

# *Knowledge Attitude and Practice of Genital Labia Minora Elongation among College's Students in Uvira Town, Democratic Republic of the Congo*

## *[Connaissance, Attitude et Pratique de l'Elongation des Petites Levres Gentitales Parmi les Etudiantes des Instituts Supérieurs dans la Ville d'Uvira, République Démocratique du Congo]*

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**Abstract -** This study assessed the knowledge, practice and perception of genital labia minora elongation among colleges 'female students. A questionnaire was distributed to 277 undergraduate students of 3 colleges between May and July 2018 with 254 (92, 4%). Their average age was 21 years old, the extremes being 17 and 29 years. 52% were Bafuliru, 21,5% Babembe. 35.2% ignored female genital mutilation (female circumcision) while 94.5% knew about labia minora elongation and got information from aunts and other elder women. The practice has been performed by 78.5%, this between the ages of 11 and 16 years old (84 %). The reasons were sexual satisfaction husband (52,6%), female sexual satisfaction/increased arousal (48,3%) and becoming a real woman (36, 7%). Labia minora elongation is more performed among Bafuliru, Babembe and Banyamulenge compare to other tribes ( $p < 0.05$ ), regardless the religion ( $p > 0.05$ ). It was done individually, pulling their inner lips several times between the thumb and index finger using specific herbs called *ndobo*, *umudege*, *sombe* (*cassava leaves*) and others unnamed (55%) or saliva (37.2%) during one to six months, until the length of its own thumb. Overall 63% appreciated the practice not harmful and a personal choice despite a pain at the beginning. However, 16.4% of the students founded it unpleasant and a violation of women's rights. Therefore, a wide among the 11 tribes of the province should be carried out to assess its prevalence and health impacts.

**Keywords -** Elongation –Genital- Labia -Students– Congo D.R - Africa.

**Résumé -** Cette étude a évalué les connaissances, la pratique et la perception de l'allongement des petites lèvres génitales parmi les étudiantes des instituts supérieures à Uvira. Un questionnaire a été distribué à 277 étudiantes de premier entre Mai et Juillet 2018, dont 254 (92, 4 %) répondantes. Leur âge moyen était de 21 ans, les extrêmes étant de 17 et 29 ans. Elles étaient majoritairement Bafuliru, 52% et Babembe 21,5%. 35,2 % ignoraient les mutilations génitales féminines (excision), tandis que 94,5 % connaissaient l'allongement des petites lèvres génitales et ont obtenu les informations des tantes et d'autres femmes âgées. La pratique a été faite par 78,5%, et cela entre 11 et 16 ans (84%). Les raisons étaient la satisfaction sexuelle du mari (52,6%), la satisfaction sexuelle de la femme /augmentation

de l'excitation sexuelle (48,3%) et devenir une vraie femme (36, 7%). L'élongation des petites lèvres génitales plus effectuée chez les Bafuliru, Babembe et Banyamulenge comparé à d'autres tribus ( $p=0,05$ ), quelle que soit la religion ( $p=0,05$ ). Il a été fait individuellement, tirant leurs petites lèvres génitales à plusieurs reprises entre le pouce et l'index en utilisant des herbes spécifiques appelés *ndobo*, *umudege*, *sombe* (feuilles de manioc) et d'autres sans nom (55%) ou la salive (37,2 %), pendant un à six mois, jusqu'à la longueur de son propre pouce. Dans l'ensemble, 63 % d'entre elles appréciaient la pratique comme non nuisible et un choix personnel malgré une douleur au début. Cependant, 16,4% des étudiantes l'ont trouvé désagréable et une violation des droits des femmes. Pour ce faire, une large étude parmi les 11 tribus de la province devrait être effectuée pour évaluer sa prévalence et ses impacts sur la santé.

Mots clés- Elongation-lèvres -génitales-Etudiantes--R.D. Congo-Afrique.

## I. INTRODUCTION

Africa is a multicultural continent with its thousand's tribes. Any time, there are common cultural practices to different ethnic groups living different countries, even when direct border contacts are not established. There are similarities for example for marriage, funerals, the celebration of a birth etc. Among the ancestral practices widespread and surrounded by taboo are those relating to human sexuality. Around the world, there are several genital practices that have been performed for aesthetic, cultural or hygienic reasons [1,2]. In Africa, one of the sexual practices that cross the border line are the elongation of small vulva lips, which remains a subject of controversy on the one hand between Western and African researchers themselves, and on the other hand between the defenders of human rights and African traditions. There is a rich literature on the elongation on labia minora elongation in Africa where many women from different countries modify their bodies in order to fit certain cultural norms and beliefs. The practice of labial minora elongation (LME) in Africa has been studied by various researchers (Bagnol and Mariano, 2008; Johansen. 2006; Koster and Price, 2008; Gallo et al., 2006 etc.). These researchers have established that labial elongation begins very early in a girl's life, before her first menstruation. They argue that in Buganda, Tanzania, Rwanda and Mozambique respectively, elongation is through massaging and stretching the labia from the top to the bottom, with the tips of the thumb and index finger of each hand. To ease the pulling, girls use different locally available herbs which are ground into a paste.

