

**LIVED EXPERIENCES OF LABIA MINORA ELONGATION AMONG
ADOLESCENT GIRLS IN WAKISO DISTRICT**

ZAITUNI NABATEREGGA

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Declaration

I, Nabateregga Zaituni hereby declare work in this desertion titled Lived Experiences of Labia Minora Elongation Among Adolescent Girls in Wakiso District is my original work, is not plagiarized and has not been submitted to any other institution for any award.

Signature: 

Nabateregga Zaituni

20th September 2024

Supervisor Approval

The research proposal has been written under my supervision and has been submitted under my approval.

Signature: 

Name: Ms. Kobusingye Jacqueline

Date: 22 September 2024

Dedication

I dedicate this research work to Jacqueline Nassimbwa, Anita Nagaba Buyinza, Nakalema Aisha and Nabaweesi Hellen Sophie your inspiration made me pull through this journey.

Acknowledgement

I would like to express my special thanks to my mentor and supervisor Ms. Kobusingye Jacqueline for her time and efforts she provided throughout this entire process of coaching me on how to get it right. Thanks for being my friend and mentor. Your useful advice and suggestions were helpful to me during my research project's completion. I am eternally grateful to you.

List of Acronyms

LME:	Labia Minora Elongation
FGM:	Female Genital Mutilation
WHO:	World Health Organization
SRHR:	Sexual Reproductive Health and Rights
STIs:	Sexually Transmitted Diseases
FGMo	Female Genital Modifications

Operational Definitions of Key Terms

Adolescent girls: Adolescence is a stage of growth between childhood and adulthood from ages 10 to 18. For the study purposes, the researcher considered ages 10 to 15 with the aim of capturing experiences among girls who have been recently initiated to Labia Minora Elongation

Pulling: Elongating of the labia minora i.e. the inner lips of the female external genitalia using different herbs, oils, and creams.

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Abstract.

Introduction: Women and girls in different countries practice different Female Genital Modifications (FGMo) for several reasons which may include initiation to adulthood but also preparation for marriage. Labia Minora Elongation (LME) is among those practices carried out in different African countries; In Uganda it is mainly practiced in the central specifically the Buganda region. It refers to the elongation of the inner lips of the external female genitalia. The process takes a long time until the realization of the intended length which ranges from 2 to 8 cm is met. Like many Types 4 Female Genital Mutilation (FGM) practices that do not involve cutting, Labia Minora Elongation does not receive the much-needed attention like Type 1, 2, and 3 from researchers, funders, and programmers yet it presents significant impact on the psychological and Physical wellbeing of adolescent girls. The study therefore set to describe the lived experiences of adolescent girls who have experienced Labia Minora Elongation in Wakiso district.

Methods: The study used a phenomenological study design to describe the experiences of Labia Minora Elongation following initiation into the practice. In-depth interviews were held with 17 adolescent girls aged 10-15, who had experienced labia minora elongation and these were the primary sources of data. The study looked at the perceptions on LME, the process of elongating the labia minora, major challenges that adolescent girls face after Labia Minora Elongation initiation and the coping strategies they utilize.

Findings: Labia Minora Elongation is an unpleasant prolonged process that subjects adolescent girls to months of physical and psychological suffering. It presents challenges which are usually not acknowledged by the community, and this makes the whole experience a very difficult one. Adolescent girls experience a lot of pain, swelling of the Labia Minora, itchiness from the herbs used, stigma from peers and other psychological effects of engaging in a practice that they are compelled into and don't fully understand.

Discussion: The findings from this study revealed that girls are coerced into modifying their genitals thus there is need for awareness creation to help them have the right information and make their own informed decisions on whether to or not participate in the practice. Even though adolescent girls come up with coping mechanisms to deal with these challenges, they need to be protected against this practice that affects their wellbeing.

The study findings will be used to inform policy formulation against the practice and sensitization interventions on the physical and psychological consequences of LME among adolescent girls. The findings will also provide an opportunity for more research on experiences of adolescent girls following LME practice and other silent effects impacting the psychical, sexual, and psychological wellbeing of Adolescents girls in the country and the region.

CHAPTER ONE

INTRODUCTION

1.1 Background

In different cultures and countries, women and girls have been subjected to different Female Genital Modification (FGMo) practices which are attributed to different cultural reasons including initiation to womanhood, preparation for marriage and other reasons suggested by their respective cultures (Werunga J, Reimer-Kirkham S 2016).

Women and girls in different cultures experience FGMo practices ranging from Female Genital Mutilation/Cutting which involves the removal of external female genitalia partially or totally. FGM is classified into four major types. Type 1 involves the partial or total removal of the external parts of the Clitoris and the clitoral hood. Type 2 involves the partial or total removal of the clitoris and the Labia Minora with or without the excision of the outer labia [2]

Type three involves narrowing the vaginal opening by cutting and positioning the inner and outer labia parallel to each other with or without cutting the clitoris. Type 4 which is considered the less severe involves all other harmful procedures carried out on female genitalia without any medical reasons, these may include pricking, incising, etc. [2,3]

Among the Type 4 FGMo practices include Labia Minora Elongation (LME), it involves stretching of the inner lips of the external female genitalia. With the aid of different herbs and creams, the Labia Minora is elongated until the desired length is achieved and this could be from 2-8cm. LME is usually initiated among adolescent girls at the commencement of puberty, and this is done by older family members. (Kaggwa MM, et.al, 2023).

The LME practice is commonly carried out with the African continent and countries include Uganda, Benin, Burundi, Congo, Ivory Coast, Lesotho, Kenya, Malawi, Mozambique, Rwanda, South Africa, Tanzania, Zambia and Zimbabwe and it is viewed as a rite of transitioning girls from childhood into womanhood among cultures that

practice it. Among the western countries, the practice is common among the African and South Asian diaspora communities (SAHIYO 2020)

In Uganda, the prevalence rate of all forms of FGM practices including Labia Minora Elongation among women aged 15-49 is more than 50% in some of the sub-counties of practicing districts (UNICEF 2017). The practice takes strong hold in the central region among the Bantu speaking tribes and these believe that the practice prepares girls for marriage. They do believe that the practice provides sexual pleasure for both men and women. It is very common among the central, Eastern and Western Ugandan tribes including the Baganda, Bagisu, Bakiga, Banyankole, Banyoro and the Batoro [4]

The process of LME in Uganda follows quite a similar process like other LME practicing communities in other countries; the initiation begins among girls who are almost at their puberty stage. The paternal aunt commonly known as the “senga” and other older persons like elder sisters, grandparents, mothers and other elder women have a key role in initiating the girls into the practice and passing on all the necessary information [5]

The practice involves the use of herbs that may include Solunam Aculeastrum commonly known as “ekitenttengo” and other herbs that help in making the Labia Minora soft and make it easier for it to stretch and makes the process less painful and more effective. [5]

The experience of LME has been described differently by women and girls especially those that have been raised within communities where the practice is considered normal to their cultures. Majority of the women and girls note that they have experienced the practice through its joys and pains while for others, it's a practice they can only ponder about.

The practice is characterized by different psychical, sexual and psychological effects especially to the adolescent girls during initiation. Women and girls note that the practice is associated with pain, swelling of the Labia Minora, itchiness resulting from the herbs used and pressure from peers and other community people for not engaging in the practice or failure to attain the desired Labia Minora length. (Kaggwa MM, 2023)

LME is also associated with to adverse mental health issues that may include depression, anxiety and da range of traumatic stress disorder resulting from the practice. Although no evidence has suggested that LME can lead increased HIV infection risks, it's looked at as an underlying factor to early sexual debuts among adolescent girls and act that exposes them to HIV and STIs (Abdalla S.M. and Galea S. 2019)

LME is a strong cultural aspect within the tribes that practice it although the practice has several short- and long-term challenges that it inflicts on the physical and psychological health of girls and women. It's important to note that LME is not a short-term practice, it takes months, years and sometimes a lifetime and this means a life time of physical and mental suffering for the women and girls. (Kaggwa MM, 2023)

Although a Female Genital Mutilation Act was developed and adopted in Uganda in 2010, more focus was put on the first three types of mutilation with involve the partial or full cutting of the external female genitalia for non-medical reasons. The Act did not make other practices like LME illegal and this leaves a gap in the protection of adolescent girls against harmful cultural practices [6]

Labia Minora Elongation can be a traumatic event for the girls who experience it and can bring about a significant level of discomfort both in the short and long run. Many girls have been forced or influenced by their elders, friends and other communal people to undergo Labia Minora Elongation even when they themselves wouldn't want to do it. The fact that it's considered a positive act in societies that practices it; many girls have only endured to go through it amidst the negative bearings it comes along with.

Girls who are coerced into Labia Minora Elongation are at risk of experiencing psychological issues in the following months or even years and this at times becomes a lifelong challenge and a great blow to their health and general wellbeing. Therefore, this study focused on describing adolescent girl's general individual experience following the elongation of the labia Minora.

The study aimed at exploring adolescent girls' perception on LME, the process of labia Minora Elongation, how LME affected the adolescent girls (participants) in the short

and the long run. It also explored how the adolescent girls found out about Labia Minora Elongation, whether they were able to decide on their own to practice Labia Minora Elongation or they were influenced into it and the kind of support received from people around them including family, relatives, friends, and the community at large. The study also sought to explore the different coping strategies that each participant used to be able to go through the whole experience especially in the short run.

1.2 Problem statement

Adolescent girls are exposed to different physical and psychological challenges when they are initiated into Labia Minora Elongation. These challenges are commonly undermined and not considered crucial by the community members leaves the girls without any form of support to cope with them.

Several studies have been carried out on the different FGM practices in different cultures although several of these have documented experiences and challenges associated with FGM Type 1,2 and 3; fewer studies have paid the necessary attention to the FGM Type 4 which involves practices like LME. Fewer studies have taken interest in seeking the actual lived experiences among adolescent girls who have practiced LME. (Tammary E & Manasi K. 2023.)

In Uganda LME is commonly practiced within the central region but also in other tribes in the Eastern and Western region. Majority of the studies carried out in the central region of Uganda and within the tribes that practice LME have focused on women as a whole and others on perceptions of LME among men but haven't paid much attention on the psychical and psychological challenges faced by Adolescents girls at initiation and during the LME practice

The experiences of these girls who experienced Labia Minora Elongation in these settings need to be told and the silence on this practice needs to be broken to protect adolescent girls from the physical and psychological effects that result from the harmful cultural practices. (Hodan M O, Jama A E, et.al 2017). Listening to the voice of adolescent girls on the challenges they face will provide the much needed evidence to develop necessary interventions

This study aimed at exploring the short- and long-term effects that come along with undergoing Labia Minora Elongation among adolescent girls, the kind of influence or support they get from families, relatives and friends and their perceptions regarding Labia Minora Elongation practice

The findings from the study will be beneficial in designing evidence-based approaches in challenging Labia Minora Elongation and other female genital modifications that might have negative effects on the SRHR of adolescent girls. The findings will also support policy makers and SRHR advocates in designing laws and policies that protect adolescent girls from such cultural practices. The findings also provide more opportunities for future studies around experiences on LME.

