the past, but are subject to change. For some migrant women who may get married to South African men, labia elongation may not be as important as it may be to men from their own country. Inter-ethnic marriages may lead new people to embrace new cultural practices, hence leading to mixed communities (Rasing 2001). This may lead to the adoption of new cultural practices. For some migrant women, labia elongation may not be as important to them as it was back in their own countries because they may be able to see the world through different lenses and through different cultures. Change normally occurs when people leave their home countries and settle in a foreign land.

Adjustments occur in various areas of a migrant's life. Migration can perpetuate or hinder the practice of labia elongation among migrant women. Rasing (2000) states that people may move from one country to another, but some aspects of their lives remain constant. Immigrants often have fluid and multiple identities that they establish in their home countries and in the host countries. However, some migrants may be more grounded in one country's culture than the other. Transnationalism informs this study by unpacking the meanings and contestations around the practice of labia elongation among migrant African women. This theory has helped this study by describing the cultural changes and fluid identities. Transnationalism, in this study, also highlights how the discourses around labia elongation are reshaped by migration as well as what labia elongation represents for these migrant women.

## **2.4 Conclusion**

This chapter has analysed the different debates on the practice of labia elongation. It also highlighted the three theoretical frameworks adopted by the study and how they are used. According to Braun and Kitzinger (2001), the debates on the perfect or imperfect vagina merely show how women's bodies are constantly under surveillance. Although some scholars have argued about the way African culture is portrayed by the west, African scholars have also contributed to this negative view of culture. Khau's (2012) generalization of Basotho women as helpless victims of their culture and patriarchy, is problematic. African women have been misrepresented as being sexually starved. This is not entirely true; for example, most of the ethnic groups in Zambia encourage married women to initiate sex with their partners. Labia elongation is a complex issue and this chapter has looked at the meanings associated with the labia elongation practice, I also highlighted the arguments against this it, which mainly view it as abusive to human rights, children and woman's bodily integrity. I also looked at the binary between cultural rights and human rights which is very evident in literature. I further looked at public health and the social capital that is created by this cultural practice. I later reviewed literature based on migration and further looked at the impact of migration on cultural practices such as labia elongation, lastly, I highlighted what labia elongation represents for migrant women.

Increasingly, people from different African countries have migrated to South Africa for various reasons. This migratory space that is created can actually initiate discourses around cultural practices, such as labia elongation. So it is for this reason that the experiences of migrant women are explored. Having said that, there have been a number of studies on migrant women in South Africa, most of which have focused on the experiences of migrants in the work place, in their academic lives, their social experiences, and so on. However, only Perez *et al.* (2015) has looked at the experience of labia elongation among migrant women.

Under the theoretical framework section, nego-feminism by Nnameaka was reviewed, which negotiates the elements of custom and tradition, and the goal of which is to emancipate women. This theory helped to unpack the contestations around labia elongation. The social construction theory was also examined. McFadden (2003) states that, for many African women, even the suggestion that sexual pleasure and eroticism have political implications elicits alarm, and it is seldom recognised that sexual pleasure is fundamental to our right to a safe and wholesome lifestyle. Therefore, the social construction theory in this study highlights what labia elongation represents for African migrant women. Finally, I looked at Transnationalism. Hull (1994) proposes that cultural identity is a state of becoming, as well as, a state of being. Culture identities are far from eternally fixed in the past but are subject to change. Therefore, transnationalism informs this study, by unpacking the meanings and contestations around the practice of labia elongation among migrant African women. This theory also helped this study by describing these cultural changes and fluid identities. It highlights how the discourses around labia elongation are reshaped by migration and what labia elongation represents for these migrant women. The next chapter presents and explains the research methods and methodology.

## **CHAPTER THREE**

### **RESEARCH METHODS AND METHODOLOGIES**

#### **3.1 Introduction**

This chapter presents and explains the research methods and methodology. The research methodology is understood as a systematic process of discovering why people behave the way they do (Anderson, 1998:8). According to Chilisa and Kawlich (2012), methodology is the linking of a particular ontology<sup>13</sup> with a particular epistemology,<sup>14</sup> in order to provide rules that specify how to produce valid knowledge of social reality. Different methodologies are based on different beliefs about what really exists. Methodologies are therefore underpinned by philosophical positions and assumptions that inform the researcher's collection, collation and analysis of data. This research adopts a qualitative research design. In this chapter, I look at the research paradigm, I also reflect on my position as the researcher, which falls under reflexivity of the researcher. The sampling methods that used in the study are also highlighted, a brief biographical information on each of the study participants is also provided. I further look at the research methods used in the study and the data analysis. I then outline the ethical considerations and the limitations of the study. Then finally I conclude the chapter by giving a summary.

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<sup>13</sup> Ontology is a compound word with its roots in Greek. Ontos means 'being, or what is' and logos means the study of. Therefore ontology is the study of being, existence or reality, and includes the assumptions that are made about certain phenomena. Ontology deals with questions regarding what reality is and whether things such as objective truth exist.

<sup>14</sup> Epistemology is a compound word with its roots in Greek. Episteme means knowledge and logos means the study of. Epistemology therefore means the study of Knowledge. Its deals with questions such as what counts as knowledge and what the limits of Knowledge are.

### **3.2 Research Paradigm**

According to Bryman (2012:360 quoted in Du ploy-Cilliers 2014), a paradigm<sup>15</sup> refers to a pattern, an illustration or a worldview of a phenomenon. It describes a cluster of beliefs and dictates, which, for scientists in a particular discipline, influence what should be studied, how research should be done and how results should be interpreted. The study was based on the interpretivist paradigm with the aim of understanding the experiences of labia elongation among migrant women. According to Du plooy-Cilliers (2014:34-35), the interpretivist paradigm is based on the idea that people are fundamentally different from objects and that this should reflect on how we study them. Davis (2014:34) cited in Duploy-Cillers states that interpretivists view facts as fluid, because they are based on a system. These facts are influenced heavily on the system and the content. In this particular case Western feminists view the practice of labia elongation differently from the way some African women feel about the practice. Furthermore, with the aspect of migration, reality becomes fluid for some of these women because they may now interpret the labia elongation practice differently from the way they did in their home countries. Davis (2014:29) further states that the interpretivist paradigm is aimed at giving an insight into multiple realities, and therefore, qualitative design is best suited.

### **3.3 Research Design**

Chilisa and Kawlich (2012) state that a research design dictates how the entire study is built. The term research design refers firstly to the entire design, of the study and secondly to the specific choice of design depending on whether it is a qualitative, quantitative or mixed methods approach (Babbie and Mouton, 2001:72). This study was therefore, based on a qualitative design. According to Strydom and Bezuidenhout (2014:173), qualitative research deals with the underlying qualities of subjective experiences and the meanings associated with phenomena. In this instance, it is to investigate the meanings and contestations around the practice of labia elongation among migrant women based in Pietermaritzburg. According

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<sup>15</sup> Du plooy- Cilliers (2014:19) states that paradigms are mostly used in the natural sciences. Paradigms are referred to as research traditions in the social sciences.

to Silverman (2013), the research approach permits the inquiry into the experiences and views of participants and allows for an in-depth process of data collection. This approach is opposed to the quantitative methodology that limits the respondents to a few choices, and their ability to interpret and present the data collected from the field. Due to the interpretive nature of this study, qualitative design worked best, because it gave the migrant women a voice to construct their own reality.

### **3.4 Research Methods**

#### **3.4.1 In-depth Interviews**

The data was collected using in-depth interviews. Du Plooy-Cilliers (2014:188) defines an in-depth interview as a qualitative data collection method that allows you to pose questions to participants, with the aim of learning more about their views, opinions and beliefs about a specific phenomenon. In-depth interviews are flexible and allow the participants to give a detailed explanation. Kumar (1996) defines it as any person-to-person interaction between two or more individuals, with a specific purpose in mind. Face-to-face interviews have been essential, since the interviews have been directed at understanding the lived experiences of participants. Being an interaction between the researcher and interviewee, in-depth interviews enabled me to gain an insight into how migrant women viewed labia elongation. In-depth interviews are a valuable source of information, if conducted correctly, because they allow the researcher to interpret and understand the meaning of the participants' answers to specific questions (Duplooy-Cilliers, 2014). According to Bernard (2006), in-depth interviews allow the researcher to better gather information on such sensitive issues. Furthermore, in-depth semi-structured interviews, are based on a clear plan that one constantly keeps in mind, and are also characterized by having minimum control over the participants' responses. The idea is to get people to open up and let them express themselves in their own terms, and at their own pace.

An interview guide<sup>16</sup> was used for the in-depth interviews. Babbie and Mouton (2001:289) define an interview guide as a set of questions that shape the interview, and these questions are different from the research questions. The same in-depth interviews were used for all

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<sup>16</sup> See Appendix

the women who had given, their consent to be interviewed. The ages of those interviewed ranged from twenty-three to forty-six. The data collection process took place between September-October, 2016. Data collection took place in a location chosen by the participants. Feminist scholars have long argued that individual interviews are valuable for uncovering women's perspectives. Since the study involved women from different countries, I interviewed the women individually. Since, these were one-on-one interviews the women were more comfortable with sharing their experiences, as they were part of the migrant community, and might have had issues that they were not comfortable sharing in a group situation. Moreover, this study aimed at understanding the experience-based perceptions of migrant women and therefore required in-depth conversations with the researcher. I sought the women's informed consent before interviewing each one of them. During interview sessions, audio-recording were complimented (for those who were comfortable) with taking notes. Those who were not comfortable with the researcher tape recording them, they were more comfortable with the researcher taking notes during the interview sessions.

All the interviews were conducted in Pietermaritzburg. The interviews lasted between forty-five and sixty minutes. Some interviews were conducted in the participant's homes, others were conducted at the University of Kwa Zulu Natal Pietermaritzburg campus and Durban University of Technology Pietermaritzburg campus, others at the Cornerstone church, while others took place at in the Central Business District were some participants worked or had businesses. The participants were given assurance that the findings would be disseminated to them, once the thesis is completed.

### **3.5 Reflexivity of the Researcher**

Malterud (2001) advises that a reflexive researcher should 'return the look' and argue that such a process provides the opportunity to understand more fully who and what are under investigation. The reason why reflexivity has been so widely engaged by feminist researchers

is because it is epistemologically and ontologically connected with feminism and the feminist critique of knowledge and knowledge production (Pini, 2004). The focus of feminist work is about acknowledging one's own subjectivities and examining how these subjectivities may impact on knowledge production (Pini, 2004). Malterud (2001) states that a researcher's background and position affects the way they investigate a phenomena. The position of the researcher influences the research.

According to Du ploy (2014:34), one of the characteristics of the interpretivist paradigm is that it does not attempt to conduct value-free research. Interpretivists openly discuss the values that shape their research, which not only includes the interpretations of the research participant, but also those of the researcher, I therefore reflected on my position as the researcher in this study, as I am a Zambian woman who comes from a country where labia elongation is practiced. Unlike other countries, where labia elongation is only practiced by certain ethnic groups, it is practiced by most, if not all, the ethnic groups in Zambia. I was introduced to the practice of labia elongation when I was about eleven years old by my friend's mother who lived next door to us. She did not need to get permission from my mother to introduce me to this practice, because I come from a neighbourhood where every mother was everyone's mother and every child was everyone's child. Therefore, bringing up children was not only the responsibility of my parents, but the community at large. After being introduced to this practice, my friend's mother encouraged us to help each other achieve our goal. This was to be done in the afternoons after school, when the four of us would shower together and pull our labia minora using burnt rubber and petroleum jelly. In the beginning, it was a bit of a struggle, so we had to help each other, until, the labia minora was long enough to be pulled by the owner. In most communities, it is the responsibility of the older women to inspect and to tell the girls when they had reached the desired length. It was different in my case, because my friends and I were only introduced to this practice and given what to use, but no one came to inspect us. Despite this, we continued because of the excitement of being entrusted with this unusual task at that young age. The bond amongst us girls grew stronger, because we had a secret task that we could not share with the boys in the neighbourhood. I was not told what the elongated labia were for until, I attended the pre-marital teachings.

I am married to a Zambian man, and this fact plays a big role because Zambian men are taught what to expect from a woman before marriage. I moved to South Africa with my husband in 2013 to pursue further studies. Being a woman from a community that encourages the labia elongation practice gave me an advantage and in a way, it made me an insider. It is taboo to talk to men about this practice, therefore being a woman was an advantage. Oakley (1981) argues that shared gender encourages respondents to respond freely and openly to a female researcher. Being a migrant also meant that we are faced with similar obstacles while living in a foreign country. This, therefore, helped the participants be more receptive and open up more to me.

### **3.6 Sampling methods**

Sampling can be regarded as the process of selecting a representative sample for interview from an entire population, in order to draw conclusions about the entire population of study (Marshall, 1994). Non-probability sampling was used in the research because it takes a deeper understanding of human issues rather than, a generalisation of results. Non-probability sampling is used when it is nearly impossible to determine who the entire population is, or when it is difficult to gain access to the entire population, (Marshall 1996). Due to the nature of the topic of this study, it would have been hard to determine the size of the population; instead, the sample was selected from an accessible population, with the help of people who recommended others for possible participation. Therefore, purposive sampling and snowball sampling were the two non-probability sampling methods that were used in this study. Qualitative researchers typically engage in purposive sampling, which includes the selection of units, for example people, organisations and documents with direct reference to the research questions being asked (Bryman, 2008). Purposive sampling is strategic and the researcher samples on the basis of intending to interview the people relevant to the research questions. Purposive sampling involves purposefully choosing the elements to include in the study, based on the characteristics. Pascoe (2014:143) states that the advantage of purposive sampling lies in the fact that it can ensure that each element fits with the population parameters of the study. If an element does not fit, it can be disregarded. Therefore, purposive

sampling, in this study, was used to select the target group of women from African countries, where labia elongation is practiced.

Snowball sampling was used to identify all the participants, with the help of three key informants. Contact was made with the key informants and they agreed to help me locate the other women. One of the key informants is from Uganda, the other is from Malawi, while the third one is from Zimbabwe. These key informants belong to the same church, with these women. One of the key informants was the leader of the women's ministry, while the other two key informants belong to a group of women from different African countries, who offer pre-marital teachings to migrant women. Some migrant women are away from family and have no one to teach them on what to expect in marriage. However, these migrant women hold monthly informal meetings, to catch up with one another and to celebrate family functions. I was invited to one of their functions, so that I could have access to the women. It was at this function that I described my study to them, in detail and collected the contact details of the women that were willing to volunteer for the study. This method can be useful for identifying a small number of key, or expert informants. Pascoe (2014), cited in Duplooy- Cillers (2014: 143-144) defines snowball sampling as a method often used in qualitative research. It makes use of referrals to increase the sample size, until the required number of the sample is reached. The results obtained cannot be generalized or applied to the larger population. Snowball sampling makes use of referrals, to increase the sample size.

The study took place in Pietermaritzburg, South Africa. The population included thirty African migrant women who had been living in South Africa for over a year. Eight women were from Zambia, eight women from Malawi, six from Zimbabwe, four women from Uganda and four from Lesotho. The sample size of thirty was large enough to provide insights into the migrant women's experiences. It essential that in a qualitative research, the sample be suitable to extract rich and detailed data, unlike large data sets in which might be a problem of redundancy (Flick, 1998; Morse, 1995 in Onwuegbuzie and Leech, 2007).The women were over 21 years old and they all had experience with the labia elongation practice.

### **3.7 Participant's Demographic Information**

The participant's demographic information is shown below. The participants were all females aged between 25-48 years old. The findings from these interviews are highlighted in the findings and discussion chapter. To ensure confidentiality and anonymity, I gave pseudonyms to all participants.

#### **Mwaka Mulenga**

Mwaka is thirty-two years old and is from Lesotho. She has lived in South Africa for three years. She is a Master's degree student. She is married and is the mother of two girls. She was introduced to the labia elongation practice when she was ten years old.

#### **Ziwase Phiri**

Ziwase is forty-years old and is from Lesotho. She is a housewife and the mother of two girls and one boy. She has lived in South Africa for twelve years. She was introduced to the practice when she was eleven years old.

#### **Nawila Banda**

Nawila is from Lesotho and is a primary school teacher. She is not married, but has a daughter. She has lived in South Africa for ten years. She was introduced to the practice when she was eleven years old.

#### **Mbile Bowa**

Mbile is twenty-eight years old and is from Lesotho. She is a student, is not married and has no children. She has lived in South Africa for five years. She was introduced to the practice when she was eighteen years old.

#### **Mutinta Zulu**

Mutinta is a thirty-three year old housewife from Malawi. She has two sons and has lived in South Africa for eight years. She was introduced to the practice when she was twenty years old.

### **Rita Tawanda**

Rita is thirty-three years old and is from Malawi. She is a business woman. She is married, has a daughter and a son and she has lived in South Africa for six years. She was introduced to the practice when she was eight years old.

### **Helen Chiyayika**

Helen is twenty-seven years old and is from Malawi. She is a shop assistant. She is not married and does not have any children. She has lived in South Africa for five years. She was introduced to the practice when she was eighteen years old.

### **Martha Zulu**

Martha is thirty-two years old and is from Malawi. She is a shop assistant. She is married and has no children. She has lived in South Africa for six years. She was introduced to the practice when she was fourteen years old.

### **Annie Mwanza**

Annie is thirty-six years old and is from Malawi. She is a hairdresser, is divorced and has four children, three boys and one girl. She has lived in South Africa for ten years. She was introduced to the practice when she was thirteen years old.

### **Thulani Muziya**

Thulani is a twenty-five year old student from Malawi. She is not married and has no children. She has lived in South Africa for four years. She was introduced to the practice when she was twelve years old.

### **Mwansa Chinika**

Mwansa is twenty-eight years old and is from Malawi. She is a nanny by profession. She is a single mother of one. She has lived in South Africa for eleven years. She was introduced to the practice when she was ten years old.

### **Natasha Chipego**

Natasha is forty-six years old and is from Malawi. She is a *Nankungwi*.<sup>17</sup> She is married and has four children, two sons and two daughters. She has lived in South Africa for ten years. She was introduced to the practice when she was twelve years old.

### **Rukudzo Mwemba**

Rukudzo is thirty-four years old and is from Uganda. She is a lecturer and a single mother of two. She has lived in South Africa for six years. She was introduced to the practice when she was twelve years old.

### **Rukundo Banda**

Rukundo is thirty six-years old and is from Uganda. She is a PhD student. She is divorced and has two children. She has lived in South Africa for five years. She was introduced to the practice when she was nine years old.

### **Nondaba Mutale**

Nondaba is twenty-eight years old and is from Uganda. She is currently unemployed. She is married and has one child. She has lived in South Africa for five years. She was introduced to the practice when she was thirteen years old.

### **Luyando Katapazi**

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<sup>17</sup> *Nankungwi* is a woman responsible for the rites of passage of girls in Malawi. The Plural is *anankungwi*. These rite of passage teaching are not only restricted to girls but to boys too. Boys are also prepared for adulthood by *angaliba* (older men).

Luyando is thirty-six years old and is from Uganda. She is a PhD student. She is married and has three children. She has lived in South Africa for eight years. She was introduced to the practice when she was eighteen years old.

**Lina Mukuni**

Lina is thirty-eight years old and is from Zambia. She is a housewife and has four children. She has lived in South Africa for four years. She was introduced to the practice when she was eighteen years old.