These are believed to soften and lubricate the labia so that the pulling does not cause any skin laceration, and allow the labia to stretch [3]. In Uganda, the LME is most practiced among baganda ethnic group and is called "*Okuyalira ensiko*" meaning "visiting the bush"

In Rwanda, the LME is an old ancestral practice, called "*gucya imyeyo*" meaning "visiting the bush", or *gukuna*, spread throughout the country without ethnic distinction [5]

In Mozambique, labia minora elongation is the widespread vaginal practices called (*kukhuna*, *kupfuwa* or *puxa puxa*) [6]

Called *matinji* in Zimbabwe it constitutes a rite of passage for girls to womanhood but become controversial among nowadays Zimbabwean youth [7]. In the Democratic Republic of the Congo, it has been described by Pia Grassivallo et al, currently known as "*kurefusha/kukokota missuti*" meaning elongation or pulling the small genital lips [8].

Labia minora elongation is classified by WHO among the "Female genital mutilation (FGM) comprises all procedures that involve the partial or total removal of external genitalia or other injury to the female genital organs for non-medical reasons. The procedure has no known health benefits. (WHO 2008) [9]. FGM is practiced for a variety of socio-cultural reasons, varying from one region and ethnic group to another. The primary reason is that it is part of the history and cultural tradition of the community. In many cultures, it constitutes a rite of passage to adulthood and is also performed in order to confer a sense of ethnic and gender identity within the community. In many contexts, social acceptance is a primary reason for continuing the practice. Other reasons include safeguarding virginity before marriage, promoting marriageability (i.e. increasing a girl's chances of finding a husband), ensuring fidelity after marriage, preventing rape, providing a source of income for circumcisers, as well as aesthetic reasons (cleanliness and beauty) [10]. In gynecological practice, young students from nursing and midwifery department often came back with questions about their observation that female patients and/or delivery mothers had a different genital anatomy, some with barely visible inner lips while others had too long ones. This questioning was the basis of the conduct of this

study in order to determine the knowledge, practice and opinion of female students on this practice.

## **II. MATERIAL AND METHODS**

This study has been carried out in the second largest of the province of South Kivu, called Uvira, during the period from May to June 2018. Uvira city is situated at 120km in south of Bukvavu, the capita of South kiva province, close to the Northern of Tanganyika lake, opposite to the Bujumbura city, the capital of the Republic of Burundi. Populated with around three thousand people, Uvira city is in part of Uvira territory that is populated with tribes of Bafuliiru, Bavira, Banyamulenge, banyindu and barundi. The uvira territory itself is boarded with territories of Walungu(bashi group entity) at the at the North, Mwenga territory(barega ,banyindu and bashi groups) at the Ouest, Fizi territory ( babembe, babwari and Banyamulenge groups) at the South and the republic of Burundi and Tanganyika lake at the East.

The town has three public high school institutions, that are *Institut Supérieur des Techniques Médicales d'Uvira* (Uvira Technical college of medical sciences) with the largest with department of nursing sciences, midwives and public health, the *Institut Supérieur Pédagogique d'Uvira (Uvira Pedagogical College)* and the *Institut Supérieur des Techniques de Développement Rural d'Uvira (Uvira Technical College of Rural Development)*.

Due to the taboo surrounding the subject, the aim of the study has been explained to the academic authorities, especially the chief of Nursing department of nursing and midwifery department of Uvira medical college gathering beyond 50% of the female students of three institutions. The questionnaire has been tested to 10 students' girls in order to capture all the aspects of the matter and corrected accordingly. To get participants, under the academic authority authorisation, we organised a meeting with female students only to explain the purpose of the study and to get their consent. The main point was that the study is anonymous except those who will accept to freely participate in focus group discussion.

Then, the questionnaire was distributed to the female students. As the pedagogical and the development colleges are located around, the female students in terminal classes of Medical school has been used to reach girls in those institutions call upon those who wanted to be part of group discussion. The questionnaire was made with questions of 6 sub thematic headlines

1. The identity made by the knowledge of t the Female Genital Mutilation or female circumcision and the source of information
2. The knowledge of the Labia Minora Elongation (LME) and the source of information
3. The reason why the labia minora elongation is performed in their communities
4. The personal experience about labia minora elongation, at which age and how was it performed
5. What herbal medicine or other products have been used to perform the labia minora elongation
6. How was did they appreciate performing the labia performing of labia minora elongation and which harmful effects did they experience
7. The tribes in which they assume the labia minora elongation is more practiced.
8. The personal appreciation of the practice of labia minora elongation regarding women health and women rights.

Data has been recorded and analysed through SPSS software and variables comparison has been done with the Chi square statistical test.

Then, out of the 277 female students enrolled in those academic institutions, 256 student 94.5% of the target have voluntarily accepted to answer and returned the questionnaire to ten focal persons (who has been chosen to collect the forms).

To get qualitative data, we have called upon 5 voluntary girls from different tribe's background who wanted to participate in the group discussion per auditorium, and we have got 19 girls out of 60 expected. Five group discussions have been held and essential views of the respondents have been collected and analysed.

## **III. RESULTS**

### **1. Characteristics of respondents**

The results show that almost all the respondent (82%) were from Uvira medical college (*Institut Supérieur de Techniques Médicales d'Uvira*) that is also the biggest among the three colleges. The other two institutions share the rest.

Compared to age, the average age is 21 years between the extremes of 17 and 29 years. The first group is those between 21 and 23 years old (47,3%) followed by those between 17 and 20 years old (27,7%) and between 24 and 26 years old (18%). Students with 27 years old and more represents 7%.

Concerning the civil status of students, 78% of female students are single, while those in union represent a total of 16.5%, of which 12,5% of married and to 4% in common-law unions. There are 3% of students separated from husbands (no legal divorce) and 2% of widows.