1.3 Study questions

- 1) What are the perceptions about labia Minora Elongation as a practice among Adolescent Girls?
- 2) What processes do adolescent girls go through during Labia Minora Elongation practice?
- 3) What are the challenges faced by adolescent girls because of Labia Minora Elongation both in the short and long run?
- 4) How do adolescent girls cope with the challenges that they experience as a result of Labia Minora Elongation?

1.4 General Objective

To describe the lived experiences of adolescent girls who have experienced Labia Minora Elongation in Wakiso district.

1.4.1 Specific objectives

- 1) To understand the perceptions on Labia Minora Elongation among adolescent girls in Wakiso district.
- 2) To describe the process of elongating labia Minora elongation among adolescent girls in Wakiso district.
- 3) To explore the challenges faced by adolescent girls who have experienced Labia Minora Elongation in Wakiso district.

- 4) To discover the various coping mechanisms that adolescent girls use following the effects of Labia Minora Elongation in Wakiso district.

1.5 Justification

The challenges adolescent girls go through during and after initiation of Labia Minora Elongation are very important to capture and there is great need of them being documented to inform Sexual Reproductive health and rights improvement efforts for adolescent girls. Understanding of the process of events that unfold from the time adolescent girls get to know about Labia Minora Elongation, the process of Labia Minora Elongation itself and how the adolescent girls are affected by these processes is of great interest.

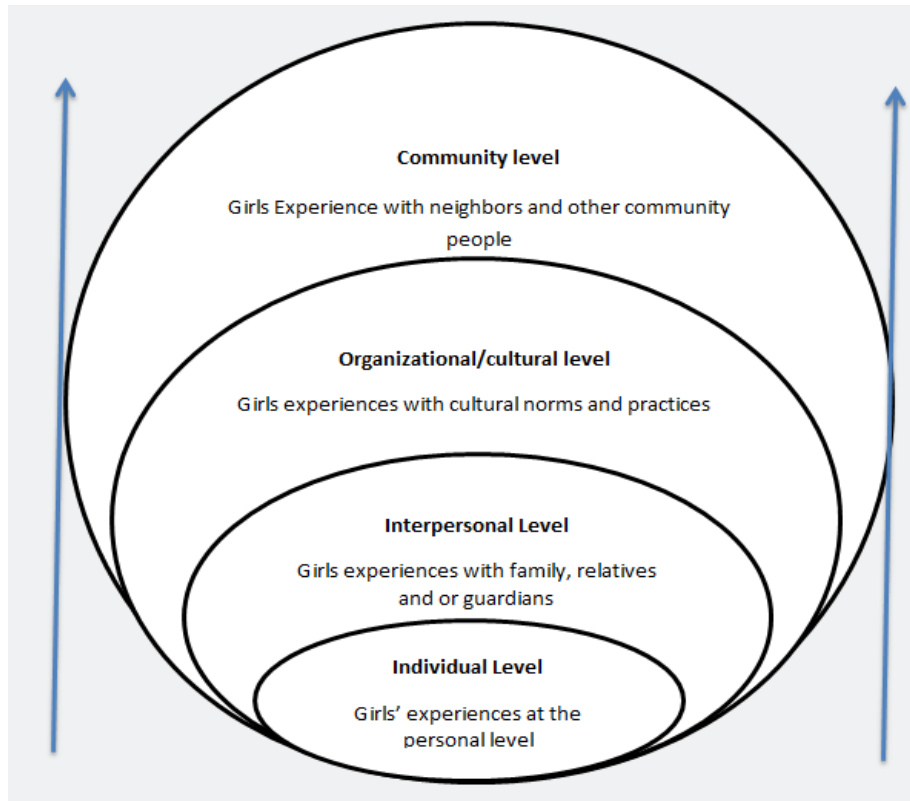
It's important to explore the experiences of these adolescent girls who have experienced Labia Minora Elongation and understand the psychical and psychological magnitude that the phenomenon inserts on them. The study will also create knowledge into Labia Minora Elongation an area that has not been fully explored by researchers, yet it might have several long-term negative connotations to the sexual reproductive health of adolescent girls.

The study documented adolescent girl's experiences on Labia Minora Elongation in a more informative and clear manner to pave way for more studies which will focus on the themes developed after the study. More studies will focus on an in-depth understanding of these themes.

1.6 Significance

The study adds knowledge and information about the actual lived experiences of adolescent girls who have experienced a Labia Minora Elongation event in their lives. This information will act as evidence for the need of Transformative Social Behavior Change among communities that practice Labia Minora Elongation but also efforts provide information for evidence-based advocacy for policies that protect adolescent girls from unrealistic female genital modification practices within the different communities.

1.7 Theoretical Framework



As adapted from McLeroy, K. R., Steckler, A. and Bibeau, D. (Eds.) (1988). **The social ecology of health promotion interventions, Health Education Quarterly**

The theoretical framework above describes the levels at which the Labia Minora Elongation phenomenon will be explored. The study explored the adolescent girls' experiences with Labia Minora Elongation. It looked at their experiences at the community level which involves the influence the community members had on their individual experience. It also looked at the institution level and at this level; the study aimed at exploring the adolescent girls' experience with the cultural norms and influence. The third level looked at the experience with the family members since these are usually the initiators of Labia Minora Elongation. The individual level was the niche of the study, it explored the individual effects that Labia Minora Elongation has had on the adolescent girls and their perception on the practice.

CHAPTER TWO

LITERATURE REVIEW

2.1 Perception of Labia Minora Elongation among Adolescent girls

2.1.1 Understanding Labia Minora Elongation

Several studies have defined female genital mutilation of Type I, II and III, vaginal practices and these have been effectively studied and documented especially as far as their links to sexual pleasure are concerned. However, little has been written about the role of non-surgical interventions defined as FGM Type IV, which include the insertion, application or ingestion of various substances to attempt to tighten the vagina and/or change the level of its lubrication and the elongation of the labia. (WHO, 2018)

Female genital modification has been traced in several countries within the African Continent but also in the Asia; Over 200 million women and adolescent girls are practicing one or more FGMO practice in the different countries. (WHO, 2018)

Among the most common FGMO practice is Labia Minora Elongation, which is the elongation of the inner folds of the female external genitalia with the use of different herbs to desired length usually prescribed within the culture.

Labia Minora Elongation is widespread across the African Continent with the Eastern and South African parts leading in terms of degree at which the practice is carried out. Normally, the LME practice is initiated to adolescent girls before the start of puberty between the ages of 8-14 in order to prepare girls for womanhood and future marriages. (Perez G, 2014).

Women and adolescent girls in different cultures engage in Labia Minora Elongation with an aim of being sexually attracted to men. This practice is common in different countries including Mozambique, DRC, Uganda, and Zimbabwe (Venganai, 2018).

The debate around Labia Minora Elongation (LME) and other female genital modifications has always been a critical one and a source of arguments between cultural oriented persons

and human rights defenders. These practices have yielded several discussions around the Sexual Reproductive Health Rights especially for Adolescent girls. (Hellen Venganal, 2021)

2.1.2 Knowledge and perception on Labia Minora Elongation

In contrast with female circumcision, LME is a common practice among women and girls within most of the cultures that practice it. According to a study by Baguma in Congo, it revealed that 94.5% of participants understood LME; these results are close to those of Carolyn M. Audet et al. (2017) in Zambezia which found 88% of girls knowledgeable.

The source of information regarding Labia Minora Elongation varies although the roles of older women within the community and or families in extending the necessary knowledge and information on practice of LME are very crucial. It's the role of these older women to inform adolescent girls about the practice, the procedure and the herbs used to practice LME

Among the most common motivators of the practice is that it is an important aspect for successful marriages, a strong symbol of passage that initiates adolescent girls into womanhood and a feature that improves sexual pleasure for both partners (Grassivaro Gallo & Villa, 2006)

In Uganda, the role of paternal aunties, mothers, elder siblings and older women in the community in passing over information regarding LME is very crucial and many adolescent girls acquire information on LME from one or more of these groups (Ward 2016)

Amidst the initial pain of LME, several women and girls have a positive perception towards LME. Enhancement of the sexual experience is the primary-cited purpose for engaging in LME. Women engage in LME with the aim to “please their men”, fulfill male expectations on the characteristics of their genitalia, arouse the men and increase men's sex drive. (Namulondo 2014)

Other reasons for the positive perception are that LME is a prerequisite for marriage, necessary for women to achieve womanhood and conform to culture. LME is considered to be useful in reducing pain during childbirth. Different studies explained that many women elongate their labia Minora in order to persuade their partners to be faithful (Namulondo 2014)

2.2 Initiation and Procedure of Labia Elongation

Labia Minora Elongation is introduced to adolescent girls between ages 8-14 just before puberty. There are several reasons for the practice is to prepare the adolescent girls for womanhood but also for marriage (The Lancet)

The paternal aunt is the most common person responsible for the initiation and providing on knowledge on procedure of LME to the adolescent girls. Other people including the grandmothers, female peers, elder sisters and other community people are also known as instructors for this practice. (Perez 2014)

There are several methods or procedures used during the elongation of the Labia depending on the positions or circumstances that the different girls find themselves in but the use of different herbs is common place in all.

The procedure for LME involves different instructions given in different modes including verbally, illustrating and providing demonstrations for the girls using their peers; these are used to guide the girls on the posture for stretching, the directions to which they should stretch their Labia Minora and the intended length (The Lancet)

Among the known herbs used during LME include; Solanum aculeastrum, Dunal, Bidens pilosa L, oils, cow-cheese etc. The herbs mentioned are similar to those reported within studies conducted in Uganda, Rwanda and Mozambique. (Bagnol, 2017).

2.3 Challenges of Labia Minora Elongation among Adolescent girls

Many women in different cultures perceive Labia Minora Elongation as a positive practice and report that it has a very positive effect on both women and their husbands' sexual relationships thus many studies have failed to register negative effects. (Bagnol 2006)

However, studies have found that the excessive elongation of the Labia is a very painful practice especially at the beginning. Many studies have found that the practice is associated with swelling of the labia, itchiness of some of the herbs used and some level of discomfort during the early stages of practice (Grassivaro and Busatta, 2009)

Some Authors have reported the practice increase the risks to infections and other disease due to the modification procedures and the local herbs used as well as irritation of the genital organs among the adolescent girls who practice it. (McClelland et al. 2006)

According to study carried in Zimbabwe, women who participated in the study reported experiences of peeling of the vaginal mucosa, vaginal lacerations, burns, swellings and increased secretions (TET4, Focus group, Women Organization of Mozambique, Tete).

Most commonly the LME procedure is usually associated with physical, sexual, and psychosocial problems, including pain, swelling, irritation, or itchiness due to caustic herbs use, pain during urination, and fear of being stigmatized if the intended length is not achieved (Perez g 2014)

Namulondo et.al, found that LME is a risk practice depending on the fact that it normally happens in the bush where girls help each other in groups and employ different herbs that might be dangerous.

