

**Labia Elongation and Identity (re)Construction Among the Ndebele
Women of Zimbabwe**

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Abstract

This thesis examines Ndebele women's reflections on the role of labia elongation in the (re)construction of female identities from being a girl to being a woman. Labia minora elongation is a practice that is performed by women of some ethnic groups in Matabeleland, Zimbabwe. The origins of this practice are not known because it has been passed on from one ethnic group to the other and from one generation to the other.

Based upon the narratives of 56 women and 7 men, this study examines a topic that is under-researched. It explores the women's lived experiences of labia elongation and the role of this practice in the formation of collective and individual identities. This study was carried out among 'Ndebele' women who lived in Stoke on Trent (England), Bulawayo and Makulela (Zimbabwe) and used qualitative research techniques, including auto-ethnography drawing on my reflexive role of being an 'insider' and 'outsider' .

According to the findings, labia elongation has meaning and value in negotiating gender and sexual identities. By elongating their labia minora, Ndebele women redefined their social status and (re)constructed their identities as respectable women collectively. By being part of a group of women with elongated labia minora, they protected marriages and refrained from being despised as *Bhotoko*. Formation of these 'women's' identities was associated with specific places that became meaningful when women discussed or performed the practice.

Labia elongation was important in the formation of a Ndebele woman's identities and how she related herself to her community and the world she lived in. However it is a hidden marker of womanhood and ethnic background, revealed only to selected kin, peers and partners, and thus previously little understood. This research highlights women's own accounts, previously unrecorded, linking them with my own life story and experience of labia elongation.

Key words

Labia-elongation; Ndebele-women; private spaces; transitional identities; Zimbabwe; auto-ethnography

Preface: My autobiography

In my Master of Arts in Women's Studies dissertation that I completed in the United Kingdom in 2004, I explored Sarah Baartman's historiography and the ordeal she went through in the nineteenth century because she had elongated labia minora. In the nineteenth century elongated labia minora were a confirmation of African woman's 'deformity' or 'delayed evolution' and a justification for her inferior social status by racist anthropologists and medical scientists (Baker, 1981).

I knew that labia elongation was a common practice among some women in sub-Saharan African countries. I then became concerned that academic scholarship and international political 'conversations' regarding Baartman's 'enlarged' genitalia were taking place without including the voices of the women who had direct experience and contact with the practice. Many questions surfaced enabling me to identify the gaps in knowledge that could only be dealt with through writing a Ph. D. thesis. I joined the debate from an academic dimension and used myself and the women who had undergone the practice as co-producers of knowledge in this research study.

The connection between labia elongation and becoming a woman came to my attention when I first heard about the practice at the age of ten years from a cousin who had visited with her grandmother, my great-aunt. We were playing one afternoon when she mentioned that after seeing the first signs of puberty from her growing breasts, her grandmother, had told her that she should start 'pulling'. What she said did not make sense to me at that time until I was thirteen years old when I was taught 'formally' about the practice in Bulawayo, Zimbabwe where I spent most of my childhood.

When I was a child, my mother and I had an open relationship but had never discussed sex or labia elongation. Besides, 'girl talk' or matters relating to sex education were mostly left to paternal aunts or 'community aunts' who were entrusted with that task. My paternal aunts lived far away in the rural areas of Nkayi; so my close aunts were my mother's associates who were of the Ngoni ethnicity.

In the 'township' where I lived, people from different ethnic groups gathered to celebrate Harvest time annually during the month of August; despite their diversity and different geographical places of where they lived, it was clear that labia elongation was an important process of identity formation that defined the self and other. The ceremony was done during the four weeks of August-September school holidays. Part of Harvest extended to ensuring that the community and parents transmitted good values to their children, such as assisting young girls to go through the transition of growing into 'respectable' women. This implied that a girl who was a virgin and had elongated labia minora at marriage got recognition for herself and family. The Harvest celebration was marked by a ceremony to

celebrate the occasion for those who had passed the virginity test.

When it was my turn to have a 'check-up', 'Aunty', a respectable member of the community and an 'expert' in checking the girls' virginity was 'horrified' when she discovered that I had not yet elongated my labia minora. She asked my mother why I had not yet started the process, my mother confessed her innocence and ignorance of the practice. My mother had a Ndebele father and 'white' mother who had raised her in an 'orthodox' Christian environment and did not know about labia elongation: I had passed the virginity test and that was what mattered to both my mother and me. I had made my parents proud and would not be treated as an outcast in the community where I lived.

The Harvest ceremony, which took place in an African spiritual 'church' building, played an important part in transforming many girls into what society regarded as 'acceptable standards'. According to 'Aunty' and some of my mother's associates, who were respectable members of the community, passing that virginity test was not enough to make me marriageable; I had to be a 'proper woman' *umfazi-fazi*, with elongated labia minora upon marriage. There were other places that played a part in my learning about elongating the labia and my transition from being a girl to a woman, such as boarding schools. When I went back to the boarding school after the Harvest festival, most girls in the dormitory were talking about the practice. Hearing other girls discussing the practice was comforting and encouraging.

Labia elongation became a discreetly shared process, something that was common among us girls who came from different parts of the country. At the boarding school, when the matron had turned off the lights, I continued 'elongating' as I was told by 'Aunty', her associates and my colleagues at the dormitory. Other girls in the dormitory performed the practice as well, but we did not share our experiences mostly because it was a mission school where Christian values, hard work and good grades were important to get us into society and the job market.

Upon reflection, by performing the practice, I was 'weaving' part of my life with that of the girls with whom I had celebrated 'Harvest', my mother's associates, the community in which I lived and the spaces where I performed the practice. Not only was the practice giving me a sense of connection and a shared identity; it was altering my body, in order to connect with the society that I now lived in as a 'woman'.

However, after the Harvest times, I did not discuss virginity testing or labia elongation with my mother and sisters. It was not that we avoided the subject, but sexual matters were never discussed among my siblings. Importantly, we were told that we had to refrain from 'close' contact with boys until marriage. It was not until I was writing up my Masters of Women's Studies thesis that I asked myself many questions about the importance of labia elongation and its connection with marriage. If the practice reinforced marriage, why had

my marriage failed? In my endeavour to connect the practice with my unsuccessful marriage, I blamed my mother for letting me perform a practice that she knew very little about.

By letting me undergo the practice, my mother was aware that my world was different from hers. If her daughters failed in marriage she would be 'ridiculed' and seen as a failure. No wonder, when my marriage began to fall apart, she tried hard to help me to make it work. Perhaps, my knowledge of the practice was too little to make me a 'fully competent' married woman. I considered it appropriate to carry out investigations about labia elongation among the women who defined themselves as Ndebele in both a geographical and political sense that is, women who were born or grew up in the region of Matabeleland, Zimbabwe regardless of their ethnic background, so as to understand my situation.

When I was a child, my parents moved from one geographical location to the other because of work. I was born in the rural hospital of Inyathi which is located sixty kilometres north of Bulawayo. I spent my early childhood with my maternal grandparents at Inyathi and then joined my parents in Victoria Falls two years before starting primary school. During the year I had to start primary school, my parents relocated to Bulawayo where I did most of my primary school education. I spent most of my teenage years at a boarding school, because my parents realised that I needed stability in order to pass my secondary school education (GCSEs). During school holidays I visited my grandparents and relatives; Makulela, one of the places where I carried my fieldwork, so happened to have been one of the memorable places that I had visited my great-aunt and relatives with my grandparents as a child.

When the economy of Zimbabwe started to deteriorate in 2000 and after a failed marriage, I relocated to the United Kingdom, where I started a course in Women's Studies in 2002. In 2005, I moved to the West Midlands where I got a job with the National Health Service, Department of Health Promotion in Stoke on Trent. The visit to Bulawayo and Makulela was not meant only to provide a comparative study of the practice; it was revisiting my past and an attempt to recollect my childhood memories and experiences as a woman which I could document via women's stories.

Travelling from Stoke on Trent where the research study started to Bulawayo and Makulela in 2008 made a remarkable contribution to understanding labia elongation and its significance to my research. Both Bulawayo and Makulela are cosmopolitan, are complementary to one another and made up of different ethnic groups such as Ndebele, Shona, Kalanga, the San and other ethnic groups. Through migration, these ethnic groups could also be found in Stoke on Trent. These groups have learned from one another and have a lot of respect for each other's culture and practices.

The three places where I have lived or visited before, became my research sites and each

one of them was representative of my past and fragmented identities. Attaching identities to multiple theories and study sites, Stoke on Trent, Bulawayo and Makulela is an attempt to reconstruct my own shifting identities and those of the women who took part in this research study.

I could see a resemblance in how my experiences and contact with labia elongation as well as my identity as 'being hybrid', raised complications in my status as a researcher and as a person that has multi-ethnic backgrounds and has lived in many places (Walter, 2001). Relocation fragments the self, groups, culture and practices (Kondo, 1991). Like me, most of the women and men who took part in the research study had relocated from one place to another; hence those changes in the environment may have contributed to both the limited or enriched views regarding labia elongation explored in this research. On my part, studying in Zimbabwe enriched my knowledge of labia elongation and the value of this study.

Chapter 1: Introduction

Labia elongation entails 'stretching' and massaging labia minora "from the top to the bottom with the tips of the thumbs and index fingers of each hand" (Khau, 2009:31; also see Appendix 1:1). In their endeavour to make their labia minora longer, girls use herbs and other substances such as oil and Vaseline which are believed to soften and lubricate the flesh in order to facilitate the elongation process without causing damage to the soft genital tissues (Koster and Price, 2008). By elongating their labia minora from an early age, girls explore and relate with their bodies so as to connect with their "individual and social life" and womanhood (Beasley, 1999:78). The connection of labia elongation with becoming a woman is a key process to motherhood, child birth and menstruation and draws us to the cultural representation of the body and its relation to a social life, biology and practices (Beasley, 1999).

The origins of labia elongation are not known, however it has been passed on from one ethnic group to the other and from one generation to the other. There could be several reasons for the practice of labia elongation. For instance, young women are misinformed by other women who have gone through the practice that among other reasons labia elongation reduces complications during childbirth or their husbands will not accept them if they did not perform the cultural practice (Jeater, 2000). Fearing social exclusion, the young girls do not have a choice but to do as they are told. Generally, sex and sexuality are 'taboo' subjects and practices such as labia elongation were never discussed directly with parents among the Ndebele people (DiPiero, 2002; Jonte-Pace, 2001).

1.1 Contextualising Labia Elongation in Rhodesia and Zimbabwe

Zimbabwe, which was once known as Rhodesia an English colony gained independent in 1980. The origins and changing meanings of labia elongation, pre and post-colonial Zimbabwe are unknown; however the practice has been passed on, through oral traditions that involved story telling by women from different ethnic groups and generations. The complexity surrounding the origins of labia elongation emanate from Zimbabwe's colonial and post-colonial history, a key factor in the formation of women, particularly Ndebele women's identities.

1.1.1 Gender and colonialism

The Ndebele had always 'bargained with patriarchy' (Kandiyoti, 1988) with women's destinies being defined through marriage and childbearing. Lobolo, which was the exchange of goods (usually cattle) from the male to his bride's family, was an important

process that opened and yet sealed the marriage. It was expected that once lobolo was 'paid', the woman would bear children, including sons. As the groom's family had to part with the goods in exchange for their bride, a woman had to carefully prepare for marriage, so as to avoid any embarrassment to her family. The embarrassment would become public as the bride would be 'returned' to her natal home if as she was 'not clothed', that is, missing elongated labia. Public embarrassment would happen if the bride did not produce children after a certain period of time within the marriage. The return of a married woman to her natal home due to lack of preparation (labia elongation) usually happened soon after the marriage, testifying to the public that it was not the issue of childbearing that the woman was returned. A second bride would be chosen by the family so as to bear children for the sister. This resulted in polygamy which was culturally endorsed.

As labia elongation was an important aspect for this preparation and was the duty of the bride's paternal aunt to educate her nieces about the practice, the embarrassment was often more on the paternal aunt who would have failed in her duties. Østergaard (1992) argues that control of women's sexual reproduction by men was perpetuated in the nineteenth century by stressing the importance of child bearing. Heterosexual marriages which were seen as natural and a destiny of all women (Epprecht, 2008) with labia elongation was an important ritual that ensured success in such a destiny. It was therefore the duty of older women in this instance, the paternal aunts, to ensure the successful transition of their unmarried nieces to married women. The paternal aunt therefore had economic power in the family as it was through her that, girls in her family would be successfully married.

It is important to understand how Christianity and colonialism played a part in the transformation of this ritual. The terrain of the Zimbabwe history was also marked by race, ethnicity, class and gender (Christiansen, 2009; 2004). Images created by colonialists were supposed to form the 'Otherness' that dwelled in the minds and eyes of the European spectator (McClintock, 1995). The Ndebele men and women's images became part of the continued colonial gaze that was initially created by missionaries and reinforced by colonialists. Cultural practices such as labia elongation were considered to be pagan and lack of 'Western morality' making it a duty for the White men particularly the missionaries to instil acceptable codes of behaviour and to gain support to save the savages from their immoral and ungodly practices (McClintock, 1995) that included labia elongation and polygamy.

The introduction of missionary schools brought in western education whilst instilling Christian values of monogamy and non-sexualising of the female body. In 1856, Robert Moffatt's London Missionary Society set up Inyathi Mission which is located sixty kilometres north of Bulawayo (Alexander, et al., 2000; Beach, 1984). Beach (1984: 54)

argues that Robert Moffat like most colonialist, perceived black people and depicted the Ndebele as brutal savages that needed salvation through education and learning the ways of the bible. Stressing the brutal nature of the Ndebele justified the reasons for setting up missionary stations in Matabeleland.

In pre-colonial society polygamy had an economic value and respect attached to it for women and children (Barnes, 1999: 221). Østergaard (1992) argues that although colonial and Christian rules forbade polygamy, Southern African men perpetuated polygamy so as to reinforce tradition and to confirm their roots but not with the intention to control and enslave women. Colonial rule in Zimbabwe was noted by the power the coloniser had on the colonised and the emphasis on “racial and cultural differences” that were perpetuated and legitimised via administrative legislations and policies (Rostopoulos and Mlambo, 2009: xviii).

Inyathi mission, like other missionary schools in Zimbabwe, was very instrumental in the education of girls and boys by providing western education. These missionary schools also provided a route for women and men to be financially independent by providing training of health care workers and teachers who would then be able to serve and ‘save’ the local Ndebele community. Christianity and western education gradually enabled successive generations of women and men who learnt ways of earning a wage creating economic classes that were based on money. Such transformations were also against the entrenchment of Christian values that stressed the importance of Christian marriages.

When the missionaries introduced Christianity in Zimbabwe, people acquired the new ways of living: Christianity and colonial invasion began to change the ideas of people about their own practices, including labia elongation, so that they could adopt those which were introduced by the colonial settlers and the missionaries: this led to the ‘natives’ and women in particular who were already marginalised by both ‘African’ patriarchy and colonialism to experience an ‘identity crisis’ (Baharvand and Zarrinjooee, 2012: 27 & 28). “When cultures are disrupted, altered and redefined, people lose a sense of the way life used to be” (Grundy, 2008: 1).

Western cultural hegemony resulted in the formation of a new ‘hybrid identity’ among the colonised natives (Baharvand and Zarrinjooee, 2012: 28). Since the colonialists and Christian converts as well as the native Africans observed heterosexual marriage as the ‘ethical norm’ to which Christians expressed their desires, any deviation from the norm created misunderstanding and controversy in society (Jeater, 2000). Customary practices such as labia elongation, that were considered evil in the eyes of a Christian God, continued to be done covertly.

Women moved from the rural areas and to preserve their marriages, they would take turns if a man had more than one wife. Discriminatory migration laws forbade men, the labour

force in the city to live with their wives (Barnes, 1999). This resulted in men having unlawful extra-marital relationships; a practice that was considered immoral and a product of colonialism (Barnes, 1999). Sexual exploitation of women in Zimbabwe and Matabeleland in particular, came as a result of discriminatory and hard labour migration policies the men went through at the mines as *baas boys* in South Africa in the beginning of the Twenty First Century until present (Valle, 2004).

Exploring the division of labour within a Zimbabwe context, after the establishment of the Wenela [Witwatersrand Native Labour Association] in 1962, men left their homes to work in the South African mines or as labourers in the farms (Katzenellenbogen, 1982). Women were left to run the home and look after the children on their own, thus breaking up traditional community activities (Gaidzanwa, 2010). Women who followed men into the city succumbed to even harder economic conditions (Barnes, 1999). Stoneman (1989) points out that many people who came into the city felt challenged by the urban environment. Some women brewed beer in order to earn a living (Barnes, 1999).

The fact that men became the breadwinner in the family empowered him to regard the woman as the “weaker sex often put on this earth to serve and obey the stronger sex” (hooks, 2000: 24). The man came back home after two years or more where his services as the father and husband were replaced by money which he sent home or brought with him upon his return. The ‘African’ man had acquired a new ‘urban identity’ where he was a labourer: that was different from the rural areas where he was respected and ascertained his patriarchal position (Kalapo and Akurang-Parry, 2007: 12). The cash the man earned as the tea boy, farm labourer or mine labourer enabled him to become an oppressor like their White masters (Valle, 2004: 196).

Powerless under their White masters, men exercised their power over their families and their wives in particular. The anger that the man incurred from the humiliation of being treated as a *bass boy* by his colonial master, he lashed it out on his wife (Valle, 2004; Mathabane, 2000). For example, lobolo which was a gesture of gratitude for the children the woman bore for her husband’s family and was paid long after the children were born became a means of controlling and owning women, as it involved transfer of economically significant gifts in order for the man to be accepted by the women’s parents as a son-in-law (Valle, 2004). The woman had to humble herself and serve her husband the same way he served his White master (Mathabane, 2000). Control over women extended to ownership of property where women were “excluded from direct ownership of the land” (May: 1989: 65). Sexual practices such as labia elongation that existed before colonialism were then seen as being done for the men’s pleasure and control of women.

As seen from above, colonial policies were designed to discriminate against Africans. English language became a medium of instruction, and a device used to civilise the

Africans and silencing traditional practices (Msindo, 2005). In the colonial era, Christianity worked “arm in arm” with the state to provide education and vocational or agricultural training that was meant to ‘civilise’ the natives and was suitable for colonial capitalism (Bornstein, 2005: 11). The bottle-neck education system which ensured that only a few black people accessed academic education was considered appropriate in maintaining cheap African labour (Wilson, 2008; Weinrich, 1979). If the Africans were allowed to be educated, White employers would have to contend with the demands for higher wages (Weinrich, 1979).

Generally, colonial education had to blend in with the values and morality that were transmitted by the missionaries (Ahlberg, et al., 2007). In 1920, educational opportunities for the Black people in Zimbabwe, then Southern Rhodesia, were opened by the Christian missionaries (Weinrich, 1982; 1979). The aim of missionary education was to produce a community of ‘political élite’ men with Western values who would later on reject the traditional methods of indigenous healers and midwives (Ranger, 1995; Stoneman; 1989). The dominance of colonisers over the educational system, language, and identity formation disrupted the identities of the local people (West, 2002).

Women continued to be offered minimal chances of getting access to education because African parents had limited financial income, which they thought was better spent to educate the boys who would later look after the family (Weinrich, 1979). Educating girls was considered to be a waste of money for they would inevitably be married and take their educational benefits to their husbands’ families. Submissiveness of women to patriarchy was further transmitted via the educational curriculum which was separate for boys and girls (Coquery-Vidrovitch, 1997). The girls educated (mostly) by nuns, were supposed to develop the qualities of docility and sweetness and to practise housekeeping (Coquery-Vidrovitch, 1997: 144).

The curriculum prepared boys for subsistence farming and technical vocational skills whilst girls were given a ‘decent’ education that would keep them in doors and prepare them to be ‘good’ mothers who would later on provide good Christian values and morals to their children (Coquery-Vidrovitch, 2005: 108). The education and curriculum perpetuated silent, submissive and feminine roles so as to gain favour of their husband as decent women (Baharvand and Zarrinjooee, 2012). Women were considered virtuous and decent if they were obedient workers whose concern was nothing but the satisfaction of their husbands’ desires (Baharvand and Zarrinjooee, 2012).

1.1.2 Gender in post-colonial Zimbabwe

At independence, Zimbabwe was keen to 'keep' some of the cultural values that were part of its history. At the same time, women's rights issues were becoming central in this new economy. Tradition had to be renegotiated so as to increase 'equality' between men and women. Polygamy was legally banned as no man could marry two women in the court of law (Zvobgo, 1996). However, the state's and missionaries' efforts to ban both polygamy and lobolo (bride price) were met with resistance (Zvobgo, 1996: 334). Zvobgo (1996: 334) points out that from 1924 to 1939 the Ndebele men and other ethnic groups in Zimbabwe's desire to maintain the *status quo* was on the grounds that "they were too old to change". Polygamy was then made legitimate, in colonial and post-colonial Zimbabwe through the system of "Common Law Marriage" (May, 1989:18).

Through 'Common Law' marriage, a man could customarily marry more than one wife as long as he paid the bride price to the women's families. Although education and Christianity were changing the cultural terrain, most couples continued to pay the bride price, which with time became monetised before the church's blessings of the marriage. Having the marriage blessed in church also meant that, unless a man was widowed, he could only marry one woman in Church. It remains less clear how Christianity and education contributed to the silence on labia elongation.

In Zimbabwe, the colonial patriarchal laws maintained the division between men and women and subsequently female oppression (Coquery-Vidrovitch, 1997). For example, polygamy became a tool that was used to fulfil men's pride and sexual desires (Morrell, 2001) as men and women took different positions in society including the work-place. Women were often found in the lower ranks at the work place, either as secretaries for male bosses, domestic workers, teachers and health care workers. This legacy of women gaining skills in the care industry is very important in understanding the migratory patterns of Zimbabwean women to England, for example, the movement of trained Zimbabwean nurses to the diaspora, including England. Even if I trained as a teacher in Zimbabwe, I belong to these women as came I to England in 2000 and joined the health care industry. Most of the women who took part in this study were also part of this generation.

By being part of a polygamous relationship, women competed to provide sex and pleasure, a reason why women continued to elongate their labia minora and use herbs so that men would love them more. On the contrary, Christianity viewed polygamy, premarital sex and prostitution as one of the forms of sexual immorality that threatened the Christian faith in the colonial Zimbabwe (Ranger, 1995). Marriage was recognised as a condition that earned women respect. Unmarried women were "considered to be bare, like a garden without a fence" (Coquery-Vidrovitch, 1997: 127). This implied that women should stay

married as they were vulnerable to male and social abuse if they lived alone (Abrahams, 2002).

Black Christian leaders faced a dilemma regarding conflicting attitudes towards 'traditional' practices. They felt prejudiced by Whites and envied by Black people because they were caught in between the culture of their significant others and the newly-learned Christian rules (Ranger, 1999). The conflict between the role of the church and tradition is observed by Ranger (1995) who argues that people, who had risen to Christian leadership, believed that traditional marriage customs worked well for people who were not Christians. Their views were that Africans who were converted to Christianity at the same time holding on to traditional values were "confused...and a blank sheet" (Ranger, 1995: 62). Similar "human costs" were faced by women Christian leaders, who realised that Christian women used traditional medicine to cure ailments and for fertility treatment if they were barren (Ranger, 1995: 33).

Further, 'African' men who had Christian values faced a dilemma again when it came to the subject of marriage and bride price (lobolo). Their views regarding the practice were that "Europeans understood very little about lobolo" (Ranger, 1995). However, if the transaction of lobolo was not made, both the man and woman felt insecure about their roles and identities in marriage (Barnes, 1999: 32). Lobolo was a means to ascertain the women's fertility and her commitment to labour for the family she was married into (Barnes, 1999; Barnes, 1981; Jeater, 2000). Barnes (1999) argues that lobolo, which has since been commercialised, was an assurance of the husband's lineage and its survival.

Morrell (2001) argues that contrary to the belief that lobolo (bride price) was a means to purchase the woman for her physical labour; it was in fact a token of thanking her for bearing children. It was not taken for granted that all women were fertile (Barnes, 1999). In the Ndebele traditional marriage framework, "Children belonged to the woman's lineage until bride wealth [lobolo] was paid" (Barnes, 1999: 101). Lobolo determined her status and identity as a married woman as well as her link with the family (Barnes, 1999). In a practical sense, marriage changes the woman's identity from being single to being a wife, mother, sister and daughter-in-law capped with specific roles and responsibilities such as educating the family and community about customs and practices like labia elongation. If the man's family did not produce lobolo, the woman's family would claim the children born into that family in the event of their father's death.

Jeater (2000: 29) informs us that marriage and sexual issues were not 'personal' matters but matters in which all members of the 'shallow lineage group were involved'. If the woman was barren, she remained respected and never returned to her family: the married couple would approach the parents of the bride for a co-wife, who would be a surrogate mother to the children she bore (Barnes, 1999). The co-wife, who in most cases was a

younger sister or niece, got her fair share of respect and recognition as the bearer of the children. If the man was sterile, the couple would arrange with a younger brother or cousin to sleep 'secretly' with the wife (Tsodzo, 1989).

Marriage, which played an essential part in constructing women's identities, was a matter that concerned the whole community (Kuper, 2004). Jeater (2000) argues that discourses of sexuality seem to have been positive rather than negative, because in her marriage, the wife provided and received sexual pleasure. Therefore elongated labia minora, a practice that women (and men) were already familiar with contributed to eroticism and sexual satisfaction. Wives were expected to be good sexual partners and a man would be severely punished for failure to satisfy his wife because it was feared that a wife who was sexually unsatisfied would commit adultery and that would be a disgrace to both her own parents and her husband's (Jeater, 2000).

A Christian woman had to marry and stay in a monogamous relationship. If her marriage failed, she would be blamed for not looking after her husband well (Barnes, 1999). Both Christian and traditional African marriages recognised that the man was the head of the family and had a duty to provide for his wife and family, including sexual satisfaction of his wife (Lindgren, 2000). Barnes (1999) argues that being single and independent was linked to prostitution; however, parents, who despised prostitutes, accepted the money their daughters or relatives sent them, a notification of double standards.

Although there was progress in the status of women and children via the "Education for all" slogan after Zimbabwe's Independence in the 1980, post-independence patriarchy continued to 'restrict' women's access to economic and political arenas (Parpart, 1995). For example, in advocating equality between men and women in Develop (WID) policy makers have continued to 'fail' to challenge gender stereotypes like productive and reproductive roles for women by placing emphasis on in "education, employment and other material benefits" (Parpart, 1995: 3). Despite this progression and access to social benefits, the past few decades have seen the deterioration of the social, political and economic standards of women and children (Shoko (2012: 1). Low education disadvantages mostly girls and increases their vulnerability to domestic, gender and sexual violence, exploitation and HIV: "girls and young women are two to three times more likely to contract HIV than boys and men" (UNICEF, 2011: 2). Although there is no documented literature to substantiate this, oral literature has demonstrated that some girls were married off at a younger age so that parents or guardians could get some money from lobolo: hence maintaining the pre-existing gender power imbalances within post-independence patriarchy.

As Zimbabwe's economy crumbled, children's access to social service and social protection became limited. When some parents left Zimbabwe to look for jobs in

neighbouring countries or died from different diseases, children became the headers of the families. In 2011 UNICEF announced that there were 100, 000 child-headed families in Zimbabwe of which 25% of were believed to be orphans due to HIV/AIDS (Shoko, 2012: 1).

Women of Zimbabwe Arise [WOZA], a civic women's movement which was formed in 2002 by Jenni Williams and Magodonga Mahlangu mobilised women to talk and demonstrate about social injustices, political and economic challenges that affected women in Zimbabwe (Day, 2010). The movement was committed to helping the hungry nation with food aid as 'mothers of the nation' (Day, 2010: 1). Motherhood rather than sexual or ethnic rights was a pivot for activism within this political group: evidently, labia elongation was insignificant because of the changing political and economic system. WOZA placed the importance of the "better future of our children" and identified motherhood as feeding not just one's family, but the entire nation in a society that was politically, economically and socially unstable (Day, 2010: 1).

1.2 Aims and objectives of the thesis

The main of this research is to explore how labia elongation contributes to constructions of Ndebele women's identities and provides a marker of their transition from being a 'girl' to being a 'woman'. This thesis further focuses on four key objectives:

- To explore Ndebele women's experiences of labia elongation.
- To explore the link between identity and spaces of learning and performing labia elongation.
- To examine how labia elongation defines the self and others.
- To contribute to theory on identity formation through the lenses of Zimbabwe women's stories about labia elongation

Qualitative research methodology including auto-ethnography were essential in reaching out to the women who had direct experience with elongated labia minora and particularly those whose 'origins' were Matabeleland. In this research, their stories played an important part in generating data and contributed to a body of literature on the topic that is under-researched. This study gives a chance to breaking the silence of the muted voices by letting marginalised and subjugated women speak (Spivak, 1999). On my part 'speaking' about a practice that is private and intimate was collectively a way of challenging oppression (hooks, 2000). The sense of being part of a group is attached to the women's experiences of labia elongation and how they relate to one another. This creates a new woman who asserts her position and identity in relation to the practice that has not been acknowledged in academic discourses.

Although taken for granted as the term that describes a group of people, the 'Ndebele' is itself not only problematic (Msindo, 2012); it is an ambiguous term that is 'mobile', often unstable relation of class and ethnic difference (Grupta and Ferguson, 2001:13). Ethnic identity is a product of social construction that is linked to racism as it may be used to divide and weaken diasporic groups by reminding them where they belong (Bhavnani and Phoenix, 1994). Identity changes over time, space and social context for which it has meaning and value (Mateos, Singleton and Longley, 2009). The shifting nature of identities is indicative of how place and hegemonic power are linked in the conceptualisation of the 'hybrid' Ndebele culture and people (Grupta and Ferguson, 2001). As a result of relocating from one geographical location to the other, Ndebele women could have adopted practices such as labia elongation, thereby becoming 'hybrid' because of social change (Ang, 2003; Coombes, 1994; Walter, 2010; 2011).

Labia elongation as part of identity formation was crafted in certain spaces where hegemonic dominance was controlled by women who themselves had experiences of being discriminated by other women of shared ethnicity if they did not conform. Labia

elongation united the women as mothers, wives, women or girls in the community. hooks (2000) suggests that in diasporic spaces women 'bond' and educate each other as a result of the hegemonic power. If a woman did not have elongated labia minora, she could be ostracised by the women of her community; hence the formation of "internal diasporas" (hooks, 2000:32).

Spaces and places have a 'shifting definition' as they change over time when new cultures and identities are constructed (Morley and Robins, 1995). When places of people's lives and experiences are 'refashioned' new histories are established. Morley and Robins (1995) discuss the importance of cultural and economic, global and local, place and space in identity formation. In Western countries, practices that are 'alien to host national' such as labia elongation could be perceived as barbaric (Morley and Robins, 1995:25). However, holding on to them could be a way to fit in with women who are 'at home' (Walter, 2001). Dodgson-Katiyo and Wisker (2011) remind us that the process of Decolonising the mind requires a collective process and a collective voice. In empowering post-colonial women, pre-colonial and colonial practices that are considered 'alien' should be considered as cultural hybrid or 'self-(re)invention' or 'social transformation' (Dodgson-Katiyo and Wisker, 2011:xvii).

Conforming to the norms and group values creates 'otherness' a term which is associated with 'fixed identities' as it fails to embrace 'the dense self' (Butler, 1990; Hekman, 2004; 1999; Johnson-Roullier, 1997). Rowbotham (1992:9) asserts that feminism provides women with a platform to "bring their specific values into the public arena of 'politics'", hence bringing sexual politics into public discourses. The dichotomies of the 'private' and 'public' have been explored by Spivak (1987) who argues that our 'personal lives' exist in the private and 'our public lives'. Labia elongation is a practice that is done by women on their genitalia, their private part but affects the public image or 'social self' within the community in which the woman lives (Pakheth and Jagne, 1998). By 'problematizing' private spaces, women reclaim them as 'personal' and 'legitimate' spaces where they remain in control, and in learning about labia elongation (Fordham, 1998; Spivak, 1987).

1.3 Key Themes

Key themes that are central to the study of labia elongation as part of construction of Ndebele women's identities are gender, sexuality and ethnic identities: Ndebele 'womanhood' is about gender and sexual identities. Women are carriers of cultural identities and labia elongation is attached to how women perceive their bodies and how their bodies are a reflection of their lived experiences as girls and women; hence women perceive or value/devalue their bodies in a way that unites them as women thereby creating a "shared identity" (Steady, 1998). As a collective group, women contribute to a

strong society where they stand up together in order help each other in their daily struggles to negotiating power, powerlessness and transcending ethnic boundaries (Adams, Gullotta and Montemayor, 1992).

The historical background of Zimbabwe is grounded in migration, locally and 'globally' and this has had a profound effect on the construction of women's identities over time and historically, in relation to colonial and post-colonial experiences. Ndebele women's identities provide a theoretical insight into how women are positioned and constructed by others. Women's experiences of labia elongation as girls prior to leaving Zimbabwe for the United Kingdom and those who stayed in Zimbabwe provided lenses for understanding Ndebele women's shifting identities as transnational or diasporic communities.

Geographical locations of where women lived and spaces where they learnt and practiced elongation are important features that are attached to themes of this inquiry. Individuals construct themselves and are constructed by others in places and spaces; in moment, over time and retrospectively. Hence social, political and economic as well as geographical circumstances have a connection with formation or deconstruction of identities. Whilst connecting women with geographical locations of their origins may give them a sense of identity and pride, it raises complications when assessing how the Ndebele women negotiate their identities in relation to labia elongation. Elongated labia minora within the Ndebele culture defined a woman's social status from being a child into a respectable woman of her society, family and ethnic group.

1.4 Contribution to knowledge

The value of this research study lies especially in its empirical originality. Until recently very little research has been carried out about labia elongation and its role in identity construction in academic scholarship in Southern Africa, and Zimbabwe in particular. The voices of the women who have performed labia elongation have never been included in the research carried out so far, and if they were, women have been mostly perceived as violated or victims of the practice (Manabe, 2010). Research on labia elongation has mostly been carried out by outsiders who have little knowledge about the 'cultural' meaning and concepts of labia elongation (Arnfred, 2004; Denniston, et al., 2006; Koster and Price, 2008; Villa and Gallo, 2006).

This research is a significant contribution to literature and academic scholarship of Ndebele women's complex identities by a Ndebele woman. Women's accounts of labia elongation are essential in order to learn about their personal, experiential and emotional contributions, yet have never been included in published research on this subject. Academic debates by some scholars and academics have helped to produce 'silence' among African women regarding, sexual pleasure or lack of sexual pleasure and labia

elongation into public discourses (Morgan and Wieringa, 2005; Timale, 2011). Sexual pleasure like elongated labia minora is attached to beauty which is mostly learned collectively and in private spaces that are generally inhabited by women (Gilman, 1985; Mustafa, 2009).

The research study is an attempt to engage in a dialogue and the “practice of conversation” with the Ndebele women and particularly those who practise labia elongation in order to break the ‘silence’ over the practice (Spivak, 1994:66). Recently Khau confirmed that there is

Apparent silence on labia elongation and its effects of female sexual desire and pleasure... there is little raised on labia elongation in the construction of female sexual identity in Africa, specifically in relation to sexual pleasure and desire among women (Khau, 2009:32).

This research enables women to reclaim their space as a “collective group and talk” (Spivak, 1994) about labia elongation, a subject that has been considered a taboo in both academic research. The strength of this research lies in situating myself as a research subject via auto-ethnography in order to understand my own shifting identities, and relate them to other women’s experiences of labia elongation.

A significant contribution of this research is analysis of shifting identities of the participants within the context of labia elongation. The theories that are explored contribute to locating labia elongation as a ritual and establishing its significance in constructing women’s identities. Further, experiences of women who have been “marginalised by patriarchy, colonialism and imperialism are seen as powerful and positive” (hooks, 1997:56): Hence many years of silence about labia elongation have been caused by misrepresentation and misinterpretation of the reasons for labia elongation which this research study aims to unveil and consequently contribute to academic scholarship.

1.5 Is labia elongation vaginal ‘mutilation’?

This part of the chapter focuses on the definition of labia elongation as it is juxtaposed or framed within the broader context of Female Genital Mutilation. Vaginal modifications vary from one community to another (Abu-Sahlieh, 1994; Dorkenoo, 2007; Gallo, Villa and Pagani, 2006; Kanogo, 2005; Manena, 2008; Saadawi, 2002). ‘Female Genital Mutilation’ refers to all “procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons” (World Health Organisation, 2013, also see Appendix 1:1). Types I, II and III have a profound vaginal alteration, cutting the genital parts and clitoris which can reduce sexual pleasure or in the case of Type III can make ‘vaginal sex’ difficult (Johansen, 2006; Momoh, 2006). Does labia elongation intentionally harm, alter or injure female genital organs even if the

procedure is not done for non-medical reasons?

Bagnol and Mariano (2008:1) argue that classifying labia elongation as 'FGM' demands the "need to rethink the discourses of sexuality". They further point out that the definition of labia elongation is better perceived from the perspectives of the women who practise it. Manena (2008) suggests that even if labia elongation changes the natural shape of the genitalia, this physical change does not reduce the sexual feelings and desires of a woman. Abu-Sahlieh (1994) argues that 'cutting' [rather than elongation] which is done to preserve virginity and chastity denies women sexual pleasure and makes them viewed as permanent sacrificial beings.

In their research about the connection between labia elongation and HIV, Etyang and Natukunda (2005) argues that a research that was carried out by Batwala, a senior gynaecologist in Uganda showed that there was no evidence to substantiate that women who elongated their labia minora are more sexually active or are exposed to high risks of HIV infection. Kanchese (2007), a medical specialist, notes that labia elongation is a health risk that can lead to poor genitor-urinary health, particularly if 'dirty' hands are used to stroke the labia during foreplay. She further argues that elongated labia minora could be a "breeding ground for micro-organisms because labia minora fold and form warm pockets where bacteria thrive" (Kanchese, 2007: 273).

It is hard to grasp Kanchese's knowledge of labia elongation and to assess the circumstances that motivated her to write about labia elongation. Poor hygienic conditions can be avoided by washing hands and the genitalia. Bagnol and Mariano (2009) point out that, girls or young women in Mozambique are taught to look after bodies and keep a 'pot' of water so as to wash their genitalia after sex. Kanchese (2007:274) further states that labia elongation is not classed as 'FGM' because "no instruments" are used to facilitate the procedure except for "one's fingers": However, she argues that labia elongation is a "forced" practice, without stating how she arrives at that conclusion. Basing her conclusions on lack of choices, adequate information and full understanding about labia elongation among the Basotho girls and women, Khau (2009) argues that the practice is violence against women.

Labia elongation can be said to violate and control women's rights if the girl or woman does not consent to performing the practice (Jeater, 2000; Khau, 2009). The legal and human rights implications attached to labia elongation are explored by Mwenda (2006:346), who states that the practice violates women's rights if it "offends public policy and not repugnant to natural justice, good conscience and equity". Mwenda's stance is that African Customary Law is a "legal instrument that legalises the norms of a particular [African] society and labia elongation would offend that legal instrument if women were coerced to perform the practice". Apparently, Mwenda's concern is that practices that are

right for Africans are measured against 'Western values and standards' (2006:346).

The controversy of engaging young girls in labia elongation who later emigrate to diasporic communities is observed by Paalbeg and Weijenborg (2008). They raise concerns about medical and ethical implications of labia reduction and the dilemmas faced by gynaecological surgeons who perform 'operations' after observing an increase in the number of women who have requested labia reduction. In United Kingdom legal reduction of 'sagging' body parts is supported by the Department of Health when:

Carried out by a surgeon with relevant skills and experience in an establishment registered with the health care commission (Department of Health, 2007:1).