**Lubuto Nzelu**

Lubuto is thirty-six years old and is from Zambia. She is a PhD student. She has one child and is not married. She has lived in South Africa for eight years. She was introduced to the practice when she was twenty years old.

**Lushomo Sata**

Lushomo is thirty-two years old and is from Zambia. She is a housewife and has two children. She has lived in South Africa for three years. She was introduced to the practice when she was ten years old.

**Chileshe Musonda**

Chileshe is thirty years old and is from Zambia. She is a Master's degree student. She is engaged and will be getting married soon. She has lived in South Africa for five years. She was introduced to the practice when she was twenty-one years old.

**Charity Chilala**

Charity is twenty-seven years old and is from Zambia. She is a master's degree student. She is single and has lived in South Africa for six years. She was introduced to the practice when she was eighteen years old.

**Prisca Zamiwe**

Prisca is forty-two years old and is from Zambia. She is a business woman by profession. She is married and has four children. She has lived in South Africa for seven years. She was introduced to the practice when she was twelve years old.

**Daisy Cholwe**

Daisy is forty-eight years old and is from Zambia. She is a *bana chimbusa*<sup>18</sup> by profession. She is married and has five children. She has lived in South Africa for fourteen years. She was introduced to the practice when she was ten years old.

**Constance Muyunda**

Constance is forty-four years old and is from Zambia. She is a lecturer. She is married and has three children. She has lived in South Africa for nine years. She was introduced to the practice when she was twenty years old.

**Namonda Mbulo**

Namonda is twenty-six years old and is from Zimbabwe. She is a Master's degree student and has lived in South Africa for six years. She was introduced to the practice when she was fourteen years old.

**Kasonde Nakazwe**

Kasonde is thirty-two years old and is from Zimbabwe. She is a PhD student. She is a widow with two children. She has lived in South Africa for eight years. She was introduced to the practice when she was eighteen years old.

**Beatrice Muchimba**

Beatrice is thirty-five years old and is from Zimbabwe. She is a PhD student. She is single and has lived in South Africa for seven years. She was introduced to the practice when she was sixteen years old.

**Theresa Ntamanyile**

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<sup>18</sup> *Bana Chimbusa* are older women in the Bemba culture in Zambia. These women are usually responsible for the pre-marital teaching of women. *Bashi chimbusa* refer to older men who are in charge of the pre-marital teaching of the men.

Theresa is twenty-eight years old and is from Zimbabwe. She is a personal assistant. She has one daughter and has lived in South Africa for five years. She was introduced to the practice when she was ten years old.

### **Mambo Takondwa**

Mambo is twenty-seven years old and is from Zimbabwe. She is a house maid and has two children. She has lived in South Africa for eight years. She was introduced to the practice when she was nineteen years old.

### **Taizya Katapazi**

Taizya is thirty-nine years old and is from Zimbabwe. She is teacher. She is married and has two children. She has lived in South Africa for ten years. She was introduced to the practice when she was twenty-six years old.

The obtained data reflected that labia elongation was practiced by all categories of participants, namely; young and old, married and unmarried, educated and uneducated, religious and non-religious people. It is important to show the age factor because some literature portrays labia elongation as an outdated practice. Age therefore gives us an idea as to who is involved in this practice. In the same way, the occupation of the respondents was relevant in the analysis of data, as it helped to understand what kind of people took part in this practice and how they viewed it. Different levels of education also helped to highlight the motives and values of the respondents. The marital status was important because labia elongation has been said to be a prerequisite of marriage.

## **3.8 Data Analysis**

Data analysis is the process of giving meaning to data. Data analysis is the range of processes and procedures whereby we move from the qualitative data that has been collected into some form of explanation, understanding or interpretations of the people and situations we are investigating (Holloway, 1990). The data was analysed using the notes and audio-recordings

during the face-to-face interviews with the study participants. The findings are presented and analysed using the themes that arose from the data. In this study, I analysed data by engaging with personal experiences of migrant women with the practice of labia elongation and thereafter, I formed themes which emerged from the ideas and experiences of the participants. The data was analysed continuously until I had saturated all possible themes within each field. The themes were then ranked in order of the frequency with which they emerged from the data. This process of engaging themes in the research analysis leads to the contribution of information and may also create new information (Brink *et al.* 2006). According to Braun and Clarke (2006), thematic analysis is rarely acknowledged, but it is widely used in qualitative analytic methods. Thematic analysis is not a specific method, but it is a tool used across all methodologies. Hammersley (2015) argues that thematic analysis should be a method in its own right because it is flexible; it incorporates methods that are essentially independent of theory and epistemology and can be applied across a range of theoretical and epistemological approaches. Thematic analysis fits in with the essentialist and constructionist paradigms and it has the potential to provide rich, detailed and complex accounts of data.

According to Silverman (2013), data analysis is the most important part of any research. You must show that your data analysis is sound and thorough. Silverman (2013) states that qualitative researchers must use open-ended interviews to try and tap the perceptions of individuals and contexts to which their subjects refer (Silverman, 2013).

### **3.8.1 Ethical considerations**

According to Louw (2014), cited in Duplooy-Cilliers (2014:262), ethics is a matter of integrity on a personal level but their implications reach further than the individual. Ethics is a moral or professional code of conduct that sets a standard for a researcher's attitude and behaviour. The term 'research ethics' is commonly understood in the field of social research as "a set of moral principles, which is suggested by an individual or group, is subsequently widely accepted, and which offers rules and behavioural expectations about the most correct conduct towards experimental subjects and respondents, employers, sponsors, other researchers, assistants and students" (De Vos *et al.* 2011:114). All the participants signed an informed consent form. According to De Vos *et al.* (2011:117),

obtaining informed consent means sharing with the potential participant all the information regarding the purpose of the study, clarifying the pros and cons of such participation, as well as clearly stating the parameters of study and its process. Therefore, the informed consent form includes information about the study and the respondents signed two copies, a copy was given to the respondent and I kept a copy. Wassenaar (1999) explained that it is important to keep the dignity and welfare of the study participants above the interests of the research. Therefore, time changes by the participants, were therefore respected and accommodated, even if it cost me time and money. Since this study may be regarded as sensitive, the church pastors were willing to offer counselling, if the need arose. Confidentiality and anonymity was guaranteed through the use of pseudonyms. Wiles *et al.* (2012) state, that although anonymity can be a complicated issue, providing pseudonyms is a helpful way to hide any identifiable information about the participants. The participants were also assured of the confidentiality of the information they provided, by signing consent forms and not using their real names and personal information that could identify them. No personal information was included on the informed consent form. Participants were told that there would not be any financial gain and that they were free to pull out of the interviews at any time. A letter was obtained from the University of Kwa Zulu-Natal research office, granting me clearance to carry out the study. After the interviews, the respondents were thanked for their participation in the study.

### **3.8.2 Limitations and the field experience of the study**

I encountered a number of challenges in the field. Some of the appointment times had to be changed a few times due to the busy schedules of the participants. This was because most of the women were busy with their jobs, studies or businesses. However, this scenario, according to Denzin and Lincoln (2003), that is not uncommon in qualitative research especially, with marginal populations that have busy family and working schedules. Some Malawian women that I interviewed work in shops that sell foodstuffs from their home countries. Since I was interviewing them during business hours, the different interviews were constantly interrupted, so that they could attend to their customers.

Another challenge was that the practice of labia elongation is not talked about in public. While the women were comfortable to talk to me about their experiences, most of them were uncomfortable being recorded talking about issues of sexuality. One of the participants, who is a *bana chimbusa*, told me she did not usually talk about issues of sexuality without compensation, because that is how she made a living and her knowledge of the labia elongation process was sacred. However, she only agreed to share with me because I was referred to her by a woman in her social network.

### **3.9 Conclusion**

This chapter focused on the research methods and methodology that were used during the study. The term research design refers, firstly, to the entire design of the study and secondly to the specific choice of design as to whether it is a qualitative, quantitative or a mixed methods approach (Babbie and Mouton, 2001). This study, therefore, was based on a qualitative design and thus, it was positioned in an interpretivist theoretical paradigm. According to Du ploy-Cilliers (2014), the interpretivist paradigm is based on the idea that people are fundamentally different from objects and this should be reflected in how we study them. Davis (2014), cited in Du ploy- Cilliers (2014) states that interpretivists view facts as fluid, because they are based on a system. These facts are influenced heavily by the system and the content, and in this particular case, Western feminists view the practice of labia elongation differently from the way some African women feel about this practice. Furthermore, with regard to the aspect of migration, reality becomes fluid for some of these women, because they may now interpret the labia elongation practice differently from the way they did in their home countries.

The study took place in Pietermaritzburg, South Africa. The population included thirty African migrant women who had been living in South Africa for over a year. Eight women were from Zambia, Eight women from Malawi, six from Zimbabwe, four women from Uganda and four from Lesotho. The data was collected using in-depth interviews. Du Plooy-Cilliers (2014) defines in-depth interviews as a qualitative data collection method which allows one to pose questions to participants, with the aim of learning more about their views, opinions and beliefs about a specific phenomenon. A thematic analysis was used to analyse the data. The data was analysed using the notes and audio-recordings taken during the face-

to-face interviews with the study participants. The findings are presented and analysed within the themes that arose from the data. In this study, I analysed data by engaging with the personal experiences of migrant women with regard to the practice of labia elongation, and thereafter, I formed themes which emerged from the ideas and experiences of the participants. I also reflected on my position as the researcher and also highlighted the ethical considerations and the limitations of the study. The next chapter will discuss the labia elongation practice, in detail.

## **CHAPTER FOUR**

### **DISCOURSES SURROUNDING THE LABIA ELONGATION PRACTICE**

#### **4.1 Introduction**

Tension has always existed between human rights and cultural rights. This chapter examines these tensions by looking at the various contestations around the practice of labia elongation. This cultural practice is very contentious and has attracted different views from different scholars. While some scholars argue that this practice denies women of their bodily integrity, others argue that labia elongation empowers women sexually. This chapter therefore looks at these debates, in detail. The practice of labia elongation and the meanings associated with it will first be addressed and this will be followed by the arguments against it. The cultural regulation of female sexuality will be highlighted as well as the health and shame concerns associated with the practice of labia elongation. Lastly, I highlight the perspectives of western and African feminist's, before concluding the chapter.

#### **4.2 The Practice of Labia Elongation and the Meanings Associated with it**

Labia elongation involves the pulling of the labia minora and it is practised in many parts of East, West and South Africa. This practice involves modifying the vagina for purposes of beauty and feminine ideals. It is also a way of enhancing sexual pleasure for both men and women. The labia elongation practice is also associated with symbolic meanings, for example, women 'covering the hole'<sup>19</sup> so as to provide privacy and encourage modesty (Larsen, 2010:816). Some doctors state that labia elongation pushes the para-urethel gland to the surface, hence increasing the chances of female ejaculation and lubrication. Khau (2012) in her study of labia elongation, among the Basotho of Lesotho, views the practice as a way of increasing sexual pleasure for the men. The elongated labia lips of the labia minora are seen as a protective covering of the vagina orifice and a sheath for the male sexual organ therefore, increasing sexual pleasure. Bagnol and Mariano (2008) state that labia elongation

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<sup>19</sup> Covering the hole refers to the urethral and vaginal opening

is known as *Kukoka*<sup>20</sup> in Malawi and *okukyiara ensiko* in Uganda. Research shows that Zimbabwean women derive pleasure from labia elongation (Batisai, 2015). According to Puppo (2013), the internal female genital organs are responsible for reproduction, while the outer parts play a big role in female orgasm and sexual pleasure. Puppo (2013) suggests that the clitoris, with its intricate vascular and nervous network plays a role in female orgasms. The Labia minora are as sensitive as the glans of the clitoris. They have a thick connective tissue of elastic fibres, a considerable number of free nerve endings and sensory receptors, and small blood vessels that form erectile tissue which is similar to the penile corpus spongiosus. Furthermore, Bizimana (2010) states that women from the Congo, Burundi, Rwanda and Uganda practice labia elongation because it is erotogenic. Therefore, it is a foreplay technique that involves playing with the elongated labia.

Tamale (2007) rebukes the West for attacking the labia elongation practice. She states that the elongated labia are not only for the pleasure of men, but also, that of women. She claims that women's lived experiences should be more believable than the theories from the West. Additionally, elongated labia help women feel like active sexual beings. Kaunda (2015:159-160) states that *ukutinta amalepe* increases the sexual pleasure for both the man and the woman and is also helpful for the woman during child birth. It is usually a group activity among Zambian girls. It encourages them to know and be comfortable with their bodies. *Ukutinta amalepe* gives the girls a taste of sexual pleasure. Kaunda (2015) further adds that in the *Bemba* tradition, sexual satisfaction, for both the man and the woman is a community concern. When two people get married, the union becomes bigger than the two of them; it is the union of lineages and this strengthens clans and relationships. Therefore, elderly men teach the young men, while elderly women teach the young girls. According to a study carried out by Koster and Price (2008), all the research participants agreed that elongated labia produce more vaginal secretions. Unlike female genital mutilation, which seeks to reduce women's sexual pleasure, labia elongation is the opposite, as it seeks to enhance sexual pleasure, not just for the men, but for the women as well. Koster and Price (2008) state that elongated labia are a sign of beauty and it also represents fertility. Rasing (2004) states that

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<sup>20</sup> The process of labia elongation is known as *Kukoka* in Malawi while the elongated labia minora is known as *Zokoka*.

labia elongation is simply the first in the series of many teachings. A Bemba woman is ultimately responsible for everything that goes on in her marital home. The main content of the teachings is to prepare women to live in harmony with their husbands and the community, and the emphasis is on intimacy. Kaunda (2015) states that sex is a very big part of the Bemba people of Zambia. Therefore sex education is a lifelong learning experience that begins early in a girl's life, hence labia elongation is introduced to the girls before puberty. He suggests that sexual satisfaction is a community effort in the Bemba tradition. The elongation of a girl's labia is a celebration of female sexuality and they are introduced to sexual pleasure through labia elongation. They are taught to be in touch with their sexuality and that it is normal to ejaculate and have an orgasm during the pulling process. Girls are also taught to be comfortable with their bodies. According to Perez *et al.* (2015), Zambian women need their labia elongated in order to be complete. Narrower and tighter vaginas are associated with women who elongate their labia. For some women, labia elongation is a continuous process; they believe that the labia shrinks after childbirth, so they have to continue pulling after labour (Bagnol and Mariano, 2008). However, Puppo (2013) states that some women have naturally elongated labia and that they tend to grow during puberty. This is not only restricted to African women. These elongated labia, however, differ from the traditionally pulled labia minora, because they grow naturally due to genetics, hormones or estrogen. Shweder (2000) notes that labia elongation is viewed as an upgrade of the female genitalia from the original natural state. Most women who have undergone labia elongation do not view themselves as having been mutilated. Mutilation involves the cutting of a part of the body.

### **4.3 Arguments against Labia Elongation**

#### **4.3.1 Violation of rights and bodily integrity**

There are several arguments against the labia elongation practice. Khau (2007) has highlighted that cultural practices, such as labia elongation are hardly heard of, because they are regarded as oppressive to women. Furthermore, labia elongation only exists to reduce the sexual excitability of women, hence women do not fully experience the pleasures of sex.

Labia elongation is also used to reduce sexual excitement in *Sotho women*<sup>21</sup>, because the elongated labia forces the clitoris to retract into the labia folds. Gay (1986) states that labia elongation is therefore, used to control female sexuality. The central concerns regarding labia elongation have been the issues of age and consent. Scholars, such as, Katongo (2012) view labia elongation, as a form of abuse to girls, because they are not given the option to choose and they are therefore, they are denied the right to bodily integrity. Mbuyi (2006) argues that the labia elongation practice can only be a valid cultural practice if full consent is sought from the girls. She adds that the procedure itself may not be a problem, but the process is, if it is carried out on young girl who do not fully understand the practice. Abusharaf (2006) states that female genital modification, irrespective of the type, is oppressive to women and girls. He further states that girls should not be exposed to harmful cultural practices. Girls who undergo labia elongation are not old enough to consent to this cultural practice. Society pressures young girls into such practices. Montagu (1991), cited in Abusharaf (2006), presents a universalist standpoint by stating that culture advocates simply justify acts of violence against women. Labia elongation should be viewed as a form of child abuse, since children have no say whatsoever about the practice. Girls do not have the ability to say 'No' to such practices. Since informed consent is not sought from the girls, labia elongation is seen as a violation of the Declaration of the Rights of the Child, which emphasizes that "children must be guaranteed the opportunity to develop physically in a healthy and normal way".

In addition, the Buganda culture in Uganda regards sex discussion with minors as inappropriate, therefore, the girls are not told about the use of the elongated labia. They are simply told that *okukyalira ensiko*<sup>22</sup> is a sign of beauty and every woman should have them. The girls are made to believe that a woman without elongated labia cannot give birth, or may encounter complications during childbirth. Therefore, the girl's bodies are modified without the girls knowing the real reasons behind the modification. Furthermore, the girls have to deal with permanent vaginal changes that cannot be reversed (Martinez Perez and Namulondo, 2011). Bagnol and Mariano (2008) state that labia elongation trains girls to think that their life's mission is to sexually satisfy men, without men doing the same for them. Labia elongation also introduces young girls to issues of sexuality at a very young age.

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<sup>21</sup> The Sotho people are an ethnic group living in Lesotho

<sup>22</sup> *Okukyalira ensiko* refers to visiting the bush Uganda

According to Esho (2015), by engaging in labia elongation, girls and women are prevented from having autonomy over their own bodies.

Some feminists have portrayed the practice of labia elongation as an indicator of female victimization by male authority, and as an attempt to control women's sexuality through culture (Eisler 1995; Hicks 1996; Hosken 1994; Lightfoot-Klein 2003; Okin 1999; Walker and Parmar 1993). Esho (2015) views labia elongation as damaging to the labia minora.

#### **4.3.1 Regulation of Female Sexuality through Cultural Practices**

Throughout history and across different cultures, the vagina is seen as a symbol of female sexuality, serving as a site for regulation and contestations around gender identity, sexuality and reproduction (Laquer, 1990). In addition, the radical feminists are of the view that African culture imprisons women (Kambarami, 2006). They state that culture is a patriarchal<sup>23</sup> tool used to subordinate women. Some of the patriarchal institutions include, family, marriage, religion and culture. These institutions are used to suppress female sexuality through the socialization process. Kambarami (2006) further states that girls are subjected to sexual teachings about pleasing men from the time they reach the age of puberty. Women are socialized to depend on men financially, and even sexually, they are taught to be passive. Therefore, African women are not allowed to explore their sexuality on their own, as it is defined for them. McFadden (2003) states that culture remains to be one of the tools used to oppress women sexually. Paternity and the legitimacy of children are some of the reasons why the women's sexuality is regulated. This is to ensure that property is left to the rightful heir. This has led to practices such as virginity testing. Bruce (2003) defines virginity testing as the examination of the female genitalia to check the presence of the hymen, this is done in order to determine whether the girl is a virgin or not. The hymen is a thin membrane of skin that surrounds or partially covers, the vaginal opening. According to a study done by Leclerc-Madladla (2001), South African women view this practice as valuable, because it keeps the young girls modest and pure and it also gives them self-respect and pride. However, Bruce (2003) states that virginity testing is just one of the many cultural practices that show

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<sup>23</sup> Patriarchal is a system or characteristic controlled by men while women are kept in subordinate positions

that women have no ownership over their own bodies. In addition, Waruta and Kinoti (2000) state that cultural practices, such as paying of *Lobola*<sup>24</sup> show that women are not ever free; they simply change ownership, from the father, to the husband. Kanyoro (2002) has contended that African women, as custodians of their culture, have often passed harmful practices to other women have, while trying to safeguard culture and traditional practices. Phiri and Sarojini (2006:11) have built on this by stating that life-giving aspects of culture must be upheld, while life-denying aspects should be rejected.