The influence of discomfort is usually determined by variables such as the way the elongation is carried out, the kind of herbs used and the duration of the elongation. Among the studies carried in Uganda indicated that the *Solanum Aculeastrum* (“ntengotengo”) fluid that is got from the heating its ripe fruits until they break are reported as stinging and causes a lot of pain.

Etyang and Natukunda (2005) suggest that the kind of verbal teachings and illustrations done at the initiations of LME and during the process of LME increases the risk of early sexual debuts among adolescent girls which puts them at a high risk of HIV transmission.

Some studies have associated LME to cancer of the uterus and suggest that this might be as a result of the herbs and other products inserted into the Virgina which may be infectious. The occasional washing of the inside of the vagina with various substances destroys the vaginal flora, thus changing its pH (acidity). According to these researchers, this can lead to a high risk of vulnerability to STIs and HIV. (Finnish Journal of Ethnicity and Migration 2008)

On the contrary, authors such as Arnfred (2003) have encouraged research on this practice to better understand the motivations behind it and to accumulate evidence of the fact that it does not constitute a form of genital mutilation.

2.4 Coping Mechanism of Labia Minora Elongation

Many research studies haven't prioritized the effects of other female genital modification practices apart from female genital mutilation and this has created a gap in having a clear understanding of the challenges adolescent girls face and how they cope with them. Adolescent girls are left to cope with them on their own. (Werunga J, 2020)

It is paramount to understand the experience from the point when the girls get to know about Labia Minora Elongation, how they were initiated into it, how it was carried out, the effects it has had on their lives, how they coped with the effects and their current perception regarding the study topic.

Communities need to be sensitized about the physical and mental health consequences of LME on young girls. The sensitization should also target other members of the society, especially men since some of the motives for the practice are to increase sexual pleasure of partners.

Breaking the myths and beliefs around this practice is urgently needed and educational initiatives on LME can be mainstreamed with existing reproductive health programs that are successful, acceptable, less stigmatized, and well established in Africa for other sexual health issues on menstrual health, hygiene, HIV prevention, and contraception. (Desrosiers A. Betancourt T. 2020)

This study will aim at exploring and describing these different experiences and also document the different challenges that resulted from the Labia Minora Elongation phenomenon.

CHAPTER THREE

METHODS

3.1. Study design

The study used an existential phenomenological study design; this is a qualitative study design with an approach that aims at acquiring an in-depth understanding an occurrence or an event within a population under study. It helps in seeking out the true perceptions and thoughts of an event within the population of interest. This study approach was more suitable because the study sought to explore and describe the process of LME and the experiences of Labia Minora Elongation among adolescent girls so as to understand the emotional and physical challenges that they face but also the coping mechanisms utilized to overcome the negative effects of Labia Minora Elongation.

3.2 Study Site and setting

The study was carried out in Wakiso district in the central part of Uganda. According to a study by Namulondo in 2014, Labia Minora Elongation is commonly practiced in the central region of Uganda but also in the Eastern and the west by different tribes including Baganda, Bagisu, Batooro, and Banyoro tribe.

The study was carried out in primary schools in Wakiso district. A multistage sampling technique was used to select the area of the study which was Nkumba Parish. The schools were randomly selected in Nkumba Parish and the selected schools for the study included Nkumba primary school and Conbert modern primary school both in Waliwo Katabi Sub County in Nkumba Parish

3.3 Study Population

The study targeted school going adolescent girls aged 10-15 and have experienced Labia Minora Elongation in Wakiso district as the study population. The purpose for the selection of the ages between 10-15 was because it's between these ages that Labia Minora Elongation is initiated, and the researcher aimed at exploring experiences of adolescent's girls who have just been initiated to the Labia Minora Elongation practice

3.4 Sample size

For phenomenological studies, Creswell (1998) recommends 5 - 25 and Morse (1994) suggests at least six thus for this study, the researcher used a sample size projection of 25 Participants.

The researcher kept on noting major emerging themes from each interview carried out until no new information was captured. This signaled that the point of saturation has been reached and this marked the end of data collection process.

3.5 Sampling

Purposive sampling was used to select participants for the study. Purposive sampling was considered the most effective sampling technique due to the sensitivity and nature of the study. The researcher used the following factors to guide the purposive sampling processes.

1. Between the ages of 10-15
2. In-school adolescent girls
3. At least six months of elongating their Labia Minora

3. 6 Inclusion and exclusion

All girls aged 10-15 and have experienced Labia Minora Elongation whether by choice or coerced were included in the study. As per the exclusion criteria, only 2 girls were excluded from the study due to failure to explain their experiences.

3.7 Data collection methods and study procedure

The study used in-depth interviews as its main method of data collection. One on one interviews were held between the researcher and the participant.

The recording and notes taking were done by the principal researcher herself using a voice recorder and a notebook.

During the asking and probing process, the principal researcher also observed the participant for the non-verbal messages.

Procedure:

Using a multistage sampling technique, the researcher selected a village within Wakiso district, and this was used for the study. A list of schools in the selected village was acquired from the Local Council 1 office and random sampling was used to select the schools to participate in the study.

After selecting the schools, approvals for the study were sought from the management of the selected schools. Matrons and or a female teacher responsible for the girls' wellbeing were utilized in the sampling process. Under the guidance from the principal researcher, identification and sampling of the study participants was carried out

After the principal researcher identifying the study participants, initial contact was made to the participant's guardian or whoever is responsible for the care of each of the selected participants. General information about the study was provided to the guardians of the participants and requested them to allow their children to participate in the study. All questions that they had were answered at this stage.

Once the guardian agreed to the study, they introduced the participant to the researcher. The researcher ensured that the place where the interview is held is private and comfortable for the participant so that the participant can provide all the information without fear.

Once the researcher ensured privacy, brief introductions were made and this was followed by a detailed explanation about aims and objectives of the study to the participants by the researcher, their rights as participants, how the information collected will be used and how the interview will be conducted including being recorded on voice recorders. Participants were taken through the Assent form and asked to consent at their own discretion.

Every attempt was made to ensure a safe environment for the girls to share their experience; this included meeting in a place where the girls feel comfortable and assuring them that their identity would be protected in the study.

After the detailed briefing, girls were given an opportunity to ask questions they may have at that point; and there after the interviewer began audio recording the interview. The

interviews were recorded using a digital voice recorder; the researcher took some necessary notes during the interview.

The interviews were held using guiding questions; girls were asked to describe their overall experience with Labia Minora Elongation adding as much details as they would like. Probing and clarifying questions were used to pick more details from the participants. The questions were designed to allow for the sharing of an experience, and not to lead the participants toward positive or negative reports of their experience.

After the participants felt they had shared everything they felt is relevant to the interview, the audio recordings were stopped, and member checking were carried out. The interviewer spent a few minutes with the participant to debrief, discuss their experience in the interview and answer any additional questions that they had.

Observation: the researcher also did some observation during the interview process, and this helped to capture the non-verbal messages and other important gestures made by the participant. These helped the researcher understand the magnitude of the experience to the participants and also control the interview to avoid any form of emotional breakdown or discomfort by the participant.

3.8 Data collection tools

In-depth Interview guide tool: The researcher was the primary data collection tool. An Interview guide was used during the In-depth; the guiding questions sought to explore the general experience of girls from the point the girls got to know about Labia Minora Elongation, when it was initiated, the events that followed and the impact this act has had on their wellbeing.

The guiding questions were designed to bring out how the girls perceived their experience of going through Labia Minora Elongation and the impact this act has had on their lives. The in-depth interviews were held face to face using voice recorders, notebooks, and pens.

3.9 Data management

The researcher made sure that the guidelines set for the selection of participants were strictly followed to ensure that the right people are selected. The guiding questions were

constantly reviewed to ensure that the right information as per the study goals and objectives is being collected.

A recording and some notes were taken during the interview and each interview was captured in its natural form. After every interview, the recordings were saved on a personal computer and on the researcher's personal Google drive account to avoid loss.

A naturalistic approach was taken by the researcher during the transcription process of the recordings at the end of every day of data collection. The transcriptions in vernacular were translated in English after the transcription process.

In the data management process, the researcher ensured that the data meets the principle of ethical conduct which include but are not limited to confidentiality and human subject protection from harm. The researcher also paid attention to data storage, sharing, and ownership after the study is complete.

3.10 Data analysis

The researcher used an inductive thematic approach for data analysis and the following steps were taken by the researcher during data analysis.

1. **Familiarizing:** This was the first step in data analysis. The researcher made sure that she is familiarized with the data; this involved listening to the audios from time to time, transcribing the audios and reading through the text several times.
2. **Coding and Interpretation;** the next step was coding and initial interpretation of the data. At this stage, the researcher came up with shorthand labels to describe the content. Each label described an idea or feeling expressed by the participant in the text. This was followed up by thoroughly going through the transcript of every interview and highlighting everything that jumps out as relevant or potentially interesting. The researcher highlighted all the phrases and sentences that match the codes. More codes were added as the researcher went through the text. After going through the text, all the data identified by the codes was collected together into groups. These codes allowed the researcher to gain condensed overview of the main points and common meanings that recur throughout the data.

3. **Generating Themes;** the third step looked at the codes created, identifying the patterns among them, and coming up with themes. The codes that didn't appear a lot and seem vague were discarded. The researcher aimed at creating themes that can potentially tell everything important about the data regarding the aim of the study.
4. **Reviewing the themes;** themes were reviewed to ensure that they are useful and are an accurate representation of the data. The data sets were compared to the themes to make sure that nothing is missing and make the themes a clear representation of the data.
5. **Defining and naming the themes;** under this step, the researcher identified what each theme means and what it entails, this helped in providing easily understandable names for each of them.
6. **Write up;** the researcher embarked on writing the final report of the study.

3.11 Quality control

The researcher ensured quality control at all the stages of the study. The researcher used guiding questions during the interview sessions to ensure that the responses meet the objectives of the study. She also ensured that there is no influence in regard to the responses and that the interviewee is allowed to voice out as much as they needed.

During the transcription and translation stages, the researcher made sure that the stories are not distorted or changed and that what is written clearly represents what the interviewee meant during the interview. The researcher ensured that the raw data and the transcription are not accessed by anyone not authorized to access them.

The researcher followed the following strategies to ensure quality control

Criteria	Strategies
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1. **Credibility/Internal;** Subject review/Member checking was used to determine internal validity. Each Participant listened to the audio recording after the interview to ensure that what was said is what they actually meant.
2. **Transferability/External;** A clear description of the study context detailing the researcher's role in the context and a clear representation of how the context

might affect the ability to answer the original research questions was documented to ensure external validity

3. Dependability: Changes that occurred were described and how these changes affected the way the researcher approached the study.
4. Conformability: the researcher documented procedures for objectivity checking and rechecking the data from the study to ensure conformability.

4. 12 Dissemination Plan

The researcher plans to disseminate the study findings in the following ways.