Labia plasty or "designer vagina" involves reduction of the inner labia [minora] and the outer labia [majora] (Liao and Creighton, 2007:1090). The process which takes about an hour is done under local anaesthetic. In United Kingdom, a medical practitioner who performs or assists the performance of the practice faces a sentence of five to fourteen years (Female Genital Mutilation Act, 2003).

1.6 Thesis Structure

There are nine chapters in this thesis. After the Introduction, Chapter Two evaluates the works of the scholars that have written extensively on labia elongation in Zimbabwe and other sub-Saharan African countries. The chapter highlights the gaps in the literature regarding labia elongation and how the available literature has influenced this research. This chapter further examines the theoretical framework upon which this thesis is constructed. This framework draws upon the works of cultural/social, psychological and political formation of identities. Finally, the chapter states the research questions as a guidance of the contents of this research as well as its objectives.

Chapter Three examines the processes of producing data in this thesis. It reviews my experiences of using qualitative research methods and ethnographies in accessing data about the women's experiences of labia elongation. The chapter discusses how language became an important element in the choice of the sample, the interview process as well as data analysis. Ethical dilemmas that prevailed during the study, successes and challenges that I went through and dealing with those challenges are further explored. Throughout the chapter, I reflect upon my insider/outsider status and my role as a researcher.

Chapter Four gives an in-depth portrait of the sample of women who took part in the research. It outlines their demographic and social characteristics and draws attention to the similarities and differences in the samples drawn from each geographic location; Stoke on Trent, Bulawayo and Makulela. This will enable the reader to contextualise the participants in the following chapters where they give personal accounts of their

experiences. The following four chapters present the research findings.

Chapter Five lays a foundation in discussing the processes of labia elongation by considering the use of materials to assist in elongating labia minora, ages and the times at which the girls elongated their labia minora. This chapter weaves the way of learning about labia elongation into three categories of 'traditional', 'non-traditional' and mixed ways of learning.

Chapter Six focuses on educators or people who influenced the girls to elongate their labia minora. The chapter analyses changes in the social and economic climate of Zimbabwe which consequently lead to disintegration of some families. As a result, children accessed information regarding labia elongation education from colleagues at the boarding schools and other girls and women in the community.

Chapter Seven explores spaces where women discuss important matters in their lives including labia elongation. The chapter indicates how places such as the church, the well, the markets and gardens were important spaces of sharing information about community matters including labia elongation. The purpose of this chapter is to examine how spaces are important in defining and formation of gender and sexual identities.

Chapter Eight is divided into two parts: The first part analyses explanations for labia elongation. Whilst there were many possible reasons for labia elongation; it seems the main reasons were that the practice is a rite of passage from being a girl to a woman. The second part of the chapter focuses women's attitudes towards labia elongation which were influenced by the girls' interaction with the peers, community and other environmental factors such as religion, education and the media.

Chapter Nine, the conclusion, evaluates the extent to which the aims and objectives of this study were addressed and places the findings in a wider theoretical context. It ties in labia elongation with its role in formation of identities from being a girl to a woman.

Chapter 2: Literature Review

2.1 Introduction

There are three main sections in this chapter. The first examines existing literature of the topic of labia elongation in Southern Africa, moving from the wider geographical area of sub-Saharan Africa to a closer focus on Zimbabwe itself. This is followed by a discussion of literature relating to the key concepts used in the thesis which provide a conceptual framework for the analysis. Finally the research questions addressed by the thesis are identified.

The main aim of this research is to explore how labia elongation contributes to the construction of Ndebele women's identities and provides a marker of their transition from being 'girls' to being 'women'. This chapter seeks first; to explore literature regarding labia elongation and identify the major gaps in existing literature regarding the contribution of the practice to women's sexual and gendered identities. There is very little literature on positive discourses of labia elongation or practices that were done by 'African' women in Zimbabwe pre and post-colonial and Matabeleland in particular. Acknowledging existence of traditional practices which were seen as deviation from Christianity created controversy and misunderstanding in society (Epprecht, 2008; Jeater, 2000; McClintock, 1995). The missionaries' and colonialists' motivation was to 'civilise Africans'. Literature explored, includes historical (Jeater, 2000 and Nyathi, 2005), anthropological (La Fontaine, 1986), psychological (Manabe, 2010) as well as medical sources (Williams, 1969 and Gelfand, 1973).

Observing labia elongation from a medical point view is problematic because the practice is subject to scientific gaze rather than viewed as a cultural practice which is important in the 'growth' of a girl into a woman. Khau (2009:32), in her research carried out in Lesotho observes that there is scarcity of literature regarding labia elongation specifically in relation to sexual pleasure and desire among African women. Despite the significant growth of literature on women's sexuality over the past decades, very little attention has been given to the role of elongated labia minora in the construction of female sexual identities among the Ndebele women of Zimbabwe.

Arnfred (2004) criticises Western notions of thinking, which are products of patriarchy, imperialism and colonialism for silence over African women's sexualities and calls for "conceptual deconstructing" to challenge "The tales of African Sexuality". She blames 'Western women's tales' for the silence over African's sexuality (Arnfred, 2004:73). Despite this awareness, she concurs with Kendal's (1999) analysis of Basotho women's perception of sexuality. Arnfred (2004) argues that Basotho women denied the existence

of lesbianism that was observed from female affection and intimacy and defined penetration by a male penis as their sexuality. Whilst the intention of feminist research is to allow women to have a voice about their sexual identities, implying that women's attitude was an example of silenced gendered and sexual identities particularly for "same sex" relationships which were considered to be unnatural is denying them the voice to speak out about their sexualities and identities in particular.

McFadden (1992) argues that the gap created by feminist thinking appears distant and irrelevant from the experiences of the women living in the diaspora, the rural areas and the cities of Zimbabwe. Acknowledging that certain cultures exist and that women who live or originate from the post-colonial political systems that are a product of imperialism, colonialism, and patriarchy appear to be a point of departure that encourages women to speak about their womanhood. Vambe (2009:1) a Zimbabwean scholar argues that the idea of "African reality" is an artificially constructed "truth" that portrays the identity of Africans as the marginal other, an inferior race the coloniser came to redeem and protect from self-destruction.

In the 1990s and early 2000s there was an expansion of research on labia elongation in Southern African Countries such as Mozambique, (Arnfred, 2011, 2004; Bagnol and Mariano, 2008) Uganda (Denniston, et al., 2006; Tamale, 2005, 2011) Malawi (Gallo, Villa and Pagani, 2006; Villa and Gallo, 2006) Rwanda (Koster and Price 2008). Other scholars have explored silence that has prevailed over African women's sexuality, within the broad context of HIV and AIDS (Bagnol, 2011; Chinouya, 2007; McFadden, 1992): This body of literature has contributed to the growth in literature that relates to sexualities but does not explore labia elongation or women's experiences of the practice. Identities are constructed over time and space and in particular places, but the literature looked at does not explore the significance of the spaces of learning how to be a 'woman' (Chapter 7).

The second section explores theories including initiation, rituals and rites of passage which are essential in the social, cultural and psychological transformation of a girl to a woman in a number of African contexts but do not include the women's experiences of the practice. Where women took part in the research, they are part of the research data rather than co-producers of the thesis (Bagnol and Mariano, 2011). The fact that there is no existing literature regarding Ndebele customs and practices, particularly on labia elongation, has left me with little choice but to borrow ideas from other African and Western scholars whose work is relevant to this research but based on other African women's experiences.

The implication of the assumption that existing literature can be applied to all African women's experiences of labia elongation is racist. It implies that all African women did the same thing for the same reason and this has not been confirmed. I am aware that African

women are not a homogeneous social group, but there is no material on the Zimbabwean Ndebele women concerning labia elongation. By adopting theories put forward by Black women in the diaspora, 'Third World' scholars and African women, my focus remains on the experiences of the women this thesis aims to explore, the women of Matabeleland in Zimbabwe and their personal contact with labia elongation.

Showing a common struggle by Black people in Africa and Africans in the diaspora, Zeleza (2007) argues that constructions and condemnations in the vocabulary were used to depict the otherness of Africa, African-Americans and Africans in Europe. However, more recently, the geographical, historical and cultural boundaries within which Africa was constructed have shifted and discourses are embraced within the contemporary meaning of Africa (Zeleza, 2007). Use of Africa/African in this thesis indicates shared values and a sense of community rather than perpetuation of negative stereotypes (Tamale, 2011).

McFadden (1992), a Southern African scholar who has written extensively about sexual politics in Zimbabwe, states that women have different perceptions and perspectives of sex and sexual politics. Each society determines how they control and reconstruct their bodies. Generally women enhance or reconstruct their bodies in a variety of ways either to fit in, succumb to existing social pressure or to rejuvenate their bodies. Feminists have never agreed about the concepts of womanhood because women have different accounts and experiences as women (Hull, Scott and Smith, 2002). Different definitions and concepts of femininity bring out different concepts of womanhood and the varied experiences of sex, sexual practices and sexuality. This research is an attempt to harmonise different and similar perceptions of labia elongation in order to assess its essence in defining how a girl becomes a woman among the Ndebele.

2.2 Labia Elongation in sub-Saharan Africa

In Mozambique elongated labia minora empowered girls and women as well as enhanced their physical and sexual attractions (Bagnol and Mariano, 2011; 2009; 2008). The elongated labia minora which showed the difference between a girl and a fully initiated woman, were used to "close the hole" in order to make it impossible for sexual intercourse to take place if a woman was unhappy with her sexual partner or was at risk of being raped (Bagnol and Mariano, 2009). Their informants stated that elongated labia minora protected the vagina and were a:

Woman's defence against men's sexual aggression...when there is a quarrel among the couple, the labia does not open, therefore the penetration for sexual intercourse became difficult (Bagnol and Mariano, 2009:5).

Girls or women who did not have elongated labia were vulnerable to rape, and needed

elongated labia minora to close and consequently protect their vaginas. They further state that another purpose for elongated labia minora was for personal hygiene and care during the women's menstruation cycle. From their research Bagnol and Mariano's (2009) mentioned that labia minora worked like sanitary tampons by closing the vaginal orifice during menstruation.

Another study carried out by Chapman (2010:14) in Mozambique shows that a woman who did not have her labia minora elongated was humiliated and regarded as 'not formed', 'unsocialised' and 'unsociable'. Women were educated about the practice as a way of socialising them into womanhood and adulthood. To avoid seeing their daughter being embarrassed in the community, an older woman would forcibly, elongate the labia minora of a 'stubborn' girl (Chapman, 2010:14). While this act could be seen as violating the woman's rights and bodily integrity, Chapman justifies it as beneficial to both the girl and her family since it made them respectable members of the community, a view that she shares with Manabe (2010).

In their research among women in Rwanda, Koster and Prince (2008) assert that labia elongation is a platform for women to discuss topics about intimate issues such as sexuality and sexual pleasure within the discourses of African womanhood. In her research carried out among the Buganda of Uganda, Tamale (2005) asserts that it was the responsibility of the *ssenga*, the paternal, aunt to educate girls about labia elongation. The aunt's role extended to making sure her nieces became 'good' and subservient wives who gave their husbands [sexual] pleasure (Tamale, 2005:24). Tamale's concern is that despite the lessons on sex education, some women suffer domestic violence, sexual and emotional abuse. Whilst a woman is expected to be "mute" and pleasing to her "hostile" husband, her efforts are not reciprocated (Tamale, 2005:25). Experiences of women's abuse by their husbands and sexual partners is widespread in Zimbabwe where women, in most cases would have been prepared to be good and pleasing wives by elongating their labia minora (Marsh et al, 2009).

In relating labia elongation to 'same sex' relationships, Morgan and Wieringa (2005:289) argue that labia elongation is a "homo-erotic play". Their 'evidence' is based on a report by traditional healer who was interviewed by Bagnol and Mariano (2011);

With the passage of time, they [girls] get excited and end up seducing each other and having sexual relations.... without their parents knowing. ... In a place where women do not have contact with men, one of them may ask the other to help out... and this may be kept a secret (Morgan and Wieringa, 2005:289-290).

In light of the above statement, Morgan and Wieringa (2005) endeavoured to explore the extent to which labia elongation played a part in construction of same sex practices among

women and girls but raise contradictions. Firstly, by the time girls became women they were supposed to have elongated their labia minora; therefore it is not clear how the authors concluded that women could ask each other to continue with the elongation process. Also, by the time they were married, women should have elongated their labia minora. This suggests that at that stage elongating each other's labia minora was not necessary to do with other women.

Secondly, the two authors argue that girls who were caught giving each other pleasure were severely punished because the practice was a "girl's initiation rite and a collective process which was meant for heterosexual pleasure" yet there seems to be no punishment meted out to women who "helped each other to reach orgasm if they did not get satisfaction from their husbands or sexual partners" (Morgan and Wieringa, 2005:290). However, they confirm that even if women gave each other orgasm they did not develop same sex relationships. Lastly, if giving each other pleasure was meant to enhance sexual desire as part of heterosexual identity construction, the women or girls should not have done it secretly, it should have been a shared practice and part of 'girl talk' that helped to strengthen their sexual identities. Morgan and Wieringa's theory raises academic concerns in that they substantiate a theory based on another researcher's report and without investigating it fully.

2.3 Labia elongation in Zimbabwe

Despite the widespread existence of labia elongation among the Zimbabwean women, it was not until 1969 that Williams, a medical practitioner published his research study carried out among the Shona of Mberengwa on labia elongation. The study showed that girls learned how to elongate their labia minora from their older cousins and neighbours (Williams, 1969). This usually occurred when the girls first showed signs of puberty or on their menarche, that is first menstruation. Williams believed that elongated labia minora enhanced sexual gratification for the man and woman, a stance which was disputed by another medical practitioner (Gelfand, 1973a).

In an article that Gelfand (1973b) wrote about a pregnant woman he treated at his clinic, he regarded the value attached to labia elongation and sexual pleasure as "psychological". The woman he examined had complained of swelling feet and legs which were "grossly enlarged and elephantoid in size" (1973b:101). The 'gravity' of the visual image of the elongated labia minora is further reinforced by the picture featured in the article where Gelfand endeavoured to highlight that the swelling extended to the woman's vulva and the external genitalia (Appendix 2:1). He reported that all medical tests and explanation for the enlargement of

This [swelling] could be due to interference with the lymphatic as a result

of earlier manipulation [the woman with the assistance of other girls had elongated her labia at the age of eleven] and with the onset of her pregnancy, her lymph or blood supply to these parts had become increased (Gelfand, 1973b:101).

The advanced stage of pregnancy could have caused the woman's body parts to swell. Thus it is necessary to consider the context within which the study was done. It is highly problematic to validate the research that was done in colonial (Rhodesia) Zimbabwe bearing in mind the political situation that discriminated 'Africans' and placed them as objects of medical and anthropological 'gaze'.

Nyathi's (2005:120) research is based on *Nholo we mwizana* [the horns of a sheep] a customary practice that was done by the Kalanga people in order to "allow the father, as head of the family and homestead, to have sex with his son's bride on the couple's wedding night". *Sunday News* (1999) published that the controversy over the practice *Nholo we mwizana* came to be known by the Zimbabwe public when a woman of Nguni ethnicity who was not familiar with the custom was traumatised by her father-in-law's demands to have sex with her. Fearing for her life and of being raped by her father-in-law, the young bride set on fire the house where her father-in-law was living and he died.

Although Nyathi does not make a full investigation into labia elongation, he points out that *nholo we mwizana*, 'the horns of a sheep' "was practised in order to test whether the daughter-in-law had 'pulled' [elongated] her labia minora, which were believed to stimulate the husband during sexual intercourse" (Nyathi, 2005:120). The father-in-law had a duty to 'find out' if his daughter-in-law had performed the practice because it was his responsibility to pay lobolo. A girl who did not have her labia minora elongated was put to shame by having hornless cows or sheep as payment for bride price, lobolo, as suggested by the name of the customary practice (Nyathi, 2005:120).

Jeater (2000:36) in her research among the women of Gweru in Zimbabwe informs us that girls were taught about labia elongation as part of "extensive sex education". Jeater's concern is that young girls are given false explanations for elongating their labia minora. She mentions the positive role and contribution of labia elongation to the construction of women's identities but does not include the voices of the women who went through the practice: This leaves a major gap in the literature and generation of theory on how labia elongation relates to woman's identities in the contexts in which it is practised.

Researches carried out by Mabuwa (1993) and Shoko (2009) among the VaRemba women of Mberengwa in Zimbabwe shows that the mother started elongating the labia minora of an infant and continued until the girl reached puberty. Stringent measures, which were reinforced by discouraging inter-ethnic marriages with neighbouring groups, were taken to ensure that secrets of the VaRemba were not divulged to 'strangers' (Shoko,

2009:3). While these two writers argue that elongated labia minora were important for the husband's enjoyment, a report written by Marsh, Kenny and Maquel (2009:12) aligns labia elongation with "gender based violence" in Zimbabwe and "harmful traditional practices". It is not clear how Marsh, Kenny and Maquel came to this conclusion because they do not indicate the risks that are posed by elongating one's labia minora or having elongated labia minora. In fact, from their research, violence or unhappiness occurred in marriages if a woman had not elongated her labia minora. Their participants reported that "a man wants to touch something, if there is nothing, and then there is a problem" (Marsh, Kenny and Maquel, 2009:12). The gaps observed here are women's voices regarding that 'problem' and the man's perspective on why they became violent if a woman did not have elongated labia minora.

A Western scholar, Janssen (2002) argues that mothers among the VaRemba of Mberengwa pulled the labia minora of an infant soon after birth. Janssen (2002) places emphasis on the involvement of a responsible adult or person such as mothers and older friends in teaching girls shortly before 'peripubertal' stage. She concurs with Shoko (2009) and Mabuwa (1993) that the 'teachers' of labia elongation reinforced privacy or semi-privacy and ensured that procedures were carried out properly. Janssen (2002:2) regards labia elongation as a 'compulsory' and cosmetic alteration which contributes to a woman's social significance, "attractiveness and sexual identity".

In a research study carried out among the Venda of the Limpopo, Manabe, (2010) points out that labia elongation is called *kukwevha* or *sungwi*. The term is similar to *kukweba* (elongation) which is used by the Bakwa and the Kalanga of Zimbabwe indicating a similarity in the language that us used to define labia elongation. Manabe views the practice as an "appetiser" that harnesses "men into fulfilling relationships" (Manabe, 2010:26). Manabe (2010:26) emphasises that women who do not perform the practice are coerced by referring to them by names that belittle them such as "master-mistress" suggesting that they were used to provide sexual intercourse and not marriage. However, women with elongated labia minora were respected in their community because they kept their men at home and marriages together.

2.4 Contextualising Labia Elongation

Despite the varying degrees and explanations provided by both Zimbabwe and other African scholars of labia elongation, the authors have portrayed that each community undertook different procedures of labia elongation so as to prepare the girl for the next development and stage of her life. Labia elongation is a vaginal alteration that involves, "stretching" and manipulating the labia minora and contributes to the girls' sex education (Manderson, 2012:32). Whilst initiation transforms the identity of the uninitiated into

initiated, a young girl who goes through labia elongation does not celebrate the process (Manabe, 2010). In fact, at the start of menstruation, the girl's physical stage of growth is transformed to another stage of life (Shoko, 2009). She could get pregnant if she has sexual intercourse without preventative measures (Bryant, 1983). After undergoing labia elongation, young girls continue to play as normal and no particular reference is made to the modification of their genitalia; often, the practice is kept a 'secret' (Shoko, 2009).

Although Shoko (2009) does not give us the reasons for keeping labia elongation a secret, Mwenda (2006:346) explains that among the Bemba women of Zambia labia elongation is "shrouded in a mystery and encoded secrecy" because talking about "sex and sexuality in public discourses is a taboo". Like Manabe (2010) Mwenda points out that if a woman gives greater sexual satisfaction to her man, she is "ensured to keep him at home" (Mwenda, 2006:351). Labia elongation and issues concerning sex and sexuality among the Ndebele, and other ethnic groups in Zimbabwe were not discussed in public spheres; they were discussed in gendered initiation ceremonies or forums such as 'Enkundleni/Padare' (Chinouya and Davidson, 2003). However, keeping rituals a secret leaves the outsiders, to analyse or interpret rituals from their own perspectives. The next part of this chapter discusses theoretical framework in order to examine various ways of identity formation, of which labia elongation plays a part.

2.5 Conceptual Framework

This section explores the theoretical perspectives which have emerged from the literature and indicates ways in which this research is informed by, and contributes to the literature. Key emerging theories from the literature underpin the development of the research questions and the interpretation of the data. These key theories include: the concepts of identity, of gender and power, of culture and of women and the body. These theories are intertwined since this work explores both the practice and women's responses to labia elongation, in context which is in relation to cultural practices. Gender and power relates to issues of control of women's bodies whether imposed by others and refused or found problematic by the women, or embraced and conducted by the women themselves. These practices and responses in turn relate to the identities which are bound up with elements of the practice and the silence maintained by women around it.

Concepts of identity are central to an evaluation of how women make sense of elongated labia minora and I explore stories about the formation of women's identities, social, psychological and political. It is important to consider the dual aspects of individual autonomy and agency on one hand and construction by dominant social norms and agencies on the other (Lawler 2014:7-9). First, I consider the reconstruction of the self and others. Breakwell and Lyons (1996:37), social psychologists in the United Kingdom, assert

that individuals and groups recall events that describe their personal identities as unique, competent, distinctive and in terms of self-efficacy.

Since identities are embedded in a 'social fabric' (Hekman, 2004: 2), in terms of the embedded, traditional practice of labia elongation, some older women may think about labia elongation as a positive action, while in their endeavour to be part of a community and 'group identity' some women might try to revive the practice or ensure its continuity (Breakwell and Lyons, 1996:37). 'Group identity' is constructed in and from a cultural context, over time. Understanding practices as important to a particular community, in a cultural context is important when considering influences on decisions to maintain practices or challenge them. The practice of labia elongation is culturally constructed. I will use data generated by discussing women's life histories and experiences of labia elongation to examine this further.

The dilemma that might be faced by some mothers who underwent labia elongation is that they might want their daughters to elongate their labia minora so that they pass the practice on as a tradition and share memories and experiences. However, a 'group identity' of these mothers can feel threatened if the values for a practice they regard as important are challenged especially by young women who do not know the value of the practice. Whilst the capacity to share memories and experiences is important in reconstructing the "self and identity" (Breakwell and Lyons, 1996:36), embracing the existence or continuation of labia elongation may be met with criticisms where women have choices and priorities such as marriages and feeding children respectively. This illustrates the importance of investigating the role of culture in the formation of identities as the traditions are specific to the histories of the people involved.

Perspectives from psychology are important here, for example in the work of Stern (1985:21) who points out that a sense of self is not a cognitive construct; it is an experiential integration which is taught via maternal roles at early infancy in order to construct sexual identities. He further argues that a core sense of self is established as a result of separate networks of repeated experiences of becoming integrated; the desired goals are "belonging and connectedness to the entire family network" (p. 22). Thus past cultural traditions are communicated to individuals at a personal level within families.

Once located in a family, a woman is "constructed and defined within and by the group she belongs to" (Nfa-Abbenyi, 1997:18). By being part of a group the woman moves from the 'personal self' to a group where she attains 'political significance' (Asante, 1987:105-106). For example, in some parts of Matabeleland older women would have a little round crown [*icholo*], like portion on their hair as a symbol of marriage; just like wearing a wedding ring to signify commitment to one's matrimonial vows and to ascertain her identity as a married woman. Elongation of the labia minora can be defined as an unseen version

of such symbols of women's identity and so have importance among the group identity. In this context, the dilemma that might be faced by women and mothers who underwent labia elongation is that they might want their daughters to elongate their labia minora like them and yet those daughters might not feel like being part of that community in such a manner. It is clear then that group identity is central to an understanding of Ndebele women's identities and it is important to recognise labia elongation as a practice that women did together both as a group and to make it clear to themselves and others that they had control over their sexuality. Amadiume (2010:2) argues that in ancient matriarchy women "reconfigured their sexuality through collective ritual control" and had sex when they wanted to. Collective or group identity (Amadiume, 2010; 1998; 1987) is acquired via "relational rules" (Breakwell and Lyons, 1996:17). Relational rules and practices among women, as well as the interpretation of and value accorded to such practices, differ in different contexts. In this case under study, the practices relate to control over women's sexuality and identity: in the cultural context of Ndebele women, which is the focus of this research, labia elongation enabled women to relate to a group, in order to gain a positive awareness of their identities and beliefs.

The power of the free mind enables the woman to identify herself in relation to the larger group which brings a sense of accountability to her significant others and making her feel 'fully human' as she realises her larger self and a sense of belonging (Asante, 1987:185). This research explores the interaction of group and individual constructions of identity through the practice of labia elongation. In this cultural context, women did and do not live in isolation: they are and were part of a collective group, 'the 'margin' where women had control and protected one another (hooks, 2000); they helped each other to look after their homes, deal with everyday problems and perform practices that they felt defined them as a collective group of women, and labia elongation is such a practice. However, although matrilineal societies placed emphasis on "gender power dynamics and the collective power of women" (Arnfred, 2005:12), they are not completely free from male dominance. Gender and power is therefore a key feature of self-identity and is the second major set of concepts which this research addresses. According to Göettner-Abendroth (2003) this collectivity is synonymous with 'modern matriarchy', also expressed as the 'centre' (hooks, 2000) and 'womanism' (oriented towards all women, rather than a politicised feminism) (Walker, 1983). It is argued that in terms of the theories of the centre and of womanism, collectivity and modern matriarchy challenge capitalism and patriarchal dominance since these produce fragmented individuals and less cohesive groups of women, "who have more individual choices and freedom, but less collective power" (Amadiume, 2010:2). At the heart of concepts of gender and power lies the issue of masculinity which underpins notions of patriarchy. As Connell (1987) points out, patriarchy is not monolithic but includes

three sets of social dynamics, (a) relationships of domination and subordination between men, including those built on 'race', sexuality and colonial power, (b) relationships between men and women and (c) relationships between women. All three of these dynamics are important to my analysis of labia elongation amongst Ndebele women. Men's roles are a key context in which the practice takes place, even where apparently 'hidden'.

The very need/choice to hide the practice suggests its subversive character and the need for it to be protected. Relationships between men and women are included as issues in my small number of interviews with men about their understandings and knowledge of the practice. However, most attention is paid to relationships between women as I investigate in detail the hitherto unresearched process by which the practice is handed on between generations and is shared by the young women who are undergoing the process. Remaining silent about the process and deciding to reject or retain the process are all related to issues of choice, power, gender and group identity.

I am particularly interested in which ways the practice challenges male privilege, since in the current patriarchal systems, including those in Zimbabwe, men have power physically and sexually (hooks, 2000). A useful approach is put forward by Collins (1991) who argues that 'modern' patriarchy works together with capitalism in order to destroy the community spirit and a 'sense of Africanness'. 'Modern' sex power is related to class power which is a product of colonialism. Historically, this is important in relation to women and group identity as set in and against the context of patriarchy in Zimbabwe. Whilst the Ndebele are not a matriarchal society, prior to colonialism there were influential women with high political positions (Clarke and Nyathi, 2010; Coquery-Vidrovitch, 2005; 1997).

Thinking of the Ndebele people as matriarchies could suggest that men and women lived in harmony: however, this has been criticised as 'ennobling lie' and 'Utopian golden age before the onset of patriarchy' (Eller, 2001; Marler, 2006). This research explores the contemporary relevance of these contrasting points of view and the situation of women choosing to reject or retain the practice of labia elongation in relation to their individual or group identities, as women in a still largely patriarchal context.

A third interlocking strand is the influence of culture on the practice of labia elongation. The Ndebele people and women in particular were part of the on-going socio-economic and political struggles and the bringing of 'civilisation' which was imposed by the colonial regime and reinforced by African patriarchy. Civilisation as understood by the colonial regime changed relationships which operated successfully during pre-colonial times emphasising the importance of women's economic independence but maintaining or increasing the power of patriarchy at the same time.

Living as individuals in a world where women strive for economic independence can actually contribute to women's vulnerability to male dominance, sexual exploitation and

domestic violence (hooks, 2000). Pre-colonial studies 'ignored or misunderstood' the vital role that was played by women in traditional agriculture as productive and their reproductive roles as mothers (Mazarire, 2003: 35). For example, Lozikeyi Dlodlo, one of the Ndebele King Lobengula's wives, was consulted by the chiefs on the political matters of the Ndebele because she was "considered as a woman of importance" (Clarke and Nyathi, 2010: 318). Even if women were not allowed to occupy public political spheres, men's hierarchies and legitimate claims in politics were defined by the identities of their mothers (Mazarire, 2003:35-37).

But despite their contribution to society, women's identities continued to be exploited by colonial patriarchs. In exploring the possibility that Ndebele women can be seen as matriarchs, this research is an attempt to challenge stereotypical, ostensibly eternal, fixed limits that represent the situations of Black women (Birnbaum, 2001; 2000; Gustafson, 2009; Rigoglioso, 2006). It endeavours to embrace terms that are meant to 'celebrate Black femininity' in an attempt to answer the research question (Benko, 2004). Donovan (2006) points out that,

rather focusing on the masculine guidelines and definitions of a woman who seductively dances for a man rather than "dance in her own dance", the public would stand a chance of knowing that a Black woman represents feminine maturity, humanity with earth, a mother who looks for herbal remedies to cure ailment for the children and an anchor for the whole family including ensuring her daughter and other girls in the family adhere to the community's definition of a positive image (Donovan, 2006:45).

Donovan (2006) asserts that mainstream theories assume that women's subordination had not been a central issue of political thinking and that women's positions are marginal if they are only considered to be men's helpers. This imagery portrays women as morally unstable, providers of male sexual pleasure, reproductive beings and carers of the children.

These concepts of gender and power exercised in the context of a specific cultural formation are brought together in a major aspect of identity formation, the social and psychological formation of gender and sexual identities in the process of becoming male or female in the passage from childhood, to adolescence and into manhood or womanhood. Van Gennep's (2004: 65) sets out three stages (separation, transition and incorporation) of social cooperation which connect the psychological well-being of an individual and the entire community through acquiring and shaping these new identities. Bell (1997) emphasises that these stages contribute to the stability of social identities and roles.

The cultural specificity of these transformations is emphasised by Crapanzano (1985) who

argues that the three stages are “not universal” as each society has its own social norms and values. His argument is based on a case study of Morocco, where after circumcision at infancy, a male child is not separated or placed in a new social role; he re-joins society, continues to be nursed and no particular reference is made to the modified genital. The perspectives of both authors can be adopted to look at how labia elongation transforms a girl into a woman. A girl is ‘separated’ psychologically or physically when elongating her labia minora in privacy before she menstruates.

Girls then ‘transcend’ into the next stage of their life where they learn about womanhood ‘traditionally’ or ‘non-traditionally’ from relatives and the community. They ‘relate’ elongated labia minora to womanhood when they hear other women speak about the practice, and finally ‘comprehend’ the use of elongated labia minora when they engage in a sexual relationship with a man who knows about the practice. However, disappointments arise if the girl meets a man who does not know about the role of elongated labia minora during foreplay and if a girl was never taught much about the practice.

In exploring the literature about the practice, it is clear that there are also examples from Africa which can be compared with the findings from this research study. Often, understanding about and theorisation of the practice are shrouded in silence because they are local and embedded cultural practices which those involved feel do not need explanations. Focusing on the Bemba of Zambia, La Fontaine (1986:11) emphasises that formation of a new identity and entry into adolescence or maturity requires the “organised co-operation of individuals and leaders in a community”. Instead of being open about the reasons for labia elongation, quite often, adults do not tolerate questions that are asked for carrying out what they feel is ‘obligatory’ (La Fontaine, 1986:11). For example, Jeater (2000) explains that in the rural areas of Gweru, girls were not told the reasons for labia elongation because they learned about the practice when they were young. Evidently, this study indicated that girls elongated their labia minora between the ages of eight and fourteen (Appendix 3:1)

Practices that are linked to the genitalia like labia elongation are ‘complex’ and “implicit for those who perform it” (La Fontaine, 1986:12). However, those who take part in the processes (girls) are considered significant as are those who lead in “guiding, initiation or teaching it” (aunts) (La Fontaine (1986:11). Stating how initiation (teaching) of girls defined their gender identity and sexual identities, Arnfred (2004:47) argues that “womanhood was a long process”, which started from an early age until the woman was mature and married. Thus an important concept which links gender, power and culture is that of ritual. This is especially so in Zimbabwe and other African regions where formal initiation of the girls took place, and where the girls were expected to have their labia minora elongated (Krige, 1965; Shoko, 2009).

The expectation was enforced and if a girl did not comply, she was severely punished. The harsh military-like treatment was meant for discipline (Kenyatta, 1965) and for girls to get used to pain of birth and motherhood (see also Krige in Schapera, 1962; Gluckman, 1970). Generally, society expected that one should be a mother after getting married (Manabe, 2010). When girls reached puberty at about the age of fourteen, they were kept in seclusion in a house where older women taught them about the issues concerning womanhood and the importance of marriage (Kenyatta, 1965; Richards, 1982). The ceremonies prepared the young men and women for 'adult life' (Manabe, 2010; Schapera, 1962) and parenthood took places in certain spaces such as the cattle kraal (Krige, 1965). However, for young girls at the beginning of their development towards being woken, during the initiation process, nothing formal in connection with marriage was mentioned. Formal issues about marriage were left until the girl was engaged and about to get married (Krige, 1965). A mother was also barred from initiating her own daughters because it was believed that she could not talk to her daughters about matters concerning sexuality (Bourdillon, 2012; Jeater, 2000). Mothers took a marginal role as spectators and supporters to their daughters (Jeater, 2000). They were actively involved in matters concerning their nieces (Barnes, 1981). In her study of the vaVenda women Manabe (2010) argues that,

When initiation rites are done properly, that is in line with the local cultural practices and development rituals, they meet teenagers' needs for a sense of belonging and understanding of the history and culture of their nation (Manabe, 2010:26).

However, if rituals and rites are not done properly, they could damage the "ego and self-concept" of a young girl (Manabe, 2010:21). Rituals prepare the younger ones psychologically to deal with physiological changes they are due to encounter. Janzen (2004:32) argues that 'hidden' symbols are important in communicating women's preparedness for physical growth unity and continuity. Elongated labia minora are 'hidden' physically, but play an essential role in the reconstruction and development of sexuality for women as well as men.

Rituals give people a sense of connection to their society and ancestors (Turner, 2008; La Fontaine, 1986; Richards, 1982, Wilson, 1954). Labia elongation is a ritual that is linked with sex roles that are emphasised during the initiation ceremony and are meant to prepare girls for womanhood and motherhood (Krige and Krige, 1965). Rituals are "social action", are part of social identity formation and reflect economic, political and social changes and relationships (Turner, 2008). Richards (1982:xiii) remarked that after seeing an initiation ceremony in 1933, when she returned to Zambia twenty years later, "such ceremonies seemed to be dying out in Africa". Defining labia performance as a ritual

assists us to understand how children feel compelled to connect with their communities to show respect to their predecessors and to be “contemporaneous members” (Turner, 2008:12).

There are many examples across Africa. Construction of both gender and sexual identities of women via initiation is observed also in the instance of *komba*, an initiation practice that is common among the vaRemba women in Mberengwa, Zimbabwe (Shoko, 2009). Girls went through *komba* after menarche, their first menstruation. Younger girls were forbidden to take part in the initiation process because of the stage of development and their age. However, they were permitted to attend a dance that was suitable for their age. This was a way of recognising the importance of boundaries in each stage of development (Shoko, 2009; Mabuwa, 1993).

Female Genital Mutilation Act (2003) included learning about labia elongation, dancing and moving waists in preparation of sexual rhythms that could make husbands “reach orgasm within a short time” (Shoko, 2009:6). However, the occasion created ‘otherness’ as there were strict measures to ensure that those who underwent it maintained the ‘secrets’ of the vaRemba (Shoko, 2009:3). One element of this ritual and its context culturally is that of maintaining a community identity. Men were forbidden to inter-marry as that would dilute ethnic identities (Shoko, 2009:2). However, conformity does not entail loyalty. Ironically, inter-ethnic marriages could account for how other ethnic groups like the Ndebele, learned about labia elongation.

Whilst some authors have challenged the on-going conceptions of ‘morality’ among adolescents in their societies (Park and Peterson, 2006); this thesis seeks to draw an alternative theoretical foundation to gender and sexual identity construction at adolescence in particular. These authors acknowledge existence of adolescent or premarital sex via thigh sex, a process that ensured young people were provided with sex education and practised ‘safer sex’. Nyathi (2005) explains that in pre-colonial Zimbabwe, if a boy got aroused during courting, he was not allowed to have ‘full’ sexual intercourse. He could have sex between the thighs via *ukuhlobonga* or *ukuyiphekela emathangeni* literally meaning ‘cooking it from the thighs’ (Nyathi, 2005:25) or ‘mock coitus’ (Hutchinson, 1996).

A similar practice called *Ngwiko* which ‘permitted’ young men and women to sleep together and explore their bodies without penetrative sex took place among the Kikuyu of Kenya (Ahlberg, 1994; Ahlberg, et al., 2009). Even if young people were allowed to express their sexuality, sex education equipped them with morals and principles that controlled premarital sex (Ahlberg, 1994; Ahlberg, et al., 2009; Nyathi, 2005). ‘Thigh sex’ or *ukusoma* is still widely practised among the Zulu and enables girls to preserve virginity, prevent unwanted pregnancies, sexually transmitted diseases and HIV (Hunter, 2010:52). Boys

had to wait for years before enjoying full sexual privileges, intercourse. Hunter (2010) explains that ukusoma involved:

The man rubbing his penis between a woman's thighs: The woman's legs remained crossed to prevent vaginal penetration (Hunter, 2010:35).

The above arguments have shown how the 'traditional African' practices in pre-colonial and post-colonial times prepared young people for sex and marriage. In her assessment of how colonialism contributed to lack of self-control among young people who engage in sexual intercourse at a younger age, Janssen (2002) argues that

In the light of civilization that has come to erode some of the sexual constraints in the traditional African society's openness today towards sexuality and sexual expression, adolescents commence sexual activity at an increasing earlier age and the average marriage come much later (Janssen, 2002:1).

Thigh sex was meant to facilitate formation of attachments between two teenage lovers and sexual intercourse was preserved for mature and "complex relationships" such as marriage (Evans-Pritchard, 1945; Akalu, 1985). Full sexual intercourse was believed to have sacred powers, rules and restrictions (Arnfred, 2004).

The concept of colonialism is central to the development of the practice of labia elongation amongst Ndebele women and again this highlights its cultural specificity. Ahlberg, et al. (2009:107) argue that "it is necessary to understand some of the paradoxes emerging as a result of the historical [Western] influences" that relate to how Africa has been represented (or misrepresented) over many decades. Ahlberg (1994) notes that over space and time after initiation, young Kikuyu men are reported to have direct sexual intercourse, which was forbidden in pre-colonial Kenya. Such sexual practices raise challenges and risks in sexual health promotion and reproductive health. Despite similarities and variations of 'premarital sex', the sexual acts do not explain how a girl got sexual satisfaction and pleasure from her sexual partner; neither do the authors explain how boys were taught to please their partners, an evidence of the prevailing 'silence' and the gap regarding initiation rites and their role in teaching women about pleasure.