Another way that African culture has been said to regulate female sexuality is through female genital mutilation. Female genital mutilation is also referred to as female genital cutting. This practice has been classified by the World Health Organisation as a violation of women's rights. This practice is carried out to preserve the modesty of women, before and after marriage. The World Health Organisation has classified these practices into four categories, the first three of which are very severe. The first type includes the total or partial removal of the clitoris. The second type is the total or partial removal of the clitoris and the labia minora. The third type is the stitching of the vaginal opening (WHO, 2008). Henlund and Duncan (2000) state that the World Health Organisation considers female genital mutilation to be among the top four harmful African traditions. The other three include, childhood marriage, early pregnancy and certain child spacing and delivery practices. In addition, Khau (2012) states that cultural practices, such as labia elongation, are used to suppress female sexuality, while prioritising male pleasure. According to Falola (2003), practices such as labia elongation exist because they have been sanctioned by culture to show male dominance in every area, including sexuality. Culture defines many experiences and hardships that are endured by women.

#### **4.3.2 Health Concerns associated with the Labia Elongation Practice**

According to Hernalund and Duncan (2007), efforts to eradicate cultural practices such as labia elongation, have moved from medical grounds to human rights. This may be because there have not been any serious health concerns, when it comes to the labia elongation practice. Although female genital modification is not as harmful as genital mutilation, it still

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<sup>24</sup> *Lobola* is the bride price paid to the woman's family before marriage

has some negative effects on the woman's body. The immediate symptoms of female genital modification include, pain, bleeding, shock, difficulty in passing urine, infections and injury to nearby genital tissue. Grassivaro Gallo and Villa (2006) state that women with hypertrophic labia minora<sup>25</sup> have a high concentration of sensory nerves, therefore, pulling the labia minora can result in skin sensitivity in the area and this may result in hyperesthesia<sup>26</sup> and dysesthesia<sup>27</sup>. According to a study carried out by Koster and Price (2008), the herbs used to elongate the labia cause swelling and stinging and that the pain is more severe in the beginning of the pulling process. In addition, Grassivaro Gallo and Villa (2006) state that, although the pulling process is more painful in the beginning for young girls, the pain is more severe in older women, because the tissue structures is less elastic. Koster and Price (2008) also claim that anxiety is a health concern because some girls are forced into this practice, and therefore this intimidation may result in anxiety. The exchange of vaginal fluids by the girls may result in infections (Grassivaro Gallo and Villa, 2006).

#### **4.3.3 Shame associated with not undergoing the Labia Elongation Practice**

While labia elongation can be a source of pleasure and happiness for some women, it can be a source of shame for others. Tamale (2005: 9-14) states that a woman who has not undergone this practice is looked upon as a disgrace and the husband can send her back to the family, so that she can elongate her labia. According to Khau (2012:769), a man who is married to a woman without elongated labia can be unfaithful and give the excuse that he feels cold when he sleeps with the wife, because the *blankets*<sup>28</sup> are too small. According to Larsen (2010:820), the fact that a woman has not undergone this practice is not a reason for a divorce. However, divorce is attributed to the woman's failure to conform to the social norms of her society, by having a culturally correct vagina. Girls who do not conform to cultural practices, such as

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<sup>25</sup> Hypertrophic labia minora is enlargement of the labia on one or both sides. It can also affect the labia majora. Some women are born with it while for other it happens during puberty.

<sup>26</sup> Hyperesthesia refers to increased sensitivity to sensory stimulation, such as touch or temperature. The term derives from the Greek word hyper which means over and aesthesis which means feeling. The term is usually used in relation to cutaneous sensation. It is most commonly expressed in terms of increased pain sensitivity.

<sup>27</sup> Dysesthesia is defined as an unpleasant, abnormal sense of touch. It is usually a painful burning, pricking or aching feeling. It may cause the skin to feel like it is on fire.

<sup>28</sup>Blankets in this instance refers to elongated labia

labia elongation, are viewed as outsiders. Larsen (2010) adds that women who are restricted to a particular network are more likely to feel side-lined, than women who have alternative networks. According to a study carried out by Martinez, (cited by Perez and Namulondo, 2010), on men's attitudes towards labia elongation, although the men said that they valued the elongated labia, the majority said, that they would marry a woman who has not undergone this practice. Despite labia elongation being a requirement for marriage, it may be a decreasing trend.

#### **4.4 Western versus African Perspectives on Genital Modification**

There seems to be a disparity between the African and Western types of genital modifications. The definition of cosmetic surgery is different, to that of other forms of surgery, in that it supposes to change only the appearance of the patient. Mental and physical wellbeing seem to be prominent reasons for individual women. The procedures that are presented in the media include the reduction of the labia minora and the tightening of the vaginal opening. In the mass media accounts, these operations are presented as trends with beneficial outcomes, when it comes to aesthetics and sexuality (Essen and Johnsdotter 2010). Although both labia elongation and female cosmetic surgery are performed with the belief that they will improve an individual's life, the former is considered to be oppressive, while the latter is considered to be a form of women empowerment. Some women undergo breast reductions for some of the reasons that some young girls undergo cultural practices such as labia elongation. The crucial questions must be asked are: 'who undergoes such operations?' and 'for whom must these women be desirable and acceptable?' A woman's inability to control her body is not country-specific. The abuse of the female body should be studied and interpreted within the context of the oppressive conditions experienced under patriarchy (Nnaemeka, 2004).

According to Brown (2009), the difference between female genital cosmetic surgery and African genital modifications is that the former is done in a hospital. Although both labia elongation and female cosmetic surgery are performed with the belief that they will improve an individual's life, the former is considered to be oppressive, while the latter is considered to be a form of women empowerment (Meyers, 2002). Women around the world engage in a variety of vaginal practices to manage their health, hygiene and sexuality. Considering

several factors, modifications, are viewed differently, globally, depending on the culture. For example, while, some African women celebrate the practice of labia elongation, women in the West view elongated labia as ‘shame lips’. In the Western world, women who have naturally elongated labia are said to have a condition called labia hypertrophy, which means enlargement of the labia sometimes called the vaginal lips. It is not a serious condition, but it can cause some discomfort and it can be embarrassing for some women. The labia can be enlarged on one or both sides. Most young women who have this condition have bigger than the average-sized labia. Some women are born with bigger labia, while others may notice their labia get bigger during puberty. Many young women complain about the bulge in their underwear and an uncomfortable feeling with certain kinds of tight clothing, or when doing certain kinds of activities, such as riding a bike, running, horseback riding or other kinds of activities which can cause rubbing of the genital area. The causes for this condition are still unknown, but surgery is recommended in some cases. Labiaplasty is a type of surgery that involves reshaping or reduction of the labia (Hull *et al.* 2011). Puppo (2013) states that the World Health Organisation has double standards when it comes to African and Western types of female genital modifications. He suggests that Type II<sup>29</sup> under, female genital mutilation and labiaplasty are the same thing. Levin (2011) also states that, labiaplasty, just like female genital mutilation Types I, II and III involves the removal of an erectile organ that contributes to the female orgasm. Mwenda (2006) states that, unlike other forms of female genital mutilation which have been ruled illegal in some countries, labia elongation is not illegal in any of the countries where it is practiced.

Aschwanden (1982) notes that a woman who has not elongated her lips is called a “cold woman” or even “a man”, and stresses that its importance is in the construction of female identity. These practices are part of the context of preparation for sexuality, which also includes scarifications on a woman’s body, in order to increase eroticism. A number of nicknames have been given to elongated labia including, beef curtains, lips, petals, apron, twins, twin towers, door, etc. A girl without elongated labia minora can be mocked with derogatory expressions, such as “a goat that has no horns”, “a house without curtains” or “a pumpkin without seeds” (Mbuyi, *et al.* 2010). According to Muyinda *et al.* (2003), the

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<sup>29</sup> Type II involves cutting of the clitoris or labia minora

historical the reason for labia elongation was to 'close' the vaginal opening at a time when people were not wearing clothes. Arnfred (2004) and Qureshi (2004) enter the discussion with a fascinating point by stating that both state that the interest in labia elongation is not modern. The term 'Hottentot Apron' in the 18th century was used to refer to the distinctive labia minora seen among the Khoisan women. Sarah Baartman, a Khoikhoi woman from Cape Town, was sold as a slave to a British showman, Hendrick Cezar, and was forced to exhibit herself at fairs and ethnological exhibitions. She became a symbol in the debate over whether the elongated genital features were artificial or natural in Khoisan women. Baartman's labia hung together between her legs, giving the impression of a curtain or apron of skin. Elongated labia were (and still are) a common feature in the Khoisan community. The labia were elongated by manual stretching. Baartman's genitals were portrayed as resembling the skin that hangs from a turkey's throat. Esho (2015) states that, according to a study carried out in Zimbabwe, men prefer to sleep with women with elongated labia. Labia elongation however, does not necessarily guarantee success in a marriage, as married women who have undergone this practice may experience the same sexual and relational problems, often because of their male partners' infidelity. Zimbabwean-born human rights activist Betty Makoni (2013) stated that, labia elongation is a cultural practice that is rampant in Zimbabwe. However, this statement did not sit well with Zimbabwean scholars such as, Musodza (2013) who argued that female genital modification is not rampant in Zimbabwe and that people like Makoni play on the prejudices of the Western people about Africa. According to him, some African scholars who are based that some African scholars based in the western countries, deceive the ignorant people, with the view of getting anti-female genital mutilation campaign money. It is easy to deceive people from the West about facts of life in African societies, because the Western media have already portrayed Africa in negative terms.

Falola (2003) states that Western feminists regard themselves to be the "experts" on cassava without, ever having seen it. Some African scholars have accused Western scholars of being less accommodating of cultural differences. African women are seen as victims of patriarchy, they are looked at as "prisoners of ritual" (Lightfoot-Klein 1989; 1992). According to Schweder (2002), there seems to be a negative discourse with regard to the way African mothers are portrayed, compared to Western mothers. African mothers are viewed as mutilators, murderers and torturers of their children. Schweder (2002) warns against

representing African mothers as bad mothers and Western mothers have a better idea of what it means to be good mothers. Hernlund and Duncan (2007) state that African parents are now being viewed as being in opposition to children's rights. Human rights have become more important than any other kind of rights globally. Unfortunately, cultural rights are seen as polar opposites of human rights. However when it comes to forms of female genital modification, there is an unsettled debate, over whether to classify it from the rights perspective or the health perspective. Longman and Bradley (2015) add that while some African women modify their labia minora; by stretching them, some women in the West undergo genital cosmetic surgery to reduce their labia minora, the motive however, is the same namely; to come up with a socially constructed perfect vagina.

The dominant discourses of female genital operations in the West, have several themes. Harsh language is employed to invoke violence and fear, practices are renamed, notions of global patriarchy and universal female oppression are believed to transcend local subjectivities and differences between women, female genital operations are perceived as a primitive tradition among the uneducated and as evidence of the savage "Third World Patriarch" and victimized "Third World and non-Western women's genitalia are objectified and subjected to Western spectatorship. Each of these methods perpetuates dangerous neocolonial ideologies by reifying the "First World/Third World" dichotomy, portraying non-Western cultures and peoples monolithically and homogeneously, and aspiring to moral superiority and transcendent truth (Brux, 2007).

Claims to empirical knowledge moral superiority and transcendent truth arise immediately, when writers frame their discussions and choose their vocabulary. Most writers strive for a catchy and persuasive introduction and for those participating in imperial discourses, violent and strategically authoritarian language gets them off to a great start. Discussions frequently begin by immediately renaming and homogenizing a diverse collection of operations, replacing indigenous names and erasing important distinctions with catchy phrases like 'female genital mutilation.' Rather than speaking to specific local practices as they are indigenously named and signified, these feminists rename the surgeries to connote their own, supposedly more accurate, interpretations of the practices. These feminists thus assume positions of morally superior and rational consciousness, expressing confidence in their enlightened capabilities to convey the absolute truth, or reality of these practices (Brux,

2007). This interference by the West can be seen as cultural coercion. The term ‘cultural coercion’ refers to the use of force, or the threat of force to get people to change their cultural values, beliefs, and expressions (Cohen, 2010). She further adds that there is always a desire within any given culture to preserve and protect what makes it unique. One of the reasons why cultural practices, such as labia elongation are done in secret is because of the distrust that the African people have towards the West, because of their global eradication campaigns being ‘sensationalized, ethnocentric, racist, culturally insensitive and simplistic (Arora and Jacobs, 2014).

According to Longman and Bradley (2015), unlike other forms of female genital modification, labia elongation is not illegal in any of the countries where it is practiced. Esho (2015) states that female genital mutilation is illegal in countries, such as Kenya, Uganda, Egypt, United Kingdom, Ireland, France and Burkina Faso. Furthermore, Longman and Bradley state that the purpose of procedures, such as labia elongation is associated with external modification and it is justified because, they are framed as not being associated with the control of sexuality, hence this often allows for the lack of structured policy responses or legislation.

According to Larsen (2010), Western assumptions of African cultural practices, which tend to foster gross simplifications of complex realities, should be replaced by self-reflection. This would then inform international policies, focusing on African sexual health, thereby enabling an increased understanding of the processes that configure change and continuity in intimate life. This kind of approach would incorporate indigenous African knowledge as a critical factor for sustainable development and in turn, foster socio-economic transformation.

#### **4.5 Conclusion**

This chapter has looked at the labia elongation practice. I firstly looked at the practice in detail and the meanings that are associated with it. Some of the cultural meanings include, the enhancement of sexual pleasure for both men and women, social respectability and marriageability, empowerment for women and aesthetic improvement. I then looked at the arguments against the labia elongation practice. Age and consent are some of the important

issues raised by the opponents of this practice. Mwenda (2006) states that labia elongation is a valid customary practice, if consent is sought. He stated that labia elongation does not violate any laws of any country and is not illegal in any of the countries which it is practiced. However, other scholars have argued that issues of consent do not apply to this practice, when it is carried out on young girls. These young girls do not fully understand the practice, they are not usually asked but they are told to go through the practice. I also looked at health concerns when it comes to this practice. Pain, bleeding, shock, difficulty in passing urine, infections, injury to nearby genital tissue and anxiety have been cited by Grassivaro Gallo and Villa (2006). I later highlighted the shame that is associated with not undergoing the labia elongation practice. Tamale (2005) states that a woman who has not undergone this practice is looked upon as a disgrace and the husband can send her back to the family so that she can elongate her labia. Khau (2012:769) suggested that a man who is married to a woman without elongated labia can be unfaithful and give the excuse that he feels cold when he sleeps with the wife, because of the *blankets*. This chapter also highlights the disparities between the Western and the African perspectives of the labia elongation practice. According to Brown (2009), the difference between female genital cosmetic surgery and African genital modification is that the former is done in hospitals. Although both labia elongation and female cosmetic surgery are performed with the belief that they will improve an individual's life, the former is considered to be oppressive while the latter is considered to be a form of female empowerment. The next chapter presents the findings of the study and the discussion.

## **CHAPTER FIVE**

### **THE MEANINGS THAT AFRICAN MIGRANT WOMEN ASSOCIATE WITH THE PRACTICE OF LABIA ELONGATION**

#### **5.1 Introduction**

This chapter is the central part to the study. It presents the findings obtained from the migrant women after using in-depth interviews. The results of the study are discussed in accordance with the objectives and questions formulated for the research, that is, to examine how the migration experience shapes discourses surrounding the labia elongation practice. According to Plummer (1995), there are two major interpretations and levels in any research analysis. The first level involves the participants who relate and interpret their lived experiences, while the next level involves the researcher who analyses the experiences of the participants. I will therefore discuss the findings in the light of the concepts presented in the theoretical framework before concluding the chapter.

#### **5.2 Introduction into the Practice**

One of the most important aspects of transitioning from being a girl to becoming a woman involves sexual education. The sexual preparation of the female body, in some cultures, involves labia elongation. The task of teaching girls about the practice is given to the older women in the community (Mwenda, 2006). Scholars such as Williams (1969); Grassivaro Gallo and Villa, (2006); Mwenda, (2006); Tamale (2006); Koster and Price, (2008); Bagnol and Mariano (2012); Khau (2012), all state that labia elongation is usually done to girls between the ages of eight to about twelve. According to this study, the youngest age at which a respondent was introduced to the practice, was eight while twenty-six years was the oldest age. It was very important to include the age at which these women were introduced to this practice, because it helped to interpret some aspects of this practice. There was no information, in the literature that showed that some women undergo this practice when they are older. The respondent's confirmed this by stating that labia elongation is a cultural practice usually done to girls from the age of eight or before puberty. Although it is more

desirable for some communities to engage in this practice at a young age, twelve out of the thirty women I interviewed said that they had elongated their labia, at a later stage, these ages range from sixteen to twenty-six as indicated under the participant's demographics.