When it comes to tribe, the majority of students are from the Bafuliru tribe (52%), followed by those of the Babembe tribe (21.5%), then the Bashi (5.5%) while the other tribes account for less than 5% each. They are Balega (4.3%), Bavira,(4%), Bahavu (3.1%), Banyamulenge (3%) Bahutu, Burundi and Nationals from other provinces accounted for 2.3% of female students

Table I. distribution of students according to their age, civil status and tribes

Variables	number	%
<b>College</b>	<b>n=256</b>	
ISTM (medical)	210	82
ISP(pedagogical)	29	11,3
ISDR( development)	17	6,7
<b>Total</b>	<b>256</b>	<b>100</b>
<b>Age</b>	<b>n=256</b>	<b>%</b>
17-20 years	71	27,7
21-23 years	120	47
24-26years	48	18,7
27-30years	9	4,2
beyond 30 years	8	2,4
<b>Total</b>	<b>256</b>	<b>100</b>
<b>Civil statuts</b>	<b>n=256</b>	<b>%</b>
Single	201	78,5
Maried	32	12,5
Free union	10	4
Separated/divorced	8	3
Widow	5	2
<b>Total</b>	<b>256</b>	<b>100</b>
<b>Tribe</b>	<b>n=256</b>	<b>%</b>
Babembe	55	21,5
Barundi	5	2
Buliru	133	52
Bahavu	8	3,1
Bahutu	6	2,3
Balega	11	4,3
Banyamulenge(Tusti)	8	3
Bashi	14	5,5
Bavira	10	4
Others(out of province)	6	2,3
<b>Total</b>	<b>256</b>	<b>100</b>

### [1] Knowledge about FGM

The results of Table II show that a significant proportion of female students (35.2%) had never heard of female genital mutilation (FGM) versus 64.8% who were aware of it. Among this last group (61.5%) have got the information at the college, (18%) from the media (Radio and TV), by books 7.3% from the books and 6.6% respectively from friends and Tanzania

Tableau II. Knowledge and source of information on FGM (female circumcision)

<i>Have heard about</i>	number	%
Yes	166	64,8
No	90	35,2
<b>Total</b>	<b>256</b>	<b>100</b>
<i>source of information</i>		
media	30	18
books	12	7,3
at the college	102	61,5
friends	11	6,6
in Tanzania	11	6,6
Total	166	100

### [2] Knowledge on labia minora Elongation (LME)

As we can see in the following table, most of the female students have heard of the elongation of inner vulvas lips. In fact 94.5% have heard about the practice. The sources of information are varied. In fact, 36.4% had information from their aunts, 18.2% from classmates, 13.6% from teachers and 13.2% from grandmothers. The other sources represent less than 10%, it is 8,7% respectively from mothers and friends with 8.7%.

Tableau III. Knowledge and source of information for students on the elongation of labia minora.

<i>Have heard about labia minora stretching</i>	n=	%
Yes	242	94,5
No	14	5,5
<b>Total</b>	<b>256</b>	<b>100</b>
<i>Source of information</i>		
Mother	21	8,7
Aunt	88	36,4
Grand Mother	32	13,2
Elder sister	3	1,2
Friends	21	8,7
Female teacher	33	13,6

Classmates	44	18,2
<b>Total</b>	<b>242</b>	<b>100</b>
<b>reasons of stretching</b>	<b>n=242</b>	<b>%</b>
Feminine sere aesthetic	58	23,9
To become a real woman	89	36,7
Sexual satisfaction of my future husband	137	52,6
Female sexual satisfaction/increased arousal	117	48,3
Facilitate childbirth	16	6,6
Much appreciated by the men of our homeland	209	86,6

### Practices of LME

A significant proportion of female students with knowledge of elongation said they had done it before (78.5%). The majority (56%) between the ages of 11 and 13 and 28% between the ages of 14 and 16. A small proportion (2%) practiced before 10 years compared to 9% between the ages of 17 and 19. No female students have done this sexual practice after 19 years.

The results show that the frequency and duration of the practice vary from girl to girl. In fact, 47.1% practiced it twice a day followed by 35.6% who practiced it four times a week. 5, 8% practiced once a day and 11.5% said they had stopped due to pain.

Compared to the duration, 33.5% said that it lasted six months followed by 30.4% for which the duration was one month and 24.6% it lasted 1 month while 11.5% said they stopped after one week due to pain.

As far as the session is as usual, they all do so in a crouching position; and 55% claim to have pulled the small lips several times between the thumb and index finger using specific herbs, and 37.2% used their saliva and pulled several times using the thumb and index finger. 7, 8% of girls claim to have used lukewarm water.

Among the herbs mentioned in local languages are *ndobo*, *umudege*, *sombe (cassava leaves)* and others are mentioned the existence of herbs whose name they do not know. Regarding the desired length, 93% spoke of that of his own thumb.