- Publishing the findings in a selected online journal so that they can be accessed for planning and informative purposes.
- Share findings in national, regional, and international conferences on Sexual Reproductive Health and Rights
- Share findings within Capacity building sessions.

3.13. Ethical considerations

3.13.1. Ethical Challenges and Risks

Due to the nature of the phenomenon being studied there are many ethical challenges and risks that may face this research. Being very aware of these ethical issues, the researcher was well prepared with tools to help the participants go through the interview, these include giving the participants as much time as they need to tell their story and express their emotion, and balancing the interviews through allowing breaks where need arises.

The length and the potential intrusiveness of the interview might also have been an issue of concern; however, the length of the interviews was controlled by the participants; the longer they spoke, the longer the interview would take. The researcher made it very clear to the participants that they are not under any obligation to participate or complete an interview when they get uncomfortable.

3.13.2. Principles of ethical conduct

1. Voluntary Participation: Participants were given the opportunity to voluntarily agree to participate in the study or decline. Participants were asked if they wish to participate in the study during the initial contact by the guardians or

caretakers, further consent were sought by the researcher before the start of the interview and only those that consent to participate were taken on.

2. Informed consent: a detailed explanation regarding the study and how the information will be used was provided to the participants prior to the commencement of the interviews. An Ascent form in the language the interviewee is more comfortable with was provided and signed to show that the participant understood the aim of the study and that they were not influenced in any way to participate in the study
3. Respect for anonymity and confidentiality; privacy and anonymity were maintained throughout the study. All participants were had individual interviews therefore participants were not aware who the other participants are. All documents containing confidential information such as recordings, consent forms and transcriptions were kept in a secure place where they can't be accessed by third party. Participants were also given pseudo names to protect their identity in the research report.
4. Beneficence and non-maleficence (To do no harm); beneficence relates to the benefits of the research, while non-maleficence relates to the potential risks of participation". The researcher ensured beneficence by sticking to the aim and objectives of the study and ensures non-maleficence by being extra sensitive during the interviews.
5. Respect for privacy; an invasion of privacy happens when private information such as beliefs, attitudes, opinions and records, is shared with others, without the participant's knowledge or consent. A researcher cannot decide on behalf of other persons on those delicate issues. All aims, instruments and methodology must be discussed with the prospective subject and the research workers prior to the investigation. The researcher will ensure that never at any one time does a third party unless authorized will access personal details of the participants.

3.13.3 Ethical Approval

Ethical approval sought from Research Ethical Committee of Uganda Christian University. Approvals from the schools' management were also sought to allow the principal researcher

carry out the study in the selected schools. The guardians for the selected participants were also requested to allow their children participate in the study.

CHAPTER FOUR

FINDINGS

In context of Uganda and the girls that were interviewed in the study took place, it was clear that although the adolescent girls in go through a lot of physical, social and psychological issues resulting from Labia Elongation, the practice is valued in the cultures that practice it and deemed necessary in the growth and development of the girls. The adolescent girls face several challenges during and immediately after LME initiation, but they are not provided with the needed care and support that they would need, and they are left on their own go through the pain and psychological aspects associated with LME.

4.1 Characteristics of participants

Participant No	Pseudo name	age	Class	Duration of LME
1	Mary	12	Primary Six	5 months
2	Jane	11	Primary six	Less than a year
3	Molly	12	Primary Six	8 months
4	Resty	12	Primary Six	1 year
5	Flavia	11	Primary Six	1 year
6	Phionah	13	Primary Seven	1 and half years
7	Stella	13	Primary Seven	1 year
8	Lucy	12	Primary Six	6 months
9	Martha	12	Primary Six	1 year
10	Patricia	13	Primary Seven	1 year
11	Kate	11	Primary six	Less than a year
12	Suzan	14	Primary Seven	2 year
13	Robina	12	Primary Six	7 months
14	Sandra	13	Primary Seven	5 months
15	Sharon	14	Primary Seven	1 year
16	Linny	12	Primary Six	6 months
17	Ritah	13	Primary Six	1 year

The study included adolescent girls between the ages of 11-14; all the girls were in school in their primary six and seven. The period since initiation among the girls in the study was between 5months and 2years.

4.2 Themes

The study used a phenomenological study design, and its objective was never to capture everything that is there to be known about the experience of LME but rather to explore and describe the individual experiences of individuals without necessarily generalizing the findings. For the purposes of having a clear understanding of adolescent girls experience in LME, several sub-themes emerged during the analysis process, and these were merged to come up with major themes and these included.

- i. Understanding the LME Practice
- ii. The Labia Minora Elongation process.
- iii. Short- and long-term effects of Labia Minora Elongation among adolescent girls
- iv. Perception of Labia Minora Elongation

The above themes are discussed according to the adolescent girls' experience on the individual level, Interpersonal level, the institutional/cultural level, and the community level in this results section. The results also explain the coping strategies used by the girls who participated in the study. Illustrative quotes that align with the themes provided by the participants will be used throughout this section.

4.2.1 Theme 1; Understanding the LME Practice

The level at which the girls understood the practice of LME was a very important factor in the study. The girls noted that although they were given some information at the point of initiation, they didn't understand the practice and why they had to do practice it. All girls in the study noted that they were never given clear information as to what LME as a practice means and why they had to do it. Although the girls were encouraged

to do and the did it, it was evident from the interviews that the girls still need more information to understand the practice.

Individual level: The decisions making processes among the girls on whether to practice LME or not is occasionally not influenced by the level of knowledge they have on the LME practice. The girls usually get to know about the practice at the point of initiation. The girls in the study noted that they knew nothing about the practice prior to their initiation.

Adolescent girls' Understanding of LME; it was evident that the adolescent girls who participated in the study didn't have knowledge about LME especially before initiation. All of them noted that they only found out about the practice during initiation and that their decisions to engage in the practice was not based on what they knew about the practice

13 out of the 17 participants in the study informed that they found out about the LME practice from their family members who included elder sisters and paternal aunties. Robinah shares that she found out about the practice from her paternal aunt *"It was the first time I got to know about the practice and my aunt told me what it was and how am going to do it"* Robinah. Ritah narrates that before her elder sister introduced her to the practice, she knew nothing about it *"...my sister told me about it though I didn't know anything she just showed the two things that I had to pull I don't know how they are called."*

The other participants found out about the LME practice from friends, elder women in the community and matrons at school as narrated by Kate.

"I didn't know about it by the time when I came school and I saw my friends doing it so I asked them what they were doing and they said they were pulling but didn't know anything about it..." Kate

Although some of the participants didn't have any idea about what LME meant and why they had to do it, a few of the participants noted that they had some information about the practice by the time it was introduced to them by their initiators. Sharon

narrates that she had heard about the practice *“I had heard about it on TV, there are women who tell women to go to them to help them with pulling”* Sharon. Linny notes that by the time of her initiation, she had witnessed girls in her area of residence doing although she never wanted to engage into the practice before

“The girls in my neighborhood were doing it, but me I didn’t want to do it until my paternal aunt advise me that I should do it because it’s beneficial” Linny.

The findings from the study showed that many of the adolescent girls didn’t have a clear understanding of the LME practice and although they were initiated into the practice, several of them had lingering questions about the practice and why they need to do it

Interpersonal level: the interpersonal level is very critical in sharing information about LME and the eventual initiation. The kind of information provided by close family members and relatives is very critical in the decision-making process among adolescent girls on whether to participate in the practice or not. According to the girls in the study, information about LME was provided by close family members and relatives.

Main source of information; occasionally, the main sources of information for LME are the close family members including elder sisters and paternal aunties; these are responsible for informing the girls about LME and what it entails but also initiate them into the practice. Majority of the participants noted that they were initiated by their family members mainly their paternal aunties. Molly shared that it’s her sister that was her main source of information; *“It was my elder sister who used to tell me everything needed to know, she told me every girl does it and that it’s important for our lives”*. Other participants found out from their paternal aunties as narrated by Suzan.

“...we were home and my paternal aunt told us to elongate our labia but at first, she didn’t us the advantages, she asked me if I knew what “pulling” was but I didn’t know anything about it and that’s when she started telling me...” Suzan

Other sources of information; apart from family and relatives, girls also receive information from different sources including friends, teachers and matrons and the media. A few of the participants got the information from friends and matrons while at school Jane shared that the source of information were her friends, *“I only heard it from school, my friend and the matron introduced me to the practice....”*

Other participants got information from the media and other elder women in the area as shared by Sharon and Stellan.

“I had heard about it on TV, there are women who tell women to go to them to help them with pulling” Sharon.

“My grandmother told us to go to a certain woman called Nakivumbi, we went there and she asked us whether we knew labia elongation, we said we didn’t know and she taught us” Stellan.

Cultural/institutional and the community level; the cultural institution and the community have a big influence on the LME practice as it’s usually a deep-rooted practice among communities that practice it. Culturally, there are several narratives used to persuade or coerce the girls into the practice. Many of girls in the study reported that they were given narratives of repercussions of failing to elongate her labia minora impacts on the adolescent girl’s psychological wellbeing and many of them are forced to engage in the practice against their will. Mary and Jane narrate that they were told she wouldn’t give birth if she didn’t engage in the practice.

“They told me that once you don’t elongate the labia minora you can’t give birth, that if you don’t elongate and try giving birth, they throw chicken feeds in your genitals and get pecked by a cock/hen” Mary.

“They said if you don’t do Labia Minora Elongation, you don’t give birth” Jane.

Another repercussion that majority of the girls reported being told was the act of being pecked by a cock if they didn’t practice LME as narrated by Lucy.

“...when he (husband) sees that you didn’t elongate the labia minora, he tells your mother, and she brings you a cock/hen and they pour chicken feeds into your genitals, and it pecks you in your genitals” Lucy

Flavia narrates that she was told to practice LME in order to secure her future marriage; *“my aunt told me that if you get married and the man finds that you didn’t ‘pull’, he chases you away from his home.*

Another reason for practicing LME reported was that it helps in childbirth; *“They told me that when you elongate the labia Minora, at the time of giving birth the baby comes out easily and you don’t go through a lot of pain” Resty*

Family, friends, and other community members have the main responsibility of passing on information about the practice to the adolescent girls. The information provided to the girls is meant to influence them into the practice and this denies them the opportunity to make an informed decision on whether to engage in the practice or not.

4.2.2 Theme 2; The Labia Minora Elongation process.

The LME process is experienced differently from one adolescent girl depending on where, how and who initiated or helped them during the process. Although the actual practice and procedure of doing the LME act is similar, the girls experience the practice differently with some facing severe side effects to others facing moderate effects in the short run. The process includes the initiation stage which is usually the most critical and challenging step in the entire process.

Individual level: At the individual level, the way through which the girls are initiated in the practice differs. The decision-making processes among the girls to engage in LME practice depends on the initiators and the kind of information provided.