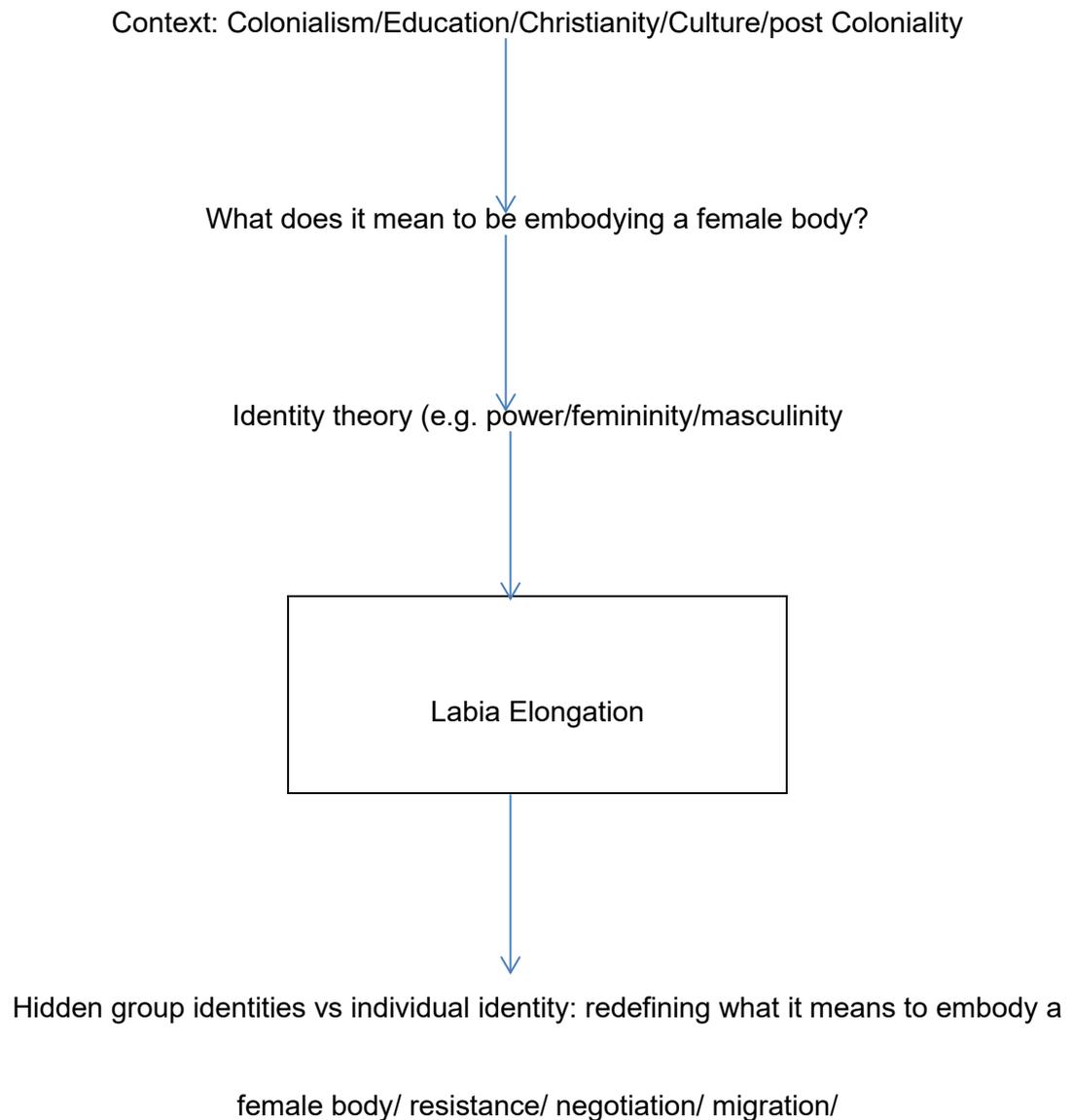
Chinouya (2007) makes us aware of the role of Christianity, which is intimately bound up with the introduction of colonial ideologies, in constructing gender and sexual identities over space and time by using Gogo, [grandmother] (elderly woman), an eighty year old woman who was taught the values of Christian womanhood as a young woman in the 1950s. Gogo reported that when she was a younger woman, sexual relations in marriage were never discussed at the Mother's Union. Discussions concerning relationships and sex within Mother's Unions were "complex public discourses" of 'purity' which created "private sexualised lives of women" (Chinouya, 2007:105): Hence the lack of involvement

of the Mother's Union during the colonial era might have contributed to women performing labia elongation 'privately', which lead to fractured identities of women who embraced both Christianity and traditional practices (Ranger, 1995).

On the other hand, in their exploration of labia elongation and the involvement of women in the Mothers' Union in Uganda, Etyang and Natukunda (2005: 1) report that "a 50 year old woman member of Mother's Union in Namirembe [Uganda] said that labia elongation increases the surface of the birth canal and helps to widen the vaginal passage during sexual intercourse". Their view provides evidence of the different roles of 'Mother's Union' over time and space in discussing intimate and sensitive matters such labia elongation. Clearly this practice is related to sexual activity, identity and also birthing. Despite the different geographical locations of the women mentioned by Chinouya and Etyang and Natukunda respectively, the thirty year difference in ages indicates that Gogo's gender and sexual identities reflect how Christianity 'silenced' women over sexual matters in the colonial era: the other woman shows how women negotiate Christianity and traditional practices within post-colonial discourses. In expressing their sexuality, women should enjoy sex (Greer, 1970). However, a culture like Christianity controls women and their sexuality because a woman's heroism is measured by her silence and resilience in an abusive marriage (Armstrong, 1998).

Each of these key theoretical concepts – those relating to identity, gender and power and culture, relate directly to the central process of the practice of labia elongation. This is a construction of femininity through bodily practice related to sexual activity, identity and also birthing.

Figure 2:1. Flow Chart to illustrate Conceptual Framework



2.6 Research questions

This research explores how labia elongation contributes to the construction of Ndebele women's identities and a marker of their transition from being a 'girl' to being a 'woman'. This research focuses on the extent to which the practice plays a part in the reconstruction of the Ndebele women of Zimbabwe's identities who are located in the three geographical locations, Stoke on Trent, Bulawayo and Makulela. Despite the fact that there is virtually no scholarship research on labia elongation among the Ndebele women of Zimbabwe, the literature reviewed in this chapter has shaped this research study particularly in formulating the research questions. Broad-ranging questions that are stated below were

central in developing a theory regarding labia elongation within the context of gender, sexual and ethnic identities formation among the Ndebele women:

- What were women's experiences individually and collectively of elongating their labia minora?
- How did labia elongation help them to construct their identities as women?
- How did the spaces and places they inhabited contribute to the construction of their identities?
- How do women's experiences of labia elongation contribute to theories of identity formation amongst Ndebele women in Zimbabwe?

2.7 Conclusion

A range of authors have provided me with ideas to construct a conceptual framework and background to understand identity formation at early childhood, adolescence and womanhood. From the literature that is examined in this chapter, construction of ethnic and gender, sexual identities are themes that are linked with labia elongation and common among sub-Saharan Africa, Zimbabwe, and Western scholars. However, by applying themes that are raised in the existing literature that does not include Ndebele women's experiences of labia elongation has enabled me to identify gaps and put forward a theory of identity formation within the context of labia elongation. Jeater's (2000) and Shoko's (2009) exploration of labia elongation in the Midlands region of Zimbabwe is a starting point to evaluate the role of labia elongation in the construction of ethnic, gender and sexual identities.

The motivation of this study was to explore ways in which labia elongation plays a part in the construction of women's identities and its impact on a young woman who is growing up in a social and economically changing world. As evidenced by the literature in this research study, initiation ceremonies and spaces in which they were performed were important in modelling the social and psychological development of a child. Literature has indicated that attitudes towards these practices change over space and time, as they are affected by socio-economic factors of each community. Through their stories, women in this study provided a foundation of how labia elongation plays a part in self and group identities as women, mothers, aunts and members of their communities at local and transnational levels.

My intention was to find out how women construct themselves and how they are constructed by men. Although the practice is associated with violation of women's rights, existing research is inadequate to substantiate this fact. The second section of this chapter, the conceptual framework, was adopted to theorise and analyse elongated labia minora as a marker of women's identities. By engaging with the practice, girls and women

not only reconstruct their bodies, but the practice contributes to the changes of their identities from being a girl into a woman. The next chapter explores the methodology chosen to explore these issues.

Chapter 3: Methodology, Process and Production

3.1 Introduction

This chapter explores the methods that were used to produce this research, the dilemmas that I encountered and the strategies that I undertook to negotiate and accommodate the challenges that I met while carrying it out. It draws on the literature on feminist research, qualitative research, ethnography as well as my own research diary. The choice of the geographical locations where fieldwork was conducted and their importance in the process and production of this project are also discussed. During field research I negotiated many relationships with the participants in order to stay focused on the aims of the thesis. The power imbalances that featured as a result of my role as a researcher and my 'insider-outsider' status, which was problematic in the process and production of this research, are explored reflexively in this chapter. I then describe the process of analysing data which was done during and long after fieldwork was conducted.

This chapter combines my own experiences of the fieldwork and the theoretical reading in order to explore how labia elongation plays a part in construction of women's identities. My examination of ways in which labia elongation played a part in the construction of the Ndebele women's identities focuses on the voices of women who have not been heard and are located in three different locations Stoke on Trent, Bulawayo and Makulela.

I was partly writing my own biography via women's stories and needed to adopt a non-traditional approach to research. I found myself "committed to the naturalistic perspective and the interpretative understanding of human experience" so as to explore how women's experiences of labia elongation played a part in reconstructing identities (Denzin and Lincoln, 2005). Demographic data was essential in determining the potential participants who had knowledge and experiences of labia elongation, so part of women's identities such as age, marital status, number of children and women's experiences of labia elongation was laid out quantitatively (Appendix 3:1).

3.2 Methodology

3.2.1 Feminist Research Methods

In her examination of the connection between theory and qualitative research Jayaratne (1993) argues that there have been long debates by feminist researchers as to how far feminist research has achieved the goals of the feminist theory. Feminist research advocates methods that are considered appropriate means of producing data on the realities of women's lives such as, "qualitative, interactive and reflexive research methods that are characteristic of ethnographic fieldwork" (Ramazanoglu and Holland, 2001:155). Generating data via the women's voices in a research that is gender based can be problematic especially where men are directly or indirectly involved (Davies, 1999; Nielsen, 1990; Ramazanoglu and Holland, 2001; Ribbens and Edwards, 1998). I felt that men's perspectives on this subject were important as this research explores a practice that is done by women who were affected by both patriarchy and colonialism.

My role as a researcher and the valuable relationship that I established with the participants and those who I had contact with during field research was important. As Shaffir and Stebbins (1991:153) put it, humanity coexists between the researcher and the group under study in an, "atmosphere of mutuality and self-respect". They emphasise that if we learn to be human we become empathetic and consequently acknowledge the complex roles of what we consider unequal in field work. The concept of humanity (*ubuntu*) within a 'Ndebele context' is explored by Chinouya (2007:103) who argues that humanity is a term that extends to how the society she grew up in in Bulawayo functioned, lived and helped one another. Sharing food, childcare and good values were common characteristics of humanity hence she uses the allegory *izandla ziyagezana*, translating verbatim as 'one hand washes the other' (a good turn deserves another). Chinouya's stance reminds us not to 'use' respondents merely as a source of data collection: a researcher should understand participants and see life, its value and meaning from their perspective. However, not all social sciences researchers would empathise. Quite often

the researcher is driven by her agenda, sometimes taking very little consideration of the people's feelings and values (Shaffir and Stebbins, 1991).

3.2.2 My Research Diary

Brewer (2000) states that ethnographic research which takes place in form of entries in diaries and personal documents, draws the researcher close to the people under study, events and enables them to write about what they learn in that particular situation they are involved in. LeCompte and Schensul (2010) also suggests that the basic tools for ethnographic research are the researcher's eyes and ears and these enable the ethnographic researcher to learn through systematic observation in the field by interviewing and carefully recording what they see and hear. I kept a research diary 'log book' which contained one and half hard covered A4 size books where I described the events and activities that I observed and participated in so as to make the stories that are disregarded by traditional research meaningful (Gooddal, 2008; 2000).

The research diary helped me to go through an intensive reflective process in order to analyse the effects of my involvement with the women and the aims of the research. I laid out a plan of how I would deal (approach) with potential respondents. I started informal discussions with Zimbabwean women who had come from Matabeleland in Stoke on Trent at church gatherings and women's group meetings. I expected my engagement with the women to be difficult if not impossible when introducing my research and noted down my interpretation and analysis of women's reactions. For example I noted that Hazel, Mary and Linda approached the subject with a good sense of humour. Also, Mary was calm and gave a detailed account of her experiences of labia elongation. Like Tracy, Lydia was intrigued that I knew about the practice. Strangely, Lydia requested to see if I had elongated labia minora before agreeing to take part in the research process. I explained to her that I had undergone the practice and needed to know to more about it. She was convinced at my explanation and agreed to part in the research study.

By the time I got to Bulawayo and Makulela, I had devised a way to shortening the broad aims of my research when introducing myself to potential participants "*I am looking for knowledge about labia elongation*": In Bulawayo, I noted that Margaret was hesitant, paused, showed discomfort at discussing what was personal and could leave her vulnerable. In Makulela, Nelly's instant reactions were giggles or laughter, stating that '*this child has come remind to us about an old fashioned practice*'. What Nelly said was important in shaping the themes of my research; I realised that identities are created over space and time. Carol reported that in the days that predated their grandmothers, women who did not have elongated labia minora in Makulela were called *Bhotoko* a colloquial name for a Ndebele and attached to their ignorance of certain practices. This suggested that Ndebele women did not elongate their labia minora from their relocation in KwaZulu; I reflected upon the history of the Ndebele people and how they came in contact with labia elongation (see Chapter 4). From the women's life stories and experiences of labia elongation, I realised that their experiences of the practices had a major role in (re)defining Ndebele women's identities.

3.2.3 Qualitative Research Design

Silverman (2005:6) states that one should choose research methods and methodologies that are appropriate to the topic, the models, the theories that shape the research and what the researcher wishes to find out. I needed a deeper insight and understanding of how labia elongation played a part in the reconstruction of the Ndebele women's identities, assess the role played by those who teach about the practice and the spaces where intimate issues such as labia elongation were discussed and carried out; and how those spaces have changed over time. It was necessary to adopt a research design that would enable women to explore issues regarding labia elongation deeply.

Smith (2011) asserts that the kind of research that concerns women's narrative stories about their sexuality and sexual experience requires a qualitative approach: The vast

information that I needed to acquire from the women regarding labia elongation required research tools that would enable women to express themselves without limitation (Silverman, 2009; 2006; 2004). The history of qualitative research and its contribution to the social construction of 'Other' women has been associated with the discriminatory methods of research that are described as "academic Western concept and perspective" (Denzin and Lincoln, 2005:1). Generally, 'research' has been criticised for being a western construct and linked to colonialism, particularly how knowledge about the 'Third World' people was "collected, classified, and represented back to the West" (Denzin and Lincoln, 2005:1).

Research into 'foreign cultures' was aimed at turning the dark skinned 'Other' into the object of the Western gaze (Denzin and Lincoln, 2005:2). This research views qualitative research as a vital research tool in gathering data among 'local' communities in order to wage the battle of representation (Denzin and Lincoln, 2005:103). Warren (2000) advises that qualitatively oriented researchers have been noted for a tendency to link their approach with socio-political causes and to pursue openly ideological inquiries. By carrying out qualitative research I found room to provide frameworks for hearing silence and listening to the voices of the silenced, to weave storylines, to situate place and contextualise, to create spaces for dialogue, to analyse and make sense of complex and shifting experiences, identities, and realities; and to understand how change affects our lives (Denzin and Lincoln, 2008; 2005; LeCompte, 1993; Smith, 2011). Carrying out a research study about labia elongation was not an easy process; I was careful and handled the topic and the research process with sensitivity.

Glaser (2000) informs us that qualitative research aims to gather an in-depth understanding of human behaviour and the reasons that govern such behaviour hence requires smaller but focused samples rather than large random samples. The way I gathered, recorded, analysed and interpreted data would be limited if I used quantitative

research. Denzin and Lincoln (2005:3) argue that qualitative research is an activity that locates the observer in the world and consists of a set of interpretative, material practices that transform the world visible. This research study draws upon multi-methodologies which are characteristic of qualitative research.

In order to turn the world into a series of representations, I used field notes, my own research diary, in-depth descriptive account of the women's interviews, observation participation, and memos (Denzin and Lincoln, 2005; Ramazanoglu and Holland, 2002). My research design linked with fieldwork activity and data analysis (via grounded theory) because of the way in which data was gathered and the process of transcribing semi-structured and unstructured interviews and coding data (Alasuutari, 1995).

3.2.4 Ethnographies

Ethnography is defined as "being there in the field and doing fieldwork" making inquiries so as to acquire knowledge which would be shared by other people and scholars (Brewer, 2000; Geertz, 2001; 1995; 1988; Wolcott, 1999). Two types of ethnographies namely, auto-ethnography and multi-sited blended in with this research, a reflection of the multi-identities and diasporic identities of myself, researcher and the Ndebele women who took part in this research study. Like the locations of this research study, the two types of ethnographies are complementary rather than comparative.

3.2.5 Auto-ethnography

Auto-ethnography is a research tool that uses personal experiences to analyse experiences of people with similar experiences such as identities in order to make a certain culture familiar to the insiders and outsiders (Ellis and Brochner, 2000; Etherington, 2004; Goodall, 2008; Ronai, 2005). Using auto-ethnography, the researcher interacts with the interviewees in order to provide a deeper and intimate understanding of experiences which are then conveyed in a story-like manner to the reader (Ellis, Adams and Brochner, 2011). In simple terms I used auto-ethnography as 'a confessional tale' and influence in

undertaking research (Smith, 2012). Brinker-Gabler (1995) defines auto-ethnography as a way of understanding and defining the self (auto) through the others, and others through ourselves. Whilst in different forms of ethnographies the researcher studies other cultures, auto-ethnography breaks the barriers of 'alienness' and eliminates "two gazes that cross each other and do not converge" (Brinker-Gabler, 1995:41). These are achieved via methods that are "unstructured, flexible, open ended and can appear to involve unsystematic data collection" in order to "explore the meanings of this setting and its behaviour activities from the inside" (Brewer, 2000:20).

By adopting auto-ethnography a researcher is a 'co-participant' who engages her emotional and intellectual knowledge to 'the story' she is telling the reader (Ellis, 2004; Ellis and Brochner, 2000; Heewon, 2008): I was telling readers about labia elongation academically. The relevance and importance of carrying out auto-ethnography on my part lay in describing my experience and contact with labia elongation via 'the story' which is narrated at the beginning of this thesis (see Preface). The topic of investigation became a genre that displayed "multiple layers of consciousness" that connected what is personal and private to the "cultural and others" (Ellis and Brochner, 2000:733-739).

Use of auto-ethnography was an attempt to confront dominant forms of representation and power so as to reclaim, through self-reflective response, representational spaces that might marginalise those of us at the border (Tierney, 1998:66). The value of auto-ethnography lay in that I was articulating history and reconstructing the contemporary experiences and identities of women in relation to labia elongation. Therefore, deconstruction took place in order to establish 'new' meanings of labia elongation. Although Holt (2003:2) argues that the challenges of 'the silent authorship' of this method lie in that the researcher's voice is not included in the representation of the findings, I have included my experience as an important process of this research. Also, critiques of auto-ethnography have mentioned that it is hard to analyse where the true identities of those

included in the accounts cannot be revealed (Delamont, 2007; Heewon, 2008; Mcilveen, 2008). Even if the participants are supposedly seen to be powerless or marginal (and anonymised), as providers of data, they remained powerful (Delamont, 2007).

By using auto-ethnography I was aware that women's life stories and narratives were powerful research tools that would ultimately enable me to deal with each respondent's unique experience of labia elongation. I did not assimilate them into one mainstream sameness (Tierney, 1998). Collectively, women's different stories and experiences were important in examining the process of labia elongation and in (re)constructing Ndebele women's identities. I was not simply using the women's stories as 'therapeutic outlet' (Tierney, 1998), but wanted to connect to those women via a practice that they had undergone. I needed 'their stories to understand' labia elongation in order to learn and put that knowledge into an academic context (Gladwin, 1989). Also, I was moving away from the traditional methods of social science research by using the women's voices to "articulate the significance and meaning" of my experiences most importantly in order to construct a theory and knowledge on identity formation amongst the Ndebele women (Grbich, 2004, 83 & 86).

3.2.6 Multi-sited Ethnography

Marcus (1998) defines multi-sited ethnography as an emerging ethnographic research method that moves away from the conventional single-sited location, contextualised by macro construction of the large social order such as the capitalist world system to multiple sites of observation and participation that cut dichotomies such as the 'local' and 'global', the life world and the system. Even if this research does not focus on macro construction, the fact that I collected data from three different locations that are connected to my own changing (biography as discussed in the preface) identities suits this definition (see Appendix 3:2):

- Stoke on Trent,

- Bulawayo
- Makulela

I felt that carrying out the research in Zimbabwe would enrich the data, add value to the research, put together the missing pieces of the puzzle and come up with a bigger picture of women's stories regarding labia elongation. Despite the distance between the sites, they were connected with one another in such a way that their relationship was as essential as the relationship "between the researcher and those places" (Marcus, 1998:35). Even if I lived in the United Kingdom I could still connect with friends and relatives in Zimbabwe via mobile phones, telephones, e-mails and DHL (Pasura, 2008). I was the link between the three geographical locations of the research and the respondents.

Geertz (1995:15) asserts that the ethnographer should convince the reader and other ethnographers that they themselves have "been there" and seen what they saw, felt what they felt, concluded what they concluded" and that "being there is a post card experience". I was not going 'there' as an alien, I was familiar with all three locations of this study. It was important that I did not become too familiar with the participants as that would affect the outcomes of the study. In his exploration of how landscapes are part of a person's identity, Marcus (1998:95) points out that "multi-sited ethnography is conducted with an awareness of being within a landscape" and as the "landscape changes across sites, the identity of the ethnographer requires renegotiations". It was important to study multi-sited ethnography as a method that is useful to study different places and locations because "being there... and there..." linked well with my changing role and identity as a researcher (Marcus, 1995:95): identity is fluid and not static (Brewer, 2000). People within a certain landscape interact with neighbouring groups and social interaction results in the exchange of values and beliefs; which creates 'hybrid of identities' (Dodgson-Katiyo and Wisker, 2010; Walter, 2001).

3.2.7 Doing Ethnographic Fieldwork

My fieldwork took place over three years (February 2006 to October 2008). During my first two years of research I had three main tasks. Firstly, I carried the literature search about labia elongation in Zimbabwe or sub-Saharan Africa. Secondly, I developed a theoretical framework in order to make sense how labia elongation played a part in the growth of a girl to a woman. Thirdly, I wanted to find Ndebele women who had undergone the practice in the communities where Ndebele people lived. I stayed focused on the aims of the research when attending different social gatherings in the three locations (Bulmer and Burgess, 1981). Generally, ethnographers spend more time studying local customs and language in order to understand the population under study (Burgess, 2002; 1982). Burgess (2002) states that:

in order to revise the concepts and categories used in understanding the terminologies acquired during fieldwork, an understanding of the native language is essential if the researcher is to comprehend the way of life in a social setting,getting to know people, developing and establishing roles in relation to the local inhabitants, making systematic observations that can be cross checked against other data and engaging in the full preliminary analysis of data (Burgess, 2002:17).

I speak Ndebele and Shona fluently and can communicate in Kalanga and Nambia. In Stoke on Trent I started by visiting places where Zimbabweans congregate such as churches and social groups in order to observe spaces of identity formation. Also, I wanted to invite prospective participants for interviews in my research. Firstly, focusing the study on women who had relocated to Stoke on Trent from Matabeleland was problematic. In the United Kingdom, Zimbabweans move from one city to the other depending on where their friends or relatives are located or where they can get a job. Secondly, in Zimbabwe too, people are mobile; they move from the rural areas to the cities or neighbouring countries in search of employment (such as from Makulela to Bulawayo, Johannesburg or

Botswana respectively). Where people constantly move from one location to the other, there are challenges in collecting a sample.

Despite the cost implications of multi-sited approach, since this research was mostly self-funded, the three locations were representative of the women's shifting identities (Hammersley, 1998). By studying in those three places, I would have a comprehensive analysis of labia elongation, the sum of its parts. Whilst making decisions about going to Zimbabwe, my supervisor encouraged me to go where "*things will just connect*" (Research Diary: February 2007). The connection between the research, location and knowledge is explored by Atkinson (1997:65) who points out that "Methodological stance of outsider, novice, stranger does not absolve the ethnographer from the requirement to make sense of the 'esoteric knowledge' of a given community or occupation". Acquisition of esoteric knowledge is understood from a small number of people who have specialist knowledge of a particular subject (Atkinson, 1997) such as in studying the pattern of how information regarding labia elongation was related from one person to other. Also the spaces and conditions under which labia elongation was performed in contemporary lived experiences of the participants were important.

The quality of time that I spent in the field was as important as the amount of time spent there in order to elicit vital data from the respondents (Shaffir and Stebbins 1991:88). I spent some time looking out and sensing what was important to the communities under investigation such as 'emotions and behaviour' and connected that with labia elongation (Atkinson and Delamont, 2008). I compared words and actions and studied the consistencies as well as the contradictions regarding the transfer of information, knowledge and the process of labia elongation. Shaffir and Stebbins (1991) further argue that during fieldwork, a researcher is a stranger but has sincere interest in people. In order to draw out good information and data in fieldwork I established a healthy relationship with the participants and represented the most productive and humane way to conduct research (LeCompte, Schensul, and Schensul, 1999). I guarded against becoming too

friendly and familiar so that people would not distance themselves or take advantage. I was approachable and receptive in order to reciprocated with people under study.

An example of the rapport that I established with the participants was when I got to a homestead and joined in a group of women who were finishing repairing a roof in Makulela so that we could carry out the interviews. Lack of respect and suspiciousness would not enable me to acquire useful information about labia elongation; therefore I gave the respondents the respect I felt they deserved. Shaffir and Stebbins (1991:152) alert us to the complexities that might arise in fieldwork. Researchers should not always think that field work is always associated with harmony or control; “disjuncture, rupture and contradiction” could prevail owing to power struggles and the rules as well as discourses in the field work. Shaffir and Stebbins (1991:151) refer to discourses as “modalities that to a significant extent govern what can be said, by what kind of speakers, and what type of imagined audiences”. Where power is involved, conflict and competition occur because people have different interests (Shaffir and Stebbins, 1991:152). *Power struggles among the women, or between the gate keepers and I could have arisen if I disrespected them; luckily such power struggles did not take place* (Research Diary: October 2008).

In order to have a deeper insight into labia elongation, I needed to talk to much older people who most probably could recall what their grandmothers could have told them. There is a Ndebele saying *Ibuzwa kwabaphambili*, which in literal translation means, ‘one seeks knowledge from those who have more experience’. In order to make sociological sense of labia elongation, I needed to be involved with “practitioners”, those who knew more than I did about labia elongation (Atkinson, 1997:65). The roles, understandings, and knowledges, given, received and gained over the course of ethnographic fieldwork are “shaped by who we are on the outset and who we become after field work” (Coffey, 1999:28).

3.3 Research Methods

3.3.1 The Research Process

Reflecting upon my own circumstances in acquiring knowledge and information for my research, the process involved transforming myself from the persona of being a simple researcher, a city dweller, to that of a stranger, an interviewer, a friend, relative, or 'family member' and consequently, an "informed knower" when I came back from the field (Coffey, 1999:27). Before embarking on the field research, I was sceptical and felt that I was prying into other people's private worlds. That attitude changed when I realised that I would not discover how people made sense of labia elongation and how the practice played a part in (re)constructing women's identities. By the end of the first academic year (2006), I had made contacts with Zimbabwe women from Matabeleland in Stoke on Trent where my fieldwork was carried out from September 2006 to July 2008. Most of the interviews were carried out in the evenings and in the participants' houses when I had finished work. Although this could be my own subjective analysis, women in Stoke on Trent were in their 40's, the same age range as me and could have modern perspectives on labia elongation. Mary was the oldest and in her 60's at the time of the interviews.

In Zimbabwe, I communicated with my relatives to make them aware of my intentions for a study visit and for assistance. In Bulawayo my aunt introduced me to her close friend Terry, who had undergone labia elongation. In Makulela my Uncle Tom put me in contact with gate keepers, and main informants Kendra and Carol. My cousin Carla, a spiritual diviner and herbalist put me in contact with her 'trainer' Roselyn. Roselyn invited me to come to her house in one of the suburbs located in Bulawayo where she had arranged a meeting with another herbalist Trudy who although had knowledge of labia elongation did not perform it.

Because of the ethical issues of involving my relatives in this study, I was careful about revealing the subject of the study. Despite Kendra's influence as the Headman of

Makulela, I stayed in her home but did not invite her to focus groups.¹ In retrospect I realised that her participation in one to one interviews were not just enough: her contribution in focus groups could have been important to the study. I spent only six weeks in Bulawayo and Makulela; September 2008 to October 2008: If I was not doing interviews, I was listening to the tapes and transcribing. Despite what might seem to be a short space of time to carry out fieldwork and interviews, I obtained very rich data.

The process of knowing about a practice that is as private as labia elongation takes a long time: undoubtedly there is still more to be known about labia elongation. For example, *after discussing use of the herbs for labia elongation in Makulela; the women refused to show me the plants but promised to give me processed herbs for a small fee. They maintained that the secrets of those herbs lied within their clan and ancestors* (Research Diary: October 2008).

3.3.2 The Interview Schedule

The schedule which was written in English, then translated in Ndebele, was an important part of data collection. It consisted of open-ended questions so the interviewees would explore and discuss their views without limit (Appendix 3:2). Open-ended questions were considered appropriate tools for carrying out research during “in-depth interviews of individuals and small focus groups in generating data” (Denzin and Lincoln, 2005:21). I sent out the schedule to the women in Stoke on Trent so that they would know the

¹ In Zimbabwe a Headman is a government employee who is in charge of a village and reports directly to a chief. In the Ndebele tradition, the title and role belongs to oldest male within that ‘ruling’ house. However, Kendra ‘ruled’ Makulela on behalf of her brother who lived and worked in Johannesburg. Also see Lindgren (2000) and Morrell (2001) who discuss the ‘complications’ among the Ndebele that are associated with installing a female chief.

information they would be asked during the interviews and they could reflect on the answers they wanted to give.

Only the first part of the list that required demographic data was structured, however, most of the times the interviews were semi-structured or unstructured particularly important to allow participants to talk freely about other events that seemed at first unconnected to the topic but were actually central to the subject matter. Sometimes the interviews digressed particularly when I realised that the participants revealed information that was relevant to the research but not included in the set of questions.

The pilot interviews had been useful in amending the questions and as a guidance of what I wanted the research to focus on. As the women answered the questions, the pieces of their stories and narratives reinforced each other enabling me to acquire meaningful and relevant data regarding their experiences of labia elongation.

3.3.3 The Interviews and Focus Groups

The interviews were conducted in Ndebele and emphasis made in different languages to those who were bilingual such as *kukweba* (Kalanga), *ukudonsa* (Ndebele) or 'pulling'. The interviews took place in the respondents' own homes or spaces where women were assured of privacy because of the intimate nature of the subject. The interviews were relaxed and *brought giggles because the respondents found it 'amusing' that in 'recent times' someone would research a customary practice they thought was long gone 'dead and buried'* (Research Diary: October 2008).

Sensitivity and respect for the participants was essential during the interview process: however, there were times where privacy was compromised particularly in Makulela where interviews took place in open spaces such as behind the houses or under the Mopani tree. Also, the topic of my research had become known to men, which I used to my advantage. I recruited men to participate in the study. Bheki, my driver became the 'sentinel', guarding against male or female passers-by.

The group that consisted of young women was 'vibrant' and talked freely about labia elongation. After making arrangements for the interviews and my presence known to the community, on the day of the interviews Stacey one of my informants started shouting from her homestead, *Kumugodi! Kumugodi!* (At the borehole! At the borehole!) at the same time beckoning women who were within her sight to meet up at the borehole. While I anticipated a formal approach of getting the women together, Stacey reassured me that calling the participants in that way was the best.

To indicate that I did not want to cause commotion I said, *But my visit was private* (Research Diary: October 2008). Her answer was that *it [my visit] was expected* (Research Diary: October 2008). The call carried on as we drove along the village dusty road. I was sceptical and did not believe that women would gather from the way they were called. In the rural areas where I came from women would take their time if they were called that way. By the time we got to the well a group of women had gathered waiting for me to start the interviews. I was impressed with how women co-operatively engaged and understood one another.

The fact that I had informed a group of women in Makulela that the purpose of my visit was to learn from them about labia elongation, the whole process of the interviews was seen as *educational* (Tina). In the middle of the interview Docars another woman in Makulela also commented that *this is very interesting education*. The whole group of women unanimously agreed that they were enjoying the discussion. Also, Shirley, a thirty-year old woman from Makulela murmured and whispered that it was strange for me to come all the way from "overseas" to listen to women talking about labia elongation.

Whilst ethnic groups of people such as the KhoiSan, are marginalised and looked down upon as primitive by other ethnic groups who live side by side with them, my inquiry about labia elongation disproved what has been substantiated as the truth over many years of film, documentaries and academic research about the 'primitive' life style of the KhoiSan

(Gordon, 2003; Rassool and Hayes, 2003). Marginalisation of people is quite often associated with how they engage with social activities and sexual practices. My interaction with the women and particularly the KhoiSan changed my perception and my own prejudices about them. In turn, the fact that I had made the women aware that “I wanted to learn and ‘inform’ the world about labia elongation” made the women roar with laughter; Liz remarked

We are surprised at why White or Western people would be intrigued about labia elongation when they take pictures of naked people and make porn movies.

It was evident that the women were aware of issues regarding sex and sexuality and what was going on around the world contrary to prejudices about their being ‘primitive’. Life and its meaning was seen from their own world: to them anything different or strange was not tolerated. Discussing vaginal practices could offend certain communities yet the matters that could be regarded as simple and taken for granted as natural such as giving birth could offend certain communities when shown in public.

Asking women about labia elongation a practice which they had ‘forgotten’ about, was *reminiscence of their past experiences of girlhood and the practice they shared as women. Some of the women encountered the subject with shyness and laughter.* (Research Notes: October 2008). Explaining and perceiving what women had to say about labia elongation when conducting interviews was important. I placed emphasis on “contextual factors particularly understanding the social and cultural context of events as well as the situations” in which labia elongation took place (Ribbens and Edwards, 1998:89). In order to start a dialogue with women regarding labia elongation women spoke for themselves, revealing hidden realities, new experiences and new emerging perspectives that challenged the “truth of official accounts and cast doubt upon established theories” (Nielsen, 1990:95).

Getting the men to talk about labia elongation was not easy and at some point I thought to myself, *it is a struggle to get the men to start talking*. The men were quiet and getting information from them about labia elongation required a lot of probing. Somehow I felt that I had entered into a separate world, a world that was not entirely mine. Once the first man giggled the rest of them followed. I was not sure if it was because I had invaded their private spaces trying to make them talk about their sexual experiences with women who had elongated labia minora. The giggles reminded me of my high school experiences where the girls' curiosity would occur when the boys talked about girls at the back of the classroom or when as an eighteen year old student teacher in a boys' high school I would enter the classroom and the boys would start laughing. After asking a lot of questions and sharing my experience as a researcher, I assured them of confidentiality and all protocols of ethical procedures: they finally opened up and once they started, the information flowed.

The younger generation of KhoiSan men too had Ndebele or English names. They reminisced about lost identities and sexuality as a monogamous group of people. Cola, the old man who still remembered the life they led before they were brought over to the village stated how his parents and grandparents maintained monogamous relationships when they led a semi-nomadic life. He argued that women supported their husbands during a hunting expedition. As far as he could recall, aBakwa, the KhoiSan never engaged in multiple but monogamous relationships. A man would marry a woman and would take her out to the bush to hunt wild animals: he was never separated from his wife.

3.3.4 Analysis

The women's voices on elongated labia minora were important so as to understand my own identities as a woman. I recorded all the interviews via a Dictaphone and transcribed in Ndebele and then translated in English into many pages and analysed information in order to come up with "unexpected and known information" (Denzin and Lincoln, 2005:21). Ellen (1987:57) states that we "elicit information directly from particular

individuals, prompt them to speak generally about special subjects of interest, pose specific questions, and benefit from them through more diffuse and subtle exchange". The interviews that I conducted were relaxed, just like when women were gathered together.

Financial limitations and time constraint were the main reasons why I decided to have my research focused on the women who spoke Ndebele so as to allow easy transcription. Engaging a translator would add more financial costs. However, diverse views about labia elongation from women in different regions in Zimbabwe would have enriched this research study. Generally, language issues posed many problems where some words are not mentioned directly. For example, direct use of certain words such as 'labia minora' 'amalebe' (Ndebele) or *matinji* (Shona) reflects boldness and can be frowned upon.

I used euphemism in order to get to the 'respectable' terms: eventually, I settled to the use of 'those two little ears', 'the ears that are located down below' or 'grandmother's ears'. *I do not know why I used 'ears' to refer to labia minora, but when I learned about 'the ears of a rabbit' a herb that is used to 'assist' in 'pulling', indeed there was that resemblance.* (Research Diary: October 2008). I wanted the women to express their sincere feelings and attitudes about labia elongation and they could only do that if they could 'communicate in their languages' during the interviews (Fabian, 1986). I prompted them to speak and posed specific questions so that they could explain more on the subject of elongation.

Analysis of the women's conversation as they interacted in focus groups and daily events was essential because I needed to evaluate women's accounts and experiences of labia elongation in order to develop a theory (Mason, 2002:92). Women's stories made up meaningful life stories and biographies. In telling one's life story and through the reflective process of engaging with other women, events and activities in their own communities, women connected with their life stories which became integrated and "understood as a coherent and meaningful aspect of their personal history" (Moch and Gates, 2004:14).

Their stories made me reflect upon my experiences as a person, a woman, a wife, mother and a complete human being.

3.4 Participating and Observing

Edwards and Ribbens (1998:2) state that being a participant/observer is the main characteristic of ethnographic fieldwork and puts the ethnographer on a marginal position because “ethnography has long been regarded as a source of tension and discomfort”; fieldwork lay in interaction between the participants and me in the three locations of study that are further discussed below. Benton (1978:22) argues that, “there is no knowledge *a priori*”. According to Benton, researchers make sense of their world by observation and participation to make connections between human experience, external reality and ideas about what really exists as seen from each specific research site below.

3.4.1 Stoke on Trent

In Stoke on Trent I had to negotiate and define my role as a professional health worker, a member of the Zimbabwe community and researcher. Most of the participants in Stoke on Trent had migrated from Zimbabwe to join their spouses who had sought asylum or were themselves resettled in Stoke on Trent by the United Kingdom Border Agency during the asylum application process, so most of them left the city as soon as they got a decision about their asylum application. After making myself familiar with church elders, I was invited to attend local, national meetings including all night prayer gatherings that were organised by the Methodist and Roman Catholic churches where the ceremonies were conducted in Shona or Ndebele. In both these congregations, I was introduced to the regional leaders and was given dates, times and venues for monthly meetings.

Also, my own biased attitude made me feel comfortable in church environment. Perhaps it was because the ‘church was important’ in construction of my own identities as a woman and professional: I was born in a mission hospital and had learned about labia elongation

from a church and community elder, Aunty (see Preface). I realised that I was focusing on the “visible and public” to gain an overall sense of Zimbabwe life in Stoke on Trent, and that was problematic (Segrott, 2001: 45). There were other events such as bridal showers (similar to ‘hen nights’) that I could attend and other people who I could interview. However, very few bridal showers took place in Stoke on Trent. In such events people including those visiting from outside Stoke on Trent, came and left and there was no consistency as I would only meet them once. Although there were such challenges, bridal showers and women’s meetings at the church provided the arena to discuss aspects of marital life, relationships, womanhood and labia elongation.