Table IV. Distribution of students according to LME practice

Practice	Number	%
Yes	191	78,9
No	51	21,1
<b>total</b>	<b>242</b>	<b>100</b>

Age of practice	n=191	Number	%
<10 years		3	2
11-13 years		107	56
14-16 years		52	28
17-19 years		17	9
20-22 years		7	4
>23 years		5	1
<b>total</b>		<b>191</b>	<b>100</b>
Duration of the practice		Number	%
one week then stop		22	11,5
One month		58	30,4
Three months		47	24,6
Six months		64	33,5
<b>total</b>		<b>191</b>	<b>100</b>
Frequency of practice		Number	%
1time per day		11	5,8
2 times per day		90	47,1
4 times per week		68	35,6
Stopped due to pain		22	11,5
<b>total</b>		<b>191</b>	<b>100</b>
How the practice unfolds		Number	%
Pulled several times with my saliva between the thumb and the forefinger		71	37,2
Wet with lukewarm water and then pull		15	7,8
Pulled several times with specific herbs		105	55
<b>total</b>		<b>191</b>	<b>100</b>

### [3] LME practice according to the tribe and the religion

Is obvious that the religion does not have much influence on the LME practice ( $p>05$ ). There are students who have pulled their labia minora in all the religion that exist in the area especially Catholic, protestant, as shown in the table below.

However, the labia minora elongation has been much more practiced by students from the tribe of the area than among those who came out of Uvira area. Thus, the labia minora elongation is more practiced among Bafuliru/Bavira, Babembe, Banyamulenge, Hutu (people with Rwandese and Burundian cultural background) evangelical, Kimbanguism and muslim.as the tribe of origin have( $p<.05$ )Few students from other tribes like bashi, barega, batembo did not undergo labia minora elongation and stated that it was not common in their home land.

Table V. Distribution of respondents according to the religion



Religion	Yes	No	Total
Catholic	89	23	122
Protestant	61	17	78
Evangelical	28	6	24
Muslim	9	2	11
Kimbanguist	4	3	7
<b>Total</b>	<b>191</b>	<b>51</b>	<b>242</b>

$p=0.67$

Tribe	Yes	No	Total
Babembe	47	8	55
Bafuliru/Vira	124	19	143
Basshi/havu	5	17	22
Hutu/tutsi	12	2	14
Others	3	19	22
<b>Total</b>	<b>191</b>	<b>65</b>	<b>256</b>

$p=0.00001$

Harmful effects observed	Number	%
Oui	1	0,5
Non	192	99,5
<b>total</b>	<b>191</b>	<b>100</b>

Opinion on the practice	Number	%
It is good to do it	161	63
There is no need for that	11	4,3
It is a bad practice	25	9,7
It is an individual choice	59	23
<b>total</b>	<b>256</b>	<b>100</b>

Violation of woman rights?	Number	%
Yes	42	16,4
No	214	83,6
<b>total</b>	<b>256</b>	<b>100</b>

**[4] Appreciation and opinions of students on the elongation of the small lips.**

Among those who have practiced the elongation of the small lips, overall 89% have a favourable appreciation. Indeed, 23, 6% find it normal, 32, 4% find it exciting and 33% speak of a pain just at the beginning. However, 11% of the students find it unpleasant.

Concerning adverse effects, only one student, or 0.5% mentioned having had a swelling of the lips.

Regarding the students' opinion on the practice, it concerned all respondents and, 63% of them appreciated it saying that it is a good to do it while 32, 4% find it to be exciting.

For 23, 6% of students, it is an individual choice while 9, 7 % of girls said that is a bad practice followed by 4, 3% who said that it there is no need for that.

Similarly, 16.3% versus 83, 6% of students considered this practice to be a violation of women's rights. There is a significant difference in appreciation between those who practiced and those who did not ( $p.05$ ).

Table VI. Appreciation and opinion of students on labia minora elongation.

Sensation	Number	%
It is unpleasant	21	11
It is painful at the begining	63	33
It is exciting	62	32,4
It is normal	45	23,6
<b>total</b>	<b>191</b>	<b>100</b>

**[5] Results of interviews with the few students.**

About harmfully effects, one student mentioned to have got inner lips swelling and had to stop pulling during two days.

When talking with some opened girls from Fizi, one mentioned this in Kiswahili language

The following statements show that their different views about the practice are not unanimous

Ä. "this practice is part of our Babembe culture and it prepares girl for marriage, in the past time it was a must but nowadays girls are not forced to do it,"

B "I am a mubembe, and my aunt who is mother of 7 children now told me that it has a benefit for woman as it helps to get quick and strong sexual arousal. Thus, I think sexual pleasure is a need for both man and woman. I don't know how to measure the difference between our mothers and those from other tribes where it does not exist, you should find if it is any." However, I did it and I don't think there is any problem to continue with it.

C. Although I am a Fuliru girl, I do not see why girls should do this, it is an archaic and useless practice, if not other tribes would have already adopted it. For me sexual satisfaction is psychological and in our course of reproductive physiology, we do not mention the size of the small lips or clitoris as a factor of orgasm. Maybe it's a good practice for sex workers not for respectable wives"

D. « I am Mushi and I grew up here in Uvira where I learned these things. My aunt told me that it does not exist at home, but under the influence of friends I did and I do not find any drawbacks"»

E, I'm Mufuliru and I find that this culture has nothing wrong about health that is why it should be kept"»

E. I'm from Maniema, this practice is bad, and first we do it just for men? This can push girls to early sex and prostitution

In our public health subject, we learnt that we have to fight against cultural practices that have negative impact on women health. For me this practice does not have negative impact unless our gynaecologist show evidence that babembe, bafuliru and Banyamulenge suffer more than other tribes. (Mary 31 years old, married fuliru student).