- I. **Initiation:** The initiation to LME practice is always done different from one adolescent girl to another depending on the circumstances they find themselves in and the people who initiate them. The age of initiation also differs from one person to another; the age of initiation also differs from one person to another;

the average age of initiation to LME in the study was 12years and the girls reported that the initiation was done by their peers, who had started, paternal aunties, grandmothers, Matrons in schools and or their mothers. All of the girls reported that initiation was the most challenging step during the LME process due to the pain and other effects involved; Jane narrates that the initiation was the hardest part of the entire process; *“...the beginning was the very hard because there was a lot of pain, and the two things were swollen and I couldn’t walk properly for two days but after that it was okay”*

The way girls are initiated into the LME practice also differs depending on the methods of the motivators of the practice; in most cases, the initiation stage is done by family members and the girls are given information about the practice and are informed what is going to happen and what they have to do. Molly shared that she was told was going to happen by her mother and asked her maternal aunties to help her through the process.

“I was home, and my mother told her sisters to go and buy herbs, they came home with it after buying and they asked me if I have ever pulled, and they told me what it was and told me to lie down and they started the pulling process, but it was very painful...”
Molly.

Grandparents and paternal aunties are also key in initiating girls into the LME practice as shared by Flavia and Stella.

“...she called me and took me somewhere private; she asked me whether I have ever done labia minora elongation and I didn’t understand then she explained everything and told me every girl is supposed to do it” Flavia.

“My grandmother told us to go to a certain woman, we went there and she asked us whether we knew Labia Minora Elongation, we said we didn’t know and she taught us” Stella

Unlike girls that are given information prior to the initiation, other girls never get the opportunity to get any information to prepare them for the practice in anyway; they are made to go through the painful initiation process without clear information and this makes the whole process more painful. A participants noted that; *“no she didn’t tell us a lot of things she just asked us if we knew and when we told her we didn’t know she just told us to squat and started pulling us” Martha*. A few participants shared that they were initiated by their friends.

“My friends... I had gone to their homes to play, they told me to go with them, I asked then where we were going and they told me to carry out Labia Minora Elongation, didn’t know what it was but I also joined them and that’s how I started” Mary.

Although it’s considered a source of bad luck for mothers to initiate their daughters into the practice in some cultures, some participants informed that their mothers introduced the topic to them and referred them to some else to help them during the initial session of LME.

“It’s my mother who introduced me to it and then asked some woman in the neighborhood to pull me because she couldn’t it, that it would bring me bad luck in the future if she did it” Suzan.

- II. **Procedure:** the procedure for LME is quite similar among all adolescent girls. Usually, the LME initiators decide for the girls how the LME process is going to happen, and these decide the posture and direction of the Labia Minora Elongation but also the herbs to be used.

The Labia Minora Elongation posture: The posture is an important aspect of the practice occasionally; the girls are made to lie on their backs with their legs spread and legs folded with knees pointing upwards and on other occasions made to squat; this is followed by the actual elongation of the Labia Minora using specific herbs. 16 participants in the study reported that they were laid down on

their backs during the initial procedure as shared by Molly’ *“...they told me to lie on my back on a mat and told me to spread my legs apart with my knees raised; they touched my genitals and started pulling”* Molly.

Only one participant reported a different posture used during the LME process; Stella informed that she was made to squat during the initiation stage *“...we removed the skirt, and she told us to squat, and she started pulling us those two things in our private parts”* Stella

Use of herbs; the use of herbs is at the heart of LME practice; it’s said that herbs help to soften the Labia Minora and makes the whole elongation process quick and less painful. There are several wild herbs used during the process depending on what is available at the time of the practice. There are several herbs that the girls in the study reported, *“We use herbs and sometimes “ekitengottengo”* Mary. Another participant shared that,

“...they showed me what to use, there is some herbs she brought they call it “Kabbo Ka bakyala”, she then showed me what to do and I also started” Jane.

Interpersonal level: the general experience that the girls have during the LME at the interpersonal level is the support and direction provided by the family members and other motivators at the initiation and other stages of the LME practice. Motivators provided the needed information from the start and the girls refer to them in case they need further assistance

- I. **Support from others during the actual LME practice:** Family, friends and other initiators were the source of support for the girls in the process, they played a role in initiating the girls into the practice but also followed up to make sure they learn and do it by themselves. Patricia shares that her and other girls received support in initiation and further guidance from the matron at school, *“she touched our genitals the first time she showed us but taught us and now we do pull ourselves when we go in the dormitory...”*

Other participants shared that the maiden support came from friends who later encouraged them to do it on their own *“There is a friend of ours who pulls us, she tells us to put a piece of cloth in the mouth and bite it hard, and then she starts the pulling of the labia Minora.”* Mary.

After the a few times of being supported to elongate the labia, the girls are encouraged to elongate them on their own. In schools, the girls do elongate their labia at night in their beds when the lights are off as narrated by Phionah; *“...we are left to do it on our own after initiation and we switch off the lights and cover ourselves in the blanket and then we pull on our own...”* Phionah

Cultural/communal level; at the community level, the process is influenced in regard to the direction to which the Labia Minora is elongated. Culturally, the direction towards which the Labia Minora is elongated to is also considered important, elongating the Labia Minora towards the front or at the back is associated with bad and good luck respectively. Majority of the participants noted that they were encouraged to elongate their labia minora towards the back so that they point at the back and not in front as shared by Sandra and Molly.

“She (Paternal Aunt) emphasized that I pull them towards the back so that they cover the opening because if they don’t it will bring me bad luck” Sandrah.

“...they told me to just direct them towards the back side so that they point down wards” Molly.

According to the findings, the LME process is a bit similar among all adolescent girls and only differs depending on the choices of the initiators and or the available herbs to be used. The initiation stage is the most challenging step due to the side effects it inflicts on the adolescent girls both physically and psychologically.

4.3 Theme 3; Challenges/effects of Labia Minora Elongation.

Although cultures that practice LME downplay the challenges adolescent girls experience during LME and make it seem like normal harmless practice, the girls experience several challenges that can impact on the lives in both the short and long run. The findings from the study revealed that the girls face challenges especially immediately after initiation and among these include the severe pain, swelling and itchiness of the Labia minora, discomfort while walking etc.

i. Pain resulting from LME; the practice being painful was the most common effect reported by the girls in the study. All the participants noted that the initiation stage was the hardest due to the pain associated; Molly noted that the pain made her regret why she had agreed to the practice due to the pain being unbearable; *“it’s so painful at the beginning and I regretted why I had even accepted to do it” Molly.*

Another participant noted that she had to be strong and go through the pain not because she wanted the practice but because of the repercussions she was told for failure to practice LME.

“...at first when she was pulling, it was very hurting, and I cried and only went on with it because I feared the repercussions...” Flavia.

Apart from the Participants also reported that they faced a challenge of swelling and sometimes developing wounds on their labia due to the elongation.

“It’s also painful, sometimes someone can pull you with long nails and you develop wounds, and you bleed.” Kate

ii. Swelling and Itchiness of the labia minora; due to the constant stretching of the labia minora and the wild herbs used in the process, some of the girls reported that they experienced swelling and itchiness of the labia Minora in addition to the pain. Phionah narrates that.

“When we were pulling the labia minora they were very painful and all swollen like a balloon, we even developed

wounds during the very first time, even when you are urinating, they are itchy and painful ...” Phionah

- iii. Discomfort while walking;** all girls reported some discomfort while walking; this was a result of the pain and swelling of the labia minora especially after the first session of the initiation process. Patricia notes that,

“I wouldn’t walk comfortably, I would even feel a lot of pain while urinating or in case they make any contact with water or coldness, they would swell and become reddish and very painfully...” Patricia.

Another participant noted that the herbs used also caused some itching in their genitals.

“it was really painful, even the herbs was itchy when she put it in our genitals; that “Kitengottengo” made our two things (labia) to swell” Stella

- iv. Psychological abuse:** due to the pain associated during the initiation, majority of the girls would react and make it hard for the initiators to elongate their labia; many would fight and refuse to go further with the elongation practice. Some of the girls in the study reported some forms of physical abuse during the pulling process. Jane narrates that she was constantly slapped when she would make any resistance during the process, *“they would slap my thighs because I would make it hard for them, kicking them, that’s why they would beat me” Jane.* Another participant also reported that she was beaten during the sessions *“...they beat me for 4 days and then I got used to the pain so I stopped fighting and beating stopped” Molly*

Another participant reported that she had her hands held so that she doesn’t fight due to the pain:

“She holds you or other friends hold your hands and if you start crying, they put a piece of cloth in your mouth and make you bite on it and then they do the pulling” Mary

- v. **Psychological Challenges:** LME brings about different psychological effects to adolescent girls many of which go unnoticed by those who initiate them into practice. The Adolescent girls are stressed about why they go through the pain to elongate the Labia Minora since they are not given a clear reason why they do it. Suzan narrates that she is still wondering why she still has to elongate the labia since no one gives correct reasons for the LME practice.

“I do wonder at times why am doing this and I just suddenly stop because my body is growing yet I don’t know why am doing it, even my mother didn’t tell me” Suzan

4.4. Theme 4; Perception of Labia Minora Elongation

The perceptions of LME among adolescent girls are always influenced by what transpires through the practice and the kind of information that they receive from those that initiate them into the practice. Some of the girls in the study perceive it as a positive practice due to the benefits that the initiators told them that LME is associated with. From this study, both the participants who had a positive and negative perception noted that they would recommend the practice to their colleagues. Those with positive perception based their recommendations on the told benefits of LME. Mary notes that she likes the practice due to the benefits it has during child delivery.

“I like the practice because when you do it, childbirth becomes less painful, and I would tell other girls to do it so that they don’t experience pain while giving birth...” Mary

Other participants had negative perceptions about LME and didn’t like the practice due to the pain and other effects involved as shared by Molly and Phionah

“No, I don’t want it and I think it’s not good because they cause a lot of pain, you can’t be free among your friends, they ask what wrong with you because you can’t walk comfortably due to the pain” Molly

“Truth, is I don’t enjoy it; because it’s painful when you are pulling and am not sure whether what they said that it helps in giving birth is true...” Phionah

Although these didn’t like the practice, they noted that they would still recommend the practice to their colleagues so that they can avoid the repercussions of failing to elongate their labia Minora the same reason they too are practicing LME. Mary narrates that she would advise the girls to do only to save them from social embarrassment that would result from not elongating the Labia Minora; *“I would tell her to pull because if she doesn’t they will put the chicken feeds in her genitals when she is going to give birth and get pecked by a cock/hen and that will be more painful than this” Mary*

Another participants shared that although she didn’t like the practice, she was told it’s a source of blessings;

“I just tell her that they say when you practice Labia Minora Elongation, you will be blessed and if you don’t practice Labia Minora Elongation you won’t have friends, and everyone won’t like you” Patricia.

4.5. Coping mechanisms

Due to the fact that the challenges resulting from the practice of LME are always downplayed, the adolescent girls are left to figure out how best to cope with their specific challenges on their own. No support is provided to them to manage the immediate effects resulting from the practice like pain, swelling and itchiness. There are several ways the adolescent girls in the study managed to cope with the challenges associated with LME.