### **5.2.1 Pressure from family members and relatives**

It has been established in literature that it is a taboo for mothers to talk about the labia elongation practice with their daughters and therefore, the task is left to the family members and relatives. While some mothers ask the women around them to talk to their daughters concerning the practice, some relatives take it upon themselves to introduce the girls to the practice without discussing it with the girls' mother. Examples of this, can be found below:

Taizya from Zimbabwe:

*I was told about this practice when I was nine years old by my grandmother. She gave me some herbs to use to pull my labia. My mother was a nurse, and when she found out about this, she threw away the herbs and told me not to do it. At that age, I did not understand what was going on, but I listened to my mother until I was about to get married. My married friends were shocked to learn that I had not gone through this practice, and they encouraged me to go through the practice, so that my husband would have no excuse to cheat. I did it because I wanted to secure my marriage. I was twenty-six years old.*

Lushomo from Zambia:

*Growing up, I was a very shy and awkward child. I could not undress in front of people especially, when my breasts began developing. My mother's young sister literally bullied me into this practice. She told me about the practice and when I refused to do it, she told me I had no choice. She would pass comments like 'naupywa iwe' which translates 'you have ripened' or she would say 'amaluba yafuma', which translates 'the flower has blossomed'. When my aunty realised that I was not going to do this on my own, she trapped me by calling me to the bedroom, where she was with our house help. They locked me in and held me down and started pulling my labia. I cried and screamed really loud hoping for my mother to come*

*and save me, but she never did. Although it was painful, I think I was more traumatised by the comments that my aunty made before I underwent this practice. I was so scared by the stories she told me of women who had not gone through this practice that after the first encounter of being tied down, I gave in and started pulling on my own. This went on until, my aunty told me to stop.*

Mutinta from Malawi:

*I elongated my labia when I was twenty years old and I was warned that they would not stretch because of my age. I was advised to pull them, while bathing in very hot water and I saw the results within two weeks.*

Rukudzo from Uganda:

*My mother is a very reserved woman who never talked to us about sensitive subjects. I did not know what to expect when I started menstruating. So when I got my first period, I went to her and told her, she simply said okay. An hour later my grandmother came and talked to me about the stage and she warned me to stay away from boys. She also told me how to take care of myself, how to be clean and finally, she told me about the labia elongation practice. I was twelve when this happened.*

Namonda from Zimbabwe:

*I learnt about this practice when I went to boarding school. I was fourteen years old. There were a number of girls in school who seemed far beyond their years. They would tell us horrific stories of what happens to girls who have not undergone this practice. Out of fear, myself and the other girls allowed these girls to pull our labia. My family never talked to me about this practice. In fact, my sisters did not go through this practice. If it had not been for my friends at boarding school, I would not have undergone this practice as well.*

Rita from Malawi:

*I grew up in the rural areas with my grandmother and she introduced me to this practice when I was eight.*

Rukundo from Uganda:

*I went through this practice when I was about nine years old. My aunty told me and my sister, who was eleven, about this practice.*

Lina from Zambia:

*My grandmother told me about this practice when I had finished high school, I was eighteen years old. I had heard about it when I was younger, but I just never went through it until my grandmother told me to do it.*

Kasonde from Zimbabwe:

*I was raised by a single father; my mother died when I was two years old. Although my father would talk to me about some sensitive subjects, there were things that he would ask the women at church and my teacher at school to talk to me about. My primary school teacher actually told me about this practice when I was ten. I had so many questions, but she did not give me any answers, and told me not to ask my father either. I went through the practice, although I did not understand it.*

### **5.2.2 Pressure from friends**

Unfortunately, the women stated that the pressure does not only come from older relatives, but from friends as well;

Mwaka from Lesotho:

*I was not told about this practice when I was young. Although I had heard whispers and murmurs about the practice, I only discovered it fully when I went to boarding school in Grade Ten. All my friends had pulled their labia and I was told that no man would want to have sex with me, so I started pulling and today I am glad that I did.*

Lushomo from Zambia:

*A lot of pressure comes from friends and I say this from experience. As young girls you don't really know what the truth about sex is, there is a lot of peer pressure and unfortunately this pressure continues even into adulthood. As a young girl, your friends will tell you that if you don't pull, you won't find a man, who will want you, and if you find one, the older women*

*will check you before the wedding. If they find that there's nothing down there, they will pull your labia minora using pegs. These were the horrific stories that we would hear growing up. Things are better now, because everyone is focused on human rights, but back then the older women would do anything to prepare these young girls. This actually only stopped in the nineties when the non-governmental organisations and women movements started speaking up and calling for the arrest of these older women who would torture young women. These teachings were brutal, and the reason for them teaching us is to show that you have to endure this pain and discomfort because marriage is not easy for women. The young women were taught that you will endure pain from your husband and your in-laws, therefore these teachings were meant to make young women resilient.*

*The reason why young women succumb to this pressure is so that they can fit in with their friends, because young women always want to be part of something. On the other hand, older women are also under pressure from family and friends. They will always be telling you that your husband will cheat because you don't have those things down there, which leads older women to undergo this practice, just so that they can keep their marriages intact.*

These sentiments from these women are in line with the sentiments of the WHO (2008), namely, that young women face a lot of social pressure to modify the genitalia, the pressure is not only from family members but also from friends as well. According to Johansen (2006), gender norms, in some cultures, and in some historical contents, dictate how women need to customise their genitalia, in many cases to fit local aesthetic and social norms, and for the purpose of enhancing the sexual pleasure of their partners. Dictating what women do with genitalia, however, is not always done by men. Hernalund and Duncan (2007) state that cultural practices such as labia elongation, are usually about, the older women asserting and maintaining power, which is in line with some of the responses from the participants who state that they were forced into the practice by their grandmothers. This statement highlights the different dynamics of feminism. Some respondents also highlighted how they were inspected by their grandmothers or aunts. In addition, Mbuyi (2006) stated that the social pressure that young women are put under to pull their labia minora is a valid basis for classifying the practice as an injustice. Esho (2015) further examines whether women are victims or influencers, when it comes to the labia elongation practice. Women will usually succumb to this pressure, because they want to comply with the ideal standard of beauty in

their community. In her study, Khau (2012) stated that grandmothers, aunts and female peers are responsible for initiating young Basotho girls into the labia elongation practice. Since this practice is carried out in groups in some areas, girls who have not undergone this practice are more likely to undergo this practice, so that they can fit in with the other girls. Khau (2012) further states that the pressure is not simply about undergoing the practice; there is also a competition among the Basotho girls as to who will attain the desired length first. Similarly, Labrecque (n.d: 48) in her analysis of the Bemba people states that young girls are sometimes mocked by their friends, who use terms such as ‘*icipumbu*<sup>30</sup>’, ‘*ashala mushili*’<sup>31</sup>; *ashala kwipo*<sup>32</sup>; ‘*ashala munkama ya babiye*’<sup>33</sup>; ‘*ashala mu mulombo*<sup>34</sup>; and ‘*ni cipelelo*’<sup>35</sup> .

### 5.3 Motivations for undergoing Labia Elongation

#### 5.3.1 Maximising sexual pleasure

Most of the respondents cited sexual pleasure as the key motivation for this experience, for example;

Luyando from Uganda:

*A true Buganda woman must elongate her labia. Not all communities in Uganda engage in this practice. It is done in Central and Western Uganda therefore there should be a distinction between a woman who comes from these two areas and one who does not.*

Daisy from Zambia:

*Labia elongation plays a very important role in the sexual life of a married couple. It enhances sexual pleasure for both the man and the woman. I have heard some people say it is only for the pleasure of the man; even if that is the case, you give pleasure to receive*

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<sup>30</sup> *Icipumbu*’ translates as a fool

<sup>31</sup> *ashala mushili*’ meaning she remains virgin soil

<sup>32</sup> *ashala kwipo*’ meaning she remains untaught (not initiated)

<sup>33</sup> ‘*ashala munkama ya babiye*’ meaning she remains without a secret that her friends have and share

<sup>34</sup> *ashala mu mulombo*’ she remains (is) like a tree growing alone on an anthill;

<sup>35</sup> *ni cipelelo*’ (*ukupela* means to reach the end or simply no future).”

*pleasure.” Another respondent said that, elongated labia provide additional sensations during sex for the couple. When the lips<sup>36</sup> are longer, they are easier to play with.*

Natasha from Malawi:

*The role of the elongated labia is to hold the manhood. After orgasm, there is another sensation that is experienced by both the man and the woman as the elongated labia is unwrapped from the penis.*

Theresa from Zimbabwe:

*Some marriages are very dry. As a woman, you should be able to tell your husband how to touch you. For some women, there is nothing to caress during foreplay and there is nothing to hold the manhood during the sexual act.*

Lina from Zambia:

*I had started pulling my labia when I was very young, but I stopped because I was lazy. I was surprised when they grew on their own after puberty. I was worried, so I went to see a gynaecologist who advised me that it was normal and that the growth was due to hormonal changes. I now appreciate them. They swell during intercourse due to excitement, and I view them as a beautiful accident.*

Lushomo from Zambia:

*For a person to be called a real woman, they need to have the ability to sexually arouse and satisfy their partner in bed. Labia elongation is one of the techniques that a woman uses to increase her sexual urge. It is a woman’s secret tool. Unlike men, who drink herbs to enhance their libido, women use their bodies. It is a shame that this practice is slowly being lost. We need our own traditions that identify us; we are not American, we are Africans, and we should be proud of who we are.*

Constance from Zambia:

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<sup>36</sup> Elongated labia are also known as vaginal lips

*I think elongated labia are full of nerve endings and these provide much more sensation than the normal labia, therefore women with elongated labia are more likely to get an orgasm than women with normal labia minora.*

Kasonde from Zimbabwe:

*Men are very curious and they always talk to each other, and their friends will tell them stories about women who have gone through this practice. Therefore, if a man is not married to a woman with elongated labia, he will want to taste something else. He will look for a woman to who has undergone this practice. It may even be a once-off thing, but he will do it.*

Scholars such as Perez and Namulondo (2010), view labia elongation as pleasure seeking and not pleasure denying. This was established in their study of Buganda women in Uganda. The results established that labia elongation enhances sexual pleasure for both the men and women. In addition, Grassivaro Gallo *et al.* (2010) state that labia elongation is different from other forms of genital modifications because its main motivation is to help enhance and not inhibit female sexual pleasure. Scholars such as Williams (1969); Grassivaro Gallo and Villa (2006); Mwenda (2006); Tamale (2006); Koster and Price (2008); Bagnol and Mariano (2012); Khau (2012), all state that the enhancement of sexual pleasure is the main motivation for the labia elongation practice. According to Tamale (2006), the women responsible for the teaching about the process of labia elongation emphasise the fact that women should expect sexual satisfaction from their husbands through the right manipulation of the elongated labia and that when manipulated correctly, elongated labia can a source of pleasure for women. The elongated labia work “as a brake, securing the slow entrance of the penis, tightly fitting around it”.

Another aspect of sexual pleasure that is highlighted in literature is that of same sex partners. According to Khau (2012), In Lesotho, girls mutually provide sexual pleasure when pulling each other’s labia minora. Nzegwu (2011: 265) highlights similar sentiments when it comes to the Baganda people of Uganda. He states that “the act of self-stimulation or masturbation thereby leads to the discovery of other erogenous zones”. This is an aspect of marital preparation for Bemba brides as well. Likewise, Dauphin-Tinturier (2008: 77) addresses “a

sexual manipulation – the elongation of the labia – as a condition to ensure the marriageability of Bemba girls in the plateau region of northern Zambia”.

### **5.3.2 Enhancing fertility**

Although most of the women did not associate labia elongation with a woman’s fertility, Theresa from Zimbabwe said the following; *a lot of people don’t know this, but labia elongation enhances a woman’s fertility.*

Williams (1969), in his study of Shona women, stated that labia elongation enhances fertility in that the flaccid enlarged lips increase the potential control over intercourse for the defenceless woman. If she wishes to protect herself against intromission, the rolling up of the loose labia into the vagina effectively closes it. Additionally, Bagnol and Mariano (2012), state that elongated labia are one of the components that are considered necessary to create the ideal temperature and characteristics in the vagina therefore, labia elongation is said to facilitate fertility and conception. However, some scholars view the relationship between labia elongation and fertility indirectly, for example, Koster and Price (2006) view elongated labia as a symbol of fertility. Talle (2007:95 quoted in Hernlund and Duncan, 2007) views cultural practices such as labia elongation as symbol that a girl is now an adult ready to be married and to give birth. Richards (1956:17) also looks at puberty rites such as labia elongation as a mark of sexual maturity, fertility and social maturity. According to Parikh (2005) girls in Uganda were warned that they would have trouble conceiving if they did not elongate their labia.

On the other hand, Khau (2012) claims that labia elongation is used as a contraceptive among the Basotho people, because it prevents women from desiring and enjoying sex.

### **5.3.3 Aiding child birth**

Scholars such as Rasing (2010) and Kaunda (2016) suggest that the practice of labia elongation aids in child birth by opening up the birth canal during delivery. Nzegwu (2011) writes about the purposes of labia elongation among the Baganda women of Uganda

in a similar way. However, out of the thirty women that I interviewed, the following three women said labia elongation aids in childbirth;

Lina from Malawi:

*Elongated labia help in childbirth. My labia shrunk after giving birth to my daughter. The fun part was that my husband used to pull them as a form of foreplay. I am now happy with the length that I have.”*

Daisy from Zambia:

*Those things have a lot of functions and helping in childbirth is one of the functions. You know it’s just that things have changed now, but a long time ago, doctors and nurses would actually tell women without elongated labia that they were having a difficult time delivering their babies because they had not elongated their labia.*

Parikh (2005) states that in Uganda girls received stern warnings that if they did not pull their labia they would experience complications during childbirth.

#### **5.3.4 Beautifying the genitals**

Elongated labia are appreciated as a symbol of femininity and serve to beautify the genitals. Girls with long labia are considered to be more attractive (Bagnol and Mariano, 2008; 2009). Elongated labia are an aesthetic physical feature that both men and women admire.

Rukundo from Uganda:

*Elongated labia are a sign of beauty, they are decorations. They are the leaves around the flower. Most men compliment women when they discover that they have gone through the practice. Men view such women as wife material because they have followed their culture and therefore, the fact that they listened to their elders and elongated their labia shows that these women are able to listen and follow the instructions of the elders. This is a characteristic of a good wife.*

Mambo from Zimbabwe:

*When it comes to the vagina, beauty is constructed differently, according to different cultures. Our culture just happens to believe that long labia minora look better, although I know other people from different cultures would think otherwise.*

According to Esho (2015), a woman's beauty and virtue are secured by complying with the cultural norms and regulations. Furthermore, Koster and Price (2006) state that labia elongation is a sign of beauty and it also represents fertility. Similarly, Daisy from Zambia, one of the research participants, stated that, the girls become comfortable and confident with their bodies during the pulling process, because they get naked in front of each other. Women whose views about the practice have not changed, they continue to regard this practice as important, even in foreign countries. Mwenda (2005) states that for some women, this is not simply aesthetic art to please her husband, but it is the same way a man working out at the gym to build up his muscles.

### **5.3.5 Dignity and pride**

Elongated labia are a source of dignity and pride for some women and some women state that the elongated labia gives them confidence, for example;

Taizya from Zimbabwe:

*Elongated labia are not just for sexual pleasure; they are also a symbol of a decent woman. They symbolise that her vagina is closed until she is ready to open it. Therefore, they give the woman power over her own body. The elongated labia cover the inner female parts, thereby, acting like a door. This is especially important to women who have given birth before.*

Mwansa from Malawi:

In Malawi we have a saying, *'njinga yopanda zogwirlira siikwereka,'* which simply translates a bicycle without handles cannot be mounted properly. This means a vagina without elongated labia cannot hold a penis.

Constance from Zambia:

*'Mukazi ngao ngao ayenela kunkala nato tuja tuntu,'* meaning a real woman is supposed to have elongated labia. *'Mukazi weniweni amayenera kumuthandizira mwamuna wake,'* means that, a real woman is supposed to help her husband during the act to make it enjoyable for both. Women who have undergone this practice are more likely to reach orgasm quicker than those who have not gone through this practice. Furthermore, the stretched labia are a symbol that the girl is turning into a woman therefore, the introduction to this practice is exciting to some girls, because it symbolises that they are becoming women. Labia elongation is a rite of passage into womanhood.

Daisy from Zambia:

*This labia elongation practice gives women pride and confidence because they fit the description and the standards of beauty in their community.*

According to Villa and Gallo (2006), the labia elongation practice holds very high social importance in the communities where it is practised. The social identity that is acquired through this rite of passage has as an indispensable premise to marriage. Therefore, women who undergo labia elongation are also motivated by meeting the traditional standard of beauty and this leads to dignity and pride. Furthermore, women embrace this practice so that they can hold on to their cultural values. According to a study done by Bagnol and Mariano (2008) on women from Mozambique revelled that the women were very proud of their elongated labia so much so that some women offered to show their genital organs to the researchers. Although the researchers declined, it showed how much dignity and pride these women attached to this practice.

### **5.3.6 Power over one's sexuality**

Although Khau (2012) views labia elongation as a way of men controlling women's sexuality, some women had different views.

Mambo from Zimbabwe:

*I view labia elongation as a means of obtaining happiness in marriage. In Zimbabwe, we refer to elongated labia as mantinji<sup>37</sup> or malebe<sup>38</sup>. They are men's toys to play with, and although they are referred to as men's toys, the women also derive pleasure from them.*

This statement is in line with Mwenda's (2006:348) who states that in Zambia, stretched labia are referred to as *utwa kwangasha* which simply means things to play with.

Constance from Zambia:

*You know, for me, this practice is more of a statement than anything else. It is about women having power, not just power over their bodies, but also over their own sexuality. Most of our cultural sexual practices, are under the control of women. I can give you an example; in Zambia in the Bemba culture, we have what is known as ifunkutu, which is a sexual dance that is done during sexual intercourse and we teach women how to please their husbands and themselves. These lessons are very explicit; we use bananas or cucumbers to teach the brides to be. These women are encouraged to initiate sex with their partners and not just be passive. These women are in control of their sexuality. This sexual dance I am telling you about makes you a boss, it puts you in charge. You, as a woman, control the tempo of the act. It gives the woman so much power that if she wants to make a man cry she can and she can decide when to let the man orgasm. These are things that are not being written about African women. Labia elongation empowers women. It is sad that African women have been portrayed as helpless; it is almost as if the Western feminists believe we have no voice, so they have to come and speak on our behalf. Not all African cultural practices are dictated by men; there is an aspect of choice in some of these cultural practices.*

Martha from Malawi:

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<sup>37</sup>The term *mantinji* (elongated labia) is also used in Mozambique. Labia elongation is also practiced there.

<sup>38</sup> The term *malebe* (elongated labia) is not only found in Zimbabwe, it is used in Sesotho as well. Sesotho is a language used in Lesotho and South Africa.

*We have been socialised to think that women do not have sexual desires. This is not true, because as women, we don't have to disguise our desires just to fit in. If this practice is helping women to have orgasms, then no one should stop them.*

In order for women to experience feminist agency, there is a need for them to be empowered in all areas of their lives, including sexuality. This research has established that some women view the practice of labia elongation as a tool of empowerment and sexual gratification. This was echoed by Tamale (2005:9), who views labia elongation as a form of empowerment for women. She writes that elongated labia are a “woman’s secret” and express an area of power that women have been developing and protecting, despite many forms of oppression over the generations. In addition, Esho (2015) states that women who seek genital modification, whether for traditional or cosmetic purposes, would experience complete autonomy if they were motivated by their own innate desires. Therefore, with a few modifications to the practice itself, labia elongation can be a vehicle that can be used to reshape discourses and redefine female sexuality.

#### **5.4 The Process of Labia Elongation**

This research revealed that, it is usually the duty of the aunties and grandmothers to guide the young girl through this process. It is taboo for mother’s to talk to their own daughter's about it. The thumb and the index fingers are used to pull the labia minora. The process involves pulling the labia minora (inner vaginal lips) using herbs or oils. These herbs are believed to promote the stretching of the labia by softening and lubricating them, so that the pulling does not cause any skin lacerations. Some of the herbs used to stretch the labia include a plant known as *entengotengo*<sup>39</sup> and another called *nsatsi*.<sup>40</sup> After pulling and attaining the desired length, the labia minora need to be maintained by pulling them once in a while. This practice is strictly done by women, men do not take part in teaching the girls. It is taboo to discuss this practice in public or in front of men.

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<sup>39</sup> Entengotengo is a plant called *Solanum incunum*. Its fruit is used in Uganda for labia elongation.

<sup>40</sup> *Nsatsi* is a castor oil plant used by Malawian women to prepare oil for pulling the labia

Luyando from Uganda confirmed this by saying; *“in Uganda we use entengotengo to pull the labia. Entengotengo is a plant which bears the fruit that is used. Inside the fruit is the water that is used to elongate the labia.”* Bats are also used in Uganda to aid the pulling of the labia minora. They are burned and the ashes are mixed with oil.”

According to most of the Zambian respondents, their grandmothers burned rubber and crushed it until, it became a powder. This powder was then mixed with Vaseline petroleum jelly and this mixture would aid the pulling of the labia. Another method that is used is by mixing the ash from charcoal with Vaseline Petroleum jelly.