#### IV. DISCUSSION

##### 1. Characteristics of respondents; according to their marital status, age, tribe and Religion:

The Uvira Medical Technical Institute represents 82% of the respondents. This is due to a high number student enrolled in the nursing department that is much more solicited by young girls. The majority of respondents are between the ages of 17 and 23, a period at which young people enter and finish the first cycle of higher education. The majority of our respondents are single. Ethnic representation shows a predominance of Bafuliru (52%) and the Babembe (21.5%), a distribution that could be explained by the fact that the city of Uvira is located in the territory of the same name where these two ethnic groups are dominant. This kind of ethnic distribution of students appeared from the ' *essaimages des institutions d'enseignements supérieurs dans presque chaque terriore du pays depuis 2007*".

##### 2. Knowledge about Female Genital Mutilation (FGM)

Our results show that FGM (excision) is relatively little known by female students (64,8%) from which 61% has got the information at the high school. This is because the excision is not known, even practised in the three African great lakes countries that Congo, Rwanda and Burundi. These results are different from those of Bezabib Megzebu Bau (2019) who in a similar study in Ethiopia have found that 100% of female students of Somali origin had knowledge about female circumcision. Indeed, Ethiopia and Somalia are among countries where female circumcision is practiced [11].

##### 3. Knowledge of labia minora elongation (LME)

Unlike female circumcision, labia minora elongation is a practice well known by 94,5% of our students. These results are close to those of Carolyn M. Audet et al. (2017) in Zambezia with 88% of women knowledgeable [12]. Although the source of information on the practice is varied, the place of older women in the family and community as a source of extension of the practice occupies an important place. Indeed, female students had been informed by their aunts (36%), their grandmothers (13.2%) and female teachers (13.6%) table ii). This is because in the local tradition, it is the paternal aunt (here the father's sister) who plays a role in girl's sexual education from puberty to her preparation for marriage. Called "*Shangazi*" (Swahili) or "*Mushenge*" in Kifuliru, she is more open to talking about sexual subjects instead of the mother for whom it is a taboo subject. This has also been documented in Rwanda and Uganda where aunt plays an important role in labia minora elongation practice, which is part of the culture.

According to Tamale in a study on lip elongation in Uganda: "At the helm of this elaborate socio-cultural institution (i.e. in Uganda) is the paternal aunt (or surrogate versions thereof), whose role is to tutor young girls and women in a wide range of sexual matters, including pre-menarche practices, pre-marriage preparation, erotic instruction... Between the age of nine and twelve,... a Muganda girl would be guided by her Ssenga to prepare her genitals for future sex. This was done through a procedure that involved elongating the labia minora. Known as *okukyalira ensiko* (visiting the bush), this rite was traditionally performed in a clearing among bushes where the herbs (for example, *mukasa*, *entengotengo*, and *oluwoko*) used for the procedure were found. Pubescent girls would 'visit the bush' for a few hours every day over a period of about two weeks. The Ssenga would persuade them to comply by advising them that if they did not, no man would ever ask for their hand in marriage. Worse still, if a man discovered that his bride had not 'visited the bush', he would send her back home for the Ssenga to fulfil her duty... The Ssenga understands that a Muganda woman without elongated labia is a 'half-baked' one..." Sylvia Tamale [13]. At the same time, a significant proportion of girls (18%) is also informed by friends and classmates. According to Marian Koster & Lisa Leimar Price [5]: «According to our informants, in Rwanda no preferred relation exists as to who is to take the young girl aside and stress the need to start pulling her labia minora. However, all female informants agreed that mothers are not likely to inform their children,

as to discuss such issues with one's own mother is seen as shameful. While other adult female relatives can inform a girl, the peers (friends and own sisters) are usually the ones to inform the girls».

The reasons cited show a supposed sexual advantage for both women (48.3%) and the man (48.3%), but also and become a real woman (great). This conception of things is close to the beliefs spread in the region that all, man and woman benefit from this practice. (Although we did not interview men), it is obvious that many women also do so because men in their homes appreciate it (86.6%) Table III. This finding corroborates those of Guillermo Martínez Perez and Harriet Namulondo (2010) who found that most Baganda men liked women with LME more using several terms, [14].

#### 4. The practice of LME

##### a) Prevalence among the participants.

Although the number of female students informed about the practice is high, also the number of girls who have carried it out is high (78.5%). Factors of age, religion and marital status do not influence the practice ( $p < .05$ ). Indeed, the prevalence of ELM is higher for Bafuliru/vira students, BabembEs and Hutu/Tusi students. These results are lower than those of Carolyn M. Audet et al. Mozambique where 87% of women had already done LME **Understanding intra-vaginal and labia minora elongation practices among women heads-of-households in Zambézia Province, Mozambique** Cult Health Sex. 2017 May; 19(5): 616–629. [12].bis

##### b) Method of LME performance, its duration, its frequency and the plants commonly used by our respondents.

Regarding the method used to lengthen the small lips, it starts at and beyond puberty, i.e. between 12 and 20 years. Students Girls have practiced alone the technique practice alone and onn average 1 time a day pulling with the thumb and index finger and this pen 1- 6 months. (Table IV). In 55% of cases, they had used medicinal plants and (55%), the rest having used saliva or hot water. Among the known plants mentioned are cassava leaves (dark), *ndobo*, *umudege* and *guava leaves*. These resultsts are similar this is similar to studies conducted in Uganda, Rwanda and Mozambique [14,15]. Several previous studies have shown that herbs are used for either ELM. In other casess, women have used herbs or for vaginal shrinkage or for vaginal cleaning.[5].