Despite the church leader’s awareness of my reasons for attending church meetings and services, I was expected to participate throughout the services. At some point, I was reminded me to wear a congregational uniform which I had not done since relocating to the United Kingdom in 2013. *To meet that obligation of the Women’s Union, I made the congregation ‘Mother Maria’ uniform which comprised of a sky blue skirt, white blouse and white head scarf using my sewing machine* (Research Diary: July 2006). After each service, the ‘chairwoman’ would usher me and other women to a private room and separately from men; a space where gender and sexual identities were created according to how the church defined them. In my Mother’s Union association we discussed the importance of being virtuous like the symbolic figure, Mary the mother of Jesus. We reminded each other that looking after our homes included caring for husbands and children and being the admiration of the community of which elongated labia minora played an important part.

By attending monthly Shona and Ndebele Mass, I was reconstructing my own identity as a virtuous Christian woman. At some point, I reminded myself and the ‘chairwoman’ that I was a researcher. The next stage of this research explores my research experiences in Zimbabwe.

3.4.2 Gaining Entry in Zimbabwe

This section discusses the problems and successes that I had in Zimbabwe. Upon entry at the South African-Zimbabwe border, I noticed that people were crossing the border of the two countries to buy and bring in some food to Zimbabwe which symbolised the deteriorated economic standards and the hard life most of the Zimbabweans were going through at that time: that had an impact on my research. People were busy buying and selling, looking for money. They had very little time for my research which meant that I had to change my research strategies, and go to the spaces where women went such as the markets (Bulawayo) and the market gardens (Makulela): both Bulawayo and Makulela were cosmopolitan.

3.4.3 Bulawayo

In Bulawayo, the second largest city in Zimbabwe (Appendix 3:2) I visited the market where women spent most of their day doing business, selling items that were purchased across the border or some money via 'the black market'. Terry, the key informant, introduced me to the women at the market. In return, Terry made me her 'assistant and companion'. I would sit at Terry's stall and chat with women at the market. My presence gave her a chance to leave someone while she did other errands. The women became used to my presence and would ask Terry of my whereabouts if I did not turn up asking her *Ungaphi umama wamalebele lamhla* [translating verbatim] "where is the labia woman today?" (Research Diary), *mama* used euphemetical to mean woman. I had to negotiate the boundaries of friendship and those of being a stranger. If I became too familiar I would lose sight of my identity as a researcher so I kept reminding myself of the aims of my research. Living daily with the people under study I was self-conscious of my position as a researcher. As Kondo (2001) argues,

Considerations such as these cautions against too easy assumption that simply because researchers share a cultural identity with their research subjects, their status as an 'insider' in undertaking research among them is simple: When researching at home researchers must examine critically their relationship with their own societies and refrain

from assuming that belonging is either uncontested or unproblematic (Kondo, 2001:188).

I knew I was not a 'market woman' but the women had to gain my trust so that I would recruit them as interviewees. In order to know the role played by the market as a space where women's identities were reconstructed, I paid repeated visits and had a series of interaction with the women.

Disclosure of my status as a student who was studying 'abroad' contributed to being exploited and scepticism due to the prevailing economic and political situation at that time. At the market some *women wanted to charge me for taking part in the interviews as their time could be spent in doing business than 'socialising'* (Research Diary). Leslie, one of the women who I met at the market was engaged in a 'small house marriage' with a man who she said was married, had a wife and children and lived in one of the affluent suburbs of Bulawayo. Leslie had two children one from a previous marriage and another one with that married man who was one of the bosses in a company where she had worked in the 80's as a secretary. The man had bought her a house and supplied her with most of the basic needs including sex. Leslie's view was that

Where would you find a man of your own? You are better with a married man because you can always tell him to go to his wife and children if you are fed up with him.

Whilst such a relationship could be seen as adulterous, in Zimbabwe, such relationships are accepted and could be legalised if "bride price payments" were demanded "from the husband" (Bourdillon, 2012:320). The provision of the home, extra money and food supplies made Leslie to feel that she was treated as an equal to the legal wife. Her subordinate position as a 'small wife' made her feel independent; she could flirt with other men if she felt like it because she was not legally bound to her 'husband' (Bourdillon, 2012).

Even if at first women at the market had demanded that I pay them for the information that I gathered, once they got to know me, they treated me like a friend and offered to give me more information. Sometimes they picked on each other in their endeavour to show me their knowledge and 'expertise' of the subject in a jocular way. Women at the market had regular customers and a woman who became jealous or 'stole' one's customer went through some disciplinary measures. The bonds extended to ganging up against a girl who engaged in a relationship with one of their men. While those women became good points of contacts, I felt that conducting interviews at the Market was a breach of their privacy and confidentiality as well as mine. Some of the women's remarks about the way I felt about interrogating them within the market premises came in form of questions. For example, Rhoda and Peggy asked, *What is it that women do not know about labia elongation?*

One woman withdrew from the interviews fearing that research carried out in Zimbabwe by 'outsiders' could be used as media propaganda (Research Diary: October 2008). In spite of some of my disappointments, Roselyn, a herbalist showed hospitality by insisting that we have lunch, before starting the interviews; she cooked maize meal thick porridge and beef stew.

3.4.4 Makulela

Makulela is located in the South West of Zimbabwe, closer to the border of Botswana and at edge of the Kalahari Desert. In Makulela, Kendra and Carol a retired teacher and respected member of the community, were both gatekeepers and main informants respectively. Both women had sound knowledge of both the community and labia elongation. They spoke all the local languages fluently and pointed me to the older people who had knowledge of labia elongation and advised me about the events and places to attend. However, I was wary of the implications of relying too much on the informants in

order to refrain from subjectivity and guard against the power and control they might have on me and other interviewees (Lecompte and Schensul, 2010). There were indications of power and authority the two women demonstrated over me and the interviewees, particularly Carol who was much older than Kendra.

I attended community events such as funerals and church gathering places that were important in reinforcing gender identities. Men and women occupied different spaces: whilst women sat in-doors, men sat outside and around the fire. Funerals were also sources of gathering and disseminating information: I was introduced to the villagers at Makulela as 'This child has come here to learn', after the burial of a man who had died in Johannesburg. Coffey (1999: 33) asserts that the fear of not fitting in or not being accepted may be a more common worry when beginning field work. At that funeral, I thought I had dressed respectably, wearing a head scarf and long skirt like all the women in the village. Despite the effort, that I had made in order to belong, my host Kendra, politely reminded me to 'dress well' by throwing something over my shoulders.

Because of its geographical location, Makulela is dry (see Appendix 3:2). So, millet, a drought resistant crop which ripens very fast and saves a lot of people from starvation is the main source of a starchy diet (Shumba, 2001). The burden of working in the fields in order to produce crops in Makulela is mainly left to the woman because most of the men worked in Johannesburg. Millet is easy and quicker to prepare for a meal because women can pound the grains into a 'meal' within a few minutes. The process is quicker when women work as a team to produce this meal.

If a woman in the neighbourhood took a mortar and pestle and started pounding, other women within the same locality would take up their 'gadgets' and join in without an invitation. By joining in the normal duties, I felt that my identity was 'not any different' from the people I was living with (Segrott, 2001:62). I was a woman and doing what was common practice for a local passerby to help without invitation, thereby making spaces

where women felt comfortable to define themselves and discuss matters that were more meaningful to them as women. I felt compelled to help because if I did not, I would be seen as unfriendly, uncooperative or being stand-offish which could have negative implications on my role as a researcher. There were times when I felt that I was not just observing but participating, such as pounding and watering the vegetables at the garden where I caught up with the events of the day. Those spaces had taken over formal initiation ceremonies and had become spaces where women shared ideas or discussed labia elongation. I recruited participants for my research in such events. Apparently, no wedding took place during my stay; I would have used that opportunity to discuss how marriage relates to labia elongation. Whilst prolonged stay in the area of study enabled me to create rapport with the community (Alasuutari, 1995:59), I guarded against the process of “over identification”, since the perception of knowing who we are during fieldwork is important (Coffey, 1999:32).

There were times when I was treated more of a friend or relative than a researcher. *When Enid saw me approaching, she waved, started dancing and shouted, “There comes my friend?”* (Research Diary: October 2008). Although my presence as a ‘stranger’ altered the normal life of the community that I was studying (Kondo, 1991), I was treated as one of the ‘long lost’ relative of a respected member of the community, my late great-aunt, Kendra’s aunt and Carol’s mother-in-law. At Angelbert’s house I was offered Coca-Cola and custard cream-biscuits before the start of the interviews; I accepted because it would be considered rude to refuse. I created rapport within the community and sometimes I felt more like a visitor than a researcher. The informal treatment that I received as a ‘relative’ by my host family in particular had its own advantages and disadvantages. At times I felt that the boundaries of being an ‘insider’ were stretched too far, like when Kendra *expected me to make decisions about what to cook for the evening meal and ensure the meal was cooked* (Research Diary: October 2008).

The evenings were the best times for me to join other women in the gardens. My host Kendra did not have a garden because she ran a grocery store in Makulela and a market stall in the city of Bulawayo where she lived with her grandchildren. So, to look like other women, I carried a bucket of water and helped the women to water their gardens. In the middle of those gardens are boreholes that supply the whole village with clean water. The vegetables in the gardens required watering about twice a day, in the morning and evenings because it would be very hot during the day. I pumped the water and filled up their buckets and that process provided me with a chance to speak to many women. After the harvest season (April to June) in Zimbabwe, women in the rural areas have a lot of time to socialise compared to the end of spring or the beginning of autumn where they spend much time working in the fields. Hard work in the rural areas is inevitable; after harvesting in the fields, women work on their small scale gardens where they produced vegetables for family consumption and sale. In the gardens women worked with hoes cultivating the crops and watered the crops by hand.

Sometimes in the evening I would go to the borehole in order to meet up with women who were potential participants in the focus groups and one to one interviews. I met a group of young and older Ndebele and KhoiSan women including the men who came to the borehole to collect some water for their vegetables or domestic animals. It was surprising how people who lived in the same location and separated by a dust road had different sets of houses. Despite the efforts to integrate the KhoiSan with the Ndebele people who live in Makulela, the KhoiSan were still reminiscent of their semi-nomadic life. Even the children who did not have a recollection of the 'life in the bush' had Ndebele names and surnames and spoke Ndebele felt excluded in the mainstream community and preferred the life their parents told them about.

I observed that *Kumugodi*; At the Borehole or the Well, where I met many women was located about forty metres away from the garden and closer to the Mopani Tree a space

that was mostly dominated by both men and women depending on who had got there first. The big Mopani tree was located between the borehole and the garden where people who were passing by rested and drank some water. Also, community group meetings were held under that tree. Originally, *Mugodi*, [the Well] referred to the type that was dug on the river bed: with the current change of climate in Zimbabwe and in that part of the country in particular, over the past few years non-governmental organisations such as CIDA, World Vision and Oxfam have helped out by digging up 'modern' wells, [boreholes] in deprived and dry parts of the country.

The shade of the Mopani tree was a space where the local people met in order to discuss important matters of the community. Spaces and their relevance to labia elongation are discussed in more detail in Chapter Seven. Although women could meet under the Mopani tree, the space was mostly dominated by men. However, if they did, they felt vulnerable since the whole neighbourhood would want to know the details of the meeting. If men did not meet under that tree, they would meet at the shop veranda where they would spend the whole afternoon drinking *masese*, opaque beer made from fermented grain. However, the veranda at the shop was not convenient and appropriate for the research meetings as there would be breach of privacy and confidentiality if women and children could pass by or want to join in respectively. The same space had different definitions, meaning and purpose for both men and women. Women used the shade provided by the same Mopani tree to rest after a busy session of watering the garden or to discuss important family and personal matters.

A number of things attracted my attention; for example, women discussed intimate and private topics such as labia elongation via informal groups in their day to day duties when they were pounding, in the garden watering the vegetables, at the borehole while they fetched water and in the bush where they looked for firewood. Those were spaces where

men were not allowed. In turn the *grocery shop veranda was a 'prohibited space for women' and mostly dominated by men* (Research Diary: October 2008).

3.5 Ethical Issues

Important ethical issues were taken into account in the research process. Exploring a topic which related to the participants' immediate experiences could be either therapeutic or bring back traumatic memories of their past experiences and that required a reflexive approach (Birch and Miller, 2012). I made sure support services were in place in Stoke on Trent, Bulawayo and Makulela. Frankfort-Nechmias and Nechmias (2004:299) state that an important ethical issue is that fieldworkers have more power than their hosts and subjects who may perceive fieldwork as sources of material resources, political connections, and social prestige. Before carrying out the research study, I examined my position and how that would affect my role and newly assumed identity and status as a researcher.

In Stoke on Trent I was a member of the Zimbabwean migrant community and in Bulawayo and Makulela a student or 'child' respectively that had travelled from the United Kingdom to do a research study about labia elongation. Would my status determine my vulnerability or being a target of exploitation if the participants knew me as a professional or where I had come from? Did participants feel 'obliged' to give me information because I had attended a church? Asking myself all those questions, I realised that I was looking at the ethical dimensions of my research and how the research would affect me as a person and my relationship with the participants whose private world I was getting into.

My role and identity as a researcher was conceived differently in all the three research locations, and my behaviour altered in order to suit each environment. In Stoke on Trent engaging with women who were seeking asylum or had attained a refugee status in the research process raised many ethical dilemmas: there were power imbalances mainly because I had an immigration status that put me in a privileged position from those who

were seeking asylum. There were issues of professional boundaries that were a dividing line between the women and me. Although I was acting as an independent researcher, my status and role would have been mistaken for an employee of the National Health Service.

In Zimbabwe too, I encountered some ethical dilemmas before carrying out the research, upon interviewing, Carla informed me that I needed to ask the ancestral spirits '*for permission*' (Research Diary, October 2008). My cousin Carla, a spiritual-diviner (*isangoma*) who lived in Bulawayo mentioned the importance of observing 'protocol', fear and respect for our ancestors who would give us the information before undertaking research. Carla ushered me into the 'healing room' *enkundleni* where she started belching until the spirit that possessed her came out. She spoke Zulu in a different voice and tone, like an old man. The spirit, '*Khulu*' (Grandfather) requested that I switch off the '*Whiteman's shiny and metallic object*' (the Dictaphone) but permitted me to write out what was said. We had a long dialogue regarding my research and the aims of the project. The spirit *Khulu* that possessed my cousin Carla was pleased that I had travelled from United Kingdom to learn about labia elongation so that I would educate *abamhlophe*, the 'White ones'.

Transparency was essential in dealing with the respondents; I gave each individual consent and information sheets as well as an extensive debriefing session (Richards and Morse, 2007:237). They were informed that they had the right to know what to expect during the research process, what information was being obtained about and from them, who would have access to that information, and that the information would be used for study purposes and not for my personal gain.

Silverman (2005:30) argues that the possibility of contravening confidentiality is a 'potential hazard'. If the women felt that their privacy was violated they would channel their grievances via the National Health Service Trust or university complaints procedure. I used

pseudonyms to protect the women's privacy and chose English instead of Ndebele names for uniformity and to make reading and pronunciation of names easy for the reader, bearing in mind the language and academic context in which this thesis is written. In Stoke on Trent my fear was that unlike the other two locations, women who spoke Ndebele are very few and they could easily be identified. Participants could withdraw from the interview process any time. Even if I was entering the women's 'private world', I felt vulnerable because asking them about labia elongation meant that I should disclose my own experiences of labia elongation (Richards and Morse, 2007:236).

3.6 The Qualitative Sampling Procedure

The sample consisted of 56 women and 7 men who took part in the formal interviews making it a total of 63 respondents (see chapter 4). All the formal in-depth one to one and group interviews were transcribed (Appendix 3:1). There are also participants who made a remarkable contribution to this study even if their interviews were not recorded or transcribed, such as those who took part in the informal interviews or pilot study. Five respondents (women) who took place in the pilot study gave in-depth interviews. Even if they are not part of this sample, their contributions remained vital in the interpretation and analysis of the results of this research. For example, Pullet's mother reported that elongated labia minora were '*an old fashioned way of sanitation*' during women's monthly periods (Research Diary: April 2006). In-depth details of the sample characteristics are explored in Chapter 4.

3.6.1 Purposive Sampling

In order to find the information regarding labia elongation so as to answer the research question, I needed to ask the women who had had direct contact with the practice. The sample was mainly theoretically selected: further, respondents were chosen via snowball, convenient and opportunistic sampling (Breckenridge and Jones, 2009; Denzin and Lincoln, 2005; Richards and Morse, 2007; Silverman, 2005). Theoretical or target sampling is a technique "in which the researcher deliberately seeks out the participants to

be invited” (Glazer, 2000; Richards and Morse, 2007). Rather than random sampling, I carefully selected a sample that could help me to develop, test, and explain a theory (Bryman, 2006:90).

The participants who took part in this research study were selected on the basis of their knowledge and experiences as well as the geographical location and ‘origins’, Matabeleland (Goulding, 2002; Patton, 2002). I was looking for answers to the research question therefore; it is likely that women from the same region would have stated similar experiences of labia elongation minora.

3.6.2 Opportunistic Sampling

In addition to the interviews that were selected purposively, my sampling procedures were partly convenient and opportunistic. Some of the participants happened to be available at the events that I visited in all the three research sites: if they were willing to take part in the research study, I interviewed them (Frankfort-Nechmias and Nechmias, 1996; Richards and Morse, 2007). For example, *after a long friendly talk with Tracy on the phone, a dialogue about labia elongation ensued; I invited her to take part in the interviews. She agreed, and we set up an interview date* (Research Diary: October 2006). There were respondents who were self-selecting or volunteered to be interviewed because they knew about labia elongation or wanted to be part of the gathering. For example in Makulela, Enid came to Carol’s home-stead her neighbour, when her curiosity would not let her wait to find out who the two ‘strangers’ were, Uncle Tom and me.

After a briefing session, reading out and asking her to sign the consent forms, Enid took part in the interviews (Research Diary: October 2008). There were times when I was passing by a group of women who would beckon me to join in. The women would volunteer to participate in the interviews with the intention to educate me about the practice. Another *woman Tina, who was passing by my host homestead with a bucket of water on her head, saw me sitting in the shade writing up my research diary, she waved and informed me that*

she would come back after taking the bucket of water off her head: She returned within a few minutes to discuss labia elongation (Research Diary: October 2008).

3.6.3 Snowballing as a Way of Recruiting Participants

Handcock and Krista (2011: 3) define snowballing as a method whereby members of a rare population identify other individuals... of 'mutual relations' or 'social circles' ... in a 'hard to reach' population. Participants already in the study can recommend other persons to be invited to participate (Richards and Morse, 2007). Snowballing was ideal on a 'hidden' practice like labia elongation as it involved 'friendship networks' (Handcock and Krista, 2011: 3). Some of the participants recommended or invited a friend to take part. For example, on the day of the focus group meeting in Stoke on Trent, Tracy came with her friend Sally who she knew had knowledge of both the Christian faith and African tradition. Also, Penny informed me that she lived close to Kate and put me into contact with her.

Kate agreed to take part in a one to one interview at her house where she phoned her daughter in order to find out if she had her labia minora elongated and how she got to know about the practice. Thus Kate's daughter's contribution became part of the research data. In Bulawayo, Carla referred me to a group of diviners; and in Makulela, Carol invited Elsie and Kelly to take part in the research. Although a snowballed sample is "not representative of the population" under study, it focuses on the subject that is being investigated (Handcock and Krista, 2011:2). Being part of the sample under study meant that I had to relate my auto-biography to the participants.

3.6.4 Deviant Cases within the Sample

Whilst my intention was that all the women who took part in the research study should have experience of labia elongation; not all women had elongated their labia minora. 'Deviant' cases enabled me to have an insight into "the most unlikely things that we could think of and incorporate their existence, or the possibility of their existence, into our

thinking” (Mason 2002:86). Some of the women knew about labia elongation or had different perceptions of the practice. For example, Florence had *negative views about African customs; she had attempted ‘pulling’ but discontinued because the process was painful. She regarded labia elongation as unchristian and something that her husband never inquired about* (Research Diary: June 2006).

3.7 Situating Myself as a Researcher

I did a lot of ground work research about the women’s origins, personal interests and professions in all the three location. As a community member in Stoke on Trent, I knew women who came from the Matabeleland Region in Zimbabwe. And in Zimbabwe, my relatives put me in contact with the key informants. At the time of the interviews, the interviewees were asked to describe their personal experiences, how they came to know about labia elongation, how and where the process was done, why they elongated their labia minora, if they talked to their children about sex or sexual health issues or if they assigned a relative to teach their daughters about the practice on their behalf (see Appendix 3:3). Women who took part in the project were made to feel that they played a vital role in the study. Even if I had gone through labia elongation (see Preface), I had less knowledge of the practice than the women. My ‘ignorance’ of the practice made the women feel empowered because talking about their experiences of the practice made them realise that they knew more and were teaching me.

Relating Malinowski’s fieldwork experiences in 1922 and 1961, Alasuutari (1995:57) argues that in studying one’s culture “there is no difference between the researcher and the ‘Other’”. Even if I had performed the practice myself, my major concern was the ‘silence’ that prevailed regarding labia elongation. Information regarding labia elongation had been passed on via oral history and yet this method of research had not been used to unveil women’s experiences. At the time I undertook this project women informed me that labia elongation was facing its demise and it was an old fashioned practice (Carol,

Elsie, Angelbert, Enid, Emma). The rural society where the practice is common was disintegrating due to economic reasons as evidenced mostly by the older age of most of the respondents in Makulela, a rural area (see Appendix 3:1). The belief is that people learn about customs from the older generation who mostly live in rural areas.

Although I was an 'insider' investigating a practice that I went through, my experiences of labia elongation could be different from the participants'. Despite fears, I was determined to "embrace the culture and the setting to become an 'insider'" (Brewer, 2000:38): I felt that it was essential to investigate the process, reasons and the spaces where labia elongation was performed. I expected answers to come up during the interview process and during participation and observation during fieldwork.

Participating in community activities, talking to the women and living a 'normal' life as one of the community members in all three locations was not easy but it enabled me to identify how local traditions, customs, beliefs, and practices changed over time. From observation and participation and the answers that I got from fieldwork, the stories regarding women's experience of labia elongation made me realise that the essence of labia elongation could be understood only when we learned to understand the way of life of those who practised it. Research in the previous century failed to demonstrate that labia elongation was a not 'deformity' or 'incomplete stages of evolution' rather, it was a process that had meaning and value for the women who practised it (Baker, 1981).

3.8 Being the 'Insider-Outsider'

Although my autobiography has been presented in the Preface, this subsection examines my role as a researcher reflexively. Taylor (2002:38) argues that in carrying out research, the ethnographer is said to obtain an insider's view of a society, in order to understand other people's world instead of taking "the outsider's perspective of the conventional scientist". My strong sense of being 'inside' and my status of being an 'insider' among the

respondents was problematic (Kondo, 2001:180). As I was a Zimbabwean and spoke 'local' languages, I regarded myself as an 'insider'. However having lived in the United Kingdom for thirteen years "put me on a marginal position" when it came to my knowledge of labia elongation (Segrott, 2001:61). Spradely (2010:61-2) states that "some people pick up an area of study which is approximate to their own immediate experience", this could be either therapeutic or could bring back traumatic memories of past experiences. Even if I was carrying out a research study regarding a practice that I had performed as a young girl, the difference was that I was "writing about it" (Atkinson, 1997).

Hammersley and Atkinson (2007:112) place the importance of maintaining "self-conscious awareness" in order to avoid being too familiar and maintain a distance from the people under study. My role as an 'insider' was associated with other important factors such as, the extent to which the research findings could be objective (or subjective) as bias was likely to occur (Taylor, 2002; Brewer, 2000). As an 'insider', who was studying a 'cultural' practice that I went through, I was aware that my emotions could affect the results of this research study. However, my dilemma was that studying the topic that concerned a personal and private practice as an 'outsider' was very difficult (Spradely, 2010:61-2).

I was looking for the social and subjective meaning of labia elongation and their role in constructing Ndebele women's identities. The disadvantages of studying as an outsider was that studying the topic could be limited, imprecise, mistaken or seen as wrong (Charmaz, 2006: 15). I was cognisant of not being too emotional or territorial and maintained an attitude of a researcher and scholar. Woodward (2008:52) points out that "the research process can never be completely 'inside' or completely 'outside' as all research involves interrogating the researched. In the light of Woodward's point of view I examined my position as an 'insider'; the fact that I live in the West made me feel like an 'outsider'.

I have been partly removed from the daily lived experiences of being a Zimbabwean woman, in particular being in spaces where intimate issues such as labia elongation could be discussed. Even though I went through the process of labia elongation, as an academic, my assumption of being equal to the women in both rural and urban Zimbabwe should be seriously reviewed. Julios (2008) states that identities change over time: the fact that I was raised in a middle class family, I cannot assume that the reasons and conditions under which I went through labia elongation could be the same as those of the participants. Learning from different women, I embraced what I thought to have been a lost heritage, and felt that I was an 'insider', a Ndebele woman who was making an inquiry about a practice that I had undergone.

3.9 Interpretation and Analysis of the Results

Once the data was collected qualitatively, I used grounded theory to organise that data and construct a theory of identity formation that was 'grounded' in the data: looking at relationships between patterns, categories and descriptive units became an integral part of this research process (Glaser, 2000:105-106). Grounded theory scholars view the process and methods such as interviews, focus groups, observation, analysis, field notes etc. more complementary to qualitative data analysis than stand in opposition to it (Bryant, 2002; Charmaz, 2006). As Charmaz (2006) argues,

Grounded theory strategies assist the researcher to concentrate on analysis of data rather on the argument about it... and to construct an original theory that interprets your data (Charmaz: 2006: 14).

It was important to adopt a thematic approach rather than a "site by site" analysis of data. (Pasura, 2008: 88). According to Frankfort-Nachmias and Nachmias (2004:13) qualitative research is structured around rules and procedures that are essential in validating and evaluating the claims for knowledge. However, Alasuutari (1995:12) asserts that the idiographic (and nomothetic) characteristics of qualitative research enable the researcher

to make sense of a “single chain of events or phenomenon” and “then relate that single case” to the other cases. The interpretation of data took place during fieldwork and the interview process in the form of “analytical field notes” or the Research Diary (Glaser 2000:107). For example, *The Jocwabe story told by one of the Khoisan women was indicative of the prevailing silence regarding labia elongation* (Research Diary: October 2008).² I noted that there was something intriguing that the KhoiSan were not telling me about labia elongation or ‘private parts’.

This research study was carried out in order to understand the reasons for labia elongation and its relationship to women’s sexual identities, their experiences of the practice as well as their perspectives. The process of analysing women’s narratives and stories required taking note of what the women said about labia elongation rather than how it was said through the process of narrative analysis (Bryman, 2004; Glaser, 2000; Hobbs and May, 1993; Patton, 2002). The similarities in the women’s narratives that developed into themes of the research were that labia elongation was important in the construction of ethnic, gender and sexual identities. Elongated labia minora facilitated sexual pleasure which was important in the control and maintenance of relationships and marriages. Alasuutari (1995) further argues that studying a group of people is like putting the pieces together or the clues a researcher is looking for. His emphasis is that

In qualitative analysis, unriddling means that, on the basis of the clues produced and the hints available, we give an interpretative explanation of the phenomenon being studied. Like solving riddles, we should be able to come up with an answer that should not be in

² The Jocwabe anecdote is common among the KhoiSan in teaching the younger generation about abstinence from sexual intercourse: Jocwabe was a traveller who told the KhoiSan about coitus sex. According to the story, before their encounter with Jocwabe, the KhoiSan women did not have vaginal sex; instead, the man penetrated the ear. From this story I started connecting the privacy and sensitivity attached to discussing elongated labia minora.

contradiction with any of the observation of the case (Alasuutari, 1995:17).

Solving riddles applied particularly to what the women said about labia elongation which was an important aspect of qualitative-ethnographic research whereby I studied the rules and discourses people took into account in their verbal or non-verbal behaviour. “Unriddling” was the process I used to bring out the information I wished to elicit in order to point out how the leads were linked to each other, just like working out a puzzle or an inquiry by detectives (Alasuutari, 1995:17). My goal was to build information about labia elongation from how the respondents described similar events and experiences in order to “construct an authorised version” of the research (Alasuutari, 1995:18). From those unique clues I gathered information that brought together and assessed what was common and variable among the women under study, labia elongation: when collecting many versions of the same information, “they partly converge and present different versions of the same incident, but even if they shed light on it from different sides” (Alasuutari, 1995:18).

Memos were important part of the analysis of the research data because they have a link with theoretical sampling. Use of memos helped me to “grow in tandem with the depth of the theoretical understanding of the data” and allowed “powerful explanatory theory to merge” (Glaser, 2000:89). In placing the importance on the information that I was given by the respondents rather than my notion of what women knew or thought about labia elongation, my aim was to bring women’s different and similar perspectives of labia elongation together and come up with the themes of the research. While talking and interacting with the participants in different spaces (Spradely, 1979), my focus was on how communities interacted and related with one another and passed on information relating to labia elongation. For example, the events and spaces such as *chinamwali*, churches, kitchen parties, markets places, *Kumugodi*, the well and ‘under the Mopani Tree’ became important elements of data analysis (Burgess, 2002).

I was mindful that societies are complex and that there is no set pattern in which we ought to understand, and that it required grounded theory to analyse and understand “the patterned conduct and social process of society” (Denzin and Lincoln, 2005:7). However, it was important to focus on the importance of the accuracy of the facts (Glaser, 2000:54). As I compared locations, events, groups and individuals I used grounded theory to generate coding (Glaser and Strauss, 2012). Glaser (2000) argues that coding involves getting

The analyst off the empirical level by fracturing the data, then conceptually grouping it into codes that then becomes the theory which explains what is happening in the data. ... The code gives the researcher a condensed, abstract view with scope of the data that includes otherwise seemingly disparate phenomenon (Glaser, 2000:55).

Coding was a long, daunting and tedious process that required a great deal of patience as it involved iterating the data many times, weaving the women’s stories together in order to establish new connections that made up a theory, construction of women’s identities.

3.10 Conclusion

In this chapter I have outlined different approaches that I used to carry out research on the ‘Ndebele’ women’s experiences of labia elongation. Despite the dilemmas I encountered in carrying out the research in three different locations, the data that was generated was essential and valuable in the production of this thesis. One of the challenging but rewarding experiences was studying as an ‘insider’: going back to Zimbabwe was like revisiting my past which seemed therapeutic in that I got clues to a lot of unanswered questions. Quite often I asked myself angrily, ‘why did my mother let me go through a practice she did not know about?’ (see Preface). During research I found myself doing what other women did, being in the spaces where other women were; dressing like them made me feel ‘invisible’ as an individual and as part of a group of women. The following chapter provides a more detailed account of the characteristics of

the sample, their similarities and differences, to allow an in-depth focus of the contexts of the women's identities.

Chapter 4: Multiple Identities of the Sample

4.1 Introduction

This chapter brings together the multiple and intersecting identities of the participants I spoke to and their relationship to the three geographical locations where the research study was undertaken. It provides a foundation for the analysis of women's narratives in order to assess how labia elongation has played a key role in the reconstruction of the Ndebele women's identities, as individuals and as part of a larger group. The first part of this chapter briefly explores the historical background of the Ndebele people in order to trace the transformation of a 'nation's' identity through assimilating conquered ethnic groups and to locate the participants within the community of their 'origins'.

The participants of this research study including myself were born and grew up in Zimbabwe between 1938 and 1983. They spent their early childhood, adolescence and early adult years in Zimbabwe. Those who moved to the United Kingdom did so as adults and when they already knew about the practice or had elongated their labia minora. They had not lived in Stoke on Trent for more than ten years and they considered Zimbabwe to be 'home'.

Locating the sample within a historic and geographical context is vital in focusing how labia elongation has contributed to (re)construction of Ndebele women's identities over space and time. Further, the chapter discusses the effects of the social, economic and political changes in shaping the contemporary lives and the complex identities of the female participants in all the three geographical places. The historical background of Zimbabwe has shaped the complex identities of the Zimbabweans, particularly women (Msindo, 2007; 2005; 2004). The second part of this chapter examines the demographic characteristics of the women who took part in this research study so as to assess and analyse how women negotiated their gender, sexual and ethnic identities. Men's views which are discussed in detail in chapter eight were important in analysing how they played

a part in reinforcing labia elongation and constructing women's identities: therefore, they are included as part of the sample.

People's lives exist within their geographical locations, so the movements of the respondents from one geographical location to the other is important in analysing how practices can be imparted from one community to the other. 'Identity' as a term is problematic and difficult to analyse (Macgonagle, 2007); this is reflected by the identities of the Ndebele as a collective group (Table: 1 below; Appendix 3:1). Even if women's identities can be seen as collective, individuals make sense of the environment they interact with. Moreover, the notions of the 'locality' or 'community' are often attached to 'people' and their complex identities which in turn are deeply rooted in the displacement and mobility from one landscape to the other (Msindo, 2012).

The sense of being part of the group is attached to women's experiences and how the women relate to one another, including their positions as mothers, wives, workers and according to the role they play in their communities. I began to understand the importance of labia elongation as a woman who belonged to a group: a woman without elongated labia did not fit within identities that are ascribed to a woman. Thus Alcoff (2006) argues that a person is 'recognised by their past choices which ultimately affect their future'.

In discussing the fact that identity is not static, Collins (2000:127) asserts that experience is essential in the construction of one's identity because a person comes out of that experience changed, and that is important in the construction of her 'individuality'. A person stands out as an 'individual' in her own 'community' of which she is a 'subject' (Collins, 2000:127). Most of the women who were interviewed moved from one place to the other and from one community to the other (Appendix 3:1) either with their parents as children, upon marriage or leaving marriage, for economic or political reasons.

4.2 Labia Elongation and Identity Politics

The Ndebele as a national group have complex identities and cultures because of integrating men and women who were captured during the chain reaction wars in the 1820s (Hamilton, 1995; Harris, 1987). Due to *Imfecane*, King Shaka Zulu's chain reaction wars from 1820 to 1840, Mzilikazi kaMashobana, a defector general of King Shaka Zulu and chief of the Khumalo clan, integrated and assimilated captives into the Ndebele society: new customs were introduced (Ndlovu-Gatsheni, 2008; 2009). Labia elongation was one of them. Showing the problems the Ndebele people faced upon their arrival as migrants in north of the Limpopo, in Zimbabwe during the nineteenth century, Chanaiwa (1976) argues that,

Like all settlers, the Ndebele had to restructure some of the institutions of their parent 'Zulu' culture to meet the challenges of their new environment. As a fragmented people, they had to institute new formulae for self-identity, self-determination and nationalism (Chanaiwa, 1976:49).

He suggests that the Ndebele grew as a nation and state and not as a 'tribal' group. Ndebele identities are not only complex, they are fluid and ambiguous and comprise mostly of 'mongrels' (Msindo, 2004; Ndlovu-Gatsheni, 2008). Ranger (1995) argues that, 'tribal' identity is a product of human creativity that can be reinvented and redefined to come again open, constructive and flexible. While it might appear that the castes upon which the Ndebele state was constructed were structured, the boundaries of the three castes (*AbeZansi, AbeNhla and amaHole*) were not rigid because intermarriages took place with the local people who were captured and assimilated (Ndlovu-Gatsheni, 2009).³

Boundaries between cultures were created by the lines on the maps in order to redefine people by their ethnic origins in Zimbabwe (Ndlovu-Gatsheni and Muzondidya, 2010). By

³The social structure of the Ndebele was made up of three castes; the Zansi, Enhla, and Hole. These had distinct societal privileges: the Zansi were the aristocrats and the original Zulus, Enhla were the captives from the Sotho, Venda and Tswana and the Hole were the local ethnic groups such as Kalanga, Nambia and Shona (Ndlovu-Gatsheni, 2002).

1863, although the Ndebele of Zulu origins had retained their linguistic and cultural identity, they had converted about sixty percent (60%) of the Shona people into their identity (Clarke and Nyathi, 2010; Ndlovu, 2008). The Ndebele people and women in particular had been part of the on-going socio-economic and political struggle and 'civilisation' which was imposed by the British colonial regime and African patriarchy (Mazarire, 2006; Ndlovu-Gatsheni, 2009). Matabeleland North, the geographical location where most of the people of the Ndebele 'originate from' and were 'driven' by the White farmers in 1896 as a sign of 'their authority' and rule over them is dry, infertile and has suffered political and economic neglect (Alexander, McGregor and Ranger, 2000).

The Saan, who are located in Matabeleland are not ethnically Ndebele, Kalanga or Shona. Over the past generations they were 'colonised' by local politicians and communities before and after independence (Morrell, 2001). Although the names of the participants were changed to protect their privacy, their original names are reflective of the geographical locations the women have occupied at a local, regional and transnational level as well as the political history the 'Ndebele' have tried to hold on to so as to reclaim their 'Southern identities'. The plight faced by the KhoiSan women such as Emma, Rita and Angelbert whose ages were eighty two, sixty and sixty years old respectively, is reflective of diasporic identities: collectively as a group, they felt that being resettled in Makulela from the Kalahari (Zimbabwe-Botswana) border disadvantaged them from their hunting and gathering life.

Although their physical appearance remained distinct (Hayes and Rassool, 2003), their 'loss of identity' was observed by that most of the younger generation had Ndebele names and surnames but could not speak their 'native' language *isiKwa*. Commonly known as the 'Bushmen', the Bakwa have very close ties with one another as a community. Although intermarriages occur among the Bakwa and other ethnic groups, they are not very common. Labia elongation is common among the Bakwa women. While this chapter

cannot fully explore the historic lives of the Bakwa women who took part in this research study, their narratives which are included in the following four chapters play a major contribution in understanding how labia elongation constitutes itself in the formation of women's identities.

Whilst connecting women with geographical locations of their origins may give them a sense of identity and pride, it raises many complications when redefining and assessing how the women relate with their contemporary communities. Negotiating identities raises crises particularly where there is an effort to understand a cultural practice that has been passed on 'silently' from one ethnic group to the other. Relocation fragments the self, groups, culture and practices (Kondo, 2001; 1991). Most of the women and men who took part in the research study had relocated from one place to other; hence the changes in the environment might have contributed to limited or enriched views on labia elongation as seen from the statement below that featured in many interviews "*Back home [then] women used to... and now.....*". The creation of the complex Ndebele national identities is important in assessing how integration could have resulted in sharing practices such as labia elongation among ethnic groups that made up the Ndebele women.

4.3 The Qualitative Sample Characteristics

The participants comprised three groups of women, based on the three geographical locations (see Table 4:1 below), each group having unique characteristics. The first group of 19 women was located in Stoke on Trent, United Kingdom and identified themselves as Ndebele or having lived among the Ndebele people from a very young age (also see the sample list in Appendix 3:1). A further 12 women were interviewed in Bulawayo; one woman, withdrew from the interviews stating that I should have sought authorisation to interview Zimbabwe subjects and have a confirmation letter from the government officials or the Zimbabwe National Traditional Healers Association (ZINATHA). Seven women who

took part in the interviews in Bulawayo were recruited from the market and were later interviewed in their own homes.

These women were not discreet about the fact that I was doing a research on labia elongation; often, they referred to me as 'the labia minora woman' in good humour. However, I felt that compromised the ethical dimensions of the research project. For example, Terry wanted me to interview her at the market: I declined politely, stating that there was no privacy as talking in public would attract a wider audience that I would fail to control. I reminded her about confidentiality. She agreed with protest saying *After all what is so private about labia minora?* In Makulela, 26 women took part in the in-depth and focus groups interviews including 6 men.

The gender of the respondents was mainly female but men's perspectives and voices on elongated labia minora were very important (see Chapter Six). A total number of 7 men were interviewed formally: 6 of them were interviewed in Makulela and aged between 26 and 65 years. One man, Claus was interviewed in Bulawayo. Even if men were not quite often involved in the physical process of 'pulling', they too were an important part of the practice and play a powerful role in determining women's sexuality. Their participation was important in assessing their views and contributions towards the role of the elongated labia minora and the construction of women's identities. However, in order to remain focused on the objectives of the study and my own bias about women's changing identities not much focus is given to them during analysis.