Lushomo from Zambia:

*We were taught to use two small sticks, to wash them and then make an opening in the middle. Each of the labia would then be inserted in a stick. We would keep the labia minora clipped in the sticks for about two hours. The weight of the sticks helped to elongate the labia and keep them from shrinking.*

Constance from Zambia:

*The process of pulling the labia minora involves the girl calling her aunty or grandmother into the bathroom after she is has finished bathing and they then guide her through the pulling process. Originally, a group of girls were taken to the bush by elderly women and they would be shown how to stretch their labia. Sometimes girls would be encouraged to stretch each other’s labia. This is done while lying on the mat or the bed. For the girls who engage in this practice after puberty, they are told not to pull the labia during their monthly periods. This practice is highly secretive, hence it is done behind closed doors and to avoid any interruptions, the doors are locked. Labia elongation was originally done in isolated places like the bush or the bedroom. In the Zambian context, this process is known as ukukuma<sup>41</sup>.*

Lina from Zambia:

*I used to sit in front of a full-length mirror and pull; I found this easier.*

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<sup>41</sup> Ukukuma simply means elongating the labia

Beatrice from Zimbabwe:

*Labia elongation is an ongoing process. The labia are supposed to be stretched from time to time because it is believed they shrink. To have the desired length, the labia minora, therefore, have to be pulled now and again. Herbs and oils are used to help with the stretching. Some people use groundnuts, they roast them and then pound them.*

This process of pulling the labia goes on until the older women are satisfied with the length of the labia. The pulling involves pulling the labia minora outward, starting from the top to the bottom. This is done with oil or herbs. All of the respondents said that the elongated labia should not be too long. The girls are advised to measure by using their fingers and the desired length is about 2cm. The labia minora (the inner lips) must extend past the labia majora (the outer lips). Theresa from Zimbabwe said that, “*the elongated labia must eventually look like two fingers are attached to the vagina.*”

## **5.5 Contestations around Labia Elongation**

Not all participants agreed with the benefits of the labia elongation practice.

Prisca from Zambia:

*If labia elongation is done for the woman’s sexual pleasure, the man should not have a say in it. I know of women who have been sent back to their parents simply because they had not undergone this practice. It is a problem when you get married to a traditional man who requires his wife to have elongated labia and you have not done it. Sometimes men change after marriage. He may not have a problem with you not having elongated labia while you are courting, but he may change his mind after marriage because men are taught what to expect from a woman after marriage.*

Thulani from Malawi:

*I do not think labia elongation plays any significant role in the sexual act because everyone enjoys sex whether they have pulled their labia or not. Labia elongation affects relationships differently because people are different.*

Namonda from Zimbabwe:

*The truth is, men always come first and most of the things we do as women are for the pleasure of a man. Labia elongation is one of those things.*

Mwaka from Lesotho:

*This practice is done for the sexual pleasure of the men. I have heard some women say if you have elongated labia, the man won't cheat. That is very naïve, because when a man wants to cheat, he will cheat, elongated labia or not.*

Annie from Malawi:

*Women should not disfigure themselves just so that they are accepted. A man should be able to accept you the way you are. God did not see fit to make those things long, so, why should we?*

Labia elongation is a complex issue and this is gathered from the different responses of the participants. Some women are of the view that this practice is important, others think that it exists to cater to the needs of men, while other women were ambivalent. However, the motivation for undergoing this practice seems to be the same in all the countries represented in this research. Scholars, such as Puppo (2013), state that labia elongation enhances sexual pleasure for both the man and the woman. This statement is in line with what some of the participants said. Some women stated that this practice gives women dignity and pride. They further added that labia elongation maximises the sexual pleasure for both men and women. Women who have not undergone this practice deprive themselves, and they also deprive their husbands of toys to play with. However some of the participants sided with Khau (2012), in saying that this practice is only done for the pleasure of men. The social construction theory

can be used to understand Khau's (2012) stance, because women's sexual pleasure is not something that is encouraged. Women have been socialised to cater to the needs of men. Cultural practices, such as labia elongation, can however be overshadowed by this notion. African female sexuality has been demonized. African women have been portrayed to be sexually oppressed therefore, even when they say that this cultural practice brings them sexual pleasure, it would be difficult to take them seriously, because people have been socialised into thinking that pleasure linked to men. There are, however, cultural practices that cater to the sexual desires of women; for example, the Bemba people of Zambia teach that it is the women's sexual movements that make it easier for them to have orgasms. Khau (2012) also states that labia elongation is carried out to reduce and control the sexual excitability of women. This was in contrast with the three out of four women from Lesotho. They believe that labia elongation enhances the sexual pleasure of women, while one respondent said that this practice is done for the pleasure of the man.

### **5.5.1 Issues of age and consent**

Some of the most important arguments that have arisen from this practice are issues of age and consent. Mbuyi (2006) argues that the labia elongation practice can only be a valid cultural practice if full consent has been sought from the girls. This led me to ask the women why labia elongation was done at a young age.

Mwaka from Lesotho:

*The reason labia elongation is done at a young age is because young girls are able to bend and stretch their labia without difficulty. It is also easier to stretch the labia minora at a young age, because they are still developing.*

Daisy from Zambia:

*A long time ago, women used to get married after puberty and therefore, they had to be prepared before then. Now that things have changed, the practice does not have to be done to young girls.*

Natasha from Malawi:

*Young girls usually have tender muscles, hence there is less pain. When girls reach puberty, the muscles tighten, therefore making the process painful. These mothers teach this practice to their daughters out of love.*

Beatrice from Zimbabwe:

*Girls are introduced to this practice at a young age, so that they are comfortable with their bodies and know that they have nothing to be ashamed of.*

Rukudzo from Uganda:

*To be honest, this practice is carried out on young girls because their grandmothers used to get married after puberty, and therefore, the girls had to be ready for marriage. I think that this trend carried on from there. I think the other reason is sad, but true. Families know that girls do not wait for marriage before they engage in sexual activities. Therefore, a young girl's innocence is sacrificed, so that when she sleeps with a man after puberty, that man will not be able to embarrass her by telling other people that she has not gone through this practice. In a way, it is not only saving the girl from embarrassment, but the family too.*

Namonda from Zimbabwe:

*I have noticed that a lot of Zimbabweans in my circle are not really subjecting the young girls to this practice anymore. I think it is slowly decreasing.*

Mbile from Lesotho:

*I think that, for us in Lesotho, it depends on what type of family you come from. I think that, with the coming of globalisation, communities are not the same anymore. The way my children are growing up is different from the way I grew up, or the way my mother grew up. These days we have an individualist approach to life. So if your mother thinks it is necessary you will undergo this practice, but if she doesn't think it is necessary, you will not go through the practice at a young age. These days it is comes down to the mother; when we were growing up, our parents were answerable to the community at large; therefore, whether a mother liked it or not she would allow her young girls to go through this practice.*

This practice can only be said to be voluntary when it is carried out among older women. Nnaemekas-nego feminism theory works best when it comes to issues of age and consent. In

the case where the practice is deemed as important, there is a need to make it voluntary. There needs to be negotiation among cultures and the rights of Africa women. There should be negotiations on whether this practice should be introduced to women when they are older and are able to understand its implications. The West can also be challenged on how they have portrayed this practice. Unfortunately, more emphasis has been placed on the fact that it is only done to young girls; however, as established in the previous section, some women undergo this practice when they are older. These women are not forced, but they make the decision on their own.

Furthermore, all the respondents agreed that when this practice is carried out on young girls, issues of consent do not apply. The adults are always right and they are not to be questioned; their authority is final. These young girls are vulnerable because they depend on the adults. The girls are therefore, told what to do and questions are not asked. Scholars, such as Mwenda (2006:354), have stated that labia elongation is a valid customary practice if consent is sought. Respondents such as Namonda from Zimbabwe and Mbile from Lesotho stated that the age at which the practice is taking place is moving up and this practice is becoming more voluntary. On the other hand, scholars such as Epstein *et al.* (2003) state that childhood innocence is not an excuse for keeping young children ignorant, but it is dangerous for them, because they might end up losing their cultural identity.

### **5.5.2 Limitations of Women's choices**

Despite the highlighted benefits of labia elongation, not all women agree on the benefits as shown by the respondents below;

Nawila from Lesotho:

*Young girls are coerced into this practice and therefore their sexual choices are taken away from them without them even knowing it. I have heard of horror stories where some girls are told if they do not stretch their labia, someone will use a pair of pliers to stretch them. Some people use statements like, "your house has no furniture" or "your house is cold." The vagina in my culture symbolises the house. As a young woman, your ability to decide is taken away whether, it is by an older woman or by a man indirectly.*

Luyando from Uganda:

*It limits your choice in that, whether you have made the decision yourself to undergo the labia elongation practice, someone will still question why you did it, especially for women who do it for themselves. People will automatically assume that you did it for your man, so it limits you because your choice will always be questioned.*

Mwaka from Lesotho:

*Labia elongation is carried out for the pleasure of the men and therefore, as women, we are deprived, because we always focus on the pleasure of men. There are a lot of women who have never had an orgasm because they are scared to tell the man what to do. Male egos are so weak which is why women have been taught to lie to the men; however, by lying, they end up depriving themselves. Some men would even suspect that the woman was committing adultery if she were to tell him what to do. In the end, she lives with this burden. It is sad, because it is as if women's bodies are just created and modified for the sexual gratification of the man.*

In her study, Khau (2012) states that labia elongation is carried out to reduce girl's sexual excitability and that it is simply one of the various ways used to control female sexuality, which is unfortunately sanctioned by culture. The end goal is to show male dominance. While, the labia elongation can affirm and empower some women sexually, there is a need to revisit the issues that can limit women's choices. One of the theoretical frameworks employed by this study is Nnaemeka's (2003) nego-feminism. Nego-feminism is about how women negotiate their way through different areas of life. Rasing (2001:15), for instance, has noted that "from the pre-colonial to the post-colonial" era, women have re-negotiated their positions in the societies that they live in. This therefore, means that women can negotiate with cultural practices, such as labia elongation. This would entail abandoning the negatives of the practice, such as girls undergoing this practice at a young age and issues of consent while, reinforcing the positives for women who are interested in the practice. Some of the positive attributes include, sexual pleasure for women and the social capital brought by this practice. Mwenda (2006:354) states that a fine line should be drawn between voluntary or consensual labia elongation.

### 5.5.3 Mutilation or modification

Practices such as labia elongation are highly controversial. Although this is the case, the women in this study view labia elongation as a form of modification.

Chileshe from Zambia:

*There should be a difference between practices such as labia elongation, and those other practices that involve the cutting of the vagina. I have never heard of anyone dying from labia elongation, but I know that a lot of people have died from the cutting; therefore, I think labia elongation is a form of modification and not mutilation. There is no need to discourage this practice; the key is to teach the women to go through this it safely.*

Luyando from Uganda:

*I feel as if we Africans are slowly losing our way. I can give you an example of your home. No one can come into your home and start telling you what to do. This is what these developed countries are doing. Labia elongation is a form of modification. Our parents and grandparents marriages would last long because they held on to culture and had values. These days we are listening to people who don't take marriage seriously. Marriages in developed countries are a joke, for lack of a better word. I feel like people in the West will eventually do away with marriage. A lot of African people are neglecting their cultural practices and it is sad, because one should be able to tell the difference between an African and an American. People in developed countries will only respect knowledge if it is originates with them. If after a few years, a scientist from a developed country, came up with evidence that labia elongation increases women's sexual pleasure, the World Health Organisation would start advocating for this practice and they would encourage people to follow it; and we would because when they talk, we listen. Labia elongation should not be categorised with*

*other harmful cultural practices. We have been socialised to think that something is only right if it is Western.*

Annie from Zambia:

*Mutilation sounds very serious and dangerous. There is nothing good about the term mutilation, so it cannot be associated with the labia elongation practice. I don't view myself as a mutilated woman, therefore I think labia elongation falls under genital modification.*

Mwenda (2006) states that there are certain forms of cultural and physical female genital manipulation that have proven to be progressive for both men and women. Such practices are known to have given women a sense of empowerment and pride in their sexuality, as well as a sense of confidence that they can maintain their marriages and retain their husbands. A blanket condemnation of all forms of female genital mutilation as being retrogressive, and as a gross violation of women's rights is particularly troublesome. Not all forms of female genital mutilation constitute 'backward customary practices'.

All the research participants viewed labia elongation as a form of modification and not a type of mutilation. I also view it as a form of modification because it does not involve cutting and therefore, it does not have serious health implications that can lead to death. Nnaemeka's (2004: 377) nego-feminism theory can be used to analyse these women's responses. Nego feminism is about give and take, but it also critiques the feminist imperialism of the West. It speaks of multi-perspectives. Reality can be a social construction based on where you live and the meaning you attach to it. While Western feminists may view female genital cosmetic surgery as empowering, some African women also view their type of modifications as empowering. Depending on which culture one belongs to, they may not view issues in the same way. Nnaemeka (2004) states that, although both labia elongation and female cosmetic surgery are performed with a belief that they will improve an individual's life, the former is considered as oppressive, while the latter is considered as a form of women empowerment. Some women undergo breast reductions for the same reasons that some young girls undergo

cultural practices, such as labia elongation. The crucial questions we must ask are as follows, for whom are these operation undertaken? For whom must women be desirable and acceptable? A woman's inability to control their bodies is not country-specific. Abuse of the female body should be studied and interpreted within the context of oppressive conditions under patriarchy. Labia elongation has been portrayed by the West in a very negative light and this affects how people view it. Even people who may not know the practice, might judge it negatively. Before the data collection process, the University of Kwa Zulu-Natal research office could not grant me ethical clearance to do the study, until I had a counsellor that I could call on to counsel the participants, in case it was needed due to the sensitivity of the study. This was because some of the participants were considered to have had experienced traumatic or stressful life circumstances, due to the labia elongation practice. However, I found that after I started interviewing the women, they actually enjoyed talking about this practice and there was no need for a counsellor.

#### **5.5.4 Implications for sexual health**

According to some respondents, labia elongation has implications on sexual health.

Daisy from Zambia:

*Back home, the process of labia elongation builds friendship and trust between the girls and the older women. This trust enables the young women to open up and ask questions that they can't ask their mothers because, traditionally, mothers do not talk about issues concerning sexuality with their children. Therefore these young women are guided because they are connected to these older women in their communities. However, it is different here, because this sense of community does not exist and therefore, this may be lead to these young women making mistakes or engaging in risky sexual behaviour.*

Both Larsen (2010) and Khau (2012) state that the practice of labia elongation is not only about sexuality and beauty, but it is also about the social capital that is created during this process. Practices such as labia elongation, encourage social capital which in turn, encourages girls to open up to elders about issues of sexuality. This same social capital can be used to fight diseases, such as HIV/AIDS and sexually transmitted diseases. The social capital can be harnessed to sensitise the young. Furthermore, Larsen (2010) suggests that labia

elongation, especially when done communally, becomes a site for knowledge production about sexual health. The public display of one's vagina, in the context of labial elongation, helps a woman to feel normal and to be able to talk to other women about her body. The bond that these girls share acts like an information bank.

## **5.6 Conclusion**

This Chapter discussed the findings of the research obtained through in-depth interviews with thirty women from Lesotho, Malawi, Uganda, Zambia and Zimbabwe. All these women are based in Pietermaritzburg, South Africa. I first looked at when the women were first introduced to this practice. Although this practice is usually carried out on girls from about eight to twelve years old, some of the respondents stated that they went through this practice when they were older. Some of the women went through this practice just before they got married. I further looked at issues of age and consent. One of the respondents stated that young girls usually have tender muscles, hence there is less pain. When girls reach puberty, the muscles tighten, therefore making the process painful. These mothers carry out this practice on their daughters out of love. The research revealed that it is usually the duty of the aunties and grandmothers to guide the young girl through this process. It is taboo for mother's to talk to their own daughter's about it. The thumb and the index fingers are used to pull the labia minora. The process involves pulling the labia minora (inner vaginal lips), using herbs or oils. These herbs are believed to promote the stretching of the labia by softening and lubricating them, such that the pulling does not cause any skin lacerations. Another theme that emerged was that of the motivation for this practice.

This chapter also looked at the pressure that comes from family and friends. Some expressed how they had been pressured into the practice by family and friends. These sentiments were similar to the statement made by the WHO (2008), namely, that young women face a lot of social pressure to modify the genitalia. This pressure is not just from family members, but it is from friends as well. Furthermore, I highlighted literature from different scholars that showed that older women are usually in control of practices, such as labia elongation. I also looked at the motivations for this practice and the main motivation that emerged both from the study and from the literature reviewed was the enhancement of sexual pleasure for both men and women. Other motivations included, enhancing fertility, aiding in childbirth,

beautifying the genitals, pride and dignity and power over one's sexuality. However, the different responses from the respondents indicated that labia elongation is a complex issue. Some women are of the view that this practice is important, others think it exists to cater to the needs of men, while other women were ambivalent. Themes such as age and consent and the limitation of women's choices emerged. Although WHO (2008), classified labia elongation as a form of mutilation, all the interviewed women viewed labia elongation as a form of modification, and not mutilation. Lastly, I looked at the implications of labia elongation on sexual health and then I concluded the chapter. The next chapter is a continuation of a discussion of the findings.

## CHAPTER SIX

### THE IMPACT OF MIGRATION ON THE PRACTICE OF LABIA ELONGATION

#### 6.1 Introduction

This chapter examines the impact of migration on the women's understanding of the labia elongation practice. Mwenda (2006) states that cultural norms that are enshrined in African traditional concepts of community give precedence to what is defined as "the collective interest" over individual rights, and therefore, being away from home gives migrant women a way out of these cultural practices. This choice that is availed to them is not something that they would freely engage in back home. They are open to new ways of thinking and are able to question and make sense of their cultural experience. On the other hand, Case (1996) claims that being disconnected from one's history, whether cultural or geographical, often brings with it a new awareness and appreciation of the meaning of "home"; therefore, some women might appreciate and hold on to cultural practices such as labia elongation after migration. Therefore this chapter will discuss the influence of migration on labia elongation, in themes such as; encounters with South African practitioners, encounters with South African men, shifting the powers from grandmothers to mothers, the degeneration of social capital and moving away from the requirements of the practice.

#### 6.2 Labia Elongation in the Migration Context

Most of the women expressed that there was a need to maintain cultural practices such as labia elongation whilst in a new cultural context. They did however concede that the process of carrying out the practice was somewhat modified because of the new context in which it was carried out.