In Uganda, on the other hand, manufactured medicinal products are sold for this purpose and are well advertised (see image below). The way elongation of small lips is practiced individually and discreetly is different from the practice in Rwanda, Uganda and in South Africa where girls could pull each other (Mathabo). For the Basotho girls, doing so in groups represented a kind of mutual support. [16]. *In Rwanda where elongation is an integral part of the culture and a value of stability of the home, the professional "Shangazi" currently exist for advice and practices to girls and women to help them with the elongation of the small lips. It was also shown by Guillermo Martínez et al that the LME practice could lead to autoerotism, homoerotism or foreplay depending if it individually or mutually performed [17].*

#### 5. Side effects on women health

In our respondents (0.5%), only one girl reported swelling (swelling of the small lips that lasted 1 day. There is not yet evidence that this practice poses a danger to women's health and only a widest survey could reveal that the practice constitutes public health problem or represent a risk of post-intervention complications in the same way as d practices in vogue, vaginal piercing or labiaplasties.

Some authors have suggested positive effects think that there would be positive splendors. **Martinez Perez, Mubanga et al. (2015) have declared:** «...We found that women who have or plan to elongate their labia minora were more likely to have received antenatal clinic services during their last pregnancy and sought HIV testing than those who do not. As with health seeking behavior associated with intra-vaginal practices, women who choose to elongate their labia minora may be more inclined to participate in any behavior they deem to increase their health and well-being, but we do not have sufficient evidence to support this hypothesis and that short-term adverse effects that can be prevented by following some basic hygiene.[18]. In another study it was also highlighted that bad health effects were limited to pain at the beginning of the practice, nuisances related to the use of caustic herbs, and stigmatization in failing to comply with the practice are the principal health risks associated with LME. At the same time, there was evidence that labial elongation could benefit the sexual health and well-being of women. They finally argued that psychosocial harm may arise if girls and women decide not to practice LME. Zambian migrants in South Africa may continue this practice due to its perceived social and sexual health benefits [19].



### Appreciation of the LME by girls.

For the most part, the practice is appreciated and only 11% experienced bad sensations versus 89% with varied but positive attitudes. Note that 33% found it painful at first but did not prevent them from continuing (table.V).

The difference in appreciation is very significant with the tribes ( $p < .05$ ). The practice is more appreciated in the Babembe, Bafuliru and Bavira. Also; most of the girls claimed that elongated labia are highly appreciated by men in their culture men and that is more exciting both for men (seeing and touching) and for women (when touched).

These have been also highlighted in Malawi. According to Grassivaro Gallo et al. (2009) 20, some Malawian men become aroused just by seeing the elongated labia, and some enjoy foreplay by fondling them, which is a source of excitement for the women that must happen prior to penile vaginal penetration. Some women from Zambézia, Northern Mozambique, compare the pulling during foreplay to being as necessary as kissing is for Europeans (Arnfred, 2011). The elongated labia work 'as a brake ... it secures the slow entrance of the penis, tightly fitting around it' (Arnfred, 1995, p.18). 21

The elongated labia minora can also be introduced inside the vaginal canal to increase the friction and, hence, the pleasure. In Tete province, the labia minora are named 'doors' and, during heterosexual intercourse, the man is expected to 'open the door' (Bagnol & Mariano, 2013), which ensures that erotic foreplay must occur before penetration. [22]. The same narratives are reported in Uganda; men are 'real men' if they find time to fondle with the labia, which are also the 'doors' the man has to 'knock' before he can 'enter' (Pool et al., 2000; Martínez Pérez & Namulondo, 2011).[14,23].

To the authors researching some of the Rwandese linguistic groups, LME is considered a prerequisite genital manipulation for practicing *kunyaza* (Koster & Price, 2008; Larsen, 2010; Fusaschi, 2012; [24,25] *Kunyaza* is practiced with both partners facing each other with their legs crossed. It consists in the man stimulating the woman, prior to penile vaginal intercourse, by fondling her elongated labia and tapping the labia and the clitoris with his erect penis. The man must continue until the woman ejaculates or produces abundant vaginal secretions, *amazi* (lit 'water'), or *kunyara* (lit. 'to urinate') (Koster & Price, 2008; Fusaschi, 2010, 2012; Skafte & Silberschmidt, 2013) [5,25,26] To some of the Fusaschi's female respondents (2012), it is the combination of *kunyaza* (male technique) and *gukuna*

(female technique) that leads to achieve *kurangiza* (female orgasm, which is different than *gusohora* 'male orgasm') and there are names for women who cannot ejaculates, called *igihama* while their child are called *mukagatare* for a girl and *gatare* for a boy, meaning rock. According to Koster & Price (2008) and Fusaschi (2012), in Rwandese cosmology, female ejaculation and exchange of fluids between both partners is highly prized, more than as a sexual symbol, as a symbol of matrimonial stability, social harmony, conception and reproduction, and life. **According to Pool et al. (2000) 23 Indeed, women perception among Basotho men is that, «...a woman without elongated inner labia was (and is still) called a 'cold woman'. The women also argued that upon finding a woman without elongated inner labia, a Mosotho man would say "kobo 11 nyane kea hatseia.. .", meaning "I am feeling cold because the blankets are too small...", and would be justified in finding himself another woman who was not 'cold'.» . Mathabo Khau(2011) Exploring sexual customs: Girls and the politics of elongating the inner labia Empowering women for gender equity Empowering women for gender equity, 23:79, 30-37,2011.[16].**

### 6. Violation of woman Rights?

Most of the students not originally from Uvira and Fizi territories (83, 6%), consider that it is a voluntary act because it has a benefit for both woman and man and it has been voluntarily accepted. They also think that people against the practice are vehicle for white people ideology who often consider African traditions as primitives and not valuable, especially white catholic priests and protestant missionaries"

*Those who consider it as woman right violation.*

For the 16, 4% versus 83.4% of students were against the practice, on the one hand they find that this is rather for the pleasure of men and that girl's consent is often on the basis of psychological and social pressure. Why must we do for preparing men pleasure? Why don't boys being also prepared for woman pleasure, a girl asked?