- i. ***Coping with the pain resulting from LME***; the communities that practice LME as a cultural practice do not pay the much-needed attention to the immediate challenges that girls go through following the initiation of LME and this leaves the girls to cope with on these challenges on their own even when they don’t have the needed information to help them deal with them. All the participants reported that they didn’t receive any support to cope with the challenges and many reported

that they had to tolerate the pain and other effects until they naturally healed. Stella informed that even though she sought help to relieve the pain, she didn't get any and was told that she it would go by on its own, *"...she told me that they will heal and the next day I checked they were no longer swollen..."*

Mary also notes that although the pain was unbearable, she didn't have any option but to be firm and wait until it stops paining.

"I had nothing, I just let them be and if you want you go and wash the private parts and just let them be, they eventually stop painting on their own" Mary.

Another participant also noted she only washed her genitals and waited until the pain stopped *"nothing, I would just wash my genitals and stay with the pain" Jane.*

On the use of pain killers to manage the pain for the LME practice, no participant in the study reported having used any medication or painkillers to manage the pain, Flavia shares that; *"no I didn't because I didn't even know that there is medication for pain management because she didn't tell me" Flavia*

Patricia shared that she would only go to bed and sleep as a coping strategy to handle the pain, *"I go to bed and sleep and by the time I wake up the pain is gone" Patricia.*

- II. ***Coping with the swelling and itchiness of the Labia Minora***; All the girls reported that they had to cope with the swelling of the Labia Minora and the itchiness and just like the pain experienced, the girls didn't get any support to cope with the swelling of the Labia Minora and wounds. Participants noted that they were only told to be patient and tolerate the swelling and wounds until they heal on their own narrated by Molly, *"...you develop wounds, and they get blood yet at that point you don't have to pull again you have to wait until the wound heals" Molly.*

In order to control the pain and ensuring that the Labia Minora doesn't swell even more, one of the participants reported that she could walk with her legs spread a bit until the pain stops after a few hours.

“...would walk with the legs a bit spread out so that they don’t touch each other and also when urinating, it felt like I had wounds, but the pain would stop but after about five hours.”

Sharon further shares that she had to cope with the wounds that developed in her genitalia since she didn’t know how to treat them, *“I did nothing, and I didn’t know what to put on them so I had to leave them until they healed by themselves”*

iii. Coping with the physical Challenges; the adolescent girls had to cope with several physical and psychological challenges during the LME process. Some of the participants in the study reported being slapped once they resisted during the elongation process and although this affected them, they reported that they only had to tolerate it since it was only for a short while as shared by Molly;

“...nothing because my mother had told them to slap me if I resisted so I just had to be strong and go through the session since they would pull me for just a few minutes and we would be done”

iv. Coping with psychological challenges; several of the challenges that the adolescent girls have to cope with during the LME are short term although they psychological impact that comes along with the pain and other effects stays with them for a longer time. All the participants in the study including those that are about to stop LME were still struggling with a clear reason as to why they are elongating their labia; they reported that they are only doing it because of what they were told and this helps in easing their minds about the practice. Mary narrated that she is only doing it because she was told she would face several repercussions including failing to give birth, *“I don’t know but that’s what they told me and am doing it (LME) because of that although I don’t know whether it’s true”*

Although the LME process and psychologically tortures her, she consoles herself with the benefit that her initiators told her about LME as reported by Martha; *“it bothers me am always worried when am going to start but I do it because they told me it will benefit me when I grow up and married but I don’t want to do it...”*

According to the findings of the study, the initiators never have coping strategies for the girls to deal with the immediate effects resulting from the LME practice, the girls are left on their own to deal with these challenges on their own. The girls have to bear and tolerate the pain, swelling of the Labia Minora, wounds, itchiness and all effects until they heal on their own without any medication. There is need to create awareness among adolescent girls and provide to them the right information about all types of female genital modifications so that they are able to make informed decisions

CHAPTER FIVE

DISCUSSION

Among the dominant cultural practices in Africa is the elongation of the labia Minora; the practice is among the deep-rooted culture practice among specific communities in Africa for a long period of time created some sort of tension between cultural traditions and human rights advocates with the former urging that it's a step to adulthood for the girls while the latter suggesting that it's an abuse of the sexual reproductive health and rights among the girls. (European network, 2020)

Some studies have been made on the elongation of the labia in Africa where women and girls in different African Countries have changed their bodies for the purpose of fulfilling cultural norms and practices. (Kaggwa MM, 2023, Dr. Liji, 2022). Labia Minora Elongation is done by rubbing and stretching the labia from the top to the bottom; different local herbs are used by the girls to make the Labia Minora Elongation quick and easy and these herbs help in making the labia soft so that the rubbing and stretching doesn't cause any skin tear and to ease the pulling, girls use different locally available herbs which are ground into a paste.

The herbs are believed to soften and lubricate the labia so that the pulling does not cause any skin tearing and thus allowing the stretching of the labia and allow the labia to stretch. (Halima A, 2020). Labia Minora Elongation is practiced in different countries including Uganda, Rwanda, Tanzania, Mozambique etc. Uganda is among the carries in which Labia Minora Elongation is practiced, the act is very commonly practiced in the central region by the Baganda ethnic group. (Werunga, 2016)

Unlike other deductive Female Genital Modification (FGM practices that have been researched and documented, Incremental FGM practices such as LME are very invincible; the literature reviewed around the practice of Labia Minora Elongation showed scanty information surrounding the experiences, effects, coping mechanism, perceptions and outcomes of Labia Minora Elongation among adolescent girls.

Several of these adolescent girls are initiated into Labia Minora Elongation without full or correct information thus it's important to understand their experiences and perceptions around the practice. The limited studies carried out on Labia Minora Elongation and other type 4 FGM practices among adolescent girls created a need for more studies on the experiences and effects of Labia Minora Elongation on adolescent girls in both the long and short run, the kind of support and care they receive and how best they can be supported to cope with the practice. Understanding the challenges faced by these girls will provide evidence for advocacy against some cultural practices that negatively impact on the Sexual Reproductive Health and rights for the adolescent girls.

This study aimed at exploring the challenges faced by adolescent girls associated with Labia Minora Elongation. It set out to understand the challenges faced and how they coped with them but also their perceptions in regard to Labia Minora Elongation in Wakiso district. By exploring the lived experience of adolescent girls who have practiced Labia Minora Elongation and understanding their perspectives, we are able to understand the challenges and effects associated with the Labia Minora Elongation practice, the kind of support provided to the adolescent girls during and after the practice and how they coped with the effects in both the short and long run.

A total of 17 participants participated in this study and willingly shared their experiences with Labia Minora Elongation. These were between the ages of 10-15 years and each participant described the different moments and actions that shaped the whole experience of having undergoing Labia Minora Elongation activity. Listening to the voices of adolescent girls about their experiences of Labia Minora Elongation gives a clear picture and understanding of the challenges faced during Labia Minora Elongation and their general coping mechanism in the Ugandan setting.

Using an inductive approach during analysis, four themes were emerged, and these included.

- i. Understanding the LME Practice
- ii. The Labia Minora Elongation process

- iii. Challenges/effects of Labia Minora Elongation
- iv. Perception of Labia Minora Elongation

The paragraphs below discuss in depth the themes that arouse from the study.

5.1. Understanding the LME Practice

The amount of knowledge that the adolescent girls had on the practice before initiation was inadequate for them to make an informed decision about the practice. It was evident in the study that the girls didn't have any knowledge about LME before initiation. Even after initiation, the girls are not provided with the necessary information to fully understand the practice and why they have to do it. This is similar to the findings made by Hilber A.M (2012) where the participants in the study didn't have any knowledge about the LME practice before they are initiated and it's the role of the motivators to explain the practice and its benefits to the adolescent girls; this was also true in this study, the participants noted that they didn't understand the practice at the time of initiation but those who initiated explained it to them and further helped them to start the practice. [12].

The kind of information provided to the girls determines the level of knowledge they have on LME and influences the perspective of these adolescent girls about the practice. Paternal aunties, elder sisters, mothers and elder women in the community usually are the sources of information for the adolescent girls about the practice. It was evident in this study the girls were relied on their initiators for information about which herbs to use and for how long they had to elongate their labia Minora. The paternal aunties, elder sisters, matrons at school, grandparents or elder women in the community who initiate them decide on what kind of information to give to these girls so as to entice or coerce them into the practice. This is also similar to a study done by Hilber A.M (2012), which found that the role of passing on knowledge and information around LME is commonly left to different motivators and these usually include the paternal aunties, mothers, grandparents, and friends [12].

Although the girls engage in the LME practice, many of them do it against their own will. The decision-making process of whether to engage in the practice of LME is often influenced by the different information provided at initiation which is usually not true.

Adolescent girls are not given a chance to make an informed decision with the right information and rather coerced into the practice [13]. The kind of information provided to the girls by the initiators is meant to either entice or coerce the adolescent girls into the practice; they are usually provided with false and unrealistic information on the repercussions of failure to practice labia elongation. This trend of providing unrealistic information to adolescent girls is affirmed in a study done by Martinez Perez, 2014 which reported that the initiators are responsible for ensuring that the girls are initiated into the practice and this included enticing or coercing them into the practice. [14].

There is need to create awareness among young girls about these cultural female genital modification practices and let them know the facts about them. Adolescent girls need protection from coercion that is done through misinforming them about the benefits of Labia Minora Elongation or the risks of not elongating the labia. It was very clear from the study that some of the young girls wouldn't engage in Labia Minora Elongation practices if they only had enough information and room to make their own decisions.

5.2. The Labia Minora Elongation process

The initiation and procedure of Labia Minora Elongation are quite similar across all Labia Minora Elongation practicing cultures. Adolescent girls are introduced to the practice between the ages of 8-15 and in this period, they are told what to do, the perceived benefits and supported to start the practice. According to Werunga J, 2017, the initiation of Labia Minora Elongation starts before puberty or before menarche across all practicing cultures. [1]. According to the study results, majority of the adolescent girls in this study were initiated into Labia Minora Elongation between the age of 10-13.

The initiation stage is usually reported as the most difficult stage during Labia Minora Elongation due to the pain and other challenges associated to it which the adolescent girls have to endure through. Participants in different studies (Bagnol B, 2015, Kaggwa MM, 2023 etc) reported that the first session of LME is very challenging due to the pain associated with the practice [18, 19]. All participants in the study noted that they had difficulties during initiation with some reporting they even cried due to the pain.

The initiation is handled by different people depending on the circumstances the adolescent girls find themselves in but commonly, the initiation and the initial elongation is done by paternal aunties, grandparents, elder sisters and friends or caretakers and guardians. In a study carried out by Kaggwa MM, participants reported that they were assisted by paternal aunties and other elder women in the community [25]. This was also true for the participants in this study, they all reported that they were initiated by the guardians including paternal aunties, friends, mothers, grandparents and Matrons for those who got initiated in schools.