Table 4:1 Table to show the number of participants by age range and location

Age Range of participants	Number of the participants by site			Total number of participants per age range
	Stoke on Trent	Bulawayo	Makulela	
18-24			1	1
25-29			2	2
30-39		1	3	4
40-49	13	5	5	23
50-59	5	3	2	10
60-69	1	2	10	13
70-79			2	2
80-89			1	1
Total number of women	19	11	26	5
Men		1	6	7
Total numbers by location	19	12	32	63

4.4 Demographic characteristics

Three most important characteristics were age, marital status and motherhood. Age was an indication of women's place in the changing historical and political contexts of Zimbabwe. Whilst I did not plan to select the participants by their ages, these ranged between 21 and 70 (see Table 1). In Stoke on Trent, women were aged between 40 and 60 and the largest group of 13 participants was in the 40-49 age range, the same age range as me. In Bulawayo most participants were also in the middle to the older middle aged category. In Makulela the age ranges were more evenly spread, and included a greater number of older women. This could be a reflection of the migration pattern as the younger women would move further away to look for jobs so that they could support their parents who looked after their younger children. In Makulela women seemed to have been

at different stages of their reproductive lives, with most of them having completed their families.

The relationship between the ages of the respondents with their geographical locations became a foundation for my analysis about the shifting identities of the Ndebele women. It seems in each location women were of a similar age range. Whilst there were more women in their middle ages in Stoke on Trent and Bulawayo, in Makulela there were more women in the 60s age range. An analysis of their ages was important to explore the change of life stages and the historic time. These would have an influence on how each generation conceptualises the practice in their past and contemporary lives.

It was important to analyse the number of married women with knowledge of labia elongation. Generally, marriage contributes to the changing identities of a woman. All 32 women who were recruited in the sample reported that they were married whilst 14 of those reported that they had been married but divorced, 10 respondents were widowed and one respondent had never been married. She hoped to get married if the ancestral spirits allowed her.

Motherhood was an important aspect of women's identities. There were 45 women with both daughters and sons; 10 women reported that they had a son or sons only and one woman mentioned that she did not have a child. Carla who was neither married nor had a child reported that her solace was that collectively, women were mothers. Among the Ndebele, as soon as a woman has a child even if she is single, her identity changes and is referred to by the name of her child. For example I would be called Jack's mother '*mama kaJack*' which is shortened to '*naJack*'.

It was important to find out the number of women with daughters in order to explore the possibility of having the practice cascaded to the next generation. However, it was also essential to assess the reaction of the women who had sons only about the views of the

practice whether they would be concerned if their daughters-in-law had not performed the practice. Also, there seemed to be a connection between the productive and reproductive roles of the women, because most of the women indicated that they worked hard to provide food, clothings as well as cultural and educational values to their children, or they stayed in marriage for their children.

Although men were interviewed in this study, fatherhood was not an essential part of analysis because culturally, among the Ndebele men do not get involved in intimate and personal matters relating to their daughters and labia elongation in particular. Also, men confirmed that it was the mother's responsibility to ensure that 'her' daughter had elongated her labia minora.

4.5 Ethnic and cultural identities of the women in the study

The historical and cultural complexities discussed above are illustrated in the range of ways women in the sample identified their ethnic backgrounds. Whilst nearly half (23) described themselves simply as Ndebele, another substantial group (12) said their background was Ndebele/Kalanga and 6 more gave mixed Ndebele identities with other ethnic groups including Shona, Suthu, Tonga and Zulu. The second largest group apart from the Ndebele was the KhoiSan (11): further individuals identified themselves as Bemba, Chewa, Tonga, Shona/Shangani and Shona/Zulu.

Religion, spirituality and beliefs also play an important part in the lives of most Zimbabweans in shaping gender and sexual identities. For example, I was born in at a Mission Station and therefore I consider Christianity important in defining the person that I am. All respondents reported that they believed in God: 48 of those said that they were Christians and did not believe in ancestral spirits, 8 reported that they were Christians and believed in ancestral spirits and 3 of them mentioned that they were spiritual and not Christians. Whilst the majority of the respondents attended the church regularly, 6

respondents stated that they believed that there was God even if they did not go to church (see the sample list Appendix 3:1).

4.6 Socio-economic status of the participants

Of the women who took part in the research study in Stoke on Trent, 16 like me were employed in health care that is, nursing, care work or public health. 2 women were employed as administrators and one woman was retired and helped her daughters with child care. In Bulawayo 3 women received an income as herbalists, one was a house wife and 8 women operated currency exchange or market stalls. However, some of them, such as Terry and Olga, were trained teachers who were 'forced' to operate market stalls by the prevailing economic conditions at that time. They felt that they would make more money at the market than teaching. In Makulela only one woman, Carol was a retired primary school teacher. The rest of the women earned a living from subsistence farming or market gardening.

The older women who were interviewed in Makulela made mats and baskets for sale via a co-operative and got financial assistance from their children or relatives who worked in Bulawayo, Botswana, South Africa or the United Kingdom. Despite women's different employment status, they knew about labia elongation or had performed the practice. Most of the men who took part in the study worked for a construction company that was building a dam at Makulela. Claus earned a living from being an herbalist in Bulawayo and Cola had retired from a construction company in Johannesburg.

In the colonial era, women's mobility was restricted by the institutionalisation of migration and Zimbabwean patriarchy traditions (Schmidt, 1992). After Zimbabwe's independence in 1980, the resources which had been shared by the few Black elite and White colonialists proved to be inadequate for the Black majority (Gaidzanwa, 2001). Independence created a new wave of womanhood who had to create a balance between family life, sexual

freedom and work (Valle, 2004:197). There was an increase in the women's access to education and professional opportunities which contributed to women being bread winners (Gaidzanwa, 2006). Such shifting roles and identities were observed by use of terms such as *indoda-mfazi* [a man-woman] that were used to describe a woman breadwinners or one who worked hard, like a man to feed her family (Research Notes, 2008). Women began to question whether practices such as labia elongation empowered them or contributed to men's control over their sexuality.

Whilst family structures in Zimbabwe continued to hold marriages together, the fact that women were able to sustain themselves and their families financially, created a rift in marriages. To ascertain his status and control, the man continued to run 'secret betrothals' (Valle, 2004:197) or unofficial polygamous marriage relationships called 'small house' (Leslie; NewsdzeZimbabwe, 2012:1). Women who felt not valued in marriage began to see the practices like labia elongation that they did in order to strengthen their marriages as less valuable. Drawing upon the sample characteristic of this research study, even if some of the women had remarried, more than half of the women in Stoke on Trent including myself were divorced from their first marriages. In Makulela, there were two categories of women who took part in this research study, the younger ones of whom had children, were married to their first husbands and depended mostly on them for financial support: and the older women who were widowed and depended mostly on their children for financial support.

As the Zimbabwe economy deteriorated, women took an initiative to work hard in order to supplement the family income and look after their immediate and the wider extended families (Gaidzanwa, 2006). Within the past thirty years there has been an increase in the number of women who have travelled across the borders of the neighbouring countries such as Botswana or South African as formal and informal traders (Schmidt, 1992). Participants of this research study such as Peggy, Lilly Olga and Leslie who engaged in

small business enterprises such as The Market in Bulawayo sold items like doilies and curios. They then used the money from the sales of these products to purchase items which they sold at the market stalls 'back home' so as to supplement the family income. Women like Terry, Ophah and Rhoda brought back foreign currency, the money they would have got from the sales so that they could make profit in the 'black market' trade. Thus, women who engage in this kind of business have very little time for a social life because they spend most of their time making money.

On the other hand, younger women who remained in Makulela when their husbands immigrated to other countries for work supplemented their income with vegetable sales from the market gardens. For those who did not have relatives or husbands who worked in the cities or 'overseas', the vegetable sales from the market garden did not give them enough money to earn a living. Hence young women like Myra went to the city where they worked as 'domestic servants'.⁴ Myra saved her earnings and sent some of it to her grandmother in the village.

The drought also contributed to the economic decline of the country, as it meant that the commercial farmers and subsistence farmers could not produce enough to sustain the nation and families respectively (Gaidzanwa, 2001). In 1984 the International Monetary Fund/World Bank proposed the Economic Structural Adjustments Programme (ESAP) that included cutting down on health and education (Gaidzanwa, 2006; 2001). Also, the post-colonial political conflict in Matabeleland, the political instability and the dwindling economy of Zimbabwe in the 1990s precipitated the movement of many people from Zimbabwe (Pasura, 2008). Women migrated to neighbouring countries such as Botswana,

4 Employment of the 'less privileged' for menial jobs such as domestic workers, child minders and gardeners is common in Zimbabwe.

Namibia and South Africa and towards the end of the 1990s, abroad to countries like the United Kingdom where the value of the currency was much higher than that of Zimbabwe and other southern African countries (Pasura, 2008). As diasporic communities women like me and those living in the United Kingdom, continued to negotiate their identities including thinking about how they could continue to embrace practices such as labia elongation.

Gaidzanwa (2006:16) further observes that the majority of women who live in rural areas “are overworked with many domestic responsibilities” and duties of “looking after children orphaned by AIDS”. The spread of HIV is a key issue that has changed the way women perceive sex and sexuality because of the risks and the number of deaths the virus has claimed over the past decades (McFadden, 1992). Grandparents who quite often became “guardians of the AIDS orphans as well as the backbone of the family” therefore have a duty to pass on the values that make the children part of the society and reclaiming their identities (Chinouya, 2007:101). As shown in this research study, in Makulela thirteen out of twenty six (half) women who participated in the study were over the age of sixty and looked after grandchildren whose parents had died or worked in the cities or neighbouring countries such as Botswana and South Africa. Not all children were looked after by an older guardian, when some parents left Zimbabwe to look for jobs in cities or neighbouring countries, some children became the headers of the families; 25% of these children were believed to be orphans due to HIV/AIDS (UNICERF, 2012; Shoko, 2012).

4.7 Conclusion

In this chapter I have outlined the major sample characteristics so as to situate the participants within the geographical locations of their origins as well as their current. Social, economic and political factors are major factors of relocation from one place to the other: this has contributed to how labia elongation is perceived, embraced or ignored (see the second part of Chapter Eight). Growing up in Zimbabwe, the women (and men) who

took part in this research study were expected to adhere to roles and identities in a variety of ways within the changing political and historic times. This chapter has provided an insight on women's identities. Even if relocation fragments the self, groups, culture and practices; women adjust and adapt to the changing situation in order to survive. The next chapter explores different ways in which the Ndebele women learned about labia elongation.

Chapter 5: Women's Experiences of Labia

5.1 Introduction

The following four chapters examine various ways in which the women who took part in this research study came into contact with labia elongation. A thematic approach rather than a site by site approach was adopted in analysing data. Although the sites were located in different geographical places, they were complementary and were chosen so as to enrich data. The first location of this study was Stoke on Trent where women who were interviewed are a diasporic community. However, their memories, experiences and significance of labia elongation are linked to Zimbabwe where the two further sites are located.

Labia elongation, or pulling, is a process (and not event) which can take place over many years. The word 'pulling' is used in this part of the thesis as literal translation of 'elongate' (*donsa*). The word was used by the respondents when making inquiries about the practice during fieldwork and interviews. The circumstances in which the practice took place might seem 'unstructured' because of the times and conditions under which the practice was performed. However, what might seem 'unstructured' could be a subjective analysis of the reader.

The different times in which the practice was performed may have been caused by changes in the social, political and economic situation of the country. Despite the domestic and subsistence lives of the women, women performed labia elongation as an important part of the construction of their womanhood. This chapter explores the women's experiences of labia elongation, the ages at which they first heard about the practice or started the actual process of labia elongation, the process of elongation such as the materials they used to assist the process of 'pulling' involved, if there was a particular or convenient time to 'pull' and if there was a specific way of doing the practise.

5.2 Ages of labia elongation

The age range at which the respondents first heard about labia elongation was 8 years to 14 years old (see Appendix 3:1). Two women were older, at the ages of 16 years and 22 years, when they first heard about labia elongation or did the actual 'pulling' respectively. Generally, at the age of 8 years girls would be beginning to show signs of puberty as shown by Tracy who said *I was about nine years old when I visited my grandmother who lived with her mother, my great-grandmother*. Similarly Susan, a woman in Stoke on Trent, responded that *I was eight years old when my aunt visited and told me about it*.

Penny was about ten years old when she first heard about labia elongation. However, even though she grew up in the rural areas of Kezi where the practice was common, she did not have the motivation to 'pull'. She started 'pulling' at the age of twenty one years when she saw the 'need' to perform the practice. Women like Kelley, Moline and Docars could not recall the exact ages at which they elongated their labia minora; they remembered *singakaphuhli* that *it was before puberty [before their breast started showing]* or '*before menstruation*' as reported by Angelbert who mentioned that some girls started their menarche early at the ages of 9 or 12 years. If girls had not started menstruation at the age of 14 they would be regarded as '*late starters*' (Carol).

Asking the women why the common 8 to 14 year age range was important in labia elongation, Rita answered that *the 'flesh will still be soft'*. According to the women, once a girl had started her monthly periods, the hardened flesh became difficult to 'pull'. Other remedies would be applied to make sure the labia minora lengthened to the required length. Some girls were sensitive about the age at which they were told about labia elongation, Tracy reported that she was too young to know. Whilst the young age at which the girls were taught about labia elongation could imply negativity, the emphasis was the transition of becoming women. The fact that labia elongation was supposed to have been done before the girls had menarche, could suggest its connection to the social and biological processes of becoming a woman (La Fontaine, 1986; Manabe, 2 010).

5.3 Times of day for labia elongation

The times at which the girls were engaged in the process of labia elongation depended on convenience, particularly when they had finished doing their day time and evening domestic duties or when they had gathered together when fetching water at the well or in the bush when looking for firewood. Also, girls at the boarding schools, like me, performed the practice: those were times (and spaces) when it was possible to perform 'secret' rituals like labia elongation within their own "private spaces" or spaces of domination (Spivak, 1994:128).

The following were responses given by the women upon asking them what time of the day they elongated their labia minora: Carol and Elsie from Makulela village mentioned that *In the evening when everyone had gone to bed*. Sandra reported that *in the mornings I would wake up and 'pull' or in the evenings at bed time*. Mary said that *I would wake up in the morning before sunrise*. Paulette stated that the women in the area where she lived *would wake their daughters very early in the morning and instruct them to go and 'pull'*. Roselyn, a woman from Bulawayo mentioned that *before sun set; we would elongate our labia minora with a group of girls*.

Some girls would 'pull' during the day time, as reported by Hazel,

I was coming from school one afternoon, at about twelve o'clock when my friend said, "You know what? We have just been to the bush ... "We were 'pulling'".

Confirming that there was no set time for labia elongation Margaret confirmed that *it would be in the evening, in the day time or evening during the bath time at the river*. Sometimes labia elongation was done by girls during their own spare time in the day when they had finished their daily chores and as shown by Kelley when she said that, *During the time when it was girls only and there were no boys around*. What is referred to here is the girls' own 'quality' time, particularly when they had finished their daily duties and when the boys

too were having quality time somewhere else. In production of identities, it seems there was a correlation between time, spaces and the people who occupied those spaces.

5.4 The process of labia elongation

Labia elongation is a continuous process that took place when the girls reached puberty until they were married and had children. In most cases, the girls engaged in the process of elongation because it was something that was treated as private and boys were not allowed to know or to see what happened during that process. Learning how to elongate one's labia minora was important because the girls who were shown the process of labia elongation cascaded the knowledge to their peers who in turn 'pulled' the right part. Mazy reported that

We showed each other how the process of elongation was carried out. And we were not embarrassed, we would let one person lie down and then show her, we could even take turns to 'pull' each other's labia minora.

The statement by Mazy indicated that labia elongation was a shared process that girls did together and did not feeling ashamed about it. There were no feelings of guilt in showing each other which part of the genitalia to elongate and how to elongate it. During that demonstration, a girl would lie down while the other(s) showed her or even 'pulled' the labia minora; demonstrating labia elongation involved touching one another's genitalia. The women confirmed that during the interviews there were no suggestions that that process was an act for 'lesbianism' or sexual enjoyment (Morgan and Wieringa, 2005).

In most cases those who had already performed the practice monitored the length of the labia minora and adults rarely did so as suggested by Carol, who mentioned that *the girls would check each other in order to see and compete*. The girls were given that shared responsibility to carry out the process on their own without help or being monitored by adults. The process of elongation was a practice that was shared by the girls of the same age and the older girls checked if the younger ones were doing the proper procedure: labia elongation was a shared and not individual process.

On some occasions it was not just the girls who helped out with the 'pulling' process; the husband would help out; Lydia described her labia elongation process as a '*rare experience*' because her husband helped her to 'pull' them. After realising that he had 'nothing' to play with during foreplay, Lydia's husband asked her to have her labia minora elongated; she agreed. He had felt that it was his duty to help his wife to elongate her labia minora and both of them were aware that involving her husband to elongate her labia minora was a taboo. If her aunt knew about the involvement of her husband in the labia elongation process, Lydia would have been reprimanded. However, Lydia mentioned that engaging her husband in the 'pulling' process was *exciting because it was part of the sexual etiquette and when he enjoyed it, it made me enjoy it too*.

Lydia's husband had a mixed Shona-Chewa ethnic background and had spent most of his childhood in a neighbouring country to Zimbabwe: so, when I was analysing this statement, I decided to give Lydia a telephone call and asked her about the involvement of her husband in elongating her labia minora. My question was: would Jim (Lydia's husband) have assisted if Lydia was from the same ethnic group as he was? Generally, there is a tendency to be more 'respectful' of each other's customs and practices if people come from the same ethnic group. In my view, too much respect among couples may create a 'romantic distance' between a husband and wife.

On the contrary, if 'couples' got to know each other too well, they might lose respect of each other. Lydia found that question difficult to answer but reported that she did not think about it at the time. She reported that probably, if she was from the same ethnic group as her husband, she would have her labia minora elongated at the time of marriage. If she had not, perhaps she and not her husband would not have agreed to involve him in the 'pulling' process. She felt that as a Ndebele woman it was virtuous for a woman to be shy towards her man.

When Susan started elongating her labia minora, her aunt who checked to see if the labia minora had grown, physically showed her which part of the genitalia to 'pull'. Susan reported that

My aunt would check to see how much they [the labia] had grown; she would show me what to hold and would literally say "Get hold of this" to both my sister and me.

It was clear that the process of elongation took place in different ways. Those who did not know which part of the genitalia to elongate were given support: a clear indication that labia elongation was not an individual process but a shared practice. However, once the girl knew how to perform it, she continued doing so as an individual.

A common process and position of labia elongation among girls was that they would squat behind the house in the evening. Using their two fingers 'like milking a cow' girls elongated their labia minora. The younger girls or those who had not yet performed the practice, learned from those who already knew and had performed it. Demonstrating how women would 'pull' their labia minora while squatting, Carol said that '*Bekweba*' [demonstrating the process], *the girl would carry on 'pulling' until the labia minora became the size that was satisfactory to the girl.*

As Carol spoke, the rest of women in the group interview giggled like teenage school girls because the process reminded them of their past experiences. After being told about labia elongation by the older women in her community, Sandra continued elongating her labia minora on her own and never shared her experience with anyone. She reported that *I would 'pull' the labia first with Vaseline because they were small and difficult to 'pull'*. Sandra reported that the process of going through labia elongation was arduous. She further mentioned that elongating her labia minora was painful at first, and the labia were not so easy to get hold of because they were tiny. Her determination to make them longer was clear when she mentioned that *I continued 'pulling' until the labia minora came to a certain length, when the older women checked, they were satisfied.* It seems Sandra

continued to 'pull' her labia minora for almost four months (the duration for one school holiday (one month) and school term (three months) in Zimbabwe).

Labia elongation might seem to be just a physical process yet in some instances the procedure was believed to have a spiritual connection. As a ritual, labia elongation was done under certain rules that connected it with the society or ancestral spirits. Roselyn reported that *covering ourselves in a blanket, we would sit with knees up, facing the east and then start elongating our labia minora*. The importance of covering oneself with a blanket was attached to preserving one's dignity and respect so that the genitalia would not be seen by other girls. Roselyn further emphasised that *it was a way of respect, and so that other girls would not see that part of you*. Contrary to having the older girls "checking" or "helping out", in some communities respect, dignity and privacy were important during labia elongation.

Roselyn mentioned that during labia elongation certain rites were observed:

You see most of the practices are connected to the spirits, just like having a bath; one does it while facing the east because it is the direction where the spirits 'blow from'.

Asking Roselyn what women used in the 'olden days' before there were blankets, to ensure their dignity and respect were preserved, she answered that they used hides of animals, the same ones used as blankets to cover themselves at night when they slept or when it was cold. From Roselyn's point of view, facing the east where the sun rises was an important practice which was attached to the common belief among the Ndebele, as seen below.

Facing the east when performing a ritual is attached to connecting that ritual and its performance with the ancestral spirits, thereby making it authentic (Roselyn).

Another factor that connected labia elongation with rituals was the chant that was sung by Hazel and other girls in her village when performing the practice in the bush. At the age of

eight, the girls in Hazel's community knew that elongated labia minora were attached to boys, sex, love, children and marriage as indicated by the chant below:

*I came to 'pull' my labia; there will be a boy that will come to get me;
he will have sex with me, then he will love me and we will have child
and we will live happily ever after.*

While this could be seen to be a child protection issue in the United Kingdom because a child who is under the age of twelve years could not be competent and may not have the 'emotional and intellectual maturity' to understand the implications of sexual intercourse (Cornock, 2007) from the above statement, girls could have been 'permitted' to learn that labia elongation in that community was meant to prepare them for womanhood and marriage. I will digress in my endeavour to substantiate this theory, in some communities where I have lived in Zimbabwe, as soon as a girl has menarche, she stops attending school, and gets married. Hazel mentioned that the belief was that if a girl did not chant during the process of elongation: *they would say your labia would go in, your labia would not grow longer and the labia would go in... Your labia would not go longer.*

The obligation to elongate their labia minora was attached to fear, 'superstition' and beliefs, and as a result the girls felt compelled to elongate their labia and sing. They believed that if they did not sing, 'the labia would not grow longer'.⁵ The chant showed that it was not always the case that the girls did not know about the reasons for labia elongation. Having penetrative or vaginal sex before marriage is usually discouraged (Hunter, 2010; Nyathi, 2005), however from the sequence of the song it was evident that sex could happen before marriage and love was a result of mutual relationship and sex.

⁵ These beliefs or 'rules' indicate that labia elongation was a ritual.

Carla mentioned that labia elongation was an on-going process that took place after a girl had started her monthly periods. Carla pointed out that when the girl started menstruation, the labia minora shrank, so *one needs to restart the process so as to maintain the same length*. A similar procedure would take place if the woman got pregnant, because it was believed that the elongated labia minora shrank when a woman was pregnant. Carla confirmed that *after the delivery of a baby, the labia shrink again so 'pulling' needs to continue*.

Indicating that she still continued to elongate her labia minora even though she was in her forties, Betty mentioned that, when she was lonely, alone in her room, she elongated her labia minora. It was not clear whether Betty continued to elongate her labia minora whether they had shrunk or for sexual satisfaction. The process of 'playing with' one's genitalia when they are lonely could result in masturbation. A woman could be aroused in the process of 'touching' her private parts when she is alone. Upon further interrogation, Betty denied that she masturbated during labia elongation because she got enough sex from her man to satisfy her: from her point of view, masturbation was not "cultural" (Research Diary: January 2007).

Also, confirming that labia elongation was a continuous process, Mary stated that as a group, she continued 'pulling' until the labia minora were long enough *to our aunt's satisfaction*. Where there were aunts monitoring the performance, the girls continued elongating their labia minora to a certain acceptable length. It seems there were no restrictions to stop labia minora elongation. Mary mentioned that they stopped the process when they had their menstruation periods and resumed after giving birth. Besides their fingers, there were other materials that the girls used to elongate their labia minora, as discussed in the next subsection.

5.5 Materials for labia elongation

A new learning process for me about the 'art' of labia elongation was that after a continuous process of elongating their labia minora, girls undertook other measures to speed up the process of making the labia minora longer by using aids or materials that are 'indigenous' within each geographical location or during a specific season, such as Mopani or sisal fibre. Explaining how the girls used the fibre, Carol supported by Kelley mentioned that, the fibre would be attached to labia minora when they (labia minora) were long enough to make a knot. The two women described the process as *painful but the pain would last for a few minutes*.

Depending on the season of the year, and mostly during the dry season when the fibre of the trees was hard to extract, sisal fibre was twined then knotted to the labia minora in a similar way as the 'Mopani tree' fibre (Van Voorthuizen, 1976). Describing the process Elsie stated that

We would then tie the fibre to the labia without assistance, the fibre would be long enough to bring it right round the waist and then leave it tied there until the labia minora came to size that one wanted.

Echoing what Elsie said, the women in a group interview unanimously mentioned that the importance of using the fibre was to aid lengthening of the labia minora, *so that the labia will be longer and not shrink* (Research Diary: October 2008). The women reported that even if tying the fibre to their labia minora was painful, they (the women as girls) had a drive which made them to endure the pain during labia elongation. Amanda intervened to mention that *if someone else tied the fibre to the labia minora, the pain would be too much, so one was better off tying the fibre to the labia minora herself*.

The women showed awareness of the softness of the flesh around the genitalia and that the pain was less if the women tied the fibre to the labia minora themselves. However, Elsie's words of caution when using the fibre were that *the flesh around that part* [of the genitalia] *is quite soft, it was important for one to be careful when tying up the fibre to the*

labia minora. The image brought about by this process may look 'horrific' as it indicates the pain and effort the women went through to elongate their labia minora. However, the fibre was not just a device that was used to elongate, it was a way of making sure that the labia minora were well positioned and did not cause any pain that would come up as a result of friction with the thighs if the labia minora were hanging out of the genitalia. It seems women knew what they were doing and were in control of the elongated labia minora as well as the elongation process.

Another method of aiding the labia elongation process was use of the wings of a dead bat (Gail). Upon hearing about it, the question that played in my mind was: how did they get hold of the bat since those mammals only fly at night? I could imagine a girl chasing after a bat, trying to kill it so that she would use the wings for labia 'pulling'. Asking the women how they accessed the bat, whether they caught it or someone caught it on their behalf and killed it, sparked the following dialogue between the women in Makulela and me:

Harriet: *At what time of the day did you catch the bat?*

Moline: *In the evening, you would look for one and kill it.*

Harriet: *What about the boys, where were they at the time you were looking for a bat?*

Gail: *Ah! Do they know?*

Harriet: *What do you mean, please explain?*

Amanda: *They would be at home, in their rooms [huts] or somewhere out there minding their own businesses.*

Carol: *With their girlfriends may be.*

Gail: *We were not always looking out and chasing after bats [women laugh loudly], only one bat was enough to supply the entire village with the wings that were burnt for labia elongation.*

The women reported that the wings of a bat were burnt, mixed with Vaseline and then used to 'pull'. The assumption that the boys were ignorant and unaware of the process was synonymous with the men's assumptions that elongated labia minora were

permanent and natural features that existed on all women. On the other hand, the conversation that took place during the men's interview showed that the same men who were believed to be ignorant were aware that labia minora were elongated rather than being a permanent feature. Also, Hazel showed that assuming that boys were 'ignorant' of the effort the girls made to elongate their labia minora was an understatement, she confirmed that

boys knew that we were going to 'pull' and they would follow us. Standing at a distance, they would be watching from the bushes, looking at us pulling.

Asking the women further why they used the wings of a bat to elongate labia minora, Tina mentioned that, the wings of a bat were meant to make the labia minora to grow longer. She emphasised that even if the wings of a bat looked small, they could stretch. Describing the process of using the wings of a bat for labia elongation, Carol stated that

The wings of a dead bat would be cut off; burnt on fire until they became black like soot, then mix with Vaseline and then use the solution to 'pull' so that the labia would stretch like the wings of a bat.

A similar way in which the wings of a bat are used for labia elongation was perceived from Margaret who stated that during the process of elongation, it was important to use the wings of a bat that were burnt and mixed with Vaseline *then 'pull', at the same time ensuring that the labia would stretch and be alright.* It seems the wings of a bat had three functions, to make the labia minora longer, stretch and maintain the shape that resembled the wings of a bat. The art of using the bat's wings in labia elongation might seem erotic; however, among many communities in Matabeleland the bat is seen as evil and associated with witches and sorcerers because it sleeps in the day and flies at night. The question is what does this practice tell us about women, sexual pleasure, eroticism and sorcery? Is there a connection between labia elongation and the forces of darkness?

Like the methods mentioned above, herbs were also used to assist in labia elongation. Research carried out by Jeater (2000) among the women of the Midlands area in Zimbabwe and by Richards (1982) among the Bemba girls in Zambia regarding labia elongation and initiation rites showed that some young women and girls were taught about use of herbs and labia elongation at a very young age. During that time girls, with the help of the older women or older girls, learned about herbs that could be used to elongate their labia minora. To make the labia minora longer, Roselyn, a herbalist in Bulawayo, reported that as young girls she and other girls in her community used herbal leaves that were ground, burnt, mixed with Vaseline and then applied on the labia minora during the 'pulling' process. She explained that *the black solution was put on the fingers; get hold of the labia and then 'pull' and 'stretch' repeatedly*. Carla emphasised that some of the herbs such as 'the ears of a rabbit' [the herbal plant that resembled the ears of a rabbit] were *smeared on the whole genital area*.

Lydia, who used herbs to facilitate the process, reported that she used the herbs that were *crushed or burned and then put in your hands and 'pull'*. Besides the herbs that were burnt and then applied to the labia so as to 'pull' easily, there were herbs that were used to smoke. The smoke was inhaled with the belief that the 'chemical' reaction in the body would 'push' the labia minora and make them longer. Carla further mentioned that

You smoke in the evening and in the morning the labia would have grown longer, and then one would start the process of elongation.

The mechanism of smoking herbs and the labia getting longer the following morning was a mystery. Whilst this 'scientific' outcome of process is difficult to explain, herbalists who supplied those herbs such as Carla, Roselyn and Trudy believed that those herbs worked well and did not cause any harm or pain. However, if the herbs were taken in excess, the smoke would have a delirious health effect on the women. The herbalists mentioned that women were advised against taking too much quantity, any herbal medicine they were given.

Another device which was common for labia elongation in the community where Hazel lived as a young girl was 'the lift and stock'. Hazel mentioned that

Using a certain type of shrub, a stock... you made a small hole in the middle; put that stick there and the other side so that you had to twist... and then you 'pulled' your labia minora then your labia minora would be swollen. We would leave the stick the whole night and take it out the next day. The swelling would have gone and the labia longer.

Hazel further reported that the labia minora were measured with a stick in order to ensure their length had increased.

Another method of labia elongation that Hazel and the girls in her community used in addition to or as an alternative to 'lift or stock' were *dried seeds which looked like sunflower seeds*. Hazel reported that, the seeds were *roasted and then ground*: the solution would be mixed with Vaseline and then stored in a small bottle. Gauze would then be used to take the stuff out of the small bottle. Using both hands, two fingers and a thumb on each hand, one would start 'pulling". Illustrating how the 'stuff' worked Hazel pointed out that

The stuff would cause the genitalia to itch; if it did [itch] then you knew that was proper medicine; as it would make the labia minora to swell. As the swelling came down, the labia minora became longer.

It is intriguing to find that the 'irritation' that was caused by the 'herbal seeds' on the genitalia was proof that the 'herbal' medicine worked: although, this could be seen to cause infections or more swelling on the genitalia which could lead to hospitalisation. However, such cases were never reported and girls found the procedure to be 'normal' and an important part of the labia elongation process.

Whilst there were herbs that were used when the girls were young and at the very start of the labia elongation process, there were herbs that were used when the girls were *too old*

to start *labia elongation* (Susan). For example, Susan's aunt informed Susan's older sister who had not yet 'pulled' her labia minora at the age of sixteen that

I want us to get out of here, go somewhere else to look for herbs that you could use to 'pull'. I will show you how to use them because you have waited until too late to elongate your labia minora.

According to Susan's aunt, it was too late for Susan's sister who was aged sixteen years to start 'pulling', so she had to use herbs. Her aunt's advice regarding the use of herbs at the age of sixteen years was that she had already started menarche. Therefore, she needed to use herbs because at that age the flesh *had hardened*. It was clear that the best time to have one's labia elongated was before the start of her monthly periods and if a girl had not begun to elongate her labia minora at the age of sixteen, she would have to resort to the use of herbs. Susan's aunt advised that when using herbs to make the labia longer, one had to take the elongation process *one step at a time and use the herbs when 'pulling' every time you have menstruation*. Susan and her sister continued to elongate their labia minora until they were *long enough*.

Gilda mentioned that there are herbs that girls chewed during the time they were 'pulling': *as one chews and 'pulls' the labia will quickly become longer*. Such herbs were in form of *the juice of the bark, the root or leaves of the herbal plant that caused the labia minora to grow* (Rita). There were many types of herbs that were used during the process of labia elongation and in different but similar ways that is by burning them, apply Vaseline and then use the solution to assist in elongation. However, girls learned how to use those herbs from their peers and at an early age of eight years.

5.6 Approaches to learning about labia elongation

The process by which the girls learned about labia elongation can be divided into three categories; 'traditional' or 'potential' (past), 'non-traditional' or 'existence' (contemporary) and 'variety of ways' which mixes the first two (Said, 2005:1). Said (2005) emphasises that the 'traditional' is historical or temporal because it is affected by 'future priorities' and

'present actualities' which ultimately makes a person conscious of her place in time, of her contemporariness. However, whilst non-traditional approaches have worked well for others, they could have contributed to the misunderstanding or misinformation of the practice as reported by respondents such as Grace, Florence, Penny, Carla and Jane who felt that lack of 'parental' involvement made them not to perform or take the practice seriously or elongate the 'wrong' part.

Traditional approaches such as those used in the area where Roselyn grew up, involved younger mothers (aunts) sitting down and discussing labia elongation with a group of older girls who then told the younger ones. During the time of learning, certain protocol in which the knowledge of labia elongation was transmitted was observed. Once the girls started 'pulling' they would do it as a group which was monitored under strict rules by those younger mothers or aunts.

Another formal way of transmitting labia elongation consisted of paternal aunts educating their nieces: Betty was taught by her aunt during the 'educative trips'. Such lessons were well structured and done under certain rules. The trips to her aunt were beneficial as Betty reported *that was when my aunt introduced me to the labia 'pulling'*. The trips to Betty's aunt were organised by her mother who knew what they were meant for. Betty's mother had suggested that the trips take place upon realising that Betty had started developing pubic hair, and slowly growing into a woman. Betty's aunt kept on checking if she was elongating her labia minora well, and told her what would happen if she did not continue 'pulling'.

Susan's aunt had travelled all the way from Malawi to Zimbabwe to give her older sister labia elongation sessions, demonstrating the importance of the practice. To show her aunt's 'mission', Susan reported that her aunt sat down with her older sister and her in order to teach them about labia elongation. Susan's aunt showed her sister (and her) how the labia minora should be 'pulled', demonstrating how and what to 'pull'. Her aunt too,

checked regularly if the girls were making progress with 'pulling'. Susan reported that her aunt would say *here, this is what you 'pull' and this is how you 'pull'*.

Kate reported that although the girls in her wider extended family were given lessons by her oldest uncle's wife [aunt], she decided not to go through the process out of her own choice. Her mother was South African and did not know about labia elongation. Showing how the girls were taught about the practice, Kate reported that, *all the girls would line up and my oldest aunt would show each one of us the labia minora and how to 'pull' them.*

Sandra reported that *all the girls went through a similar procedure of learning and were 'checked-up' regularly to see if they continued 'pulling'*. Sometimes the conditions under which learning about labia elongation was carried out were strict, as the aunts made follow up procedures to ensure the process was done by the girls who were given that task. Tracy reported that although her grandmother mentioned the practice without sitting down with her at the start; later on her grandmother and great-grandmother took their time to explain why it was important for her to elongate her labia minora and encouraged her to carry on 'pulling'. Her grandmother emphasised that it was easy to carry out the process at that young age while the *flesh was still young.*

'Non-traditional' methods of learning included parents or family members telling the girl indirectly about the practice. For example, when Tracy's grandmother and great-grandmother told her about labia elongation one of them mentioned that *let me see what is down below there.* At the age of nine, Tracy could not comprehend what the two women were talking about until she saw other girls with elongated labia minora (see Chapter Seven).

Also, Margaret reported that her mother was 'vague' and would occasionally 'beat about the bush'. When she sat down she would say in amazement, what about that part! From the way her mother first told her about labia elongation, Margaret did not know what her

mother was talking about and what she had to do with 'that part'. She could only speculate. In fact, she did not even comprehend as she reported I wondered what my mother was talking about... she never told me where and what to 'pull'.

The way Margaret's mother told her about labia elongation was vague because she would only point at her genitalia and did not tell her what she meant. The plight faced by her mother regarding teaching her daughter about labia elongation was evident because matters that concern labia elongation were left to paternal aunts or older sisters (Jeater, 2000). Margaret further reported that once she got to know that in the village where she grew up in, other girls had elongated labia minora; it made sense what her mother was attempting to say to her. Rhoda, Terry, Olga and Ophah confirmed that as girls, they learned by showing each other, competing to see who had the longest labia minora. Although there were positive learning experiences, sometimes when the girls educated each other about labia elongation and not showing each other what was supposed to be 'pulled', women like Carla pulled the clitoris instead of the labia minora.

Sometimes learning about labia elongation would take place when girls gathered at the well in Makulela, during kitchen parties in Bulawayo, in the bush when the girls were fetching firewood, or behind the house when their mothers had *chased them way to go outside* without being specific about why they should go outside behind the house (Paulette). Paulette reported that mothers would tell their daughters to *go to the rocks or hills so you can 'pull'*. Paulette further mentioned that *those mothers would tell their daughters to 'pull' but they did not tell them what to 'pull'*.

Kelley related that sometimes labia elongation would be done by the girls as a group in the afternoon when they went to gather firewood or to pick fruits and berries in the bush. When a girl confessed her ignorance of the practice or knew but had not yet started 'pulling', her peers would make an effort to teach and demonstrate the 'pulling' process. Gail reported that, while the other girls grouped together talking about labia elongation at

the well, one of the girls would *pull the girl who was being laughed at for being ignorant of the practice aside* and sympathetically say “*Let us go behind the bushes, I will show you*” (Gail). This process was done specifically for labia elongation and showing each other the important part of the genitalia that was supposed to be ‘pulled’. Gail further said that that kind of learning was helpful: the person teaching the girls instructed them

to squat, showing you the labia that needed elongation or she would physically hold the labia and show you how to ‘pull’. She would show the length of her labia minora repeatedly saying “look at mine”. She would tell you that it was painful at the beginning, and if you carried on, it would get to the ‘right’ length.

It seems the girls were not embarrassed to show each other their own labia minora and there was nothing private about it. Such learning would be done as a group or individuals, by a friend, neighbour or relative. The girls were gratified at those who offered help and support as told by Carol

It was encouraging, you would start ‘pulling’ and when you meet the ‘mentor’ next time, you would inform her that ‘it was alright’.

The girls shared information regarding labia elongation among themselves, as a group with other village girls who met at the well where one of them would act as a mentor. The mentor would demonstrate and give advice, which was a big responsibility. It seems there were boundaries between the mentor and the mentee. After the process, and when the girls felt the labia had grown to the ‘acceptable’ length, she would ‘report’ back to her ‘mentor’ only when they met.

Describing a similar process of how girls learned about labia minora in the village where she grew up, Lydia reported that,

The bigger girls would take the role of the aunt when we went out swimming they would show us that labia elongation was not something

that could just happen when we were out there; it was something that one was supposed to be told about by a relative at home.