**b) Mathabo Khau** «... Thus it is important for re-education programmes to target men to stand against this practice. With the understanding that a woman who enjoys sex makes it more pleasurable for her partner, it would be easier to persuade Basotho that it is for the good of all if women and girls stopped labial elongation. With buy-in from the men, women would be released from the fear of not being marriageable and pleasurable and thus the shame and blaming placed on women and girls would stop thereby

creating spaces for a society that values and enjoys pleasurable and healthy sexuality. »**Female sexual pleasure and autonomy: What has inner labia elongation got to do with it?** She also argued that LME perpetuates a policing and control of female sexuality within hetero-patriarchal contexts and remains one of the major drivers of violence against women. [16]. *For Voices of the Community there a need to« educate professionals about other forms of FGM that do not involve cutting - including Labia Elongation, especially those practiced in countries which are not reflected on the UNICEF/WHO FGM prevalence maps relied on by practitioners» [27].*

For Guillermo Martínez Pérez, Brigitte Bagnol & Concepción Tomas Aznara Autoerotism, homoerotism, and foreplay in African women who practice labia minora elongation: a review in **International Journal of Sexual Health** < *There is a need to re-conceptualize African sexualities and traditional female genital modifications beyond colonial and Christian missionary discourses. LME is a versatile and multidimensional practice, which is difficult to encapsulate in a single range of sexual behavior. It is recommended that further study on the context and the way women of different ages experience LME, and its precise implications for their sexual health, should take place. Acknowledging that traditional practices are intended to enhance pleasure for both female and male partners and that these may prevent them from using barrier methods is relevant - in settings where HIV/AIDS is a major public health problem - to inform prevention programs as to which new barrier methods have to be developed and promoted, and also to inform sexual education strategies in which the issues of sexual pleasure and desire must be addressed in a culturally sensitive manner.* For Josefine Larsen "In Rwanda, the elongation of the labia minora through manual manipulation is not an individual act but takes place in social groups and thus cannot be fully understood by focusing one's attention solely on the individual-related behavioral components but, rather, on the social environment in which it exists" The social vagina: labia elongation and social capital among women in Rwanda *Culture, Health & Sexuality* Vol. 12, No. 7 (October 2010), pp. 813-826 [22]. For Brigitte Bagnol "...The data collected strongly demonstrate that the practices under study (elongation of the *Labia minora*, use of vaginal products or ingestion of potions to modify the condition of the vagina)do not constitute mutilation. The findings from the Tete province bring evidence of the need to remove the mention to vaginal practices that do not involve surgical interventions such as the insertion, application or

ingestion of various substances from the definition of FGM. The consequences of the elongation of the *labia minora* and the use of vaginal products do not require a ban as in the case of FGM Type I, II and III, and these practices cannot be targeted through human rights legislation on violence against children and/or women, bodily harm and child abuse." Nevertheless, some practices can result in injuries – e.g. lacerations, tears – and might need to be managed

Having go through literature and assuming that LME would be an European practice, it would be vulgarized in the whole of the world as the genital piercing and tatoes are spreading from Western countries to Africa. Laura J Moulton [27]., Courteny Smith, [28].

Our respondents (83,6%) did not consider that. as they consider that is good and it is a choice of girl. Indeed, relative to the appreciation and opinions of girls, there is controversy about this, since the WHO has classified it as an FGM. However, the word "**mutilation**" does not apply because *muting* means, cutting, ablation. This term applies to excision and circumcision that have a traumatic character with removal of part of the sexual organ. Our students, whose majority is studying nursing, so understand the term, considered that this practice does not constitute a violation of women's rights as long as it remains "a voluntary act". Although this does not represent a regional point of view, it joins that of **Kaoma Mwenda (2006) who said that** « therefore, that the practice of labia elongation per se, as customary in many parts of Africa, **does not violate the rights of women.** Such a practice can, however, offend African customary law and violate the rights of women where a woman is coerced into labia elongation or where she is misled fraudulently or negligently into the practice."]. For Larsen and price(2010)The process of stretching one's labia results in strong friendship networks and facilitates transmission of sexual and reproductive health education...(Larsen 2010, Martinez Perez, Bagnol et al. 2012[5,29,30].

Other students said that 'that WHO experts were mainly made of white people who usually considered all African cultural practices as bad, example of American and Swedish Pentecostal missionaries who came with gospel here banned male circumcisions, women hair *dressng* and traditional jewelry wearing.". That this definition is white people consider that there is a western thoughts/trends to determine what is good for all including sexual life according to their view. That's why Brigitte Bagnol stated: « ....The debate was extremely fierce with French feminists like Benoitte Groult (1979) condemning the practices and anthropologists from

the French Association of Anthropologists (AFA) publishing a collective text (Association Française des Anthropologues 1981: 37) aiming at showing “how a certain feminism resuscitate (today) the moralistic arrogance of yesterday’s colonialism.” They urged to look at the context and to understand the motivation of the practices. The article concluded: “Let’s stop making the Africans look like savages, let’s stop imposing on them our models for living and now our models of pleasure, let’s stop to perceive horror in others to better deny them in our society.” Brigitte II 2009 28, According to Elisabetta Villa and Pia Grassivaro Gallo “The vocabulary used by Western authors, however, includes reference to aspects of rural Europe suggestive of poverty and ignorance (“apron”), or symbolic ridicule of the manipulated feature, equating it to the ear of a Cocker Spaniel[30].