The paternal aunties or any other initiators use verbal, illustrational and demonstrational instructions to direct the adolescent girls the posture under which they should be pulling which is either squatting or lying down on the backs. According to Brigitte, 2016, she found that the initiators have full control over the processes of FGMO and they usually decide all aspects concerning these practices including postures. [26] They also direct on the direction to which the adolescent girls should be pulling which is usually towards the back. All the participants noted that it's the initiators who instructed them the posture and direction to which they should elongate their Labia Minora. They were encouraged to pull towards the back informing that this brings good luck to them other than pulling towards the front which brings bad luck.

During the Labia Minora Elongation procedure, specific herbs are used to facilitate the elongation of the labia. It is believed that these herbs help in softening the labia and allows for their easy stretching. Bagnol 2018 noted that different herbs are used and these help in making the process faster. [24] It important to note that some of these herbs used lead to some discomfort and itchiness in the girls' genitals; among the herbs reported in the study included *"Ekittengottengo"*, and *"Kabbo Ka bakyala"* etc.

The length of the labia and duration for Labia Minora Elongation are key aspects of Labia Minora Elongation. Usually, the girls have to elongate their labia up to the length of the middle figure and that would mark the end of the Labia Minora Elongation. Halima, 2020, noted that different cultures have different desired length and the girls strive and this is associated with a lot of pressure onto the adolescent girls to achieve them. The duration of LME is determined on how fast one attains the desired length. [5] The girls in the study informed that they were never told for how long they had to

pull and noted that they will have to keep elongating the labia until they reach the required length. They also mentioned continuous elongation every after their menstruation period since the labia is believed to shorten every after the menses.

Labia Minora Elongation is considered a secret for women thus the adolescent girls must keep away from other people's sight especially the men while practicing it. Majority of the girls in the study informed that they had to do the practice in secrecy.

5.3. Challenges/effects of Labia Minora Elongation

The Labia Minora Elongation practice is characterized by several effects many of which are usually undermined and downplayed by elders in the community. These challenges are assumed minor yet they have greater impact on the lives of these Adolescent girls. The most notable challenge associated with LME is pain especially at the beginning of the practice, many adolescent girls only bare the pain due to the enticement or coercion from those that initiate them into the practice. All the participants in this study noted that although the pain seized after several Labia Minora Elongation sessions, it was very unbearable at the beginning and majority only pushed through with it due to the perceived benefits. The pain associated with the LME practice was also documented in a Lancet publication in 2023 which indicated that the pain associated in the practice is much immersed and can lead to a wide range of psychological challenges.

The elongation procedure is also associated with swelling, itchiness due to herbs used and irritation. It also involves swelling of the Labia Minora and some form of discomfort in walking. Participants in the study informed that their labia became swollen and had some discomfort in walking and while urinating. Other participants reported that they developed wounds on their Labia Minora; such effects can lead to serious health conditions due to the fact that these girls never receive treatment for these effects. These findings are similar to those reported in a study carried out by Kaggwa MM, 2023. LME also heightens the risk to infections due to the wild herbs used during the practice. The fact that the girls are made to pull each other with bare hands also puts them at risk of infections. Many of these effects are not given the much-needed attention by the initiators or the cultural setting where LME is practiced, these effects are usually downplayed and this impacts on the wellbeing of these young girls

Labia Minora Elongation also involves stigmatization of young girls who refuse practice Labia Minora Elongation especially from peers and other promoters of the practice. It's believed that the practice is an important part in the initiation stage to adulthood among girls thus many adolescent girls are innocently made to believe that they will be less of women if they don't practice Labia Minora Elongation. [3] This was also true in a study done by Kaggwa, 2023 that found that girls that decided not to engage in the LME practice face stigmatization from family members and friends..

Lack of respect for body autonomy is also a challenge many of these adolescent girls face. Girls are made to pull in groups while others are watching them and all this is usually done against their will. Adolescent girls are reaped off their right to body autonomy when the elders make them undress before them and go ahead to touch their private parts. This can also be a source of psychological impact that affects adolescent girls' wellbeing.

The psychological impact that Labia Minora Elongation has on young girls in both the short and long runs needs to be researched and further documented since many of the adolescent girls is made to practice the vise against their will. It is clear that the girls engage in the practice out of fear of repercussions that they are told by their initiators and these keep on wondering why they have to go through the pain and other associated challenges of LME

LME is associated with stigma and feelings of unworthiness among girls who choose not to engage in the practice; this is so because the practice is an engraved cultural practice among the cultures that practice it, it is made to seem like LME is a prerequisite for adolescent girls to become women. Bagnol B, 2015 notes that girls who don't elongate their Labia Minora are made to feel unworthy and this puts a lot of pressure from peers and other people in the community and end up engaging in the practice against their will.[18] The choices of Adolescent girls in regards to modifying their genitals are not taken into consideration; there is no room given to them to decide whether to elongate their labia or not thus they have to go through the effects whether they want it or not and this is usually due to the pressure from their peers, mothers, paternal aunties and other guardians who initiate them into the practice

5.4. Perception of Labia Minora Elongation

As a cultural practice, Labia Minora Elongation is held in high regard and since it's initiated at a young age, the adolescent girls never get a chance to form an independent opinion about the practice. Their perceptions about the LME practice is influenced by the initiators and majority are not sure about the practice.

The limited understanding of the Labia Minora Elongation practice together with enticing and coercing information provided by the motivators of LME creates a barrier among adolescent girls from making a clear interpretation and perception about Labia Minora Elongation thus not being able to give an informed opinion on whether the practice is good or not.

Although most of the participants in the study regarded Labia Minora Elongation as a positive practice, this was clear that they did so because of misinformation given to them at initiation. Many of these lacked a clear reason to back their positive perceptions about the practice.

Some adolescent girls are against the practice of Labia elongation due to the pain and other associated effects. These girls force themselves to push through with the practice due to the negative repercussions that are told to them during initiation. The pressure from peers, aunties, parents and other elder women in the community members are among the push factors among the adolescent girls. The fact that they are not given clear reasons for the practice of LME also makes them hate the practice and constantly wish to stop doing it.

5.5. Coping Mechanism

Although no major side effects have been reported resulting from Labia Minora Elongation; there are some effects that adolescent girls who are initiated into Labia Minora Elongation must cope with different challenges.

Participants from different studies reported several challenges including the pain, swelling of the labia, itchiness and irritation, and difficulty in movement and although these impact negatively on their wellbeing, they usually never receive any support to help in managing these conditions.

Adolescent girls have to cope with the challenges on their own. During the LME sessions, the girls utilize different practices including biting a piece of cloth to manage the pain; this hinders the adolescent girls from expressing their true emotions associated by the practice and this has potential of negatively impacting on their psychological state

Coping with the pain associated with LME s among the most critical aspects of LME. The girls are have to find ways to cope with the pain since they usually never get any support in form of medicines to stop the pain. All the participants reported that they only had to tolerate the pain until it stopped on its own without using any pain killers. This is similar to a study done by Kaggwa, (2023) that found that the girls rarely get any support in managing the pain that resulted from the LME process.

The swelling, the itchiness and the wounds are other factors besides the pain that the adolescent girls have to cope with Due to the wild herbs used during the process, the girls develop wounds and swelling of the Labia Minora and this leaves them exposed to infections that can be detrimental to their health and wellbeing. The girls in the study who developed wounds and experienced bleeding noted that they only washed their genitals and waited until the swelling and wounds disappeared; they narrated that they never used any medication and this puts them at risk of developing infections. A study done by Werunga J et.al (2016) found similar findings where participants reported that they never got help in managing the wounds that developed and they noted that the wounds healed on their own.

The girls also face physical and psychological challenges during the LME process; although the pain and other psychical challenges are short lived and a little easier to cope with, the psychological impact that LME inflicts on these girls is far reaching. They are left with several questions without clear explanations especially on why they have to go through the pain. Similar challenges were found among the participants in a study done by Bagnol B (2012), he noted that even though majority were practicing LME, some of them didn't enjoy the practice but did it due to social and cultural pressure and this affected them psychologically.

All the participants reported that they experienced different challenges during Labia Minora Elongation initiation with pain being the most reported challenges although none mentioned that they received any pain management medication to help them stop the pain. The adolescent girls must endure the pain until it heals on its own. Other effects like swelling, wounds and irritation also followed suit, no medical management was given to the adolescent girls to help in management of these side effects.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.1. Conclusion

It's very important to note that Labia Minora Elongation is among the deep-rooted cultural practices in the central region of Uganda. It's among the female genital modification practices considered as a passage into adulthood among adolescent girls. In many cultures that practice LME, adolescent girls are made to practice it with or without their fully informed consent and many are coerced into the practice.

All the adolescent girls in the study noted that they don't have the idea of what LME is and why they are practicing it and this makes it hard for them to even form a perception about the practice. Those that initiate them into the practice don't provide the correct information to help them make an informed decision on whether to elongate the labia minora or not and this denies them the opportunity to make their own informed decisions and rather coerced into the practice by providing to them reasons/benefits of labia which are usually not true and are fear based.

The process of LME takes quite a similar procedure among all girls but the duration one takes to complete it differs from one person to another. The girls are made to squat or lay on their backs and helped to elongate their Labia Minora with the help of specific herbs. The paternal aunt and other initiators support the girls during the initiation sessions and they are encouraged to start elongating the Labia Minora on their own afterwards

Although the results of this study didn't reveal a lot of effects resulting from Labia Minora Elongation among the girls in short run, it is very much vivid that Labia Minora Elongation is a very painful practice especially at the start. All the participants in the study had to perceive through the pain, the swollen labia and sometimes the wounds without any pain management medication. A question remains whether the practice won't have an effect on their health in the long run. Adolescent girls are also struggling with physical and psychological impacts of Labia Minora Elongation; some participants reported being slapped during the practice while all of them reported that they are

constantly wondering why they are practicing Labia Minora Elongation since they were not given a clear reason, and this affects their psychological wellbeing.

From the study findings, the adolescent girls reported that they don't receive any form of support to manage the challenges they face during LME. They only have to struggle through the pain, swelling of the Labia, itchiness and the psychological impact the practice has on them and heal on their own. They have to come up with coping mechanisms that they can use to go through the pain and other side effects that come along with LME`

The findings of this study provide a better understanding of the experiences among adolescent girls who have practiced Labia Minora Elongation because they explain what the girls go through, the effects they have in the short run, how they cope with them and their perceptions. There is a need to further investigate the effects of Labia Minora Elongation among these girls in the long run.

The findings from this study can inform public health stakeholders regarding the need for the creation of awareness on Labia Minora Elongation among adolescent girls; girls should be provided with the right information about Labia Minora Elongation so that they can make an informed decision on whether to practice Labia Minora Elongation.

Recommendations

To the Government (Ministry of Education, Ministry of Gender, Labour and Social Development)

- Create awareness about Labia Minora Elongation and other cultural Female Genital Modification practices among adolescent girls and abolish these practices in schools.
- Develop and implement policies aimed at safeguarding the sexual reproductive health and right for adolescent girls against unnecessary female genital modifications within schools.