Natasha from Malawi:

*It is difficult to hold onto cultural practices, such as labia elongation in a foreign country and even if one does, it will be done differently than it is usually done back home.*

Mambo from Uganda:

*I think people need to hold onto their cultural identity. The fact that you have moved to another country should not change who you are. Like the famous quote that says, "You stand for nothing, you fall for anything." It is important to know your roots and stay grounded. Imagine if you moved from country to country and lived in those countries for a while, you would be lost if you changed your traditions to fit into each country that you are in.*

Daisy from Zambia:

*You know a lot of people move and you would think they are South Africans, because they have no traditions to show that they are Zambians. I think it is acceptable to assimilate but do not forget where you come from, do not forget your traditions. We have to continue with our traditions, even if it means modifying them to fit the current environment. For example, back home, the girls carry out this practice with their friends or relatives. However, in South Africa, because of the way families are set up, they are very individualistic so you find that girls do it on their own and it is not as motivating or as much fun as it used to be for us when we were growing up. In a way, this practice is watered down when it is done among migrants; for example, back home it is the duty of the aunties or grandmothers to teach the girls about the practice, but when you are away from family, you are forced, as a mother, to teach your daughters and this is taboo back home. Mothers do not talk to their daughters about this practice, which is why some women do not introduce their daughters to it and they end up growing up without undergoing labia elongation. I think this sad in a way, because these girls are missing out on the benefits. Now both these women and their husbands have to work twice as hard to get an orgasm.*

Charity from Zambia:

*I think this practice should be continued, but I think when it is done among migrant women, it is not the same. It is difficult to maintain cultural practices when you are away from home, but you manage to hold onto whatever you can.*

Kasonde from Zimbabwe:

*This practice should continue, but I think when it is done in a foreign country, it is a bit diluted. However, I think it is alright even if it is diluted; something is better than nothing.*

Although these women have migrated from their home countries, yet they still regard this practice as being important. Migration does not only indicate the movement of people, but also the movement of cultures (Castles and Miller 2009). Berry (1997), states that transnationalism creates and modifies cultures. These migrant women have maintained links with their countries of origin by keeping and modifying labia elongation. New ways have been found to ensure the continuity of the practice. Grassivaro *et al.* (2010) state that labia elongation is also viewed as the fundamental aspect to their belonging to the group and their social identity. However, these women continue to value this practice, even as individuals. Hernlund and Duncan (2007) have argued that cultural practices, such as labia elongation are simply uprooted from the original countries and transplanted in the host countries.

### **6.3 Encounters with South African Medical Practitioners**

According to Johansen (2006), cultural practices, such as labia elongation may be hindered because migrant women may face being stigmatised and discrimination from health care workers, who may look at their genitalia with horror and even go as far as encouraging them to abandon their cultural practices. The experiences that migrant women may encounter in their host countries may impact how they view labia elongation. This statement did not reflect the findings of this study, because all the women that were interviewed stated that they did not face any problems with South African health practitioners. Although that is the case, the women still were uncomfortable when visiting hospitals for gynaecologist-related issues. For example;

Martha from Malawi:

*My husband and I have been trying to conceive for some years now and as a result, I see a lot of fertility doctors who always end up doing a transvaginal ultra sound. I get really conscious of my body when they are inserting the ultra sound probe into my vagina. This is the only time that my views of the practice change.*

Rita from Malawi:

*There are things that I used to do back home that were very normal, but they are complicated here in South Africa. Things like getting a pap smear<sup>42</sup> back home are very normal, but now that I am here, I have to think twice and gather courage to go and see a gynaecologist. When they are doing a pap smear, the focus is on your vagina, and there is nowhere to hide. I usually don't know whether to break the awkwardness by saying something about my long labia or to just let it be; either way, it is very uncomfortable for me. Back home, doctors are very familiar with this practice and some of the women doctors have even done it themselves.*

Some respondents stated that even giving birth to their children made them feel uncomfortable, because their genitalia were different from what the South African medical practitioners are used to;

Mutinta from Malawi:

*Before giving birth, the thought of my private parts being different, made me uncomfortable. I often thought about it but I forgot about it during labour.*

Some women stated that although, they are proud of their elongated labia, they shunned check-ups such as pap smears which they would not have a problem with back home. This stems from the anticipated embarrassment and discomfort. Charity from Zambia stated that “*the first time I went to see a gynaecologist, I just started explaining myself because I was embarrassed. I think the gynaecologist was surprised, but she was very professional and tried to hide her amusement.*” According to Grassivaro Gallo *et al.* (2010), migrant women are forced to deal with themselves in a different environment and it may make them feel “inadequate and different”.

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<sup>42</sup> A pap smear is a test done to screen cervical cancer. It involves a pelvic exam where a plastic instrument is inserted the vagina.

#### **6.4 Elongated labia and intimate relations with South African men**

According to Grassivaro Gallo *et al.* (2010), migrant women are forced to deal with themselves in a different environment, which may make them feel “inadequate and different”. These feelings of being excluded from the world in which they live increases. Labia elongation may be experienced positively in their home countries, where it is endemic and where it becomes an integral part of their cultural identity, an identity that they now also have to contend with and face in the host country. This may also therefore hinder labia elongation.

Kasonde from Zimbabwe:

*To begin with, the vagina is ugly on its own, but when you pull out the labia it becomes worse. Now it looks as if there is something sticking out of it. Labia elongation has made me very conscious of my body. I had this South African boyfriend, which was interesting because I had always been with Zimbabwean men. The first time we got together, I had to explain why my vagina was different. He was very intrigued as he had never seen anything like that before. I was very uncomfortable that I just wanted to switch off the lights or just get over it and done with so that I could dress up. He didn't let me and he actually stared down there for a long time like he had left something there. Either way I was very uncomfortable. I am sure he went to discuss me with his friends. I felt like a freak of nature. That being said, I would rather just stick to Zimbabwean men; at least they won't be shocked. So you see, now I can't do things that I would want to do, because of these awkward looking things sticking out of my vagina.*

Prisca from Zambia:

*I think it is difficult for women who seek to be in relationships with South African men, because they have to explain. I have heard of stories where women feel objectified because some men get so intrigued by the elongated labia. Some men might think it is a disease, or there is something wrong with you.*

Natasha from Malawi

*I think that elongated labia are not a big issue when it comes to dating. Actually, if I am being honest, I have not come across a South African man that is married or dating a woman from*

*other African countries. It is usually the South African women, who get involved with men from other African countries. I don't know why it's like that.*

Most of the women stated that they had not had an encounter with South African men. However, women like Daisy from Zambia, stated that while some women would be self-conscious because of their different vaginas, some South African men would appreciate the elongated labia. On the other hand, she stated that some men would have no idea what to do with the elongated labia, because men who come from communities where labia elongation is practiced are usually taught what to expect and how to handle such women. These migrant women, therefore, need to explain to these men what to do with the elongated labia hence transmitting sexual knowledge. Furthermore, most of the women agreed that sleeping with a South African man would mean explaining the practice to them and that it might go either way; some men might like it and some might be confused or disgusted. Even though the Venda people of South Africa practice labia elongation, it is a practice that is done in secret and therefore a lot of people might not have heard about it. However, some women stated that although some women might be uncomfortable, some men would not care or even notice that the woman's vagina was different, they would just be glad to be with a woman in their bed.

## **6.5 Shifting Power from Grandmothers to Mothers**

In cultural practices, such as labia elongation, older women usually grandmothers, wield a particular kind of power over the younger women which is usually the affirmation of one generation of women's authority over another. The migration context however presents a shift in this dynamic in which case power ends up shifting from the grandmothers to the mothers.

Taizya from Zimbabwe:

*If I were back home, my daughter would have already gone through the labia elongation process. I can assure you that either my mother or my grandmother would have made her do it and I would not have even been consulted. Or maybe my mother would just inform me that*

*she was going to do it. It is different when you are away from home, because now the onus lies on me. Yes, my mother talks to my children on the phone, but it is different. In a way it is a good thing. Suppose I did not want my daughter to undergo this practice and then my mother introduces her to it; if I told my mother off, it would be regarded as disrespect.*

Ziwase from Lesotho:

*I do not want to ruin my daughter's future, so I will let her go through this process. In future, I do not want her to look back and blame me for not having taught her. Women who do not teach their daughters about this practice are regarded as irresponsible and jealous in that, they do not want their daughters to be happy. Therefore, a good mother will do the right thing for her daughters.*

Daisy from Zambia says:

*All my daughters have gone through this practice. I did it and it served me well, why should I deny my children the same opportunity?*

Theresa from Zimbabwe:

*I will let my daughter go through this practice for the continuity of the tradition. This practice should not disappear just because we have moved to another country, because, we are still Zimbabwean. In addition this practice continues to help me in my marriage, it will help her as well.*

Lubuto from Zambia:

*This is an important part of being a woman and when my daughter is old enough, I will encourage her to undergo this practice. However, at the end of the day, the decision is hers.*

Nondaba from Uganda:

*I would love my daughter to undergo this practice when she is older.*

Mwansa from Malawi:

*I am glad that I only have a son, because it is a difficult decision to make on behalf of someone.*

Mwaka from Lesotho:

*There is no going back from this practice because the vaginal changes are permanent. I do not want my daughters to be disfigured and I do not want them to look back and hate me in the future. My daughters will make the choice, when they are older.*

Thulani from Malawi:

*I would not want my daughter to be conscious of her body the way I am, when I go to the gynaecologist. Therefore, I would let her make her own decision when she is old enough.*

Prisca from Zambia:

*I don't see the need for subjecting my daughter to this practice. I do not know the kind of husband she will have and what his desires will be.*

Interestingly enough, all of the five women who had sons said that they would love their sons to marry women who have undergone this practice. This study used the concept of transnationalism, to examine whether women who have undergone the practice of labia elongation, will transmit this knowledge to their children, therefore keeping the cultural practice alive. The transnationalism framework is represented in some of the women's responses. According to Esho (2015), although culture may define the identity of these women and provide them with a sense of belonging, culture is always transforming. It gains a new meaning, with new interpretations of norms and values. People are able to reshape culture, and relearn traditional rites of passage. When women migrate, practices such as labia elongation, are likely to be reshaped; for example, some women stated that they had to teach their own daughters about this practice, which is something that would most likely not happen if they were in their home countries. Esho's (2015) sentiments are also in line with what the women said when asked how labia elongation is preserved. Some respondents stated that they are now able to modify the practice to suit their requirements. According to the response by Taizya from Zimbabwe, migration shifts the power from the community or family, to the mother. After migration, it is the choice of the mother as to whether to introduce this practice to the daughter or not, unlike back home, where the grandmothers take up the responsibility.

## 6.6 Degeneration of Social Capital

Larsen (2010) states that the friendships and bonds that are created during the labia elongation process lead to social capital. Unfortunately, when women migrate, that bond is likely to break and that leads to the degeneration of social capital.

Daisy from Zambia:

*The friendships that are created during the labia elongation process are important. These friendships are not only among girls of the same age, but they are also with the older women who instruct them. These friendships come in handy when the girls become rebellious teenagers and the mother then has other people to help her with the situation. Unfortunately, this is something that they don't have in a foreign country.*

Rukudzo from Uganda:

*Since labia elongation is usually carried out when girls are young, the older women that introduce the girls to the practice usually become their teachers in sex education as well. Unfortunately, that is something that children of migrants do not have.*

Larsen (2010) suggests that this social capital within which older women are regarded as repositories of sexual knowledge and can be utilised as a framework for increasing the understanding of the social determinants of sexual health. The social capital created through labia elongation can be utilised creatively to enhance the women's access to health-improving knowledge and community solidarity. The social capital can also be used in exposing the harmful aspects of labia elongation and promoting transformation within a cultural framework. The social capital that is created during the labia elongation process usually involves creating trust and friendships with other young girls and the older instructors. Some migrant women become instructors to the younger women and pass on the importance of these traditional practices. Two women out of the thirty that were interviewed are instructors to migrant women who want to get married. The social capital that is created is not only limited to talking about labia elongation, but it also extends to other issues of sexuality.

## 6.7 Moving away from the Requirement to Practice Labia Elongation

Johansen (2010) states that African cultures are largely known for dictating how women modify their vaginas, which is mostly done to fit the local ideals of beauty and social norms and to enhance sexual pleasure. The context of migration however provides migrant women who are uncomfortable with such practices, with an opportunity to move away from them.

Luyando from Uganda:

*I have heard some people say labia elongation introduces a young girl to the pleasures of sex. My argument is; why would you want young girls to experience sexual pleasure at eight years old? I have heard that some girls get excited while pulling each other's labia minora to the point where vaginal juices come out and in this instance, the girls are advised to wipe each other and continue pulling. This is wrong and I think this is what leads to young girls having sex early, because they are curious and at a young age, they are not really equipped with sexual knowledge of how to protect themselves. This results in teen pregnancies and increased cases of HIV/AIDS. You know, at that age, the elders do not really talk to you about sex, but they make up funny stories. Therefore, children of migrants are lucky because they don't have to deal with this practice, especially at a young age.*

Theresa from Zimbabwe:

*You know being away from home reduces social pressure and that you are more open to new ways of thinking and you start seeing things differently. Sometimes when you are back home, you take whatever you are fed without even questioning it, but when you move, you are on your own and you start questioning why some things are done.*

Mwaka from Lesotho:

*Being in a foreign country means that these young girls do not have to deal with the pressures of this practice from relatives.*

Nawila from Lesotho:

*Children of migrants will mostly likely not to be shamed, because they have not gone through the labia elongation process.*

Raising children away from the pressures of labia elongation is important for some women. It means these girls do not have to conform to the norms of womanhood, as prescribed in their communities back home.

## **6.8 Transferring Sexual Knowledge into the South African Context**

Labia elongation is not widely practiced in South Africa, although this is the case, it might be on the rise according to Daisy from Zambia who says;

*“The fact that we have banachimbusa in South Africa shows that this practice is very much alive. There are a lot of women who ask me to guide their daughter's through this practice. It is not only the women who ask for my services as banachimbusa, even men who want to marry women from Countries like South Africa where this practice is not common, ask me to guide their wives to be through this process. I would say a lot of people still think this practice is valid even after they migrate.*

According to Holloway (1990), migrants usually borrow ideas from their host countries. This borrowing of ideas, is not only one sided, it is also a two way stream. Sometimes immigrants may have a strong influence on their host country. Incoming cultures may also leave their mark on existing cultures. Older women from countries where labia elongation is practiced have made careers out of premarital teaching to those who are interested. One of these marriage instructors stated that even South African men have requested that their potential wives be taught about labia elongation. Therefore these women are extending their services to South Africans and non-practicing communities and in the process, they generate additional income. This, therefore, leads to the transfer of sexual knowledge into the South African context.

## 6.9 Conclusion

This chapter is divided into six themes. The first one is the influence of migration on the women's understanding of labia elongation. Most of the women stated that there was no need to abolish this practice, but adjustments should be made to the practice. Although these women have migrated from their home countries, they still regard this practice as being important. Secondly, I highlighted the encounters that these migrant women had with South African medical practitioners. The women that were interviewed stated that they did not face any problems with South African health practitioners. Although that is the case, these women still were uncomfortable when visiting hospitals for gynaecological issues. Some respondents stated that even giving birth to their children made them feel uncomfortable because their genitalia was different from what the South African medical practitioners are used to. Some women stated that although they are proud of their elongated labia, they shunned check-ups, such as pap smears which they would not have problem doing back home. This stems from anticipated the embarrassment and discomfort.

Thirdly, I looked at how labia elongation affects their relations with South African men. Most of the women stated that sleeping with a South African man would mean explaining the practice to them and that it might go either way and some men might like it while, some might be confused or disgusted. Even though the Venda people of South Africa practice labia elongation, it is a practice that is carried out in secret, therefore, a lot of people might not have heard about it. I then looked at shifting power to from the grandmothers to the mothers. When women migrate, practices such as labia elongation, are likely to be reshaped. For example, some women stated that they had to teach their own daughters about this practice, which was something, that would most likely not happen if they were in their host countries. I later looked at the degeneration of social capital. Lastly, I looked at the aspect of moving away from the requirement to practice labia elongation. Martin Hilber *et al.* (2012) state that women who have undergone this practice, have gone through all the necessary traditional teachings and are capable of taking care of the home and the family. These women are still able to benefit and contribute to social capital, even from afar. However, for some women moving away gives them a chance to make their own decisions, to learn and unlearn and think through some of the customs that they have had to deal with. Migrating may add a sense of independence to some women's lives, as they are no longer accountable to their community.

Falola (2003), states that migration provides women with different group networks which leads them to pay attention to some cultural practices and dismiss others. Therefore these women are given an opportunity to make their own decisions.

For various factors, migration can perpetuate or hinder the practice of labia elongation among migrant women. Cultural practices, such as labia elongation, also end up being modified to suit the migrant's new environment. The next chapter discusses the conclusion and the recommendations.

## **CHAPTER SEVEN**

### **CONCLUSION AND RECOMMENDATIONS**

#### **7.1 Overview of Research**

This study has attempted to examine how the migration experience shapes the discourses surrounding the labia elongation practice. In this study I used the qualitative research method for data collection by situating the study within an interpretivist paradigm. This method helped to give migrant women a voice, thereby constructing their own reality.

The starting point of this research was the background which reviewed the classification of the labia elongation practice as Type IV under the female genital mutilation practices. I also looked at the concepts of mutilation and modification as well as the different reasons for migration. This study intended to contribute to the existing knowledge regarding the experiences of African migrant women's with regard to labia elongation. Therefore, it will be contributing to the knowledge on discourses on sexuality, gender and cultural identities.

The population included thirty African migrant women who had been living in South Africa for over a year. Eight women were from Zambia, eight women from Malawi, six from Zimbabwe, four women from Uganda and four from Lesotho. Being a migrant women from Zambia, a country where labia elongation, is widely practiced, this was an opportunity to reflect on my position in this study as the researcher and the impact of migration on cultural practices.

The study consisted of seven chapters. Chapter One was an introduction to the study, the background, the problem statement, as well as objectives and key questions in relation to the significance of the study. Lastly, I presented the structure for the work. Chapter Two reviewed the existing literature on the labia elongation practice. This study adopted three theoretical frameworks namely; nego-feminism, social construction and transnationalism. Chapter Three looked at the research methods and methodology adopted by the study. This included the research design, the data collection method and the analysis of the data as well as the limitations of the study. Chapter Four was a background chapter to the discourses of the labia elongation practice. Chapter Five and Six highlighted the discussion of the findings. Chapter seven was a general conclusion in which I summarized the arguments of the study and provided recommendations.

## **7.2 Summary of Findings**

One of the themes that emerged from the study was the question of when the respondents were introduced to the labia elongation practice. It was very important to include the age at which these women were introduced to this practice because it helped to interpret some aspects of this practice. No information was available in the literature to show that some

women go through this practice when they are older. A number of scholars have stated that labia elongation is usually done to girls between the ages of eight to about twelve. The respondents confirmed this, by stating that labia elongation is a cultural practice, usually carried out on girls from the age of eight, or before puberty. Although it is more desirable to engage in this practice at a young age, twelve out of the thirty women were interviewed said that they had elongated their labia at a later stage, these ages range from sixteen to twenty-six as indicated under the participant's demographics.

The next theme that emerged was that of age and consent. Some of the most important arguments that have arisen from this practice are issues of age and consent. Some scholars have argued that labia elongation can only be a valid cultural practice if full consent has been sought from the girls. This led me to ask the women why labia elongation was done at a young age. This practice can only be said to be voluntary when it is done by older women. There is also a need to negotiate. As stated by Nneamekas (2004), nego-feminism is reflected in the way Western feminists have portrayed African cultural practices and the age at which young girls are subjected to the practice labia elongation. Nnaemekas nego feminism theory works best when it comes to issues of age and consent. There is a need to make this practice voluntary. There needs to be negotiation between culture and girls/women's rights. Culture can negotiate on the age and introduce this practice to women when they older and are able to understand the implications of this practice. The West can also negotiate on how they have portrayed this practice. Labia elongation has been portrayed by the West in a very negative light and this affects how people view it. Even people who may not know the practice, might judge it negatively. For instance, before the data collection process, the University of Kwa-Zulu Natal research office could not grant me ethical clearance to do the study until I had a counsellor to counsel the participants in case it was needed due to the sensitivity of the study. This was because some of the participants may have experienced traumatic or stressful life circumstances due to, the labia elongation practice. However, I found that after I started interviewing the women, they actually enjoyed to talk about this practice and there was no need for a counsellor.

