

## Type 4 FGM - Focus: Labia Elongation

### Introduction

In November 2016 AFRUCA (Africans Unite Against Child Abuse) published a report focusing on type 4 FGM (Female Genital Mutilation), more specifically the procedure of labia elongation which is a common practice in many African communities. The study focused on the attitudes from certain communities towards type 4 FGM, the reasoning behind the procedure, the risks associated with it and explored ways in which professionals can work closely with communities to tackle this issue. Type 4 FGM is heavily under-researched and reported; practitioners may find it difficult to identify and understand the different forms and complexities around type 4 FGM procedures. This briefing paper is a summary of the report produced by AFRUCA and aims to raise awareness around one particular procedure which falls under the category of type 4 FGM; Labia Elongation.

For the full report please click here: <http://www.afruca.org/wp-content/uploads/2016/11/Final-Labia-Elongation-FGM-Report.pdf>

### Definition

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

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

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

The report highlights that there are numerous forms of type 4 FGM which are widespread in African communities including countries where the estimated prevalence is not high or not mentioned on the UNICEF Map which works as an international guide to the prevalence of FGM in Africa. Although much work has been done to raise awareness of FGM, the focus on Type 4 procedures is limited and there has been insufficient research to interrogate the different forms of Type IV FGM. Based on available data leaning heavily towards Types I, II & III FGM, this could be a contributing factor for labia elongation-practicing communities not recognising it as a form of FGM.

Labia Elongation/Pulling involves elongating the labia minora through manual manipulation (pulling) or use of physical equipment such as weights and other objects.

### **Voices of the Community: Exploring Type IV (Labia Elongation) Female Genital Mutilation in the African Community across Greater Manchester - An AFRUCA Community Research Project.**

This study was carried out by AFRUCA over the period from January - September 2016 and explores the attitudes of five African communities in the Greater Manchester area where type 4 FGM (focusing on labia elongation) is practiced. Information, statistics and data is very limited with regards to type 4 FGM and in particular labia elongation, the research relies heavily on desktop evidence and research as well as anecdotal evidence from a range of different participants who took part in the research. All of those who participated in the research regarded labia elongation as a “cherished cultural norm” that had been practiced for many generations.

The focus group/studies all show that there is a notion that labia elongation is not a criminal offence under the FGM act as there is no cutting or piercing involved. Over 90% of participants believe that labia elongation is not a part of FGM as it has nothing to do with mutilation; “it is carried out for the sexual pleasure for both men and women”. However some agreed that as it has altered the state of the natural being and young girls are forced to carry out this procedure on themselves it is classified as abusive.

### **Why is Labia Elongations Carried Out?**

The procedure is carried out for a number of reasons:

- Peer pressure from the elders within the community as well as friends;
- If not carried out there is the fear of not being marriageable and desirable to males;
- Some cultures deem the practice as a beautifying routine;
- Can help with problems which may arise during child birth;
- Carried out for the sexual gratification of men insofar that it heightens sexual pleasures for men and for some women.

Generally this practice is carried out or encouraged to be carried out by an older female relative using stones, oils and herbs, clamps etc. The older female will either explain to the child how to carry out the procedure on themselves or show them physically how it is done. It is seen as a rite of passage for a young girl to transition into womanhood, and those who do not conform to this

expectation are regarded as defiant and/or subordinate. There are growing fears around the issue of parental responsibility as the procedure is generally not carried out or shown to the young person by their parents; the report states that labia elongation can be done with or without the knowledge of parents.

Generally the process starts from the age of 9 - 14 years or before the start of their menstruation cycle through to adult-hood. The main reason behind this is that the skin is still tender making it easier to pull. However this procedure can occur in adulthood due to pressure from elders within the community or peers as well as spouses.

## **Risk and Impact**

Participants in the group described the process as painful and traumatic as the skin was constantly being pulled over a period of time. Some felt uncomfortable due to the labia rubbing against each other as they walked and found it difficult to wear tight clothing such as trousers and jeans. Stigmatisation is a huge factor in the reasoning behind the procedure; many of the participants felt that if they had not had it done they would be ridiculed and felt isolated.

Physical impact and risks:

- Swelling or soreness of labia;
- Infections from the use of herbs;
- Pain for several days after the labia has been stretched;
- Trauma for young girls;
- Fear of attending essential medical appointments such as smear tests as they may be asked questions.

## **Recommendations and Next Steps**

There are growing fears for the safety of young girls as the community generally do not believe that they are carrying out FGM. The report suggests that during the focus groups many participants did not see the process of labia elongation as a form of FGM as “FGM refers to something more serious”. The findings suggest that participants do not believe there are many targeted services for this type of FGM. The report recommends the following:

- Combating peer pressure: work must be carried out with young people to educate them of the risks and effects of carrying out this procedure and not conforming to harmful practices;
- Education around the practice of labia elongation and anti-FGM laws within the UK - many practicing communities do not see how labia elongation is a form of FGM and therefore services must not only be targeted towards professionals to provide better education and an increased knowledge on the issue but also to parents and young girls themselves;
- Increased knowledge by professionals will allow for more robust and well balanced assessments to achieve the best outcomes for families;
- Accurate figures must be captured to reflect the practice. As this is an emerging issue more work must be carried out and research conducted to showcase the growing issue of type 4

FGM which also includes research on the health and psychological risks arising from the labia elongation practice;

- More work must be carried out with regards to sensitising communities and educating them about the risks of type 4 FGM. Community engagement is crucial to help tackle the risks of FGM.

For more information please visit: <http://www.afruca.org>

## Contact Us

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