To schools

- Put strict laws against all forms of FGMo on school premises and discourage caretakers/matrons from initiating girls into these practices.
- Hold Sexual Reproductive Health and Rights sessions in schools aimed at informing the adolescent girls about FGMo practices and the facts around them, and their rights to body autonomy.

To Donors and Civil Society Organizations

- Develop strategies to stop all forms of female genital modifications and allocate funds for more research efforts on these cultural practices to support government in ending them.

To other researchers

- Future research should continue to explore and document experiences and effects associated with Labia Minora Elongation in both the short and long run to better inform interventions on promoting the Sexual Reproductive Health Rights of adolescent girls.

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APPENDICE I; IN-DEPTH INTERVIEW GUIDE

IN-DEPTH INTERVIEW GUIDE	
“LIVED EXPERIENCES OF LABIA MINORA ELONGATION (LME) AMONG ADOLESCENT GIRLS (10-15) IN WAKISO DISTRICT”.	
Introductory components	<p>These include.</p> <ul style="list-style-type: none"> • Thank the participant for the time being provided to talk to you and also for accepting to share their experience. • Introductions: the interviewer will introduce himself, her name and where she is coming from • Explain the aim of the study; a thorough explanation of the purpose and objectives of the study will be done. • Inform the participant the magnitude and the sensitivity of the study. • Inform the interviewee how the study is going to be done, highlighting the fact that you are going to record the interview.

	<p>Inform them what information is going to be collected and how the information will be used.</p> <ul style="list-style-type: none"> • Allow them to ask questions that they might have at this point. • Take the interviewee through the assent form and make sure they satisfactorily understand and agree to each and everything in it. Allow them to ask any questions that might arise from the assent form before they sign it. • After the interviewee has accepted and signed the consent, the interview will star.
<p>Research Questions and probing</p>	<p>The following questions will be used during the interview.</p> <ol style="list-style-type: none"> 1. Perceptions <ul style="list-style-type: none"> • How is LME related to early sexual activity among adolescent girls? • What motivates young girls to participate in LME? • What procedures are followed while conducting LME? • What substances are used? • Who performs LME on the adolescent girls? • How do friends, the family, and community contribute to the understanding and practice of LME • Why is LME Considered a rite of passage? • Why is LME considered to be important for marriage preparation? • What memories do you have about the entire Labia Minora Elongation process? • How does the media Contribute to the understanding and practice of LME? • If you had the opportunity to meet with a girl, what advice would you give or what would you want them to know in regard to Labia Minora Elongation? 2. Challenges <ul style="list-style-type: none"> • What Physical challenges associated with LME have you faced in both short and long run

	<ul style="list-style-type: none"> • What psychological/mental health challenges associated With LME have you faced both in short and long run • Have you faced any other challenges that might not be physical or psychological but are associated with LME? <p>3. Coping Mechanisms</p> <ul style="list-style-type: none"> • How did you cope with each of the challenges mentioned? • How did you cope with the entire LME experience? • How were you supported to deal with the challenges at. <p>1.1.The hospital level (in case she got health complications that required professional support)</p> <p>1.2.Family and relatives' level</p> <p>1.3.Community level</p> <p>Other questions.</p> <p>4. How do you feel about sharing your experience today</p> <p>5. Is there anything else I haven't asked yet you would like to share with regards to your experience with Labia Minora Elongation</p>
Closing components	<ul style="list-style-type: none"> • Ask the interviewee if there is anything they would like to add or if there is any question they would like to ask • Tell the interviewee the next steps and remind them about their rights in the study. • Thank the interviewee for the time and information provided.

APPENDICE II; ASSENT FORM

Lived Experiences of Labia Minora Elongation Among Adolescent Girls in Wakiso District

Greetings, I am from Uganda Christian University. I am working on this research project entitled “Lived Experiences of Labia Minora Elongation Among Adolescent Girls in Wakiso District”.

Your parent(s) know we are talking with you about this study. This form will tell you about the study to help you decide whether you want to take part in it.

Purpose of the study

The purpose of the study is to collect information on the lived experiences of Labia Minora Elongation (LME) among adolescent girls (10-15) in Wakiso district. You are being asked to participate in this study because you have particular knowledge and experiences that may be important to the study. There are no risks to your participation in this study and your feedback will be beneficial to the study and the improvement Sexual Reproductive Health and Rights for girls in Uganda.

What participation Involves

If you agree to participate in this study the following will occur:

1. You will sit with the researcher and have a conversation about your experience with Labia Minora Elongation, the affects you faced as a result of the practice, the coping mechanism you used and your perception about the practice.
2. You will be interviewed only once for approximately 1 and half hours in a private setting.
3. No identifying information will be collected from you during this interview.

Confidentiality

I assure you that all information collected from you will be confidential. Only individuals working with me in this research will have access to the information. We will be compiling a report, which will contain your responses without any reference to individuals. We will not put your name or other identifying information on the records of information you provided. You may refuse to answer any question and may stop the interview at any time.

Right to withdraw and Alternatives

Taking part in this study is completely your choice. If you choose not to participate in the study or if you decide to stop participating in the study, you will not get any harm. You can stop participating in this study at any time, even if you have already given your consent. Refusal to participate or withdraw from the study will not involve penalty or loss of any benefits to which you are otherwise entitled.

Benefits

There is no monetary or any form of compensation for your participation in the study. The information you provide will be beneficial for the understanding of the effects of Labia Minora Elongation among adolescent girls.

Risks

We anticipate emotional breakdown among participants who may have had a negative experience with Labia Minora Elongation. We shall have a female counselor on the team during data collection so that they can deal with any emotional breakdowns.

In Case of Injury

We do not anticipate that any harm will occur to you or your family because of participation in this study.

Who to contact.

If you ever have questions about this study, you should contact Principal Investigator, NABATEREGGA ZAITUNI on [0785170417](tel:0785170417) or xytoon@gmail.com

Research Ethics violation.

In case of ethical issues pertaining this research or questions about your rights, contact UCUREC chairperson; Prof. Peter Waiswa, 0772405357, pwaiswa@musph.ac.ug or UCUREC Manager; Mr. Osborn Ahimbisibwe, 0775737627, oahimbisibwe@ucu.ac.ug

Agreement of the Participant

Do you agree to participate in the study?

I have read and understood the contents in this form. My questions have been answered. I agree to participate in this study.

Signing below means that you have read this form and that you are willing to be in this study

Signature of participants

Signature of Principal Researcher.....

Date of signed consent

APPENDICE III; ASSENT FORM (LUGANDA VERSION)

Lived Experiences of Labia Minora Elongation Among Adolescent Girls In Wakiso District

Nkulamusiza ko, nze Zaituni Nabatelegga okuva mu Uganda Christian University. Nkola ku pulojekiti eno ey'okunoonyereza eriko omutwe "Lived Experiences Of Labia Minora Elongation Among Adolescent Girls In Wakiso District"

Ekigendererwa ky'okunoonyereza kuno

Ekigendererwa ky'okunoonyereza kwe kukungaanya ebikwatta kubiyittibwamu mu nsonga zzo Okukyalira ensiko mu bawala abato (10-15) mu disitulikiti y'e Wakiso. Osabibwa okwetaba mu kunoonyereza kuno kubanga olina okumanya okwenjawulo okuyinza okuba okwenjawulo mu kunoonyereza kuno. Tewali bulabe bwonna mu kwetaba kwo mu kunoonyereza kuno era endowooza yo ejja kuba ya mugaso eri okunoonyereza n'okutumbula ebyobulamu n'eddembe ly'okuzaala nemu by'okwegatta eri abawala mu Uganda

Okwetaba mu kunoonyereza kuno Kizingiramu

Singa okkirizza okwetaba mu kunoonyereza kuno bino wammanga bijja kubaawo:

1. Ojja kutuula n'omunoonyereza era mubeere n'embooji ku by'ewayitamu mu byo Okukyalira ensiko, ebikosa bye waffuna nebyo ebyava mu nkola, enkola jjewakozessa okuvunuka ebikosa ebyo wamu n'endowooza yo ku nkola yo Okukyalira ensiko
2. Ojja kubuuzibwa omulundi gumu gwokka okumala nga essawa emu n'ekitundu ky'essaawa mu mbeera ey'ekyama.
3. Tewali bikwata ku muntu bijja kukunjaanyizibwa okuva gy'oli mu mbooji eno.

Obwekusiffu

nkukakasa nti amawulire gonna agakung'aanyiziddwa okuva gy'oli gajja kuba ga kyama. Abantu ssekinnoomu bokka abakola nange mu kunoonyereza kuno be bajja okufuna amawulire ago. Tugenda kuba tukung'aanya lipoota, ejja kubaamu eby'okuddamu byo awatali kwogera ku bantu ssekinnoomu. Tetujja kuteeka mannya go oba ebikukwatako

ebirala ku biwandiiko by'amawulire ge wawadde. Oyinza okugaana okuddamu ekibuuzo kyonna era oyinza okuyimiriza yintaviyu essaawa yonna.

Eddembe ly'okuggyayo olukussa

Okwetaba mu kunoonyereza kuno kwa kyeyagalile ddala. Bw'osalawo obuteetaba mu kunoonyereza oba bw'osalawo okulekera awo okwetaba mu kunoonyereza tojja kufuna bulabe bwonna. Osobola okulekera awo okwetaba mu kunoonyereza kuno ekiseera kyonna, ne bw'oba nga wawadde dda okukkiriza kwo. Okugaana okwetaba oba okuva mu kunoonyereza tekijja kuzingiramu kubonerezebwa oba okufiirwa emiganyulo gyonna gy'olina okufuna mu ngeri endala.

Emigaso

Tewali ssente oba ngeri yonna ya kuliyirirwa olw'okwetaba kwo mu kunoonyereza. Amawulire g'owaayo gajja kuba ga mugaso mu kutegeera ebiva mu Okukyalira ensiko eli baana abobuwala

Obulabe

Tusuubira okumenyeka kw'enneewulira mu beetabye mu mu musomo gunno naddala abayinza okuba nga baayittina mu mbela embi nga yekussa ku byo kukyalila ensiko. Tujja kuba n'omubuulirizi omukyala ku ttiimu mu kiseera ky'okukung'aanya ebikwata ku bantu basobole okukola ku kumenya kwonna okw'ebirowoozo

Mu mbeera y'obuvune

Tetusuubira nti obulabe bwonna bujja kukutuukako oba ku famire yo olw'okwetaba mu kunoonyereza kuno.

Ani gw'olina okutuukirira

Bw'oba olina ekibuuzo ku kunoonyereza kuno, ojja tuukirira Principal Investigator, NABATEREGGA ZAITUNI on 0785170417 or xytoon@gmail.com

Okumenya empisa z'okunoonyereza;

APPENDICE IV: STUDY PLAN

ACTIVITY	Aug, Sept 2023	Oct, Nov 2023	Jan, Feb 2024	March 2024	April 2024	May 2024	June 2024
Writing the research proposal							
Submission for REC approval and receiving feedback							
Data Collection							
Data Analysis and Final Report writing							
Submission and defending the report (Viva)							