The process of the labia elongation practice was another theme that emerged. The research revealed that it is usually the duty of the aunts and grandmothers to guide the young girl

through this process. It is taboo for mothers to talk to their own daughters about this practice. The thumb and the index fingers are used to pull the labia minora. The process involves pulling the labia minora (inner vaginal lips), using herbs or oils. These herbs are believed to promote stretching of the labia by softening and lubricating them such that the pulling does not cause any skin lacerations.

The next theme that emerged was the motivation of the labia elongation practice. Khau (2012) states that labia elongation is done to reduce and control the sexual excitability of women which contrasted with what the three out four women from Lesotho, said. Three of the women believed that labia elongation enhances the women's sexual pleasure while one respondent said this practice is carried out for the pleasure of the man. Enhancing sexual pleasure for both the man and the women seemed to be the dominant motivation. Some women also stated that labia elongation helps with childbirth. Not all women agreed with these benefits of the practice, but some women said that labia elongation is simply done for the pleasure of the men. According to the respondents, the motivation for undergoing this practice seems to be the same in all the countries represented in this research.

It was also established that labia elongation, is used a tool to promote women's sexual choices. Practices such as labia elongation encourage social capital, which in turn encourages girls to open up to elders about issues of sexuality. This same social capital can be used to fight the spread of diseases, such as HIV and sexually transmitted diseases. The social capital can be harnessed to sensitise the young. Some of the respondents stated that labia elongation is a means of obtaining happiness in marriage, and although they are referred to as men's toys, the women also derive pleasure from them. Some respondents stated that this practice is more of a statement than anything else. It is about women having power; not just power over their bodies, but also over their own sexuality. Most of the cultural practices that are sexual are under the control of women.

The next theme that emerged was how the practice limits women's sexual choices. Some respondents stated that young girls are coerced into this practice therefore, their sexual choices are taken away from them, without the girls even knowing it. Horrific stories are told to the girls to coerce them into the practice.

The question of whether labia elongation, is a form of genital mutilation or modification also emerged. The strong language that has been used by the West may also affect women who

have undergone this practice, and who look at themselves as empowered and not mutilated. All the interviewees viewed labia elongation as a form of modification and not a type of modification. One of the respondents said, *“There should be a difference between practices, such as labia elongation and those other practices that involve the cutting of the vagina. I have never heard of anyone dying from labia elongation, but I know that a lot of people have died from the cutting therefore; I think labia elongation, is a form of modification and not mutilation. There is no need to discourage this practice; the key is to teach the women to go through this practice safely.”*

I further looked at the influence of migration on the women’s understanding of labia elongation. Majority of the women stated that they had no problem with the continuation of the practice, as long as the age was revised and consent was sought from the women who wish to undergo this practice, while some women were ambivalent.

I also highlighted the migrant’s women experience with South African medical practitioners. It was discovered that although none of the women in the study had had a negative encounter with a medical practitioner, they did not look forward to gynaecologist’s appointments because of the anticipated embarrassment. This was due to the fact that their vaginas were different.

This was followed by the migrant women’s intimate encounters with South African men. Although the majority of the women had not been with South African men, they stated that, due to the elongated labia, one would have to explain themselves. The women who had been with South African men, they stated that the elongated labia made them feel self-conscious and that they would rather stick to men from their communities, because they knew and understood the practice.

I further looked at the shift of power, from the grandmothers to the mothers. Some respondents were happy with this power shift because it means that their daughters would have to make their own decisions. Culture is always transforming; it gains new meanings with new interpretations of norms and values. People are able to reshape culture, and relearn the traditional rites of passage. When women migrate, practices such as labia elongation are likely to be reshaped. For example, some women stated that they had to teach their own

daughters about this practice, which is something that is most likely not to happen if they were in their host countries.

I also looked at the degeneration of social capital. During the labia elongation process, girls who do it in groups usually form friendships among themselves and with the older instructors. The social capital that is created is not only limited to talking about labia elongation, it also extends to other issues of sexuality. Unfortunately, when women migrate that bond is likely to break and it leads to the degeneration of social capital. One of the respondents stated that this social capital is also important because, when the girls become rebellious teenagers, the mother has other people to help her with the situation. Unfortunately, this is something that they do not have in a foreign country.

The last theme that I looked at was moving away from the requirement to practice labia elongation. Some respondents stated that it is difficult to preserve practices, such as labia elongation in South Africa because one is alone with their children and it is better back home, because it is more of a community. Furthermore, cultural practices, such as labia elongation end up being modified to suit the migrant's new environment. In countries where labia elongation is practiced, the pressure does not just come from the grandparents or aunts, but it also comes from friends. Therefore, children of migrants may not experience this type of pressure from friends.

### **7.3 Recommendations and Suggestions for Future Research**

The recommendations are based on the research findings. The labia elongation practice is very complex, it opens doors for more research. There is a need for more research, because practices such as labia elongation, are under-researched and often misunderstood. This study highlighted that older women from countries where labia elongation is practiced have made careers out of premarital teaching to those who are interested. One of these marriage instructors stated that even South African men have requested that their potential wives be taught about labia elongation. These women also stated the market for their occupation is

growing and therefore, this study recommends that South African cultural institutions, utilize these women's skills and incorporate their services. This will lead to the establishment of how this social capital and sexual knowledge can be harnessed.

Given that the labia elongation practice is seen to be valuable, by a number of women, this research recommends that South African government departments such as health, art and culture, use this information to empower more women.

The areas that I would suggest for further research would be:

Examining the views of other studies would include examining the views of

- Migrant women (from practising countries) in other towns in South Africa so as to obtain richer data.
- Migrant men from countries which practice labia elongation. Would they be willing to relate with women e.g. South African one's who have not undergone labia elongation?
- South African men who are in or have been in relationships with women from practising countries to gauge their views on women with elongated labia.

## **References**

Abusharaf, R., ed. 2006. *Female circumcision*. Philadelphia: University of Pennsylvania Press.

Anderson, B.A. 2006. *Migration in South Africa in comparative perspective*, in Kok, P., Gelderblom, D., Oucho, J.O. & van Zyl, J. (Eds.). *Migration in South and Southern Africa: Dynamics and determinants*. Cape Town: HSRC Press. 97-117.

Anderson, K. 2002. *Defining entrepreneurship*. Center for Entrepreneurial Leadership Clearinghouse on Entrepreneurship Education (CELCEE). Kansas City: Kauffman. ANON. 2006. *Global entrepreneurship monitor. South African Report*, Cape Town.

Arnfred, S. 1995. *Conceptualizing gender*. Aalborg, Denmark: Feminist Research Centre, Aalborg University.

Arnfred, S. 2004. 'African sexuality'/*Sexuality in Africa: Tales and silences*. In S. Arnfred (Ed.), *Re-thinking sexualities in Africa* (pp. 59–76). Uppsala, Sweden: Nordiska Afrika Institutet.

Aschwanden, H. 1982. *Symbols of Life*, Gweru: Mambo Press.

Babbie, E. and Mouton, J. 2001. *The practice of social research*. Cape Town: Oxford University Press.

Bagnol, B and Mariano, E. 2008. 'Vaginal Practices: Eroticism and Implications for Women's Health and Condom use in Mozambique,' *Culture, Health and Sexuality* 10 (6): 573–585.

Baloyi, E. 2010. *An African view of women as sexual objects as a concern for gender equality: A critical study*. Verbum et Ecclesia.

Balsamo, A. 1996. *Technologies of the gendered body: Reading cyborg women*. Durham, NC: Duke University Press.

Bates, B., Botha, M., Botha, S., Goodman, S., Ladzani, W., De Vries, C. & De Vries, L., November, M. & Southey, L. 2005. *Business management. Fresh perspectives*. Cape Town: Prentice Hall.

Basch L, Glick Schiller N, Szanton Blanc C (eds). 1994. *Nations unbound: Transnational projects, postcolonial predicaments, deterritorialized Nation-States*. London: Gordon and Breach.

Bell. J. 2005. *Doing Your Research Project*. Open University Press.

Bell, K. 2005. *Genital cutting and Western discourses on sexuality*. *Medical Anthropology Quarterly*, 19, 125-48.

Beirens, K., and Fontaine, J. 2011. *Somatic complaint differences between Turkish immigrants and Belgians: Do all roads lead to Rome? Ethnicity & Health*, 16(2), 73-88.

Berry, J. W. 1980. *Acculturation as varieties of adaptation*. In A. M. Padilla (Ed.), *Acculturation: Theory, models and some new findings* (pp. 9-25). Boulder, CO: Westview.

Berry, J. W. 1992. *Acculturation and adaptation in a new society*. *International Migration*, 30, 69-85.

Berry, J. W. (1992). *Cultural transformation and psychological acculturation*. In J. Burnet, D. Juteau, E. Padolsky, A. Rasporich & A. Sirois (Eds.), *Migration and transformation of cultures* (pp. 23-54). Toronto: Multicultural History Society of Ontario.

Berry, J. W. 1997. *Immigration, acculturation, and adaptation*. *Applied Psychology: An International Review*, 46(1), 5-34.

Berry, J. W. 2009. *A critique of critical acculturation*. *International Journal of Intercultural Relations*, 33(5), 361-371.

- Bhugra, D. 2004. *Migration, distress and cultural identity*. British Medical Bulletin, 69(1), 129-141
- Bhurga, D., & Becker, M. 2005. *Migration, cultural bereavement and cultural identity*. World Psychiatry, 4(1), 18-24.
- Boddy, J. 1998. *Violence embodied? Circumcision, gender politics, and cultural aesthetics*. In *Rethinking violence against women*, edited by R. E. Dobash and R. P. Dobash. London: Sage: 77\_ 110.
- Botha, M., Fairer-Wessels, F. & Lubbe, B. 2006. *Tourism entrepreneurs*. Cape Town: Van Schaik Publishers.
- Bordo, S. 1995. *Reading the slender body*. In N. Tuana & R. Tong (Eds.), *Feminism and philosophy* (pp. 467-490). Boulder, CO: Westview Press.
- Boyden, J., Pankhurst, A and Tafere, Y. 2012. *Child protection and harmful traditional practices: female early marriage and genital modification in Ethiopia, Development in Practice*, 22:4, 510-522, DOI: 10.1080/09614524.2012.672957.
- Braun, V and Clarke, R, V. 2006. *Using thematic analysis in Psychology*. Qualitative research in psychology.
- Braun, V. 2009. *The women are doing it for themselves*. Australian feminist studies.
- Brink, H, Van der Walt, C and Van Rensburg G. 2006. *Fundamentals of research methodology for health care professionals*. Cape Town; Juta.
- Brown, M. J. 1993. *Sexuality, Exploitation and Gender Roles in Rural Taiwan*. Paper presented at the 92nd annual meeting of the American Anthropological Association, November 17–21, 1993.
- Bryman, A. and Burgess, R.B. 1999. *'Qualitative Analysis: Thousand Oaks'*: Sage Publications  
 Bryman, A. and Teevan, J. 2005. *'Social Research Methods'*: Canadian edition Oxford University Press
- Brux, Christina M. 2007. *"From Theory to Practice in Postmodern Times: Female Genital Operations as a Catalyst for Interrogating Imperial Feminisms and Decolonizing Transnational Feminist Politics"*. Honours Projects. Paper 1.
- Butler, J. 1993. *Bodies that matter: On the discursive limits of "sex"*. New York: Routledge.
- Butler, J. 2004. *Undoing gender*. Berkeley: Routledge
- Castles, S., & M. Miller. 2009. *The Age of Migration*. Fourth Edition, Guilford Press, New York.
- Chodorow, N. 1995. *Gender as a personal and cultural construction*. Signs, Vol. 20, No. 3. Pp. 516-544.

- Clifford, J. 1997. *Routes: Travel and Translation in the Late Twentieth Century*, Cambridge: Harvard University Press.
- Cohen, R. and Jónsson, G. 2011. 'Introduction: Connecting Culture and Migration', in R. Cohen and G. Jónsson (eds.) *Migration and Culture*, Cheltenham: Edward Elgar.
- Conroy. M.R. 2006. *Female genital mutilation: whose problem, whose solution?* BMJ Publishing Group Ltd.
- Crenshaw. K. 1989. "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory, and Antiracist Politics," University of Chicago Legal Forum.
- Crush, J. 2000. 'Migrations past: An historical overview of cross-border movement in Southern Africa' in *On Borders. Perspectives on International Migration in Southern Africa*, edited by David A. McDonald, 12-25. Southern African Migration Project and St Martin's Press.
- Crush, J. & McDonald, D.A. 2001. *Introduction to Special Issue: Evaluating South African Immigration Policy after Apartheid*. *Africa Today*, 48(3):1-13.
- Crush, J and Williams, V. 2005. 'International Migration and development': *Dynamics and challenges in South and Southern Africa (UN/POP/MIG/2005/05)*. Paper prepared for the United Nations Expert Group Meeting on International Migration and development: New York, 6-8 July 2005.
- Davis, S. W. 2002. *Loose lips sink ships*. *Feminist Studies* 28(1): 7\_ 35.
- Dawit, S., and S. Mekuria. 1993. *The West just doesn't get it*. *New York Times*, 7 December, A33.
- Du Plooy-Cilliers, F., Davis, C., and Bezuidenhout, R.-M. 2014. *Research matters*.
- Esho, T. 2015. *Modifying the female form: whose call is it? Female genital mutilation and labia elongation in Africa*. *Bodies' morals and politics: reflections on sexual reproductive rights in Africa*. Sub Saharan Africa: Heinrich-Boll-Stiftung.
- Falola T. 2003. *The power of African cultures*. The University of Rochester Press 668 Mt. Hope Avenue, Rochester, NY 14620, USA and at Boydell & Brewer, Ltd.
- Featherstone, M. 1991. *Consumer culture and postmodernism*. London, UK: Sage.
- François, I., Bagnol, B., Chersich, M., Mbofana, F., Mariano, E., Nzwalo, H., Hilber, A.M. 2012. *Prevalence and motivations of vaginal practices in Tete province, Mozambique*. *International Journal of Sexual Health*.
- Fusaschi, M. 2010. *Istituire il genere: dominazioni e grammatiche della corporeità femminile in Rwanda*. *Voci*, 1/2, 159–171.

- Gatens, M. 1996. *Imaginary bodies: Ethics, power and corporeality*. London: Routledge.
2004. Can human rights accommodate women's rights? Towards an embodied account of social norms, social meaning and cultural change. *Contemporary Political Philosophy* 3: 275\_ 299.
- Gallo PG, Tita E and Viviane F. 2006. *At the roots of ethnic female genital modification*. In: *Denniston G, Grassivaro Gallo P, Hodges FM et al.(eds) Bodily Integrity and the Politics of Circumcision: Culture, Controversy, and Change*. Dordrecht: Springer, 64–84.
- Gay, J. 1986. 'Mummies and babies' and friends and lovers in Lesotho. In E. Blackwood (Ed.), *Anthropology and homosexual behaviour* (pp. 97–116). London, England: Haworth.
- Grassivaro Gallo, P., and Busatta, S. 2009. *Double FGM in Uganda: A case study*. *International Journal of Anthropology* 24, no. 2: 131–46.
- Grassivaro Gallo, P., D. Moro, and Manganoni, M. 2009. *Female genital modifications in Malawi: Culture, health, sexuality*. In *Circumcision and human rights*, ed. G.C. Denniston, F.M. Hodges, and F.M. Milos, 83–96. New York: Springer.
- Gergen, K.J. 1985. *The social constructionist movement in modern psychology*. American psychology.
- Giddens, A. 1991. *Modernity and self-identity: Self and society in the late modern age*. Cambridge, UK: Polity Press.
- Gunning, Isabelle R. 1991. 'Arrogant Perception, World-Travelling and Multicultural Feminism: The Case of Female Genital Surgeries' in *Columbia Human Rights Law Review* 23:189-248.
- Hacking I. 1999. *The Social Construction of What? Harvard University Press*.
- Hernlund, Y and Shell-Duncan, B.Eds. 2001. *Female 'circumcision' in Africa: Culture, controversy, and change*. Boulder and London: Lynne Rienner Publishers.
- Hernlund, Y., and B. Shell-Duncan, eds. 2007. *Transcultural bodies: Female genital cutting in global context*. New Jersey: Rutgers University Press.
- Holloway, J. E., Ed. 1990. *Africanisms in American Culture*. Bloomington and Indianapolis: Indiana University Press.
- Hosken, F. 1979. *The Hosken report: Genital and sexual mutilation of females*. Lexington, Mass.: WIN News.
- Hosken, F. 1981. *Female genital mutilation and human rights*. *Feminist Issues* (summer), 3-23.
- Hull, T., Martin Hilber, A., Chersich, M., Bagnol, B., Prohmno, A., Smith, J. Temmerman, M. 2011. *Prevalence of vaginal practices in Africa and Asia: Findings of a multi-country household survey*. *Journal of Women's Health*, 20, 1097–1109.
- IOM 2013. *International migration, health and human rights*. IOM, WHO and UNHRC.

Jacobsson Söderberg, Agneta. 2009. *Security on whose terms? If men and women were equal*” Kvinna till Kvinna, Bulls Graphics, Halmstad.

Jobstet Gynaecol Can 2013://search.proquest.com/docview/201028395?accountid=11921

Johansen, E. B. 2006. *Sculpted female bodies: Discourses and practices on genital manipulation in the context of globalisation*. Presented at Nordic Africa Days conference, Nordic Africa Institute, Uppsala, Sweden.

Johnsdotter, S, Essen, B. 2010. *Genitals and ethnicity: the politics of genital modifications*. *Reproductive Health Matters*. Elsevier.

Johnson, R. B., & Onwuegbuzie, A. J. 2004. *Mixed methods research: A research paradigm whose time has come*. *Educational Researcher*, 33(7).

Jones, G. 1995. *Leaving Home*. Open University Press, Buckingham.

Kalitanyi, V. 2010. *African immigrants in South Africa: job takers or job creators?* Department of Retail Business Management, Cape Peninsula University of Technology Kobus Visser School of Business and Finance, University of the Western Cape Accepted September 2010

Kaunda, M. 2016. “*Infunkutu—the Bemba Sexual Dance as Women’s Sexual Agency*,” *Journal of theology Southern Africa*.

Kelly G. 1955. *The Psychology of Personal Constructs*. Vol. I, II. Norton, New York. (2nd printing: 1991, Rutledge, London, New York).

Kenschaft, L, Clark, R and Ciambrone, D. 2015. *Gender inequity in our changing world; a comparative approach*. Routledge.

Khau, M. 2009. *Exploring sexual customs: Girls and the politics of elongating the inner labia*. *Agenda*, 23, 30–37.

Khau, M. 2012. *Female sexual pleasure and autonomy: What has inner labia elongation got to do with it?* *Sexualities*, 15, 763–777.