Even if bigger girls played the role of an aunt who had an obligation to teach the girls about labia elongation, the fact that the sessions were conducted when the girls went out swimming was not taken seriously. For example, when Lydia mentioned that, at the age of thirteen, her cousin told her and her sister that they had to 'pull', and showed them how *to do it*, she felt *it was like a joke*. Despite all the information that Lydia acquired from her cousin and later friends at a boarding school, she did not engage with the practice until she met her husband who wanted her to 'pull'.

Penny's sister-in-law approached her diplomatically so as to educate her about labia elongation after Penny confided in her about her loveless marriage and violent husband. In her endeavour to make her marriage work, Penny elongated her labia minora in order to attract her husband and calm his temper down.

As shown from the manner in which Tracy was taught about labia elongation, there were variety ways of disseminating information regarding the practice. Some women confirmed that there were no set ways of learning about labia elongation. For example, some girls were taught in organised groups or as individuals by older girls or grandmothers. Carol and Kelley mentioned that they knew that their daughters had elongated their labia but they did not know how they got to know about the practice. They suspected that they might have learned from each other. Carol reported that

Our daughters [Carol's and Kelley's] grew up together; I know my daughter had her labia elongated, so I would assume that her [Kelley's] daughter knew about it. ... If my daughter did the practice her daughter did it too.

Trust and friendship seem to have been important conditions of how labia elongation was passed on from one person to the other and from one group of girls to the other. Mothers

too left their daughters to learn from each other which was an acceptable way of learning about the practice. However, the fact that those mothers wanted their daughters to go on with the practice but never checked if their daughters had elongated their labia minora, could be a probable reason for the demise of the practice: what if their daughters decided not to elongate their labia minora? Sandra's mother was not involved in her daughter's labia elongation progress. However, she had the support of the women in her community who 'checked' if she continued 'pulling'. It is not surprising that later in years Sandra discovered that her older sister who was taught about the practice as well did not perform it. Her sister told the 'initiators' that starting off to elongate her labia minora was painful.

Grace, Paulette and Florence attempted to elongate their labia minora mainly because they heard about labia elongation at a boarding school which might have resulted in their discontinuation of the practice. To show the effects of the inconsistent way in which the girls knew about labia elongation, Grace mentioned that

Labia elongation was something that I heard from my peers at a boarding school, I did not know what was right and wrong regarding the practice, however, anything that one hears from friends is not the same as what one hears from their mothers at home.

Grace did not trust doing any form of body modification from what she had heard from friends. Upon further interrogation, Grace mentioned that, if labia elongation was a practice that was common among the Ndebele people, she would have done it. Also, she did not feel obliged to do it because her mother did not know about it: Besides, her friends did not tell her the reasons for doing it. Grace's concern was that quite often children are not told about certain practices: she gave an example where after the funeral of a family member, people are asked to wash their hands in water with herbs as a ritual but were never told the reason for doing so. Grace said *it was tradition and we all did as we were told.*

Labia elongation was performed in different ways and depending on how the mother or the community valued the practice. Paulette, like Carla related that the instructions she

was given regarding labia elongation were unclear hence she attempted to 'pull' the clitoris. She pointed out that

As young girls we did not inquire what was elongated; the older women were not clear about what we were supposed to 'pull', how to 'pull' and why we had to it.

Paulette stopped 'pulling' because it was painful: when discontinued, she did not tell her aunt who she lived with.

5.7 Conclusion

In this chapter I have explored different ways in which girls went through the process of labia elongation and how they engaged with the practice and embraced it. Women demonstrated that there were variety methods and process of labia elongation. Even within the same geographical location there were no fixed ways of performing the practice hence a thematic way in analysing data worked out well. Although only a small number of men participated in this research study: their acknowledgement of the existence of the practice and its role in the sexual foreplay and pleasure was observed when they made positive affirmations and confirmation.

This chapter has shown that the process of labia elongation extends over a long time, and is a shared and not an individual process: however, the process of learning is affected by many factors such as socio-economic situations. An in-depth analysis of the 'transmitters' of labia elongation is explored further in the next chapter which discusses role models and educators of labia elongation.

Chapter 6: Educators of labia elongation

6.1 Introduction

One of the objectives of this study was to examine how labia elongation defines the self and others. This chapter continues to examine Ndebele women's experiences of labia elongation and the various ways in which they learned about labia elongation, mainly their educators. The chapter explores how the respondents place themselves as part of a group and how certain qualities either biological or social make women distinct as individuals and as part of their community. Identities are crafted by individuals, groups and in spaces. As the literature discussed in Chapter 2 shows, initiation rites are designed to demarcate boundaries, create hierarchies of hegemonic power and authority in societies, as well as perpetuate and reinforce male and female roles. Further, the chapter explores the significant role played by 'educators' of the labia elongation, those with the power to influence young or older girls to perform the practice.

While colonial migration separated families when men went to look for employment in the local or neighbouring cities, their spouses followed them or remained in the rural areas (Barnes, 1999); children moved between parents, siblings and relatives so as to acquire an education (Gaidzanwa, 2001:16-17). Social educational values were therefore transmitted in a similar way, by those who took parental responsibility over the children. In some boarding schools, older children or boarding 'masters' and mistresses' took the role of an older sibling or parent respectively in educating boys and girls about practices or changes within their bodies. The system of how each respondent related to their relatives and colleagues in the community and schools played a vital role in exploring how information is acquired, in some communities.

6.2 Parental responsibility in labia elongation

The process of preparing a girl to be part of her society and the lessons she was taught about preparing her husband's meals that "provided him with his needs and comforts a

man expected” started at an early age (Gelfand, 1999:25). A woman’s reputation, the fact that she had elongated labia or not, her character as a good wife and member of the family she was married into, was attributed to her parents. Marriage was therefore recognised as a condition that earned women respect.

The role played by parents or guardians in raising a girl and as she grew up into a woman was very important among the Ndebele people. The definition of family among the Ndebele was different from that of the Western society because it included the wider extended family (Gidi, 2009). In his exploration of the importance of good manners and behaviour on a Shona child, which is similar to that of the Ndebele, Gelfand (1999) states that,

After the age of about three years, a girl is taught manners by her mother, and a boy by his father, the mother undertaking this task for all the younger children. A father may beat or punish a boy or girl. When asked to do something by her mother, a girl should do it as quickly as possible and if her mother scolds her for a mistake she must not answer back. A bad girl is the one who refuses to carry out orders such as sweeping the floor (Gelfand, 1999:24).

The role played by the father and mother in raising a child so that she/he would fit in her community was continuous. However, it was not the biological mother’s role to discuss labia elongation with her daughter and the father would not discuss puberty rites with his son either.

6.3 Mothers as Educators

Among the Ndebele, it is common that a child has “more mothers than just the one who bore him or her” (Gelfand 1999:108). Although this is the case, the social system makes sure that no two individuals are equal (Bourdillon, 2012). The power and importance of mothers in their children’s lives lies in their ability to give birth and nurture complete human souls for both their daughters and sons and to insist on full humanity (Orr, 2000; Claire, 1989). While Orr (2000) focuses of the role and responsibilities of the ‘actual’ mothers over

her children, Collins (2000) argues that Black women who do not have children biologically can assist 'blood mothers' in sharing mothering responsibilities. Her view is that among Black communities motherhood is a social activity whereby women who nurture children in extended family networks feel accountable to all the local children (Collins, 2000).

As stated above, among the Ndebele, the biological mother could not talk to her daughter about matters concerning sexuality (Richards, 1982). Instead, she took a peripheral role as a spectator and supporter to her daughter and could be actively involved in matters concerning her nieces (Barnes, 1999). Most probably it was meant to demarcate boundaries of respect and keep the mother away from matters that would consequently involve her emotions and feelings about her daughter's welfare and marital issues. However, there was a variation of influence in ways in which women with grown up children reported their involvement in their daughters' matters regarding labia elongation. Whilst some mothers were direct, some were vague and others assumed that their daughters would learn about the practice from their friends. It was therefore essential to explore the extent to which the girl's mother was involved in educating her daughter about labia elongation.

Some mothers participated actively in the labia elongation as confirmed by Stan a male respondent who argued that when it came to labia elongation it was the responsibility of the mother to ensure that the girls had their labia minora elongated. He mentioned that *I do not interfere with the 'education' of children, it is mother's responsibility*, an indication that fathers did not play an active role in the labia elongation process because that role was well defined and specific to women. In his exploration of the role of the mother in *An African tribal life* Schapera (1962:226), he states that

girls get closer to their mother because they spend more time with her and she instructs her domestic duties 'and most of the education comes from her... because of this closeness mother may become a

close confidante and guide in matters relating to relationships (Schapera, 1962:226).

A reason given for such close relationships between mother and daughter was that father was always away and that made his authority less continuously felt. Sometimes the father was almost like a stranger and children could fear or avoid him because they the girls were not “accustomed to him” (Schapera, 1962:226). It was not always the case that the father’s authority could be resisted by the children despite his ‘social distance’. In her exploration of women in the Igbo society Amadiume (1998), states that where roles for men and women are specified, it was the duty of the mother “to teach girls not to copy what men do... because a woman is like a breakable plate”. The implication here is that the biological difference between a man and woman makes women more ‘fragile’ and sexually vulnerable than men. Therefore, it was the duty of the mother to ensure that the girl refrained from premature or premarital sex and was prepared for her future role as a wife and mother as well as the challenges that come with those roles.

According to Amadiume (1987), from an early age, a girl was given sex education and taught that ‘the penis does not have to enter the vagina’ to make her pregnant; just the sight of a penis is enough to make her fall pregnant. Therefore, participants of this research study never questioned their mothers when they told them about the practice. For example, in her interview Elsie mentioned that she performed the practice because her mother said so. The feeling was that if Elsie did not conform to the expectations of the ‘society’, such as not having her labia minora elongated, not getting married or if her marriage failed, her mother would be blamed and seen as a failure. Another participant Amanda emphasised that, her mother made a follow up in order *to ensure that we had ‘pulled’*. Amanda’s mother never physically checked, she emphasised that, *if you did not, they would know on the day you give birth*. By taking part in issues relating to her labia minora being elongated, the mother ensured that her daughter would not bring shame to the family by remaining at home while other girls in the neighbourhood got married.

For some women, there was unanimous agreement that labia elongation was a practice that was passed on to them by their mothers and reinforced by their grandmothers. Some of their mothers were involved directly in teaching them about labia elongation. In her interview Emma confirmed that in her younger years, *the girls were never taught about labia elongation as an organised group, it was the duty of each mother to sit down and teach her own daughters formally about the process.*

Once told about the practice, it was then the girl's responsibility to continue 'pulling'. Docars revealed that her mother was vague when she told her to *go away in the bush and 'pull'* [demonstrating how the process was done] without being specific about what to pull and where to pull. However, Margaret's experience of having a mother who was vague prompted her to tell her daughters about labia elongation and show them *which part of the genitalia they needed to 'pull'*.

While some mothers could take an active role in ensuring that their daughters had their labia minora elongated, in a group interview that was carried out among the women of Makulela, there was uniformity and unanimous agreement that mothers were never actively involved in the process. Relating how their mothers conveyed the messages of 'pulling', Eunice mentioned their mothers would tell them to elongate their *labia minora after the evening meals but not direct or to go outside and stretch our bodies* [demonstrating how the process should be carried out].

Paulette confirmed that in Plumtree where she lived for a short period of time with her mother's younger sister as a teenager, some mothers took an active role in the labia elongation process of their daughters: she said, the mothers would say to their daughters, *wake up and go to the rocks so that you could 'pull'* [where they used to go if they wanted to use the toilet]. Similarly, Stacey's mother would wake her and her sisters up early in the morning, encouraging them *to go to the hills*. It seems that even if some mothers were involved, they communicated by not giving full information about labia

elongation. They used imageries such as 'stretch bodies', 'go the hills' or 'the rocks'. The images were associated with where the girls had their 'private moments' and away from them.

Kate, a participant who did not have her labia minora elongated and was forced to leave her three young daughters in the care of her mother-in-law during separation with her husband and a subsequent divorce, reported that she had very little communication with her daughter. Kate stated that she did not know if her daughters knew about labia elongation, if their grandmother had taught them about the practice and if they had 'pulled'. She had never discussed labia elongation with her daughters either. During the interview Kate asked me to turn the recording device off so that she would ask her oldest daughter, who was married, lived in the United Kingdom and had children if she knew about the practice and had performed it.

Despite being separated from her children and being allowed to see them, Kate played a significant role as a mother and had a very strong bond with her daughters. She requested the speaker to be put on so that I could hear the conversation with her daughter. Her daughter was straight with the answers and both mother and daughter did not hide anything from each other: her daughter had performed the practice. After the telephone conversation, Kate's point was that she did not take part in educating her daughters about labia elongation because they were under the care of their paternal grandmother and later their step-mother when their father remarried. Kate's disappointment was that she was *told to refrain from my daughters; their step-mother would take care of their personal needs.*

Kate's mother had no experience of labia elongation because she was a South African of a mixed race background: Kate did not perform the practice partly because her mother did not know about it and she felt that the conditions under which the labia 'pulling' process

took place were not hygienic enough. Although she regretted not having done it, she was grateful that all her three daughters had performed the practice and were married.

Sandra's mother did not have her labia minora elongated but encouraged her daughters to perform it. However, her mother never made a follow up to find out if Sandra and her sisters had performed the practice. Sandra reported that *after that labia elongation episode, I never discussed it with my mother*. However, Paulette's mother, who I interviewed in the pilot study, advised all her eight daughters not to *even dare elongate their 'urine'*, a term that is commonly used by the Ndebele people to refer to any part of the genitalia as a euphemism. Paulette' mother threatened that she would seriously discipline anyone of her daughters who attempted to elongate her labia minora. In those days beating up an individual who had transgressed was common. However, Paulette felt that the mother's contribution in labia elongation was very important because *what a child learns from the parent, she values it and will do it*.

Even if Paulette's mother had insisted that she should not have had her labia minora elongated, Paulette felt under pressure to perform the practice. Upon her visit in Plumtree where her mother's sister lived, her maternal aunt who Paulette reported as being *stuck in her traditional ways* would insist that Paulette and her siblings should join other girls when they went to 'pull' their labia minora in the bush. However, the pain that Paulette felt when she attempted to 'pull', made her to think that she would still face more pain from the punishment she would get from her mother if she discovered that she had elongated her labia minora. Finally, Paulette decided that elongating her labia minora was not worth that pain.

The importance of parental involvement in labia elongation particularly that of the mother is further mentioned by Penny who emphasised that *Kalanga women elongated their labia minora because their mothers were actively involved*. She blamed the Ndebele women for not taking full responsibility on the welfare and growth of their children. Her argument was

that sensitive issues such as labia elongation should not be left to the aunts alone to ensure it is done. Her point was that some relatives might be envious of their nieces particularly if their own daughters were not married. The aunt could be involved in witchcraft if she was envious of her niece and as a result her niece might not get married or have children. Penny stated that grew up in Kezi, an area where the Kalanga and the Ndebele people live side by side. Even if she did not have her labia minora elongated until she got married, she was fully aware of the practice.

A variation of opinions about the mother's involvement in the elongation process of their daughters' labia minora was also observed from Jacqueline, who reported that *traditionally, mothers do not get involved in the matters that involved the body and hygiene of their daughters.*

Whilst Jacqueline believed that tradition compelled mothers not to engage in the labia elongation process of their daughters, Grace said that she did not have her labia minora elongated because her mother who was born in Botswana was ignorant of the practice. Grace related that there could have been a more positive impact if her mother knew about labia elongation and had told her about it rather than learning about the practice from colleagues at a boarding school.

Hazel's mother knew about labia elongation but as a Christian she forbade her daughter to engage in 'traditional' practices that were perceived to be 'demonic'. In the area where she grew up, a girl had to go through formal initiation which included being taught about labia minora elongation. Hazel reported that when it was time for her to get initiated, she went into an initiation house secretly without telling her mother who was a Jehovah's Witness and used her cousin as a mediator to let her mother know that she had started her periods and had gone to the initiation house. While it might seem that Hazel's mother neglected her daughter or did not care, Hazel's justification for her mother's position in her initiation and labia elongation was that

She was a Jehovah's Witness and did not want to go through a lot of formalities, she emphasised that I had started my periods and hygiene was the most important thing.

Hazel's mother did not communicate directly with Hazel, she informed a distant relative [Aunt] and other Village women to attend to her because her religion forbade her not to be directly involved.

Margaret reported that she first knew about labia elongation from her mother who meandered and never came straight to the point when she told her about labia elongation. The fact that her mother was not open about the process: when she moved to the city and finally got married, she 'educated' her daughters about the practice. Surprisingly Milka's mother, who was responsible for the welfare of girls and also taught them about labia elongation at one of the boarding schools in Zimbabwe, did not teach her about labia elongation. In defence of her mother's lack of involvement, Milka stated that *as a custom, the process of labia elongation was left to my paternal aunt to teach me about it.*

This subsection has discussed different ways in which mothers contributed to teaching their daughters about labia elongation. Mothers contributed to the labia elongation process in different ways, by indirectly referring to or sending their daughters away to paternal or village aunts so they could be taught about the labia elongation or by sending them to the bush, behind the houses, at the rocks or hills to 'pull'. The next section of this chapter focuses on the contributions made by the aunts in assisting the girls to learn about womanhood and consequently elongate their labia minora.

6.4 Paternal aunts as role models and educators

Traditionally, when it comes to teaching girls about labia elongation it was the duty of the paternal aunt or a trusted member of the community (Nyathi, 2005; Schapera, 1971). In his examination of the role played by the aunt and uncle as teachers of good values, morals including labia elongation, Schapera (1971:98) argues that 'among his immediate

relatives, every man may have one of each class to whom he is specially attached, and with whom he is said to work together for life'. Boys and girls were mentored about the rituals and rites of life so that they would not 'deviate' from the norm. The mentors acted like a 'Godparent' and if the child he or she mentored grew up into a responsible and successful person all the praise went to him or her.

In the days when there was both the father and mother in the family, the children looked to their paternal aunt [female father], who was well respected by the father, mother and the entire family to teach them about good values including labia elongation (Schapera, 1971:36). However, a girl would select the aunt who she or her mother was close to, even if she was part of the extended family. When the girl reached puberty, she was sent to the home of that aunt where she would be taught 'wifely' duties and responsibilities including labia elongation (Schapera, 1971:37). Betty's aunt took an active role in teaching her about labia elongation, she stated that,

In my culture a girl child learns how to become a bride through the father's sister [aunt]. Aunts are there to tell me how to handle a man, how to handle my kids, how to handle a home. It starts when the girl first experiences her periods, really. When I first had my periods, I went to my aunt; she was my direct aunt and was one of my father's cousins. ... That was when aunt introduced me to the 'pulling' of labia minora.

In identifying the role played by her aunt, Betty recalled that she was not aware that the holiday and 'visiting trips' her mother and aunt had arranged were meant to be 'educational', about labia elongation.

While there were specific and organised arrangements for girls to go through labia elongation between the mother and aunt, Susan's knowledge of labia elongation was a result of her curiosity from the conversation that sparked between her aunt who was married in Malawi and her oldest sister who could not comprehend the process of 'pulling' she was trying to teach her [her sister] about. Susan stated that her stubbornness and

refusal to leave during the conversation made her to listen to the dialogue between her aunt and oldest sister who was aged 16 years at that time. Susan's aunt was worried that at that age, her older niece should have her labia minora elongated. Susan reported that

I showed interest in their discussion and wanted to join in even if I was told that I was too young to know about elongation. I was turned away but refused to leave; my aunt relented and said "leave her, one day it will be her turn to pull".

From the quotation above, it is clear that Susan's knowledge of labia elongation was coincidental as the lesson about labia elongation was intended for her sister who was about eight years older than her. Although the lesson about labia elongation would 'benefit' her later in life as suggested by her aunt, Susan was too young to be told the real reasons why she had to elongate her labia minora. Teaching young girls about labia elongation when they cannot comprehend the purposes of doing it could be the reason why scholars like Jeater (2000) would question the existence of the practice, the way it is transmitted from one person to the other and particularly where an adult is involved in educating young girls about the practice but does not tell them the reasons.

In her study of marriage practices that are common in the Zimbabwe Midlands Region, of which labia minora elongation is one, Jeater (2000:23) points out that the "purpose of this custom is not explained to the girl. She [the young girl] is merely told that it [labia elongation] will please her future husband and ensure that he will not reject her". If Susan was too young to engage in labia elongation, her aunt should have been assertive and refused. However, her aunt told Susan that she would know about the practice when her time came and was old enough to understand the reasons for doing the practice. Initially, the focus of the dialogue about labia elongation should have been between Susan's sister and her aunt and away from an eight year old girl. Also, the aunt should have explained fully and sensitively the reasons why at sixteen years girls should have elongated their labia minora so that her sister made informed decisions.

However, from a different dimension Susan's aunt lived in Malawi and it would take her many years to come back and possibly, if her husband allowed her. May be, if her aunt went back to Malawi, without teaching Susan about the practice, by the time she came back to Zimbabwe, Susan would have passed the stage that was easier to elongate her labia minora.

6.5 Sisters as Educators

In Zimbabwe the wider extended family or relatives play an important role in teaching young people about social expectations and values. In his exploration of kinship, Schapera (1971) argues that among other roles and their contribution towards the extended family, sisters must stand by one another in times of trouble. Older sisters are looked upon as educators of their siblings and many mothers would ridicule their older daughters for not behaving according to set standards or expected values and norms. In turn, if a younger sister does not conform to expected social standards, the older sisters would feel responsible for not being 'good' models. Carla who first heard about labia elongation from her friends or peers as a teenager, elongated the clitoris instead of labia minora. It was when she grew up and was discussing the matter with her older sister (cousin) [her father's brother's daughter] told her that she had 'pulled' the wrong part. Showing her sister's involvement Carla reported that *my sister was very helpful. She showed me which part to pull.*

Carla explained that her older 'sister', who was in fact her paternal cousin, further informed her that since she was *too old to elongate the labia minora*, she needed to use herbs to assist in elongation. In the Ndebele kinship system, the word cousin refers to a person born by a maternal uncle or paternal aunt. An older girl born by a paternal uncle is a sister and so is the one born by a maternal aunt. This form of relationship extends to the wider extended family and clan. Marriage between distant kin is not permitted and may be regarded as incestuous particularly if they have the same surname (Bourdillon, 2012:61).

Carla's sister [my sister too, because our fathers are brothers] further reassured her that she should not feel guilty about elongating the wrong part of the genitalia because many young women made a similar mistake. Carla's mistake was a result of her confusion from the following statement *my friends told me that you 'pull', that side, but I was not sure what to 'pull'*

Lack of clarity about which part to 'pull' seemed to have been a problem in that young people like Carla 'pulled' the clitoris assuming that they were doing the right thing. On the contrary, Sandra's sister did not play a significant role in explaining to her further about labia elongation even if she had been through 'traditional' teaching sessions about the practice. It seems Sandra's sister like Linda's sister, did not perform the expected duties that were played by some of the older sisters.

Margaret did not elongate her labia minora until her sister [maternal cousin that is, her mother's sister's daughter] who she liked and admired came to visit her in the rural village from the city. Her sister who was specific about labia elongation compared to her mother who was evasive. While this part of the chapter does not deal with geographical locations, it is important to note that Margaret's older sister who lived in the city still held on to her beliefs regarding labia elongation and that linked her with her place of origin, a similar trend as the women who live in the United Kingdom. Margaret's sister explained how and what to 'pull', a contrast to Linda's oldest sister who was tasked with educating Linda about labia elongation and menstruation but was not specific about the practice. Linda's explanation was that her oldest sister had lived in England, and had become 'westernised'. To her disappointment, Linda's sister told her about sanitation and personal hygiene during menstruation.

Roselyn who grew up in a big homestead and extended family as a child reported that there were many girls in the family. Traditionally, the process in her family was that labia elongation was passed on from one person to the other and from one generation to the

other. The older sisters had responsibility of telling the younger ones about the practice and the aunts in the extended family reinforced it and ensured the girls engaged with the practice.

Also, sisters-in-law played a key role in giving out information about labia elongation, such as Penny's sister-in-law. Even if Penny knew about the practice and lived in the community where it was common for young women to have their labia minora elongated, she did not have her labia minora elongated until her sister-in-law, who she was related to her via marriage [their husbands were brothers] came up with the subject when Penny had confided in her about her marital problems with her ex-husband. In her endeavour to think of alternative ways of making her sister-in-law's marriage work, the younger sister-in-law who was happily married to Penny's husband's younger brother, asked her if she had her labia minora elongated.

After discussing the matter with her sister-in-law, Penny 'continued' with the process which she had partially done in the earlier years of her youth. Even if she attempted to elongate her labia minora after that conversation, she felt that her labia minora were not 'long enough'. She reported that after 'pulling' the labia minora longer, her husband did not treat her as badly as before, may be because he realised that she had made an effort to make the marriage work. However, when her husband resumed abuse, she left him together with their four children.

During ceremonial or other formal domestic occasions, relatives play clearly specified roles that are very important (Schapera 1971:96). For example, a 'remote' aunt or cousin living in the same village or area could be more important than a 'blood' aunt or sister who lives in a far off village (Bourdillon, 2012). This was an indication that geographical locations and proximity of relatives were important in strengthening family bonds (Bourdillon, 2012; 1993).

It was important that a young woman had an aunt who they confided in and who would be a go-between them and their parents so as to give them support and information. For example, Hazel explained that her close aunt who she thought of as her mother, as a good role model and who was well respected by the community, did not take an active role in educating her about labia elongation. It was her distant cousin that is, her aunt's daughter, who told her about labia elongation. Her cousin, who took up the roles of an older sister, had invited Hazel to join a group of girls who were elongating their labia minora in the bush: the same cousin had told her about the initiation process that was taking place in the neighbourhood. In her emphasis on the role played by her cousin in teaching her about labia elongation, Hazel reported that *my cousin not my aunt actually taught me that I had to 'pull'*.

Her direct aunt like her mother was a Jehovah's Witness and therefore could not teach Hazel about labia elongation because the practice that was condemned in their religion. The fact that her cousin knew about labia elongation and told her about it when her mother and aunt did not make arrangements for Hazel to have her labia minora elongated, shows the importance of role played by her cousin in the process of labia elongation. Hazel was optimistic about her experience of labia elongation when she said

Although I did not go through the same process that my friends did; that does not mean that I did not get the values of going through initiation process.

It seems Hazel's peers who will be explored further in this chapter than adults, were influential in her experiences and education about labia elongation.

6.6 Grandmothers as educators

While in some communities, mothers, aunts, cousins and sisters take an active role in ensuring the younger girls have their labia minora elongated, grandmothers too can

transmit knowledge about social and family values as well as labia elongation. In Zimbabwe, the elderly were the keepers of knowledge and given the task of transmitting essential morality through oral tradition: among the Ndebele people in particular, the role of the older person in the family especially that of a grandmother was not limited to storytelling, riddles and proverbs: Grandmothers had a responsibility of ensuring that rituals and practices of the clan were kept and passed on from one generation to the other. Grandmothers held the families together and were respected for their knowledge of family history. Tracy reported that she was very lucky to have lived with her grandmother and great-grandmother who played an important role in educating her about labia elongation. She reported that *during a 'tin bath' inside the kitchen, my great grandmother would say, "have you started 'pulling' or you are just a 'tin' down below?"*

Tracy reported that her grandmother reinforced what her great-grandmother taught her. To begin with, she found her grandmother's involvement in educating her about labia elongation embarrassing: at first, she was not keen on 'pulling' because she did not understand why she had to do it, until she saw girls of her age with *protruding things* when she went for a swim one day (Tracy). She then began to think what her grandmother had said and started trusting both her grandmother and great-grandmother.

On the contrary, Sandra's grandmother was not involved in her labia 'pulling' process or any issues relating to women's bodily changes and needs. Sandra reported that her grandmother who she mostly grew up with, taught her about personal hygiene, cleanliness, how to cook and to ensure that *the kitchen was sparkling clean at all times*. Sandra's grandmother was ignorant of labia elongation as she came from a community that did not perform the practice.

In some communities even if grandmothers knew about labia elongation they did not take an active role in educating younger girls about it. Carol was vague about the role played by her grandmother in educating her about labia elongation. She did not disclose how her

grandmother was involved in the 'pulling' process when asked. She further reported that, younger girls were taught labia elongation by an 'older' person in the family such as grandmother, mother or sister.

Lydia was raised by her maternal grandmother who had elongated labia minora but did not teach her or mention anything about the practice. Lydia reported that she knew that her grandmother had undergone the process from seeing her during a bath that she would occasionally share with her [grandmother] when she was young, *she could see the labia minora visible.*

If girls lived with their grandmothers, they would tell them about labia elongation and if they did not live with them, they would inform them upon their visit. Expressing how some grandmothers encouraged their grand-daughters about labia elongation Tina said,

My grandmother would wake me up early and remind the girls to elongate their labia minora. She would do the same in the evening after supper and before everyone went to bed.

Sometimes if there was a grandmother in the homestead she would get the girls together and educate them (Mary). Showing the role played by her grandmother Mary reported that, initially it was her grandmother who told her about labia elongation. While Mary's grandmother checked if she was making progress in elongating her labia minora, some of the respondents who were grandmothers confirmed that they too had told their granddaughters about the practice. Margaret, Carol, Kelly, Emma and others reported that the problem faced by many grandmothers in 'today's world' was that *grandchildren do not listen to any advice [on labia elongation] they regarded as outdated and old fashioned.*

It was clear that the generation gap between grandmothers and their grandchildren made them to see the values of labia elongation differently. However, Carla mentioned that younger people did not listen to advice regarding labia elongation and other vaginal

practices because of peer pressure.⁶ However, later in their lives and when relationships did not work, the same 'girls' would come back to 'grandmothers', that is herbalists, requesting lessons and herbs to facilitate the process of labia elongation.

6.7 Education by women and other girls in the community

In his exploration of kinship networks and relationships among the Shona people, Bourdillon (2012:61) informs us that, "unrelated neighbours may adopt a bond of formal friendship and perform certain ritual functions". As discussed in the previous subsection on 'cousins as educators', the disintegration of families due to social and economic reasons has resulted in engaging a 'remote' relative or family friends in carrying out the rituals and rites for a particular clan or entire village (see Preface: My Autobiography). Talking about the involvement of women in the community in educating younger women and girls about labia elongation, Mary reported that *sometimes the younger girls could become lazy and so the older women needed to check all the time.*

Sandra reported that she had come into contact with labia elongation during initiation in her community. At the age of fourteen, Sandra was still *flat down below*. Relating how 'community aunts' taught her about the practice she said that *my sisters and I did not have elongated labia minora, and so they sat down and taught us what to do and how to do it.* Sandra further reported that even if the women were closer to her, they did not talk to her about labia elongation after the ceremony which contributed to her misunderstanding the practice as she grew older. While women like Linda's sister did not contribute much to teaching her younger sister about labia elongation because she had lived in the 'West'.

⁶ Peer Pressure is further explored as a reason for performing labia elongation in Chapter Eight.

Betty confided in me that she had heard that even after relocating to the United Kingdom, some Zimbabwean women in the United Kingdom continue to pursue labia elongation and initiation ceremonies for younger girls. The parents of the girls who promote the practices vouched for the practice and gave consent so that their daughters took part in a process called *Chinamwali*: Those women could not be related to Betty or girls who went through the process; however, in reminding us about the consequences of displacement, diaspora and transnationalism, Bourdillon (2012: 322) informs us that, “one of the consequences of leaving the rural areas, where social life revolves around kinship and local communities, people have to find associations such as women’s clubs where women “gather for companion and mutual help in running their urban homes”.

These women wanted to fill up the gaps of what they considered to be the broken family tradition and ‘values’ due to migration. Betty emphasised that some of the vaginal practices that were carried out in Zimbabwe including labia elongation continued to take place in Western countries as ‘safely guarded secrets’. ‘Chinamwali’ or initiation in Nambya, is a process that was believed to teach girls about the changes in their bodies so that they connected the girls with their ‘roots’, labia elongation and womanhood. Betty’s sixteen year old niece went to ‘*Chinamwali*’, so that she could be introduced to the practices that her grandmother, mother and aunts went through.

Girls were taught about labia elongation by other girls, their peers. Learning about labia elongation from ‘sisters in the community’ could imply learning about the practice from the ‘older girls’ or friends who played the role of sisters in the community. The older girls could pass on the practices such as labia elongation to the younger people as seen from what Lydia said

The bigger girls would also take on the role of an aunt and they would show us that labia elongation was not something that could just happen when we out there; it was something that one was supposed to be told about by a relative at home.

Whilst the above statement shows the sensitivity of the nature of labia elongation, the common trend among most of the women was that they heard about labia elongation from their “sisters and older girls” in the village; that was because the women as girls did not move to any other place at the age at which they learned about labia elongation. Thus older girls who already knew about the practice passed it on to the younger generation. Gail confirmed that there were no systematic or organised ways of learning how to engage with labia elongation:

Younger girls learned from the older girls in the community and so the process continued to ‘roll’ from one group of older girls to that of the younger girls thereby making it a generational process.

When I asked Gail how she came to know about the practice, she reported that

We saw all those who were older than us and those who knew more than us in the community going to the bush, squatting and ‘doing it’. It was girls only, and we would all compete to see who had the longest.

A similar perspective on how labia elongation was passed on among girls living in the same community was echoed by Mazy, who confirmed that in the area where she lived, they were taught by other girls who were older. In turn, the middle ones taught the younger, making learning a process that could continue to exist over many years.

Mazy’s perspective was similar to Roselyn’s who reported that labia elongation was passed on from one generation to the other within the wider extended family in the rural areas. The aunts that is, the wives of her father’s younger brothers and older sisters played an important role in ensuring the process was carried on with. Also, Jane who learned about labia elongation from the older girls in the community confirmed that, local girls in the community reinforced learning about the practice.

To elongate one’s labia minora simply because all the girls in the community were doing it could be an indication of the power of social and peer pressure. Younger girls in the

community looked up to the older girls as role models. The problems that could arise with such a way of communicating an important ritual like labia elongation were shown by Jane, who further reported that

If a child hears about a practice from different people she may end up confused and would never know the truth that lies behind that practice, because she learns different things from different people.

While the assumption that girls would learn about elongation from their fellow local girls was common, it could lead to lack of clarity in communicating an important practice such as labia elongation. In the first place, some of these girls would be told to 'pull' without telling them the body part that needed 'pulling' and the reasons for doing so. This could be a result why the practice might not be properly done. On the contrary, sometimes children might listen to their peers and not to what their parents tell them. For example, Tracy regarded what her great-grandmother and grandmother told her about labia elongation as the 'old wives' tale'. Upon her trip to the nearest river where she was having a swim with local girls, she realised that most of the girls had elongated their labia minora. Relating her experience of labia elongation she said

One afternoon when I went swimming with other local girls, I realised that some of the girls had protruding labia minora (from their genitalia), something that my grandmother had told me about. I was curious and asked the girls, they explained.

Tracy lived in the city of Bulawayo as a young girl but was sent to the rural areas to visit her grandmother and great-grandmother during school holidays to relieve her mother from child care. In Zimbabwe, it is common for working mothers or parents to send their children to their parents or relatives in the rural areas if they cannot cope with child care or for the children to stay connected with their relatives, customs and practices. Tracy's 'curiosity' and the desire to have her genitalia look like those of other girls' in the community makes us think about identity formation (Adams, Gullotta and Montemayor, 1992; Newman and

Newman, 2001). That difference made her want to look like other girls. Asking Tracy if she had told her grandmother when she had started 'pulling', Tracy responded that she did.

This raises a dilemma when we come to think through our 'significant others': when it comes to becoming who we want to be, do we listen to our older relatives or peers? Well after the interview process had taken place while thinking through the interviews I looked at situations like Tracy's carefully in order to compare it with mine. Tracy had an older sister who she never discussed labia elongation with. The fact that Tracy's knowledge of labia elongation was introduced to her by her maternal grandmother and reinforced by her peers confirms that young people's values are different from their older parents' or relatives. This leaves us wondering about the connection between the past, the history, our memories of learning about labia elongation and the construction of our own identities. Margaret, Carol and Carla mentioned that young people refrained from the practices they felt were 'old fashioned' or outdated.

At first, Penny was vague about how she first heard about labia elongation, which had a correlation with the way she engaged with the practice: *even if we performed the practice, we heard about it from other girls but never knew the reasons for performance*. Her point was that even if she had had her labia elongated, she had not taken the practice seriously until she got married to a man who physically and emotionally abused her. The emotional and physical abuse she went through made her lose self-esteem, particularly when she realised that her labia minora were not long enough compared to other women's who she interacted with in the area where she was married. She quite often thought that may be her husband compared her to those women who had learned about the practice at a younger age.

6.8 Men and labia elongation

Although it is uncommon for men to be involved in matters that concern women's affairs including labia elongation, *a man would refuse to have sexual intercourse with a woman*

who did not have elongated labia minora (Milka). The protocol was that if a man married a woman who did not have elongated labia minora, he would approach her paternal aunt, who would then make sure the woman involved would be told about her husband's wishes to have her labia minora elongated (Milka). If she was married and lived far away from her people, the man would confide in his oldest sister or paternal aunt who would then tell the newly wedded woman about the practice (Leslie). The matter was dealt with sensitively and in a way that the newly wedded wife would not feel that her privacy was intruded upon but to make her realise that that was said and done out of love and as a gesture of making their marriage stronger (Terry). For example, by elongating her labia minora, Penny felt that she fitted in with the definitions of womanhood in the area she was married. She had acquired a new identity as a woman, and sexual being.

Lydia reported that when she got married, her husband expressed a wish for her to elongate her labia minora. She did, and together with her husband they worked on it. Not all husbands would communicate with their wives directly about sexual matters and labia elongation in particular. Margaret suggested that if a man had any concerns with the fact that his wife did not undergo the process

Certain measures would then be taken to ensure young women performed the practice even if they were at that age when it was deemed too late to do it.

Tracy reported that even if her husband 'played around' with the labia minora during sexual intercourse, engaging in a dialogue regarding matters about sex and labia elongation with him was difficult. She reported that one day when the children were away, she attempted to start a discussion with her husband about labia elongation by referring to a dialogue that had taken place with her colleague at her work place during lunch break in Zimbabwe. Her husband was not cooperative and quickly cut the conversation off. They never discussed labia elongation or sexual matters openly after that. It is interesting to note that

Lydia and her husband discussed labia elongation and sexual matters and yet Tracy's husband did not connect with the dialogue regarding labia elongation.

Reporting how men were indirectly involved in the physical 'pulling' of their wives' labia minora, in a group interview Colleen mentioned that

Married women are better off because their labia minora are constantly kept longer by their husbands who continue to 'pull' and stroke them during sexual foreplay even after marriage.

Susan reported that in some communities in Zimbabwe, a man could refuse having sex with a woman who did not have her labia elongated, until she made an effort to perform the practice. Men reacted differently to sexual matters and labia elongation and it seems there are three ways in which men communicated sexual matters and practices that is, directly with their sexual partners, via a close relative who would keep confidentiality or engaged in sex showing acknowledgement, presence and use of the elongated labia minora without discussing the matter verbally.

6.9 Conclusion

This chapter had discussed the involvement of women, girls and men in labia elongation. The involvement of the aunts, grandmothers and mothers in the elongation process of their nieces, grand-daughters and daughters varied. Even within the same geographical locations, there was not one way of performing the practice. Whist some respondents left it to the older girls and daughters-in-law to educate and monitor the younger ones, other women engaged in their daughters' matters regarding labia elongation. However, the process was entirely left to an individual to pursue it, as there was no standard of measurement and physical check-up to see if the girls continued with the practice. The process makes us to understand many factors such as migration, displacement or relocation that have contributed to various ways girls learned about the process of labia elongation from different individuals. The next chapter discusses the spaces where women talked about issues relating to being women or where they learned about labia

elongation and other sexual practices. The chapter is complementary to this one because the same women and girls who educated younger girls about labia elongation occupied those spaces of learning. Also, the spaces were important in constructing identities.