Until there is evidence that this practice is harmful to women's health and therefore a public health problem, there is no reason to combat it. For example, a cohort study would be required in in Congolese communities where EML is practiced in order to determine the harmfulness of the woman's health.

According to **Guillermo Martínez Pérez** Potential physical adverse effects of LME are preventable and Evidence to suggest that LME is a risk factor for any other genital-urinary or sexual health morbidities is sparse. He stated also that LME does not contribute directly to HIV transmission [31,32]

Thus, this should be surrounded with sexual education [14].

I personally think that there is no need to fight traditions that do not constitute a public health issue neither to trying to vulgarize it among other the tribes where it doesn’t exist. The tendency today is trying to globalize western “normalities». However, when this practice becomes a must for women and girls regarding the control of their bodies and sexuality; it becomes a violation of rights. It is similar to cultures where a boy cannot get a spouse if he is not circumcised. There is no evidence that women with elongated labia minora provides or get more sexual pleasure than those who don’t have them, as there is no also evidence that being male circumcision has an impact to men sexual performance and pleasure.

In terms of health bad consequences, the LME, there is no comparison with the Female Genital Cosmetic Surgeries (FGCS) and piercing that are gaining momentum in the West. (27). Although FGCS and LME may have some common motivations, Sarah Rodrigues suggests that “*these surgeries signify a contemporary (re)deployment of biopower aimed at*

*making the vagina more useful – a move from vaginal exception to the exceptional vagina”.*[33]. Those aggressive practices are on the one hand traumatic, bloody expose to serious medical complications such as wound dehiscence (wound separation), hematoma formation (bruising), recurrent bleeding, flap necrosis, visible scarring, superficial infection, structure granuloma should mobilize the WHO as they are now openly performed by specialized clinician at high price [34,35,36]. Despite of those evident side effects, there is a tendency to normalize or medicalize them (Sarah Creighton) [37,38]. According to Myrna Armstrong: « Nurses needs information about people with genital piercing so that they can provide non-judgmental, clinically competent care » [39]. At legal perspective the practice of labia minora elongation should be considered a violation of women's rights when it is done in a mandatory manner. Girls in these cultural backgrounds may be informed but have free choice. However, for marriage, as much as communities requires for the woman must seek to please her spouse, the man (boys) should also be subject to this same requirement and preparation since woman and man are equally entitled to freedom and sexual pleasure. Thus, we see that in eastern Congo, for example, boys are subjected to circumcision not only for aesthetic and cultural reasons but also for being accepted by female partner as most girls do not accept an uncircumcised man. This is opposite Rwanda, where male circumcision has been generalized as one of HIV/AIDS prevention strategies rather than cultural norm (Cishambo).35

## V. CONCLUSION

In this African Great lake medical setting, it is a fact that girls and women do not have similar vulva feature. Some have small labia minora while other have even protruding ones. This article aimed to assess the knowledge and the prevalence and perception of young female students of labia minora elongation among female students I one part of the south Kivu province, where it was the phenomenon is most encountered. The article has also discussed the view of young girls on labial elongation and how it is implicated in the constructions of female sexual identity.

Despite of a small sample size, this article provides only tendency about the practice and the view of the local community. As it provides evidence of girls and perhaps women’s lived experiences of labial elongation, it could be a starting point for further wide research on the practice among the samples from the 8 South Kivu’s tribes or in the entire DRC country. Being a taboo nature to talk with women about of sex issues, inner labia elongation is hardly talked

about within the public sphere but with the majority of respondent from medical college, it became easy as the research became also an answer to many of students questioning. From the results of this study it is obvious that labia minora elongation is still a reality in Uvira and Fizi territories as it is not only well known with the female students but also have practiced by 78% of them. The motivation is those earlier mentioned in other African countries where LME exists; rite to passage to childhood to woman hood, sexual pleasure for both man and women but sometimes a requirement of husband. Contrary to ancient time, it seems to be more a choice of girls than social obligation as girls agreed to have undergo labia pulling voluntarily. However, those against the practice and girls from tribes out of the area suggested that it is an unpleasant, non-useful practice that violates the women rights. While in some parts of Africa, millions of women are still struggling with genital parts cutting and consequences related to it, labia minora elongation is seen here as a normal and non-harmful, which some students suggested should be exported in those 'female genital cutting countries' as solution to those 'criminal practices as they mentioned' practice.

Due to the controversial view about LME, it is important to carry a cohort quantitative epidemiological study to determine the prevalence of LME and its implication on women health. It is also important to not fight against the practice where it is not a mandatory and not vulgarize it where it doesn't exist and let youth make their own choice. This will give girls and women to master and freely enjoy their sexuality. Finally, as many authors have suggested, it is better to withdraw labia minora elongation among genital mutilation and stand on the words «*Female genital modification* » as it what it is

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**Annex 2.** Picture of mixing herbal products for Labia Minora elongation openly sold on Kampala local Cosmetic Market, Uganda, 2018.