Koster M and Price L. 2008. *Rwandan female genital modification: Elongation of the Labia minora and the use of local botanical species*, *Culture, Health and Sexuality: An International Journal for Research, Intervention and Care*, 10:2, 191-204, DOI:

Landau, L. B. 2005. *Urbanisation, nativism and the rule of law in South Africa’s forbidden cities: Research on Immigration and Integration in metropolis working paper series: Vancouver Centre of Excellence*.

Larsen, J. 2010. *The social vagina: labia elongation and social capital among women in Rwanda*, *Culture, Health & Sexuality*, 12:7, 813-826, DOI: 10.1080/13691058.2010.498057

Leung, K. 2011. *Foreign Fear in Lamerica: Exile, Liminality, and Hybridity in the Refugee as Monster*. *Kino: The Western Undergraduate Journal of Film Studies*: 2(1) [Online] Available from: <http://ir.lib.uwo.ca/kino/vol2/iss1/1> [Accessed 29 July 2012]

- Levitt, P. 2001. *Transnational migration: taking stock and future directions* *Global Networks*. 1(3), pp195–216 [Online] Available from: <http://onlinelibrary.wiley.com/doi/10.1111/14710374.00013/pdf> [Accessed 23 September 2012]
- Lightfoot-Klein, H. 1983. “*Pharaonic circumcision of females in the Sudan.*” *Medicine and Law* 2:353–360.
- . 1989a. *Prisoners of ritual: An odyssey into female genital circumcision in Africa*. New York: Harrington Park Press.
- . 1989b. “*The sexual experience and marital adjustment of genitally circumcised and infibulated females in the Sudan.*” *Journal of Sex Research* 26:375–392.
- Lightfoot-Klein, H., and E. Shaw. 1990. “*Special needs of ritually circumcised women patients.*” *Journal of Obstetric, Gynecologic and Neonatal Nursing* 20:102–107.
- Longman, C and Bradley, T (eds). 2015. *Interrogating Harmful Cultural Practices Gender, Culture and Coercion* (Routledge: London: 2015).
- Lythcott, J., & Duschl, R. 1990. *Qualitative research: From methods to conclusions*. *Science Education*, 74, 449-460.
- Mackie, G. 1996. *Ending footbinding and infibulation: A convention account*. *American Sociological Review*, 61, 999-1017.
- Majavu, M. 2014. *Act against rampant xenophobia*. *The New Age*, 29 July: 19.
- Martinez Pérez, G., & Namulondo, H. 2011. *Elongation of labia minora in Uganda: Including Baganda men in a risk reduction education programme*. *Culture, Health & Sexuality*, 13, 45–57.
- Martin Hilber, A., Francis, S. C., Chersich, M., Scott, P., Redmond, S., Bender, N., Low, N. 2010. *Intravaginal practices, vaginal infections, and HIV acquisition: Systematic review and meta-analysis*. *PLoS One*, 5, e9119.
- Martin Hilber, A., Kenter, E., Redmond, S., Merten, S., Bagnol, B., Low, N., & Garside, R. 2012. *Vaginal practices as women’s agency in sub-Saharan Africa: A synthesis of meaning and motivation through meta-ethnography*. *Social Science and Medicine*, 74, 1311–1323.
- Mariano, E. 2001. *Childlessness: Whom to Blame? How to Cope? Symbolic Representations and Healing Practices among the Shangana of Southern Mozambique*, Master Thesis, Bergen: University of Bergen.
- Mariano, E. 1998. *Concezione Inerenti alla Sterilità Della Donna e alla Infertilità Della Terra Presso la Comunità Rurale di Djabissa del Distretto di Matutuine*, Pro vincia di Maputo – Mozambico, Tesi di Laurea in Lettere, Genova: Università di Genova.
- Mbuyi, N.T. 2006. *L’infermiere nel linguaggio Del corpo*. Prima indagine sul longinifismo nella Repubblica Democratica Del Congo Tesi di Laurea in Scienze Infermieristiche. Padova, Italy: Università di Padova.

- McDonald, D., Mashike, L & Golden, C. 1999. *'The lives and times of African migrants and immigrants in post-apartheid South Africa'*. Migration policy series. No 13. Cape Town: Idasa
- McFadden, P. 2003. "Sexual Pleasure as Feminist Choice", *Feminist Africa* 2.
- McKee, A. 2003. *Textual Analysis*. Sage Publications Ltd.
- Mitchell C and Smith A (Eds) *'Was it Something I Wore?'* *Gender, Dress and Material Culture in Social Research in South Africa*. Cape Town: HSRC Press, pp.95–111.
- Mohanty, C. 1988. "Under Western Eyes: Feminist Scholarship and Colonial Discourses" in *Feminism without Borders: Decolonizing Theory, Practicing Solidarity*, Durham: Duke University Press.
- Morawska, E. 2003. *Disciplinary agendas and analytic strategies of research on immigrant transnationalism: Challenges of interdisciplinary knowledge*. *International Migration Review*, 37 (3), 611–640.
- Mugambi, J.N.K. & Magesa, L. 1990. *'The church in African Christianity'*, *Innovative Essays in Ecclesiology*, Nairobi, Initiatives Ltd.
- Mugambi, M. (1998). *The fundamentals of ethics*. Oxford: University press.
- Mumbi, P. 2001. *Inculturating of twins' ceremonies among the Iteso of Uganda*, Makerere University. Unpublished thesis.
- Muthuki, J. 2010. *'Transnationalism and the (Re) construction of gender identities amongst foreign students of African origin at the University of KwaZulu-Natal'*, PhD, Ukzn, Durban.
- Mwenda, K.K. 2006. *Labia elongation under African customary law: A violation of women's rights*. *International Journal of Human Rights* 10, no. 4: 341–57.
- Nikki, S. 2007. "The Price to Pay for our Common Good": *Genital Modification and the Somatechnologies of Cultural (In) Difference, Social Semiotics, and 17:3*, 395-409, DOI: 10.1080/10350330701448736
- Nnaemeka, O. 2004. *Nego-feminism: theorizing, practicing and pruning Africa's way*. The university of Chicago press.
- Nnaemeka, O., ed. 2005. *Female circumcision and the politics of knowledge: African women in imperialist discourses*. Westport, CT: Praeger Publishers.
- Njambi, W. 2004. *Dualisms and female bodies in representations of African female circumcision: A feminist critique*. *Feminist Theory*, 5, 281-303.
- OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO. 2008. *Eliminating Female Genital Mutilation: An Inter-Agency Statement, Geneva: WHO*.
- Parker, M. 1995. *Rethinking female circumcision*. *Africa*, 65, 506-24.

Parikh, A. S. 2005. 'From Auntie to Disco: The Bifurcation of Risk and Pleasure in Sex Education in Uganda,' in Vincanne Adams and Stacy Leigh Pigg (eds.) *Sex in Development*, London: Duke University Press.

Pedwell, C. 2007. *Gender, embodiment and cultural practice: towards a relational feminist approach*. London School of Economics and Political Science (LSE).

Perez, G. M., Bagnol, B., & Toma's Aznar, C. 2015. *Autoerotism, homoerotism, and foreplay in African women who practice labia minora elongation: A review*. *International Journal of Sexual Health*, 26, 314–328.

Perez, G., & Namulondo, H. 2011. *Elongation of labia minora in Uganda: Including Baganda men in a risk reduction education programme*. *Culture, Health, and Sexuality*, 13, 45–57.

Perez, G., Toma's Aznar, C., and Bagnol, B. 2013. *Labia minora elongation and its implications on the health of women: A systematic review*. *International Journal of Sexual Health*, 26, 155–171.

Petrin, T. 1994. *Entrepreneurship and supporting institutions: An analytical approach: Entrepreneurship as an economic force in rural development*. Herrsching, Germany, 8-14 September 1994.

Pini, B. 2004. *On being a nice country girl and an academic feminist: using reflexivity in rural social research*. *Journal of Rural Studies*, Vol. 20. Pp: 169-179.

Posel, D. 2003. *Have migration patterns in post-apartheid South Africa changed?* University of Natal. June 2003.

Quinn, N. 1994. *Anthropological studies on women's status*. *Annual Review of Anthropology*, 181-225.

Qureshi, S. 2004. *Displaying Sarah Baartman, the 'Hottentot Venus.'* *History of Science*, 42, 233–257.

Radebe, H. 2013. *Xenophobia in South Africa alive five years after riots* [Online]. Available: <http://www.bdlive.co.za/national/2013/05/13/xenophobia-in-south-africa-alive-five-years-after-riots> [2014, October 9].

Rasing, T. 1995. *Passing on the rites of passage: Girls initiation rites in the context of an urban Roman Catholic Community*. London: African Studies.

———. 2001. *The Bush Burnt, the stones remain: female initiation rites in urban Zambia*. London: African Studies Centre.

———. 2004. "The Persistence of the Female Initiation Rites: Reflexivity and Resilience of Women in Zambia," pages 277-314 in *Situating Globality: African Agency in the Appropriation of Global Culture*, edited by Van Bisbergen, Wim and Van DIJK RIJK. Leiden: BRILL.

Regina, S. O. 2001. *Law and persuasion in the elimination of female genital modification*. *Human Organization*, 60(4), 311-318. Retrieved from <http://>

Ricciardelli, R., & White, P. 2011. *Modifying the body: Canadian men's perspectives on appearance and cosmetic surgery*. *The Qualitative Report*, 16(4), 949-970. Retrieved from <http://www.nova.edu/ssss/QR/QR16-4/ricciardelli.pdf>

Rich, A. 1997. *Passion, politics and the body*. London. Sage

Rogerson, C.M. 1999. *International migration, immigrant entrepreneurs and South Africa's small enterprise economy*.

Royal College of Obstetricians and Gynaecologists. 2013. *Ethical considerations in relation to female genital cosmetic surgery (FGCS)*.

Saloojee, A. 2003. *Social Inclusion, Anti-Racism and Democratic Citizenship*. Toronto: The Laidlaw Foundation.

Sam, D., and Berry, J.W. (Eds). 2006. *Cambridge handbook of acculturation psychology*. Cambridge: Cambridge university press.

Schachter, J. P. 2009. 'Data Assessment of Labour Migration Statistics in the SADC Region': South Africa, Zambia, Zimbabwe, Prepared for IOM

Shweder, R. 1991. *Thinking through cultures: Explorations in cultural psychology*. Cambridge, MA: Harvard University Press.

———. 2000. "What about 'female genital mutilation'? And why understanding culture matters in the first place." *Daedalus* 129 (4): 209–232.

———. 2002. "What about female genital mutilation? And why understanding culture matters in the first place," In *Engaging cultural differences*, ed. R. Shweder, M. Minow, and H. R. Markus. New York: Russell Sage Foundation.

———. *Forthcoming*. "When cultures collide: Which rights? Whose tradition of values? A critique of the global anti-FGM campaign." In *Global justice and the bulwarks of localism: Human rights in context*, ed. C. Eisgruber and A. Sajo. Leiden and Boston: Martinus Nijhoff.

Shweder, R., M. Minow, and H. R. Markus, eds. 2002. *Engaging cultural differences: The multicultural challenge in liberal democracies*. New York: Russell Sage Foundation.

Silverman, D. 2013. *A very short, fairly interesting and reasonably cheap book about qualitative research*. SAGE: Los Angeles.

Statistics South Africa Census 2011 accessed at [http://www.statssa.gov.za/?page\\_id=993&id=the-msunduzi-municipality](http://www.statssa.gov.za/?page_id=993&id=the-msunduzi-municipality)

Stemler, S. 2001. *An overview of content analysis*. *Practical Assessment, Research & Evaluation*, 7(17), 137-146.

Tamale, S. 2006. *Eroticism, sensuality and "women's secrets" among the Baganda: A critical analysis*.

Tamale, S. 2007. *A right to culture*. Makerere University

- Tamale, S. 2011. *African sexualities: A Reader*. Cape Town; Pambazuka press.
- Toubia, N. 1985. *The social and political implications of female circumcision: The case of Sudan*. In *Women and the Family in the Middle East*, edited by E. Fernea. Austin: University of Texas Press.
- United Nations. 2006. *Ending Violence against Women: From Words to Action – Study of the Secretary General* Available at: <http://www.un.org/womenwatch/daw/vaw/publications/English%20Study.pdf> (accessed October 20, 2009).
- Van de Wijgert, J. H. H. 2000. *Intravaginal practices, vaginal flora disturbances, and acquisition of sexually transmitted diseases in Zimbabwean women...* *Journal of Infectious Diseases*, 181: 587–594.
- Virginia. B. 2009. *The women are doing it for themselves’*. *The Rhetoric of Choice and Agency around Female Genital ‘Cosmetic Surgery’* *Australian Feminist Studies*, Vol. 24, No. 60, June 2009 ISSN 0816-4649 print/ISSN 1465-3303 online/09/020233-17 Taylor & Francis.
- Wade, L. 2009. *The Evolution of Feminist Thought about Female Genital Cutting*. Department of Sociology, Occidental College.
- Wade, L. 2009. *Defining gendered oppression in U.S. newspapers: The strategic value of “female genital mutilation.”* *Gender and Society*, 23, 293-314.
- Waruta, D.W. and Kinoti, H.K. 2000. *Pastoral care in African Christianity*. Nairobi, Acton Publishers.
- Walby, S. 1994. *‘Towards a theory of patriarchy’ in the Polity Reader in Gender Studies*. Oxford Blackwell publishers, 1994: 22-28
- Weeks, J. 2011. *Population: An introduction to concepts and issues*. Cengage Learning.
- White, C.M.N. 1953. *Conservation and modern adoption in Luvale female puberty ritual*. Africa.
- Wiles, R., Crow, G., Heath, S., & Charles, V. 2012. *Anonymity and confidentiality*. (Working Paper).NCRM.
- Williams, J. 1969. *Labial elongation in the Shona*. *Central African Journal of medicine*, 15 (7), 165-166.
- World Health Organization, Department of Reproductive Health and Research. 2008. *Eliminating female genital mutilation: an interagency statement - OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO*. Geneva: WHO.
- World Health Organization. 2011. *An update on WHO's work on female genital mutilation (FGM). Progress report*. Geneva, Switzerland: Author.

World Health Organization (WHO) 2004. *Progress in Reproductive Health Research, No: 67*. Geneva: WHO. Available at: <http://www.who.int/reproductive-health/hrp/progress/67.pdf>

Zinyama, L. 2002. *International Migration and Zimbabwe: An Overview, Zimbabweans Who Move: Perspectives on International Migration in Zimbabwe*. [Online] Available from: <http://www.queensu.ca/samp/sampresources/samppublications/policyseries/Acrobat25.pdf> [Accessed 28 August 2012]

## **Appendix 1**

### **Interview Guide**

1. What is your understanding of labia elongation?
2. What meaning does this practice mean hold in your community back home?

3. How would you describe the practice? Would you say that it is a form of genital modification or mutilation?
4. What role does labia elongation play in advancing women sexual rights?
5. In what ways does this practice promote women's sexual choices?
6. In what ways does this practice limit women's sexual choices?
7. What are the health risks associated with this practice?
8. How does having undergone genital modification affect relations with men from your community?
9. How does having undergone genital modification affect relations with men in communities that do not have this practice?
10. How has your move to South Africa impacted on your views towards the practice?
11. How does migration affect the labia elongation practice?
12. How do your current views on the practice influence how you are raising your daughters in the South African context?
13. What are your views on continuing with the practice?
14. What are your views on discontinuing the practice?



22 September 2016

Mrs Nachillima Namwala 215068674  
School of Social Sciences  
Pietermaritzburg Campus

Dear Mrs Namwala

Protocol reference number: HSS/1159/016M

Project title: An investigation of the meanings and connotations around the practice of labla elongation amongst a select group of migrant women living in Pietermaritzburg, South Africa.

**Full Approval – Committee Reviewed Protocol**

With regards to your response to received 15 September 2016 to our letter of 05 September 2016, the Humanities & Social Sciences Research Ethics Committee has considered the above mentioned application and the protocol has been granted Full Approval.

Any alterations to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach/Methods must be reviewed and approved through an amendment/modification prior to its implementation. Please quote the above reference number for all queries relating to this study. Please note: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

Best wishes for the successful completion of your research protocol.

Yours faithfully

  
.....  
Dr Shenika Singh (Chair)  
/ps

cc Supervisor: Dr Janet Muthuki  
cc Academic Leader Research: Professor M Naidu  
cc School Administrator: Ms Lukong Shulika & Ms Nancy Mueau

Humanities & Social Sciences Research Ethics Committee

Dr Shenika Singh (Chair)

Westville Campus, Govan Mbeki Building

Postal Address: Private Bag XE4001, Durban 4000

Telephone: +27 (0) 31 201 368/98393430 / Facsimile: +27 (0) 31 280 4939 Email: [smbap@ukn.ac.za](mailto:smbap@ukn.ac.za) / [srsmam@ukn.ac.za](mailto:srsmam@ukn.ac.za) / [eths@ukn.ac.za](mailto:eths@ukn.ac.za)

Website: [www.ukn.ac.za](http://www.ukn.ac.za)



Franschoo Campus  Pietermaritzburg  Howard College  Madibela School  Pietermaritzburg  Westville 

### Appendix 3

#### Informed consent form

Dear Participant,

My name is...Nachilima Namwala (*student nr*) 215068674. I am a Masters candidate studying at the University of KwaZulu-Natal, Pietermaritzburg Campus. The title of my research is: An investigation of the meanings and contestations around the practice of labia elongation amongst a select group of migrant women living in Pietermaritzburg, South Africa. The aim of the study is to highlight the experiences and perceptions that African migrant women associate with the practice of labia elongation. I am looking at migrant women from Lesotho, Malawi, Uganda, Zambia and Zimbabwe. I am interested in interviewing you so as to share your experiences and observations on the subject matter.

Please note that:

- The information that you provide will be used for scholarly research only.
- Your participation is entirely voluntary. You have a choice to participate, not to participate or stop participating in the research. You will not be penalized for taking such an action.
- Your views in this interview will be presented anonymously. Neither your name nor identity will be disclosed in any form in the study.
- The interview will take about (*how long?*).
- The record as well as other items associated with the interview will be held in a password-protected file accessible only to myself and my supervisors. After a period of 5 years, in line with the rules of the university, it will be disposed by shredding and burning.
- If you agree to participate please sign the declaration attached to this statement (a separate sheet will be provided for signatures)

I can be contacted at: School of Social Sciences, University of KwaZulu-Natal, Pietermaritzburg Campus, Scottsville, Pietermaritzburg.

Email: [mnamwala@yahoo.com](mailto:mnamwala@yahoo.com)

Cell: 0619797756

My supervisor is Dr.Muthuki who is located at the School of Social Sciences, Pietermaritzburg Campus University of KwaZulu-Natal.

Contact details: email: [Muthuki@ukzn.ac.za](mailto:Muthuki@ukzn.ac.za)

Phone number: 0332606462

The Humanities and Social Sciences Research Ethics Committee contact details are as follows: Ms Phumelele Ximba, University of KwaZulu-Natal, Research Office, Email: [ximbap@ukzn.ac.za](mailto:ximbap@ukzn.ac.za), Phone number +27312603587.

Thank you for your contribution to this research.

## DECLARATION

I..... (*full names of participant*) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project.

I understand that I am at liberty to withdraw from the project at any time, should I so desire. I understand the intention of the research. I hereby agree to participate.

I consent / do not consent to have this interview recorded (if applicable)

SIGNATURE OF PARTICIPANT

DATE

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