Chapter 7: Spaces of Learning

7.1 Introduction

This chapter focuses on the places and spaces that were important aspects of the women's lives. The significance of these spaces in constructing women's identities became apparent during observation and participation and in analysing women's narratives about how they came to know about and performed labia elongation. The spaces discussed in this chapter are indicative of women's realities and evidence of how important matters that shaped their identities such as labia elongation were discussed in private domains, 'indoor' or 'outdoor' spaces such as the garden, the well or under the tree (Generations United, 2002). I have adopted the term 'outdoor' rather than 'public' in order to move away from the 'western construct' of terms and contextualise labia elongation within the geographical settings it was performed. Even if labia elongation was discussed in outdoor spaces, they remained 'private' because intimate matters such as labia elongation were discussed within.

Although gender is believed to have played an influential role in pre-colonial politics, private spaces of women and public spaces for men are indicative of the marginalisation of women and how pre-colonial studies 'ignored or misunderstood' the vital role played by women who were a backbone of the country in traditional agriculture, 'productive and reproductive' roles (Mazarire, 2003). Spaces where labia elongation was discussed or performed should not be confused with the initiation house or 'enclosed' spaces for initiation (Richards, 1982; Kenyatta, 1965). Initiation took place after puberty; a girl was supposed to have undergone labia elongation at the time of initiation (see Chapter 2). In outdoor spaces like the Market, the Well, Bush and the Market Garden women performed productive roles such as selling, fetching water, firewood and growing vegetables for sale respectively. Also, the same spaces became social locations where women and girls discussed reproductive and sexual matters such as labia elongation. Spaces become meaningful, appropriate and valuable if they are inhabited.

The spaces discussed in this chapter had been created for other purposes; however, in this study they remained visibly relevant and important spaces where labia elongation and sexual matters were discussed. The Radical Body Politics provide us with a useful approach in capturing the concept of power and identity as well as negotiating spaces where identities are formed. Moss and Dyck (2002:10) argue that “women use their bodies and their experiences of their bodies to structure and restructure the spaces they inhabit daily”. In these spaces women’s experiences were strengthened via hegemonic power: upon introducing labia elongation, a woman or young girl would exclaim *why on earth would a woman not ‘pull’?* Such words made me to visualise why women felt obliged to perform labia elongation. I began to understand myself as part of a larger “social and political milieu” (Moss and Dyck, 2002:11). I am sure if I had not ‘pulled’, the reaction of the women and dominance of these spaces would make me feel left out or offended.

Power relations construct the rules and define boundaries (Chambers, 2013). In the places and spaces that are discussed in this chapter, gendered identities became stabilised via dichotomies of femaleness or maleness that were normalised and homogenised (Butler, 1990; Moss and Dyke, 2002). By being part of a larger group, women felt empowered to know who they were rather than being defined through the western “prescriptive notions” of female identity (Moss and Dyck, 2002:20).

This chapter further discusses places (including indoor spaces) that are significant in shaping people’s actions and their understandings of their experiences, such as, boarding school dormitories, the church and funeral gatherings (Sharp, 2008:12). Bourdillon (2012) argues that disintegration of the wider extended family in the ‘modern’ Zimbabwe has had an effect in performing rituals and practices such as labia elongation. As this chapter will show, peers conducted sex education in boarding school dormitories. In the church, similar responsibilities were carried out by a youth leader at youth meetings and in the community by a willing older man or woman (Bourdillon, 2012). In Zimbabwe, despite the influence of

the church in 'human social and sexual networks' its involvement in supporting communities with sex education is limited (Chinouya, 2007:103). On the overall, there seems to be two type spaces, 'peer spaces', (such as the 'Dormitories', The River', 'Behind the House', 'At the Rocks or Hills', 'At the Ban' and The Bush) 'for young girls of the same age group and 'intergenerational spaces' (such as The Market Stalls, The Market Garden, The Well and Social gatherings such as 'The Funeral' and 'The Church').

7.2 Spaces for Peers

7.2.1 Boarding School Dormitories

While boarding schools were important places of transmitting academic and vocational knowledge, dormitories were spaces where girls as peers shared learning about labia elongation. Boarding schools were multi-cultural and multi-ethnic places that accommodated children from different ethnic backgrounds and geographical locations of the country. In mixed secondary schools, boys and girls mostly ate in separate dining halls and only met during the lessons. However, there were boarding schools for a single sex, such as girls only. Describing the impact of boarding school dormitories in sharing information about labia elongation among the young girls who attended them, Jane reported that *if I did not go to a boarding school I would not have known more about labia elongation.*

Jane considered that going to a boarding school was helpful because it was where she met girls from different ethnic backgrounds who shared experiences of labia elongation. Her feeling was that even if children learned about labia elongation from their colleagues at the boarding school dormitories, parents needed to be informed and reinforce the practice because labia elongation was an important process for girls, mainly because it involved body alteration and modification.

In the absence of the aunts, mother, grandmothers, sisters, relatives or adult who could sit down with younger girls and teach them about labia elongation, a group of girls at a

boarding school quite often took up that role. Generally, children in boarding schools looked after one another and consequently taught each other about labia elongation at the dormitories. In his exploration of the Shona 'customs' Bourdillon (2012:45) argues that "the fact that there are no kin of the children's generation in the vicinity of their home does not necessarily drive the children to their parents: children are likely to associate with school mates". Kate confirmed that *my daughter told me that she did it; she heard about the practice from her colleagues at a boarding school.*

It seems boarding schools filled in a gap that was left by both society and parents. In her support of the role played by dormitories as places and spaces where girls learned about labia elongation, Kate further mentioned that

Girls elongated their labia minora because they went to boarding schools and grown up people who did not go to boarding schools did not come into contact with the practice. At the dormitories we would see each other's nakedness and ask what the 'appendages' that were hanging outside the genitalia were.

Paulette's mother, a retired teacher, had a different perspective. She was aware of the influence of other girls at the boarding schools in sharing practices such as labia elongation and forewarned her daughters against engaging in the practice. Stating how the practice was transmitted from one person to the other and from one group of girls to the other, Paulette mentioned that after their study time in the evening, girls would quite often gathered around someone's bed at the dormitories and discussed labia elongation as well as stories regarding having sex with boys. It was clear that the dormitories at the boarding schools were places where the girls learned from each other about the development of their bodies.

Boarding school dormitories became places where girls taught each other about labia elongation as a way of connecting with the wider social and cultural context of group life (Hogg, 2006:116). Group life often focuses on group norms that are constructed by

members of a group and have influence on personal identities, personal friendship and group behaviour (Hogg, 2006:115). Paulette remembered that her mother had cautioned her and her sisters against discussing sex and labia elongation in school. Turner's (1982) Social Identity Model could be used to analyse Paulette's intergroup relations since she did not want to perform the practice. Within the group identity, elongated labia minora were accepted concepts of femininity, sexuality or womanhood, which created the otherness for those who had not performed the practice. Failure to conform to labia elongation could be seen as deviant or being part of an 'out-group' (Hogg, 2006:115). Even Paulette regretted not performing the practice at that time; her mother who restricted her from performing the practice and not her peers, was an influential person in her life.

However, there was conflicting information about who knew more about labia elongation, those who came from the city or the rural areas. Deducing from Grace's experiences and how she first came to know about labia elongation at a boarding school dormitory, even if she did not engage with the practice, it seems girls who came from the city did not know as much about labia elongation compared to the girls who came from the countryside or rural areas as they are commonly known in Zimbabwe. Grace heard about labia elongation from her colleagues at a boarding school; however, she did not co-operate because she felt that *boarding schools were places for learning and engaging in labia elongation was up to an individual to carry on with it.*

However, Jacquelyn who came from a rural area mentioned that other girls at the boarding school were surprised that she did not know about the practice when they asked her if she had her labia minora elongated stating *You did not 'pull'! You did not 'pull'!* Indicating that it was possible for one to live in rural areas and not know about labia elongation, Jacquelyn further reported that *one would grow up not knowing about labia elongation.* Jacquelyn's point of view contradicted Grace's who mentioned that in her school, those who came from the city did not know about the practice. Jacquelyn reported that after discussing labia

elongation with her colleagues at a boarding school dormitory, she made further inquiries from a close friend who showed her how to 'pull'. Her friend even told her which part of the genitalia to 'pull'. Jacquelyn asked her friend how she came to know about labia elongation, her friend had replied that her aunt had told her about the process. Even if Jacquelyn had aunts, she has never discussed labia elongation with them. Florence reported that she heard about labia elongation from other girls at a boarding school. After a few attempts, the pain she went through *was too much to bear* and she discontinued the process.

While the girls shared experiences of labia elongation and other sexual practices at a boarding school, the Matron who was commonly known as the 'Boarding Mistress' at that time played an important role educating the girls about their health and wellbeing including sanitary and hygienic issues. For example Milka's mother who was a matron at a boarding school ensured that her sex education lessons included teaching the girls about labia elongation. There were other spaces where women as girls discussed matters that were important to them such as the River when the girls joined each other for a bath or swim. The next part of this chapter discusses the importance of the River as a space that is important in defining women's identities.

7.2.2 At the River

Another place that became a space of learning about labia elongation was the river. In some parts of the rural areas of Zimbabwe, girls, women or men go to the river as a group where they can bath or swim. If the girls occupy a space, they reclaim and dominate it over a long period of time. That way, the boys would be 'prohibited' to occupy it. The boys would have their own site or side of the river and somehow that would continue to be so with 'mutual respect'. If the same space was occupied by a particular gender group, men or women, the two groups would do so at different times. When it was time to have a bath the girls would do so naked and without feeling embarrassed (Research Notes:

September, 2008). Showing how she heard about labia elongation when she went to have a bath at the river with other local girls Margaret mentioned that *at the river when we were having a bath, we could hear older girls discussing elongation but we did not know what they meant.*

The river was an important place where young women met and shared information and their experiences of labia elongation. Tracy had already heard about labia elongation from her grandmother and great-grandmother before when she discovered that other girls had elongated their labia minora when she joined them at the river for a bath. Tracy mentioned that after hearing about the practice from her grandmother, it took her some time to make her mind up about elongating her labia minora. The impact of seeing other girls at the river was clear when she mentioned that

One afternoon I had gone to have a bath and swimming with other girls, I realised that their labia minora were 'hanging' out of the genitalia, and remembered that my grandmother had told me about it, so I asked the girls to teach me more about the practice.

At the river, Tracy gathered courage and asked other girls about labia elongation. Showing feelings of her inadequacy about the fact that other girls had elongated labia minora when she had not, Tracy further mentioned that *I explained to them that 'I had nothing'*. Tracy felt motivated to elongate her labia minora so as to 'have something', look like other girls and be part of the 'in-group' (Hogg, 2006:116). Her peers reciprocated positively, co-opting her into the group in order to have shared values and identity.

Reading in between the lines, the fact that Tracy said she had "nothing down below" was an indication of herself as solitary or isolated because she was comparing herself with her peers who had elongated labia minora. However, Tracy was at a critical and adolescent stage where she needed to identify herself in relation to a group, her peers. The other girls encouraged her to keep on 'pulling'. By elongating her labia minora Tracy was constructing her 'self-identity' through her peers which ultimately could enhance her self-esteem as she

realised that she 'belonged' and was not an 'outsider' among her peers (Adams and Marshall, 1996; Walter, 2001). Expressing the positive influence of her peers, Tracy said *I was encouraged, particularly when I saw some progress.*

Also, after her mother's meandering ways of telling her about the practice, Margaret became aware that other girls at the river had their labia minora elongated, which motivated her to 'pull'. However Margaret heard other girls mention the practice and, from seeing the women's naked bodies, Tracy realised that she was different and asked the girls for more information about labia elongation. The importance of peer spaces such as the river, lies in that where adults failed to convince the young people to perform the practice, their peers were able to motivate them.

An intriguing fact is that in the city, where Tracy lived with her mother and siblings, she never discussed labia elongation with her friends or peers. She felt that it was not a subject she could talk to her friends in the city about because the situation to talk about elongated labia minora did not arise. In the city there were no river baths or swims. If she wanted to swim, she went to a public City Council swimming pool where she would not be allowed to get in without a swimming costume. Although both the swimming pool and the river could be places where young girls met for a social time, in relation to construction of young girls' identities and labia elongation, each place had a different meaning.

The city swimming pool was a place where Tracy was a 'private' self who could not share intimate stories such as labia elongation. At the river Tracy was a different self, living in the margin where she felt free to express herself and ask questions about the practice. For example, she was surprised when I first mentioned that I was doing a research study on 'Labia Elongation'. She asked me, *Do you also know about the practice?* The coincidence is that even though Tracy and I first met in Stoke on Trent, we went to the same primary school in Bulawayo; so she assumed that being a 'city girl' from Bulawayo; I did not know anything about labia elongation.

7.2.3 Other Places

There were places where the actual process of labia elongation took place such as 'Inside the House' at bed time (Kelley), 'Behind the House' after the evening chores (Colleen), 'At the Bush' while the women were looking for firewood (Hazel) and or 'At the Rocks or Hills' early in the morning (Paulette) and 'At the Barn' where girls gathered specifically for the purposes of labia elongation (Roselyn).

7.3 Intergenerational Spaces

This section explores The Market Garden, The Market Stalls, At the Borehole/Well, and under the Mopani Tree that over the past few years have become open and shared space where 'intergenerational' groups of women and girls gather. They meet to work or produce vegetables or meals for sale and consumption as well as discuss issues like labia elongation, matters relating to marriages and relationships, use of herbs and other related issues (Women's World, 2011:1). Included in this category are social gatherings such as, weddings, funerals and the church. Because of the business nature of the subsistence life, older women lacked time to sit down with the girls and educate them about personal and hygiene matters. These spaces have become congregational spaces where older women mentored young women in the community after the harvest season. Therefore these space became valuable for adults to share with young girls their "unique knowledge and experiences" as women, mothers and wives (Women's World, 2011:1). In Western countries an 'Intergenerational Spaces Approach Model' has been used as a community development model (Generations United, 2002:2).

This concept aims to bring together different generations so that they can exchange experiences and reflect upon memories (Women's World, 2011). 'Intergenerational spaces' are conducive for older adults who serve as 'positive role models' and 'child care workers' to share cultural heritage and family traditions with the youth (Generations United (2002: 2).

7.3.1 The Market Garden

The Market Garden was an arena where young women like Myra learned how marriage related to body modifications like labia elongation. Like all other girls in the village, Myra had her labia elongated and her grandmother had told her about the practice. She had the hope of getting married and living happily when she met a young police officer in Bulawayo who made her pregnant but did not marry her. In the changing times we need to look at what could help young girls sustain an independent and productive life and at the same time being confident in knowing who they are. How do we account for Myra's 'failed' relationship with the police officer?

There could be a number of factors, however, the Market Garden was a space where Myra reconnected with her community, reflected upon her actions and possibly learned from her mistakes: Perhaps, the Market Garden was a platform where Myra's identities as a woman and mother were reinforced and reconstructed. Despite the burden of being a single mother and having to look after an aging and unemployed grandmother, Myra received maternal love and friendship from the older women and girls she met at the garden respectively. Despite labia elongation lessons being cemented with other sex education lessons such as abstinence, safer sex and practices such as mock coitus *ukusoma*, Myra might become pregnant.

Myra's plight needed further investigation. From the look of all things; she might have left the father of her child too quickly before she met his parents. If she had met the parents of the young man who made her pregnant, the procedure to welcome her and the baby would have been carried out. To have a full picture of Myra's predicament I needed to hear the other side of the 'story' from the father of the child and his views about labia elongation which I did not because of lack of time.

7.3.2 Kumugodi: At the Borehole

Kumugodi [at the borehole] was an out-door space where even the older generation of women met in their younger days to discuss labia elongation away from the sight of their parents. Even older women confirmed that, as girls, they dominated the borehole where they collected water for domestic use and to water the garden. To confirm this Gail reported that

When we met other girls at the well we discussed many issues including labia elongation. We would ask each other how the process was done, if you had not done it before, the girls would laugh at you and then offer to take you to the bushes behind the well and then show you.

The girls would show each other, showing off who had the longest. They would reassure anyone who thought the process was painful; *when you meet again you would let them know that 'it was right!* [implying that the labia minora were elongated]. For the girls and women, having elongated labia minora was an achievement. At the Well, those who had not performed the process yet, got the education and would come back later to give other girls feedback or ask for some more ideas. Mary, a sixty five year old woman in Stoke on Trent confirmed that *at the well where we fetched water, we talked about labia elongation.*

This indicated that despite her relocation to the United Kingdom, Mary's memories of labia elongation were associated with Zimbabwe. Despite the generation gap that existed between Mary and the younger women who still meet up at the Well to discuss women's issues in Zimbabwe, at the time when she was growing up, some of the girls' issues were discussed in the same space. Another space that was important was 'Under the Mopani Tree' discussed below.

7.3.3 Under the Mopani Tree

While working 'Under the Mopani' tree in order to access the shade at the beginning of the scorching dry season, women shared community gossip including matters like labia elongation. A Ndebele saying goes 'even the walls have ears': the fact is that there were no walls to hear from, what the women talked about would never be heard by those who

were not intended to know. 'Under the Mopani' was an 'outdoor space' where anyone approaching could easily be seen (Generations United, 2000). Women could be working hard pounding with a mortar and pestle in this space at the same time taking about labia elongation. While using the mortar and pestle to produce a 'meal' resembled the fusion of male and female genitalia, the final production of a meal, is like giving birth, something which only women can do in the human race (Nkomazana, 2007).⁷ Cindy confirmed that *in this space and while working, women share experiences they go through as women including labia elongation.*

As a woman that was passing by, I showed courtesy by joining in to help out in the production of a meal. In Zimbabwe, women are the custodians of the "familial and the communal morality" and opening up the homestead to a passer-by is believed to "keep *Ubuntu* alive" (Daymond, 2003:49). Keeping the communal connections is regarded as virtuous and being hospitable which is also attached to the being human, feminine and domesticated. The difficult art of using a mortar and pestle could be symbolic of the resilience of women living in the semi-arid place of Makulela where the land produces very little. Yet the problems those women endure in the looking after their families as well as keeping their marriages seemed to be taken for granted by the community.

If their marriages failed, women took the blame. Whilst pounding with women in Makulela, Darleen confirmed that they had witnessed very few divorces because

7 'Exploring the Advancement of Technology: The significance of the mortar and pestle among African Women' is a research paper that I presented at the International Federation for Research in Women's History Conference on the 11th of August 2007 in Sofia, Bulgaria.

the labia is symbolic of the ties that hold the marriage together; womanhood is complicated, because one has to ensure that the water fountain or well just like the husband or her home do not “dry up”. Men who leave home to work in Johannesburg always come back to their wives even if they have “city wives”.

Men who lived in the city would make occasional visits to their families in the rural areas or have ‘small houses’ then send home some groceries and money to the families they had left behind. However, upon death they came home to be buried and in that case, the “city wife” who had no connections with his family in the village would not come to the burial. If she came, she would not be given the same respect that was given to the older wife who lived in the village. To illustrate this point, the coincidence was Pascal’s funerals, a young man who had died in Johannesburg mysteriously. He had lived a lavish and extravagant life with his “city wife” in Johannesburg. His family and the ‘home wife’ [*umfazi wekhaya*] who lived in Bulawayo did not acknowledge that relationship. When he died he was brought to be buried in his village where his ‘home wife’, parents and children had the chance to pay their last respects.

7.3.4 Market Stalls in Bulawayo

As discussed in the previous chapter, the Market Stalls played a key role in creating women’s identities. Whilst the Market was a working or outdoor space that provided women with an income, on the other hand, it was a social space where matters like raising children, marriage and labia elongation were discussed. Trust and ‘sisterly bonds’ developed towards one another (hooks, 2000). Women helped each other to run their homes and gave each other information about herbs for sexual pleasure and for ‘taming’ husbands. I felt that intimate matters such as labia elongation should not be discussed in ‘open’ or ‘outdoor’ spaces like Market Stalls. However, Olga challenged that, stating that women’s ‘silence’ over expressing sexual matters [of which labia elongation was a major part] had contributed to breakdown in marriages and consequently families.

Olga implied that minimal or lack of communication regarding sexual matters in marriages and relationships resulted in men being unfaithful to their sexual partners. On a late Saturday afternoon 'Market women' gathered in a colleague's house for a 'round', kitchen party, kitchen top up or 'stockfella' where more private and intimate issues were further discussed.⁸ Also, there were other spaces for socialisation where labia elongation was discussed seen in the next section.

7.4 Social Gatherings

7.4.1 Funerals

Social gatherings such as funerals and weddings were important spaces where women's identities were created. During family occasions and social gatherings women sat separately from men and were able to discuss any topic that came up. Separate spaces "help us to understand collaborative practices" that enable social interaction among the women (Hornecker, 2006:2). Social interaction is embedded in settings which are social, cultural, historical, physical or material (Hornecker, 2006:2). Therefore spaces are mostly created so that individuals can discover who they are in shaping their own social status as seen from hooks' 'woman centered world' (hooks 2000:29). hooks (2000:29) reminds us that a 'woman centred space' remains significant if women are "convinced that it is the only space where they can be realised and free". Where an aunt lives far away, her presence during a funeral or wedding could be taken advantage of, so that she could teach the girls about labia elongation.

At the funeral of a Church minister that I attended at his home-stead at Bhule area, near Makulela, discussions about labia elongation ensued because women occupied their own

⁸ Stockfella is a social gathering whereby unlike a party where people drink and eat free of charge, they buy the food and drinks.

space, separately from men. Sometimes such events could be used as platforms to solve family problems. As we gathered, waiting for food to be served after the funeral, one of the women who was curious about my presence and area of research after having been told by my host Kendra, mentioned that *these days 'they' do not 'pull', that is why marriages are breaking down*. From her perspective, that woman meant that elongated labia minora were ties that 'harnessed' marriages. Another woman who was sitting among a group of Ministers' wives but from a different church and had come to the burial said *it is your role Mothers of the church to educate these young women to look after their husbands so that their marriages would not break*.

7.4.2 Weddings

Lydia, a woman who lived in Stoke on Trent, confirmed that shortly before her wedding she went back to Malawi where she was taught about looking after her husband so that her marriage would not break. She reported that

I went through this and that: As we grew up one knew at some point there would be a wedding. We had married friends and as social gatherings where aunts would teach a bride to be and test her on these skills. You get advice from here and there.

There was a set way of how to transmit knowledge and information relating to labia elongation particularly if relatives such as aunts who lived far away and were responsible for teaching the young girls about labia elongation were present. The next part of this chapter discusses the role of the church in labia elongation.

7.4.3 The Church

On many occasions, I attended some church gatherings in different locations of the United Kingdom. At some of the gatherings, women talked about preserving 'traditional' practices and saving marriages. In my focus groups I asked women if they could include labia elongation in their discussions. In her exploration of how places and spaces are essential in shaping individual experiences of Black women in the diaspora, Chambers (2013)

argues that places are social and spatial and may exclude others because they define who belongs to that place. The women were aware of the business of both the man and woman at the home, so women were encouraged to make sure that they kept their homes 'warmed up'. The women felt that it was important to teach their daughters about labia elongation. Sally, one of the women leaders at one of the congregations mentioned that *the girls in United Kingdom needed 'aunts' who could educate them about life including labia elongation.*

The women believed that by growing up in a 'foreign country' the children should not miss out the education their mothers had 'back home' in Zimbabwe. Another woman Dianne, provided an elaborated account of the role played by the church in modelling women for marriage. She placed having elongated labia minora as an important part of being a good role model, wife and mother which is characteristic of women leaders in the church. In her conversation she reported that

Looking after a man and the details regarding sex and sexuality were an important aspect of the church curriculum in being submissive on the part of a woman.

Dianne felt that the role of a woman was subordinate to that of a man from the following words: *the role of a woman and wife in marriage was that of a helper, physically, emotionally and sexually.*

Showing that women could take a dominant role during a sexual activity, Dianne further reported that *some men are shy in sex and a woman should help in such matters.* However, Dianne felt that if a woman 'advanced' first, it was not a sign of being dominant; she was still performing within her role as the man's helper because

Both Christianity and culture teach us about submission, a woman should humble herself before her husband and in that case the marriage lasts... the Church is not for equal rights.

The term 'helper' could suggest a subordinate role. However, the fact that a woman can play a more active role in the performance of sex, and that both the man and woman can give each other pleasure and satisfaction contradicts the fact that there is no equality in church. In the case where a woman can have a say in a relationship, then there is a degree of equality or 'democracy'.

If a woman can facilitate the existence or achievement of sexual pleasure that makes her an equal partner in a sexual relationship. It is generally assumed that Christianity and culture are seen as institutions of exploitation and oppression for women. Perhaps Dianne meant that a man and woman complemented each other. Dianne further cited a biblical anecdote from the Book of Esther about a king who wanted to show off his wife to his friends and so made a party. The queen called a party for her friends as well and that annoyed the king. The king sent his wife away because she had challenged him by having a different party with her friends at the same time as his. It seems the queen did not reciprocate the gesture of love to her husband, the king and so, the king rejected her.

The church was portrayed differently by Kate who mentioned that the church was conservative when it came to teaching about the body; her perspective was that *the body is the temple of the Lord*. Kate reported that she grew up in church and from an early age was taught that stripping naked in the presence of another person was not appropriate.

7.5 Conclusion

In this chapter I have explored the spaces and events where women and girls learned about or performed labia elongation: In such spaces women and girls focused on their 'collective experiences' and were constructing their identities as women, mothers and wives. The spaces that are discussed here were not just for data collection, they were 'living spaces' or 'even spaces' when occupied by girls or women who shared stories that

were important in shaping identities as 'role models' (hooks, 2000:29). Labia elongation was discussed in spaces as an important practice that helped girls to grow as mature women and adults according to the requirements and expectations of the communities they lived. The variety of spaces that are discussed in this chapter depended upon different geographical locations and where women gathered for productive roles or quality time after doing domestic duties. Whereas outdoor spaces such as the river seem to be linked to the rural areas, indoor spaces such as the church are linked to the urban areas. This supports my decision as an ethnographer to explore experiences of labia elongation within the three locations. The next chapter explores the reasons for labia elongation and its role in defining a woman as a person in her community.

Chapter 8: Explanations of Labia Elongation

8.1 Introduction

This chapter focuses on how the women's (and men's) experiences of labia elongation contribute to theory on identity formation through the lenses of women's stories about the practice and is divided into two sections. The first part of this chapter analyses various reasons or explanations for practising labia elongation that are perceived as part of identity construction. It also explores the precautions that were taken to assist a woman who did not have elongated labia minora.

Labia elongation is still prevalent but no longer practised in some regions of Matabeleland. The second part of the chapter examines the impact of social, economic and political situations on the shifting nature of identities among the Ndebele women in relation to the existence of the practice. Further, the respondents' attitudes towards labia elongation could be influenced by a number of factors that contribute to its continuation or being ignored.

8.2 Identity construction and labia elongation

In her endeavour to explain how women perceive or valued their bodies Weiss (1999) argues that the body is not simply a material location which women perceive as a distant object. Women experience much of what goes on in their lives such as child birth, gender, identity, menstruation and menopause through their bodies. When the woman's body changes, her identity or identities change from being a girl; she becomes a woman. Identities could be ethnic, class-based, racial, and sexual and vary according to geographical locations and historical periods. This reminds us that our conception of ourselves as women is multiple and fluid (hooks, 2000). The three categories of gender identity, sexual identity and ethnic identity, upon which this chapter is constructed, emerged from the women's stories as part of the reasons for performing labia elongation.

8.3 Gender identity

People are not born women; they become women through how the worlds they live in expect them to be (de Beauvoir, 1972). Possible reasons for labia elongation and other forms of vaginal modifications could be attached to how women perceive their bodies and how their bodies are a reflection of their lived experiences as girls and women. When girls elongate their labia minora they 'conform' to their ethnic or social definition of womanhood or femininity (Anleu, 2006). Different communities have their explanations for labia elongation and interpretations of femininity and womanhood. The following subsections are an indication of how labia elongation played a part in the construction of Ndebele women's gender identities.

8.3.1 Labia elongation: a rite of passage

When body modification and practices are associated with rites of passage and identities, there is a tendency to marginalise and exclude 'others' (Weiss, 1999:66-67). Weiss' explanation is based on notions of 'body images' and 'body image ideals' which are continually situated and validated by an 'imaginary' culture which actively privileges and naturalises some forms of human corporeality (Weiss, 1999:66-67). She emphasises that the term 'otherness' is regarded as a fundamental category of human thought; existence makes possible a particular attribute to be recognised as essential (Weiss, 1999:66-67). For example, the wholeness of a woman, which is achieved via a long process of training, is seen from the eyes of the community who know her and what she is worth (see Chapter Two). Among the Ndebele, a woman who does not belong to the community and does not have children is "rendered inadequate or incomplete" (Mungwini, 2008:204). Such conceptions complicate the notion of what is regarded as subject and object, inside and outside, the biological and the physical. Male respondents reported that they did not know how the labia minora are elongated, however, upon marriage or having sexual intercourse with a woman, they would expect that *a woman should have elongated labia minora upon having sex with her (Cola)*.

In light of Cola's statement, labia elongation is a social expectation and upon engaging in a mature and marital sexual relationship, a young woman was supposed to have gone through the practice. Womanhood is thus the state of being a woman; and the transition from being a child, a girl to being an adult. Michael's point of view was that a woman fitted within a certain definition, that 'status quo should be maintained and 'civilisation' should not change the 'traditional' concept of a 'woman'. He emphasised that

*A man should find a woman alright, because endulo it was like that, we found it like that and we will leave it like that. What we see now is not proper; it is not what it used to be for our ancestors.*⁹

As an acquired social status, womanhood is measured by readiness to engage in a sexual relationship and after elongating one's labia minora. Labia elongation played an important role as a rite of passage, that is, in making a girl into a woman and to make that difference 'visible'. From the explanation provided by most of the women who took part in the research study, labia elongation was seen as a process that every girl had to go through so that they would transcend into the next stage of their lives. Mary mentioned that *by the time the young girl reached puberty she would have finished the process of labia elongation*. The evidence and affirmation of what she said was observed from her personal experience of elongating her labia minora which she *kept on pulling* until she started her monthly periods (Mary).

Generally among the Ndebele and other ethnic groups in sub-Saharan Africa, when a girl enters her monthly periods she becomes a 'grown woman', and quite often the way she is treated changes from being a child to that of an adult (see Chapter Two). Growing from a child to a woman is a complicated process which requires co-operation of the parents,

⁹ Endulo means 'during the days of our forefathers' the word is usually used to remind the new generation of tradition.

guardians and the community (Shoko, 2010). Paulette reported that the conflict that arose between her mother and aunt regarding the latter's involvement in educating her niece about labia elongation made Paulette to bring her oldest daughter closer to her and taught her about body changes and the transition from being a girl to a woman including labia elongation. Roselyn reported that *labia elongation is meant for you to be a woman and to look like a woman.*

In most cases, young girls are not told the reasons for labia elongation, for example an explanation given to Susan and her sister by her aunt was that *every woman should be like that because as an older woman you must have elongated labia.* A similar point was by Mary

When I was growing up, one would never escape the labia elongation process: It was compulsory for all the young women to have their labia minora 'pulled'.

An analysis of Mary's words could justify Susan's and her sister's inquisitiveness in asking their aunt for the 'real' reasons why they had to elongate their labia minora. In the performance of rituals and rites of passages, questions are not tolerated (La Fontaine, 1986). The explanations for labia elongation particularly among girls and young women were 'hidden'. When a child keeps on asking questions, grown-ups can answer some of the difficult questions, sometimes answers can be deferred to a time when the young ones are old enough to understand. Sex education and reasons for labia elongation in particular is a difficult topic for older people to discuss with young girls. In response to her question regarding labia elongation Susan's aunt told her and her sister that; they were *too young to know the reasons for labia elongation* at that time. They would know about the reasons when they got married.

Susan's aunt never got the chance to explain why labia minora were supposed to be elongated; however, Susan got to know 'when that time' came upon marriage. Possibly, 'cultural education' meant that older people did not have to explain the reasons why

practices were done and so children were reprimanded to refrain from asking. Tracy proposed that labia elongation was never mentioned to children because; *you were supposed to do as you were told, Everything was guarded in secrecy*. Perhaps girls were never told the reason for labia elongation as Paulette speculated:

There could have been other reason why labia minora were not elongated...Labia elongation might have been done for other hidden reasons which could not be disclosed.

Possibly, the prevailing 'silence' over labia elongation was because some women, like Carla, did not have grandmothers who would explain the practice fully. Carla reported that the connection between labia elongation and sex was kept away from girls because if the girls knew about it, they would want to experiment. Some of the women believed that labia elongation was a social expectation for all women to elongate their labia minora bearing in mind that girls were mostly told about the practice from the 'age of eight years' an indication that sex is a taboo subject as discussed below.

8.3.2 Sex is a 'taboo' and 'private' subject

Betty expressed the view that even if sex was a taboo subject which brought discomfort when discussed in 'public' discourses, conferring it openly was a positive aspect of her culture. A different opinion was shown by Susan who criticised labia elongation ceremonies for being made known to the 'entire community' [and her father]. Her feeling was that they should be treated with privacy. Hazel, reported that although labia elongation was a 'hidden' practice, when the girls went to the bush to elongate their labia minora, boys followed and stood at a distance *watching us from the bushes 'pulling'*. There seems to be something intriguing about sex because the boys were curious about girls' affairs of labia elongation and could 'watch' or 'pounce on' the girls who were performing the practice (Hazel). Although that was an invasion of the girls' privacy, at that time the girls did feel offended; Hazel exclaimed "*Oh! It was funny*".

Also, a brief reflection of Betty's niece's experiences of initiation via '*Chinamwali*' (see Chapter 6) leaves us in a dilemma of whether it is right or wrong to teach young girls about labia elongation in a world where at a young age some children might already know about sex. Also, it becomes a cause for concern when children know that labia elongation is attached to sex and sexual pleasure, if they are not given adequate education about it. If we study part of the following chant that was sung by Hazel and her peers during labia elongation, it is evident that those girls knew about the relationship of elongated labia minora with sex, reproduction and marriage:

I came to pull my labia, there would be a boy that will come and he will get me and then we will have sex....and we will have children.

The chant indicates social construction of gender and sexual identities because from an early age girls knew that labia elongation was associated with marriage and motherhood. The vulnerability of the girls regarding exposure to labia elongation and sex leaves a major gap between what could be seen as 'cultural values' and child protection issues (Sharp, 2008:9). However, seen from a different dimension and when we think that an eight to ten year old girl would sing that song, that the boys "would pounce" on the girls who were elongating their labia minora and the fact that at that age girls knew about the association of labia elongation with sexual intercourse, points to possible risks and vulnerability of the girls as targets for sexual exploitation and promiscuity. Some girls and boys might want to experiment and have sexual intercourse with boys at an early stage, hence the need to engage in intensive sex education programmes than just talking about labia elongation.

8.3.3 Womanhood

Labia elongation is part of a woman's creation of womanhood in order to maintain a certain identity that is seen fit by the community she lives in. Hence womanhood is a "lifestyle choice" that enables women as a collective group (rather than a political movement) to communicate their positive experiences (hooks, 2000:29). Among the Ndebele, being a woman is a respectable social status that one attains after going through certain attributes

by the society or significant others as seen from when Tracy said *as a young woman I was taught a lot about what it meant to be a woman, to be mother.*

Womanhood is embedded in the way a woman understands herself, the chemical, biological and physical changes in her body (Andeline, 2007). Among the Ndebele being a respectable 'woman' or being a 'mother' are two elements that are a major construct of a woman because woman belongs to a community where she plays a significant role as a producer and a reproducer. Women felt that labia elongation was a ritual that connected with their communities, physically and emotionally. The state of being a woman is complex as it can be defined and seen from the perspective both of an individual or a group of people. Different communities have different interpretations of womanhood and being feminine is part of that construction as Hazel pointed out:

We grew up in a 'multi-cultural' community; there were so many different tribes and depending on the tribe that one came from and the religion that one was affiliated to, you had to go through a different initiation programme.

Most of the communities in Matabeleland are inter-ethnic. Even among women of the same group, there could be different interpretations of womanhood: hence the following statement *with longer labia you were perceived to be a proper African woman or girl that* was said by Hazel could be problematic as African women are not a homogenous group:

Associating labia elongation with being complete is not universal because different people and ethnic groups in Zimbabwe have different interpretations of a complete woman. In a patriarchy world, men who are 'bearers' of culture define femininity and womanhood as seen when Tracy said *it depends on what a man perceives to be a complete woman... cultures are different.* In light of Tracy's comment, men define women's sexuality and if the woman cannot satisfy her man, so she could be seen as inadequate and incomplete. While carrying out domestic duties played a major part in the construction of womanhood, sexual matters including labia elongation remained 'private' issues that could affect the

'public' images of marriages or relationships. If a relationship broke down, the whole community would know and make judgements. Generally, people are afraid of being judged; remarks that are based on negative perceptions have a damaging effect on an individual. Relating to how domestic roles defined the identity of a woman, Hazel pointed out that

A girl was expected to stay in the house, make sure everything was tidy, wash the plates and pots and pack them away. If roles were performed well, your mother would say "you will turn out to be a good woman and your husband will appreciate you"; so you will get up early in the morning trying to work hard like your mother or emulate another woman.

Part of being a good mother involved playing a larger part in the construction and preparation of one's daughter to be a good woman. A woman ensured that her daughter learned what was expected of her as a woman from an early age. A mother monitored the domestic duties that were carried out by her daughter and trained her to be a good wife, for her future husband (Grace). If a mother was not there, it seems from the above quotation, the girl would 'emulate', other women, that is do the domestic duties to the best of her ability like other women in the neighbourhood. The mother therefore became a key figure in constructing her own image in relation to her community which ultimately had an influence in creating the 'autobiographical memory' of her daughter or other girls in the community (Anleu, 2005). A Ndebele saying goes, "an orphan learns from those who have mothers": Society too played an important part in ensuring that the girl became the woman who was socially accepted as Lydia said: *from a very early age, society and family make sure you have an idea of what you are supposed to do as a woman.*

Whilst this social bonding and self-identity are essential to a young girl, associating women's virtuous qualities with labia elongation remains imaginary, particularly if their mother would not have done the practice (see Preface). However, for the girl to conform to the expected standards of that society, 'threats' were made so that a girl would start

practising to run her own home and refrain from 'reprimands', such as: "*You will be sent back from marriage*" (Hazel) or "*What kind of a mother are you going to be?*" (Lydia) or "*What kind of a husband will marry someone like you?*" (Jacquelyn). These questions suggest that in different Ndebele communities part of constructing the girl's or women's identities involved teaching them about marriage as an important part of their life.

A girl who stayed at home whilst other girls got married was a disgrace to the parents and such words or questions were very powerful. The parents of the girl, and the mother in particular, would be put to shame and regarded as failures if a girl was sent back to her parents. Just like how she learned to carry out domestic duties from her mother and society as part of her construction as a woman, the men would expect that even if she did not know about labia elongation, she should inquire and learn about the practice from other women who would have gone through the process. As Michael said:

If she is willing to have her labia minora elongated, after realising that the women she takes a bath with have elongated labia minora, she too would learn how the process is done, she would ask those women, "How did you come to 'pull' your labia to that length?" They would then tell her. If the other women use strings, fibre or whatever they use to elongate their labia, she would then learn.

From Michael's words, it was evident that a woman who did not have elongated labia minora upon marriage was expected to learn about the practice from the women she lived with in the community. Men too expected a woman to learn about the process even to the extent of using a string so as to control the length of the labia minora (see Chapter 5). The men who she had sexual contact with, would despise her as well (Research Diary: October 2008). Sometimes words or questions that were said and asked women who had not gone through the practice could offend or make them feel excluded from that social group, such as: *Ngumfazi bani ongadonsanga?* [Translated verbatim: How can a woman be a woman without 'pulling'?]

A woman could feel insulted because the question was strong and 'derogatory' (Carol). The question suggested that those who did not have elongated labia minora were lesser women. Also the question implied that a woman has qualities that are alien to the rest of the women in that community. The statement therefore suggested that a woman becomes feminine and complete if her physical being measured up to the expected standards of the community: Having elongated labia minora is part of that measurement. Both men and women would question the femininity of a woman who did not have elongated labia. The assumption is that the incompleteness of a woman made her masculine and for a man to have sex with a man is a taboo in the wider community of Zimbabweans.

Also, if a woman did not exhibit the required feminine features, such as, elongated labia minora, she would be regarded as a child and men do not have sex with children, as mentioned by Cola *having sex with her, is like raping her and that is a criminal offence*. Cola was suggesting the legalities of having sex with a non-consenting person such as a minor. He implied that elongated labia minora distinguished a woman from a child; hence a man who had sexual intercourse with a woman without elongated labia minora could be despised. Echoing a similar point of view Tracy said

As women we are educated about labia elongation, and why we should do it; in turn men are taught that the women should be full (complete) upon marriage (Abengogcweleyo).

The assumption here is that in addition to the biological changes that a female goes through from being a child to being a woman, she has to go through additional body modification to be accepted as woman and to be called so. Elongated labia minora are physical features that 'necessitated' the construction and reconstruction of women's identities. Sometimes if a girl reached the stage of womanhood and marriage without undergoing labia elongation, which would destroy the happiness of her marriage; a sympathetic or tolerant man would have to live with it. As Daniel said: *I guess we would live together but it would not be the same*. Daniel's suggestion was that a happy marital

relationship between a man and woman depended on whether she had elongated labia minora or not. Failure to comply would lead to a divorce, as she would not be a complete woman.

The section has looked at the part played by elongated labia minora in defining a woman within a community she lives. The next part of this sub-section discusses the importance of peer pressure and fear of being excluded by society in constructing women's identities.

8.3.4 Peer pressure, social inclusion and exclusion

My experience is that when girls who are put under pressure to perform practices that are common among peers of the same ethnic background, they are likely to face a dilemma when they live in places where they could possibly get married to men from different ethnic backgrounds or to a man who does not know about labia elongation. Questions that linger are: how would labia elongation determine the essence or value of womanhood or femininity within the context of that relationship? What if the man or woman thought the labia minora were too long and interfered with sexual intercourse (see Chapter 2). What if a woman had her labia minora elongated and then regrets having done so later? How would she reverse the situation? It is when such unanswered questions prevail that we become concerned with body modifications which people perform as a result of peer pressure. When people are compelled to perform vaginal practices against their will they might regret it later, as shown by Linda:

I did not like most of the things I was told to do..., anyway, you have got to follow what the older people say and there's nothing much we can say about it.

The 'advocates' of labia elongation felt that the practice was done for the benefit of that individual; not realising that people should be given the autonomy to make choices about the practices that are performed in that community. Linda was not given choices; hence she resented having undergone labia elongation. It is when uncertainties about engaging in group activities emerge that the effects of peer pressure can be reviewed; however,

variable contributory factors could be looked into such as continuity and meaning of a practice in formation of identities (Newman and Newman, 2001). In Linda's case there was no systematic flow of communication regarding labia elongation between her sister, aunts and mothers: Therefore she could not connect elongated labia minora with a 'sense of self' and her peers (Classen and Brown, 1985:452). Whilst Tracy who performed the practice after being told by her grandmother and peers vouched for the practice, Paulette regretted not having engaged with the practice at the boarding school dormitories, the rocks or the hills with girls of her age.

Women put each other under pressure to elongate their labia minora (Enid, Research Notes: October 2008). Confirming that there were internalised expectations of being a woman Carla stated that:

A woman should be the same as other women; if a woman does not have elongated labia minora would be laughed at; she would be an embarrassment in the community.

Generally, people tend to bully anyone who is different: laughing at a woman who did not have elongated labia minora was 'traumatic' and had psychological effects (Mary). The husband would put his wife under pressure to have her labia elongated by divulging to his family or community that his wife or sexual partner did not have elongated labia minora (Carla). Sometimes the man would approach the woman's aunt or grandmother secretly to address the matter. If the man or woman did not have an aunt or grandmother, herbalists commonly known as traditional healers would be approached so that they could inform the woman about labia elongation (Roselyn). A disgruntled man would *send his wife back to her people so that she would be taught how to 'pull' her labia minora* (Carla).

A concerned man would communicate directly with his wife who would then start 'pulling' (Lydia). If the woman did not comply, she would be socially excluded by the family and community. A man was proud of a wife or sexual partner who had elongated labia minora: *he would boast to his girl friends that his wife was a 'woman-woman' who had elongated*

labia minora: he would flirt but would never marry them (Mary). If her labia minora were long enough *the husband would be happy and marriage would be restored* (Mary). Elongated labia minora acted as ties that harnessed the marriage or relationship. Asking the women what a man thought or said if he realised that his wife had 'suddenly developed' long labia minora over a short period of time; the women responded that, a man would be surprised where the sign elongated labia minora would have come from but *would be please at that his wife was clever* (Tina). Both male and female respondents suggested that it was better to *have small ones than nothing*.

It seems there was very little privacy or confidentiality regarding genital and sexual matters. Sexual matters were discussed within the family so as to help the couple to strengthen marriages (Jeater, 2000; Mwenda, 2006). A woman elongated her labia minora so that she would not feel out of place and in her community. A woman with elongated labia minora was praised for being exemplary by her husband, family and community which raised her self-esteem.

Related to peer pressure is social inclusion and exclusion which are important aspects of group identity and some of the themes that featured during the analysis of data. Women elongated their labia minora to identify themselves with other women in the community, as reported by Jane *why the practice was done we never knew; we did it because everyone was doing it in the community*.

Girls elongated their labia minora because they were under pressure to go through the practice 'everyone' had performed in the village or community. So, they elongated their labia minora in order to be part of a wider of group of women. If a woman did not elongate their labia minora, Hazel reported that *she would be disregarded in the community*.

Jane was quite direct in revealing her feelings about peer pressure and its influence on labia elongation when she stated that

We never knew why girls engaged in the process of labia elongation, we simply followed and did not want to miss out on what other girls were doing. We did it simply because it was said that a female ought to have her labia minora elongated.

The statement above indicates that there was no set pattern for the process of labia elongation and all the girls felt compelled to have their labia minora elongated because every girl in the neighbourhood was 'doing it'. My interview with Jane led to her telling me about two cousins (girls) who grew up in the United Kingdom and Zimbabwe respectively. The latter wanted to find out if the former had elongated her labia minora. Commenting on that action Jane said *girls tell each other stories that are important, just like we older people share with each other confidential stories.*

Commenting on why the young woman wanted to 'find out' if her cousin had elongated her labia minora, Penny explained that *may be the older cousin also wanted to find out if the younger cousin had longer labia minora than hers.* The assumption that young girls discuss issues such as labia elongation seemed to be taken for granted. The older girl had grown up in Zimbabwe and had only been in the United Kingdom for two years, whereas the younger girl had come to the United Kingdom as an infant and could have been unaware of labia elongation. However, such a discussion would result in the younger girl feeling under pressure to elongate her labia minora because her peers had done so. If the labia minora were elongated to the extent that they could be inserted in the vaginal orifice, then we can comprehend their use for sanitation as discussed in the subsection below.

8.3.5 Elongated labia minora for sanitation

A girl's 'biological maturity' was seen from her start of menstruation (Leshabari and Kaaya, 1997). On the 7th of May 2006, *The Times* published an article entitled "Celebrities back tampon rebels of Zimbabwe" because Zimbabwe faced a serious shortage of sanitary towels. The plight of women in Zimbabwe was brought to the British public where celebrities such as Stephen Fry, Anna Chancellor, Gillian Anderson, Prunella Scales and

Jeremy Irons took up an active role in raising funds towards the 'Dignity. Period!' a fundraising campaign to purchase sanitary towels for Zimbabwean women. Because of the worsening economic conditions in Zimbabwe at that time, women who could not afford to buy sanitary towels were forced to use pieces of clothes and newspapers, making women more vulnerable to bacterial infections due to use of unhygienic sanitary methods.

Imagining that elongated labia minora were inserted in the vaginal orifice, just like using a tampon, were removed after sometime, when a hole would be dug and the blood emptied into it. Then one's genitalia would be washed and the labia minora inserted back in the vaginal orifice, once again justifying the possible reasons for performing the practice. This process was repeated until the girl finished her menstruation cycle. Menstruation is attached to womanhood and as soon as a girl came to that stage in her life, she was given lessons on how to deal with that since that was a shocking thing to happen to her body (Betty). A girl had to be prepared psychologically for this process (Manabe, 2010). Although this might have been one of the main reasons for labia elongation, there was very little said by the respondents until further interrogations were made. Perhaps drought and the scorching heat of the Kalahari discouraged the women from using this method as sanitation: Or the women could have discovered other methods of sanitation such as cotton wool or *pieces of cloths, rags or softened leather* they were comfortable with (Emma).

Despite this explanation, I had already sensed that Emma, an eight two year old KhoiSan woman was not going to tell me about labia elongation and their use as 'sanitary tampons'. She argued that she was not aware of the use of elongated labia minora for such purposes. Use of leather for sanitation seemed complicated because leather is not absorbent. However, the fact that labia minora were mainly elongated for sanitary reasons was reported by other women Kendra, my host at Makulela, Paulette, and her mother who took

part in the pilot interviews when she came to visit her daughter in the United Kingdom.

Paulette disclosed that

My mother is a Kalanga and she informed us that during their monthly periods, the women 'twisted' the elongated labia minora, inserted them in the vaginal orifice and used them to close the 'door', so that the blood would not come out.

In order to make her daughters understand her explanation, Paulette's mother had to 'divulge' the secret. Paulette's mother had warned her daughters not to be influenced by peers and engage in the practice in boarding schools (see Chapter 7). Use of elongated labia minora for sanitary reasons meant that once inserted and carefully 'packed' in the vaginal orifice, the labia minora would stay there, working like a tampon. Tampons are mostly discouraged because of the procedure carried out in their use, particularly for young girls: it was believed that they could affect the girls' virginity. Most of the girls used cotton wool which was wrapped up in a paper and then disposed of.

Deducing from the common age (seven/eight to fourteen) at which the girls were supposed to elongate their labia minora; the 'elongation age range' coincided with puberty or before the start of menarche. Menstruation is a sensitive subject; possibly why girls were never told that labia elongation might have been done for sanitary reasons as emphasised by Paulette:

Menstruation is that kind of subject that should be naturally known but it is never discussed. Discussing it is shameful. If a girl does not know about menstruation, people look down upon her, they give her that 'ignorance' look, making it look like it is a sin or taboo (not) to go through that biological process. When you start menstruation you get confused, you feel that you have done something wrong, sometimes you feel ashamed if the other girls realised that you are bleeding. You are even embarrassed of being seen disposing of the sanitary towels. It is later when one gets older that they realise that menstruation is natural, yet it is a process that every woman goes through.

Paulette's statement could explain why authors such as Mwenda (2006) argued that labia elongation is a practice that is shrouded in secrecy. Paulette further explained that her mother did not educate her much about menstruation; when told by her older sister that Paulette had started her monthly periods, she came to the boarding school where Paulette had enrolled to see her. She did not mention anything about menstruation but only remarked that she was 'grown up'. Paulette's ignorance and the 'torture' she felt for not having detailed information about menstruation made her feel that her daughters should not go through the same anguish regarding matters relating to puberty and menstruation that she went through. Related to menstruation is birth giving, a process which changes the woman's identity to motherhood. The following sub-section looks at how elongated labia minora contributed to the process of birth giving.

8.3.6 Elongated labia minora and child birth

Like all other rites of passage that a woman goes through, birth giving is and quite often celebrated. Mutambirwa (1985:1) argues that "it is believed that a person's growth and development are influenced by his or her interaction with the physical, social and spiritual environments". The vagina and the way in which the baby comes out of the mother's womb are part of the physical process hence the belief that certain bodily rituals should be performed by the mother well before the arrival of the baby. Mutambirwa (1985:1) argues that the essence of the traditional concepts of pregnancy, delivery and child care require to be upgraded and eliminate practices that are detrimental. These can be achieved by building supportive links between the traditional and the formal health system (Mutambirwa, 1985)

As a health practitioner I could take a similar stance as Mutambirwa regarding some of the birth rituals that are harmful, particularly if they involve herbs that are ground in unhygienic or contaminated environments. Rituals are associated with beliefs, some of which are never told to 'outsiders' and even 'insiders' (Reynolds, 1996). For example

among other reasons that were given by the respondents regarding labia elongation; the elongated labia minora play an important part in birth giving by ensuring that the *process is easy* (Colleen, Margaret, Roselyn). In her explanation of how this process worked, Margaret explained that

For a pregnant woman it is easy when she is pushing, a woman who would have elongated her labia minora before finds it easier to push because the whole birth system is not tight. If you have 'pulled' before, the flesh is not tight, and the baby comes out without any complications because the 'the path' [birth canal] opens up so easily.

In light of Margaret's point of view, the already sagging flesh due to the on-going process of labia elongation provided an 'easy way' for the baby to come out of the birth canal. Carol, Kelley, Gail and other women in Makulela provided a different reason why it was important for a woman to have had her labia minora elongated during childbirth. The explanation was that the elongated labia minora

'Guide' the new born baby though out the vagina and act as blinkards so that the baby would not see her/his mother's vagina (Kelley).

Carol added that, *elongated labia minora protected the woman's privacy and dignity at the time of giving birth*. It was interesting to note that the association of labia elongation with child birth was mentioned by older women who were in their sixties and above. For younger women, the practice was mainly associated with sexual pleasure. Also, women such as Moline, Amanda and Carol explained that older people did not make an effort to check if the girls had their labia minora elongated as expected by the community because everyone would know whether she had 'elongated' or not during childbirth. The belief was that

On its way out of the vagina, if the mother had not elongated her labia minora, the baby would not come out; she/he would go back or hold on until the traditional midwives would smear the vaginal surroundings with soot collected from the pot; so that the area would be dark and the

baby would not realise that the mother had not elongated her labia minora (Carol).

My experience of childbirth is that at the time when the baby is coming, the mother wants to go through an easy process. The fact that the baby could 'go back or hold on' instils fear of physical pain during the labour process. If the process of birth giving was delayed, the baby could die which would cause more birth complications and emotional pain to the mother, the relatives and the entire community.

The fact that labia elongation was attached to the respect that a new born baby had for his or her mother's 'private parts' could be a way of ensuring incest did not occur. In my point of view this was the starting point for a baby to respect his or her mother, and in turn for the mother to respect the child. The respect allocated to a vagina with elongated labia minora at birth separated the pleasure the father got out of sexual enjoyment from that vagina as a birth canal. As an organ for sexual reproduction the vagina is the 'canal' that the father's 'seed' enters for fertilisation to occur, where the father gets his pleasure from during copulation and his pride, respect and satisfaction as a father, sexual partner and husband.

Traditional midwives would disrespect and ridicule a woman who did not have her labia minora elongated during birth giving. Carol indicated that words such as "*Push! You feel the pain, what did you think you were doing?*" could leave the woman feeling hurt. Even if such words were intimidating, they were supposed to make the woman aware that pleasure and pain are synonymous. Also, if the woman did not have her labia minora elongated at birth, she would be treated with disrespect or like a child, since the expectation was that only a fully matured woman who would have undergone the process of labia elongation would have sexual intercourse in order to fall pregnant and give birth. What was implied was that only a child cried going through pain: an adult woman was supposed to be brave during birth giving and not to cry.

Therefore elongated labia minora demarcated the boundaries of childhood and womanhood, between a 'maiden' and a mother. Margaret mentioned that

labia minora were not embarrassing even during health visits, smears, check-ups and birth giving when I went for check up by the doctor during pregnancy.

Whilst Margaret who lived in Zimbabwe did not feel embarrassed by having elongated labia minora during a pup-smear test, Tracy who lived in Stoke on Trent reported that she *wondered what the primary care nurse thought* when she saw her elongated labia minora during cytology or pup-smear test. In Zimbabwe it would not be common to see a woman who would not have gone through labia elongation: maybe, even the midwife at the clinic would have performed the practice. The next sub-section discusses the use of elongated labia minora in keeping air from getting into the women's bodies.

8.3.7 Closing the air out

A common belief among the Ndebele people is that when a woman opens up her legs, she risks letting air into the body via the vagina and anus. Too much air in a woman's system can lead to severe backache, trapped wind or 'waters' coming out of the vaginal orifice during sexual intercourse (Bagnol and Mariano, 2009). Women like Margaret, Trudy, Roselyn and Emma reported that much wind and 'water' can trigger other ailments in the body. Control measures that are used to guard against too much wind are personal hygiene and regular use of herbs (Carla, Roselyn). When brought down and tucked into the vaginal orifice, the labia minora cover the urethra, protecting the perineum area between the urethra and the vaginal orifice, hence reducing the entry of the air into the body as explained by Margaret:

labia minora are elongated so that they would be long enough to close the vaginal orifice so that wind would not come through.

8.3.8 Elongated labia minora and aesthetics

Women have varied ways of what they consider to be beauty. It is common that women may want reconstructive surgery on their genitalia so as to 'tidy up down below', and to make the genitalia look young or beautiful. When protruding out of the genitalia, labia minora were said to be decorative, as told by Tina

If you cut the pubic hair, it is when one sees the beautiful genitalia... you find it bulky, and even visible through the knickers.

Margaret confirmed that as a young girl growing up in Kezi; her mother would go out to a community beer gathering for a drink. When she came back home in the evening, she would talk in admiration of the beautiful vaginas [with elongated labia minora] of the Kalanga women: Relating what her mother would tell her, Margaret said

if the women with longer labia minora sat in a way that left their labia minora showing, we kept peeping, giggling about it. It was very beautiful, just the way the elongated labia minora looked.

When women sat down such as when squatting doing chores like grinding or pounding the skirt or kilt flipped over when they stood up revealing their 'private parts', the women or girls who were in the surroundings would see the 'dangling' labia minora and make comments (Margaret, Research Notes: October 2008). The whole perception of beauty among some African women is different from Western standards. Labia minora were elongated for aesthetic reasons, looking at the elongated labia minora that were 'peeping through' the genitalia could seem voyeuristic. However, it is evident that women who had longer labia minora were the envy of their colleagues who did not have elongated labia minora.

The probable reasons for elongating labia minora that have been explained above indicate that labia elongation played a major role in the construction and reconstruction of the women's gender identities. The practice prepared them to be feminine and for another stage of their life, that of a sexual being and identity which the next section of this chapter explores.

8.4 Social construction of hetero/sexual identities

Andrea Dworkin, a critic of heterosexual identities, has argued that there is a lack of congruence between feelings of “love and erotic” interests (Dworkin, 1982:42). In her perspective, heterosexual love and eroticism are separate because men’s focus on pleasure lies in his phallocentric personality, privileges and power (Dworkin, 1982:42). Dworkin’s main concern is that men see the vagina as an empty space to be filled in with his penis. She emphasises that in heterosexual sex, “the norm is the phallic aggressor and those who do not have phalluses [women] are not recognised as fully human and are considered to be the lower order of creation” (Dworkin, 1982:42). Dworkin’s (1988) point is that in heterosexual relationships men are more empowered than women in controlling both the sex and the relationships. Her views are based on her experiences as Western feminist and [Western, patriarchal] theories that have shaped her perceptions. Social construction of sexuality and gender are linked to colonialism, and the images associated with this era are built on the dichotomies of mother/whore where sexual desire was expressed in private and supposedly only by married couples (Abrahams, 2002; McClintock, 1995).

Dworkin’s views are reflective of Western patriarchal ideas that are justified in their physical penetration of the female body; yet where matriarchy theories are embraced, elongated labia minora [which were evidence of the woman’s feminine and not masculine attributes] controlled and guided the penis in its entrance into the vagina, a process that ‘tamed’ the penis and reduced its aggression. In showing the importance of labia elongation in construction of heterosexual identity, Kelley and Carol mentioned that if a man had sex with a woman who did not have her labia minora elongated, it was as ‘good’ as having sexual intercourse with another man: *Ungathi ngamadoda wodwa!* [Translated: it is just like men (having sex) only].

Whilst the women might have implied that during sexual intercourse the genitalia of a fully matured woman should have elongated labia minora, the visual image brought about by

analysing Kelley and Carol's words is that in the anus where penetration in gay sex takes place, there are no parts that 'hang out' like the labia minora. Also, the women could imply that a vagina that did not have elongated labia minora was 'plain' like a man's penis. Ideally, from the women's perspectives a man needed to have something to "play with" in order for both partners to feel confident (Margaret). By 'playing with' elongated labia minora, a man made sure that the woman was ready for sex. Linguistically, these words could suggest that the man is a dominant figure during foreplay. However, foreplay was meant to arouse a woman and ensure she was ready for sex. This is an indication that there is no universal love making or foreplay, people have different ways of foreplay and sexual intercourse and 'playing with' elongated labia minora was one of them.

Linda reported that she was taught about sexual rhythms at the age of about fourteen years so as *to please my husband*. It was clear that from Linda's perspective vaginal modifications and sexual rhythms were done so that the woman could please her husband in the guise that providing sexual pleasure for the man was a gesture of love. However, the possessive pronoun 'my' [man] suggests that the woman too, had authority over the man. Despite Linda's acknowledgement that men should be made happy 'in bed'; her concern was that labia elongation and sexual rhythms were done for the men's pleasure and not the woman's pleasure when she said *I would rather the practices were done for us than for men*. Demonstrating the need to empower women sexually, Linda further stated that *at least they should do something for us women as well, not women doing practices for men, what about for me?*

In line with Dworkin's point of view, it seems that it is socially acceptable for men to have a lot of sexual partners, perhaps looking for women with elongated labia minora. Extra marital relationships which are attached to morality are a product of colonialism whose discriminatory migrations laws forbade men in the city labour force to live with their wives

(Ahlberg, 1994; Barnes, 1999). The next subsection section explores the role of elongated labia minora in foreplay and sexual pleasure.

8.4.1 Elongated labia minora, male sexual pleasure and foreplay

Scott and Jackson (1996) contest the idea of 'foreplay as a woman's thing' because heterosexual sex was created for male purpose and worked to the disadvantage of many women. Their stance is that as soon as the woman is aroused, "the man changes to vaginal stimulation, leaving her both aroused and unsatisfied" (Scott and Jackson, 1996:113). Women such as Emma revealed that elongated labia minora provided 'something for men to hold on to' and to 'play with' so as to get aroused and to ensure the woman is ready for sexual intercourse. Echoing similar word, Lilly's view of *labia minora* were elongated so that before the man 'got into the house' he should first find something 'to play with'.

A similar point of view was reported by Margaret who mentioned that playing with the elongated labia minora provided the man with pleasure. Margaret's stance was that a man loved a 'real' woman who made him feel content. Emphasis on the above statement is on providing sexual pleasure for the men. As the person in control of love and love making, the man wanted a tight vagina so the woman would think that the tightness the man enjoyed made her feel like a young woman or a virgin. The woman would then psychologically feel that because of her 'youthful vagina', her sexual partner would not have sex with other women (Paulette). The woman is portrayed as the provider of pleasure and the men as someone who measures how much of herself a woman can give during sexual intercourse. The woman's role as the provider for male sexual pleasure was also mentioned by Hazel when she said, *womanhood is attached to provision of food and sexual gratification*.

From this dimension, women are seen as providers of food and sex. The thought that women modify their bodies in preparation for sex portrays men as in control of female

sexuality. The justification is that in pre-colonial Zimbabwe men and women had defined and specific roles, women were gatherers and that included providing food for the whole family including that of man (Coquery-Vidrovitch, 1997). Making sure that the man was satisfied sexually was part of the woman's role and perhaps her identity as a woman, so that the man had confidence in his role as a father, husband and sexual partner. Kate reported that

We, Black people have our own ways of preparing ourselves to be women and mothers; it is our duty to look after the father of the home, to see to it that he is happy and satisfied both sexually and physically.

Womanhood extended to one "looking after her man" and being in "control of her home and marriage": If a woman did not 'cook well' for her man, he would "eat next door" (Kate). There are three illustrations that were put across by what Kate said. These are firstly, that Western women have different ways in which they perceive and interpret their bodies from African women, and Ndebele women in particular, a Ndebele woman keeps the family and marriage together and provides food and sex to her husband. Secondly, it seemed acceptable that a man would go somewhere else or have multiple partners if he did not get satisfaction from the food and sex the woman provided him with at home. Thirdly, if a man was denied sexual intercourse, he could turn aggressive and violent, which could result in domestic violence and forced penetration, rape. To a certain extent, the first two explanations have elements of control over her home and the third point justifies abuse and denial of the woman's rights.

The common reason given by women why labia minora were elongated was sexual pleasure. Bearing in mind that society looks down upon women who fail to look after their husbands, every woman would want to give her husband sexual enjoyment. As Paulette asked *why are relationships are based on sexual gratification?* In an effort to answer her own question she said *there are other ways to provide sexual enjoyment*. Basing pleasure on male satisfaction leaves women feeling exploited, particularly if they are groomed for

marriage and go through certain practices and body modifications to satisfy men as Linda had remarked. Even during initiation there was less emphasis on women's pleasure or women climaxing during sexual intercourse as observed by Hazel *we are prepared to please the husband... but they do speak about a woman really enjoying sex so to speak.*

8.4.2 Emancipated women

Not every woman accepted male behaviour of having multiple partners as normal. Women who were critical of such behaviour could be regarded as emancipated and perhaps bad influence to other women. Linda's criticism was that *if men are dogs, then that is an unfortunate situation because dogs and I do not get on.*

It seems men tend to have more sexual partners 'in search of' those with elongated labia minora. This puts women without elongated labia in a predicament particularly when their marriages or relationships crumble: They blame their parents who would not have adequately educated them about the practice (see Preface). By having multiple partners, or extra marital affairs, a man would think that he is 'doing what he thinks is socially acceptable'. However, women like Linda who challenge male promiscuity could be seen as headstrong, the 'type that can never stay in marriage or relationships'. Kate meant that maintaining an intimate relationship was a skill that required patience and submissiveness and what was acceptable as the norm in the community. A woman's enjoyment of sex was important to her too, as seen in the next subsection.

8.4.3 Pleasure for the woman

While the common belief is that a man controls 'love making', the interviews revealed that women too, could be in control of coitus. It was intriguing to find out how women experienced pleasure if men touched the elongated labia minora. Kelley explained that when men 'played around' with elongated labia minora, women too got the desire for sex as well as pleasure during love making. Asking how 'playing around with' elongated labia minora made her feel, Kelley's incomplete response was, *you too will feel like hol.....* The

incomplete sentence was followed by a shy giggle and then laughter. After repeating the question Kelley responded with a little expression of embarrassment: *you will be aroused and the sexual desires would come up and you will feel that that you too want him there and there.*

In light of Kelley's reaction, women discussed labia elongation as a group, but were shy when it came to talking about their personal experiences of sexual pleasure and gratification. Kelley was a seventy year old woman; and giving information regarding her private life and intimate sexual experiences to me as an 'outsider' and in addition, a woman who was young enough to be her own daughter was embarrassing.

Contrary to Kelley's uneasiness to talk about the connection between labia elongation, sexual arousal and pleasure, younger women like Tina, Rachael and Cindy were confident in discussing how elongated labia minora provided sexual pleasure: they did not show any embarrassment. The function of the elongated labia minora in arousing women during sexual intercourse was contested by Jacquelyn who mentioned that *the clitoris plays a major part* in arousing a woman during sexual intercourse. Also in her vivid description of how the clitoris worked, Tina explained that

The man will be stroking the labia, at the same time 'playing' with other parts of the female body enjoying himself and at the same time giving the woman pleasure. [There was a roar of laughter]. He will be 'playing' with other parts of the female body such as the breasts and thighs including the labia minora so that the woman's 'blood' will start 'running', enjoying that, as if there are electrical charges.

Demonstrating the woman's arousal when the man 'played with' elongated labia minora, in a group interview Moline interrupted the discussions making a chant; *your body will be reacting lo! lo! lo! lo!* [There was laughter].

In explaining further about the reaction of the body and meaning of the chant: the chant was the response made by the clitoris and resembled blood flow as the woman was getting

aroused during foreplay. Tina explained that as the woman got aroused, *while he is stroking the labia and even before penetration you reach orgasm [uchama]. Uchama [passing urine]* is commonly used by the Ndebele people to refer to the process of reaching orgasm which when translated literally to English means to pass urine.

It seemed the 'electrical charges', the rhythm of the blood flow and the heartbeat were essential parts and indicators of sexual pleasure the women got out of having their labia stroked during sexual performance (Armstrong, England, and Fogarty, 2012). Those women had a basic primary school education and yet what they said about their sexual experiences drew a parallel with a research that was recently carried out by Dr Andrea Salonia, et al. (2010) which shows that female sexual arousal and orgasm is a complex process which involves the woman's, mind and body. The body's reaction is a result of the mind which receives sexual stimuli from the body and processes it based on past learning and experience (Salonia, et al. 2010).

According to that research, the brain may trigger sexual arousal in response to fantasies and then transfer the message to the body which starts the arousal process as the result of the man touching the woman's genitals, breasts or other erogenous zones (Lloyd, 2005). This point of view was reflected from Paulette who argues that *the mechanisms that are attached to pleasure are located in the brain* and that *all practices that enhance sexual pleasure are a fantasy and psychological*. Therefore, orgasm is a result of the mind and body working together, something which these women recognised.

It was not always the case that elongate labia minora were useful. There were women who indicated that although they had gone through labia elongation, they were sceptical of the practice. Even as older women, they still did not fully understand why they had their labia minora elongated in the first place. Susan mentioned that there were times when she did not see the value of elongated labia minora. Peggy showed uncertainty of why she elongated her labia minora when she said

Sometimes I ask myself why I went through it [labia elongation] in the first place. There are things that I admire and there are things that I question about my own culture. I have no answers about why they are done.

It is natural that people would question the practices they engaged in, particularly when relationships do not work out to their expectations. If elongated labia minora are meant to please the man, women become disappointed when men left them for other women when they would have worked very hard preparing for marriages and relationships. Showing awareness of erogenous zones in providing sexual pleasure, Lydia mentioned that they were *sensitive areas like the labia minora, the bust, the hips and the bum*. However, the fact that “all orgasms are of clitoral origin” is an indication that elongated labia minora plays a part in construction of gender and sexual identities as well as foreplay but not entirely in enabling the woman to reach orgasm (Stoppard, 2002:63). Also, Hazel confirmed that *the clitoris is the most sensitive part of the female genitalia and can give you pleasure when ‘sleeping’ with your husband*.

There seems to be a link between Lydia’s interpretations of the body parts that have a sexual appeal with sex and pleasure. Even if some women admired very long labia minora, some of them were sceptical of the practice. If the labia minora were too long, they could cover the vaginal orifice during sexual intercourse which would *interfere with the sexual act* (Penny). Perhaps if elongated labia minora moved this would be inconvenient if the two sexual partners were not aware that the elongated labia minora should ‘wrap up the penis’ once it was inserted. Such ‘ignorance’ could be a result of men who did not know about elongated labia minora; or women who would not have been told about the connection between elongated labia minora and sexual foreplay or intercourse. The following subsection discusses how elongated labia minora empowered women.

8.4.4 A way of controlling men

The general assumption is that men should be in control of sex and marriages. However, during sexual intercourse, 'playing with' elongated labia minora makes the woman to have a desire for sexual intercourse (Moline). Some of the women mentioned that they too had a say and control in sex and sexual pleasure. Using the imagery of master and servant, the women portrayed men as their employees who were responsible for production during a labour process.

If they stopped 'milking', the cows would stop producing milk just like the elongated labia minora would shrink particularly after the woman had given birth (Docars).

Whilst the women 'laboured' elongating their labia minora before having sexual intercourse, the men carried on with the 'job'; 'elongating' the labia minora during foreplay. If they did not continue doing so, the elongated labia minora would shrink. Rachel's perspective was that, 'master and servant' reciprocated well in their 'democratic' relationship because the 'job' was easy and pleasurable. She argues that during the job no one *complained because he laboured and you paid and both parties are happy* (Rachael). Quite often people say that they 'labour in vain'; however, these women were clear that a man who 'laboured' for a woman with elongated labia minora, got the reward out of the pleasure he gave his sexual partner. This led to how elongated labia minora played a part during sexual intercourse where there was mutual sexual relations.

8.4.5 Reciprocating

The saying "it takes two to tango" is relevant in how a man and woman made use of the elongated labia minora during sexual intercourse. The women mentioned that elongated labia minora were important in providing pleasure during sexual intercourse. Sexual rhythm is an important part of that process. In her explanation of sexual rhythm, Docars explained that

'yikuvekuza' during sex, if he comes this side, go the same direction; if he changes, you do the same; if he is about to 'fall down', you 'catch' him like when you play netball; if he turns the other direction you follow;

if he decided to dive under, you are there; when he tries to avoid you, do the same and when he stirs up like he is stirring a cup of tea, you also stir.

The description of a love making scene was vivid and it was clear that those sexual rhythms would not take place in a monosexual relationship. As soon as Docars finished, the women unanimously referred to the art of copulation as sieving using a big flat African basketry. The imagery of this love making act brought about the vision of the woman who is in control of winnowing. In their emphasis of the importance of sexual rhythm all the women who took part in this study stated that they were taught that in bed they needed to give in and not to be embarrassed, as evidenced by Mazy:

Some women could be good looking and hardworking, but if they were not good in bed they would be left by their husbands for those who would be good in bed.

The hands that hold the basket are the hands that hold the man and then control the sexual rhythm. The imagery of the sieve and the ends are designed in such a way that they hold the ground meal or the de-husked corn in; like a vagina and elongated labia minora. The meal or grains in the basket are thrown up and down or sideways in separating the course grain from the refined meal just like the man who is thrown up and down until both the man and woman reach orgasm. To indicate satisfaction the man got out of the sexual act, Donna mentioned *what I feel, he feels it too, that pleasurable feeling, he feels it as well.*

Whilst the woman seemed empowered and had control over her sexual desire and satisfaction, it was up to the man's capacity to perform in order to reach his gratification, the woman's satisfaction and consequently requesting for more performance. So, the woman could not make decisions alone regarding sexual performance. There had to be good rapport and communication between the man and woman; both of them needed to be content with each other during and after copulation as suggested in Tina's words: *you*

see, these things [vagina and penis] work together. The minute the male one sees the female one, they rejoice.

The language of the body during sexual intercourse is silent and calm but it can be 'aggressive or violent' in order to reach orgasm. The women demonstrated that getting ready for sex and the sexual performance itself, even without verbal communication could be observed as confrontational just like when two giants are about to fight during a boxing match as expressed by Liz who mentioned that

You do not wear anything when you go to bed, you approach each other dry naked, you touch each other like chickens when hatching or rolling their eggs; you keep moving as if avoiding each other, touching each other with certain parts of your bodies like big cat fish in a reservoir, the small one (the clitoris) start asking what is happening, the little seed start going kwe! kwe! kwe! The 'old man' (penis) would be 'saluting' mo! mo! mo! Getting harder, talking to himself that he is becoming too impatient to fuse with the 'little seed' (clitoris).

It seems the body has its language which is silent and can only be symbolic via imagery such as when the chickens roll their eggs, they never break them. The catfish are slippery, even if they come into contact with each other in water, or in a container, they never injure each other. The meaning is that the two different organs have mutual consent; yet the images portray vivid pictures of love making and eroticism of the hard eggs and slippery fish. The same hard eggs have fluid that is slippery inside the shell and more importantly for fertilisation and production of an embryo, a symbol of nurturing, femininity and the struggles a woman goes through to give birth. The slippery fish are hard and the wriggling movement of the 'hard' fish is erotic and phallic.

The vivid images of masculinities and femininities are also perceived when the erect penis is said to 'salute', and yet on the contrary it 'bows down' to the 'small one' the clitoris. The dichotomy 'salute' and 'bow down' is an indication of the man's 'dependency' on the woman for sexual pleasure in heterosexual relationships. The women's language in this

part of the dialogue portrayed the male and female sexual organs of pleasure as separated from the main part of the body in heterosexual sex. Where there is language involved, communication and possibly co-operation takes place (McCarthy, 1991). Communication extends to the men's and woman's genitalia as further observed from Rachel,

The two of you will be 'playing' when those two 'things' will be saying to each other, you are delaying the process. The two work together, the little one becomes happy when it sees the bigger one. To imagine that the bigger one is just an extended 'muscle' that can make a woman go mad and even forget her own kith and kin.

Both the clitoris and penis are seen as having the minds of their own, separate from the main body. Their own 'mind' could be that they are a physical source of sexual pleasure and orgasm. The above image of a moist or lubricated vagina, contradicts Poullet's point that men enjoyed when the elongated labia minora were inserted in the vaginal orifice, making the vagina "tight", like that of a young woman or virgin. Bessie argues that a woman enjoyed sex when the vagina started to be lubricated. The union between the male and female genitalia could significantly be related to marriage, which is discussed in the next subsection.

8.4.6 Preserving marriage

Womanhood is attached to marriage; the process of being a wife is attached to motherhood and elongated labia minora play a major role in the construction of these processes. Kate mentioned that 'traditionally' a Ndebele man married more than one wife who competed to giving him sexual pleasure. Arguably, there are other factors to consider why polygamy took place in pre-colonial times such as an economic value and respect attached to women and children (Barnes, 1999:221). However in colonial and the post-colonial era, Ndebele men perpetuated polygamy so as to fulfil men's pride and sexual desires, reinforce tradition and to confirm their roots but with the intention to control and enslave women like their colonial masters (Morrell, 2001; Østergaard, 1994).

Having children outside marriage could be socially acceptable among the Ndebele people [as the saying goes, *umntwana kalahlwa* [translating: children are not thrown away], however, it is ridiculed. Also, it was common that a woman who did not have her labia minora elongated would not be accepted in marriage as reported by Mary: *it was taboo for a girl to enter marriage with her labia minora not elongated*. A man would most probably use a woman who did not have elongated labia minora for sex but would not marry her. Expressing how failure to have her labia minora elongated would affect her status as a wife and woman, Amanda reported

Some men would be 'compassionate' and marry the woman if they loved her, however if she did not have elongated labia minora, some men would proceed with the marriage arrangements and would later on marry a second wife.

Carol reported that there was no custom that 'restrained' girls from enjoying sex with their boyfriends. Amanda reported that it was acceptable for sex to take place before marriage so that a man would tell if a woman had elongated labia minora. Whereas a girl was supposed to have been a virgin upon marriage, among some Kalanga communities the father of the groom would have sex with a newly wedded woman (Nyathi, 2005).

Makulela was mostly inhabited by the Ndebele people who live side by side with the Kalanga and the KhoiSan; however because the area is located close to the border of Zimbabwe and Botswana, there is an influence of the Batswana [people of Botswana]. The common belief in the area is that upon marriage a girl who did not have her labia elongated would have cows with no horns as payment for her bride price. The cows were meant to put the woman and her parents to shame and the whole village would know that a woman did not have elongated labia minora upon marriage. Although this could be seen as lack of confidentiality, the cows without horns were supposed to 'encourage' women in the community without elongated labia minora to perform the practice.

Whilst the above could seem positive because the woman got support of other women; it could be humiliating if the neighbourhood knew about her private parts. That *woman would be exemplary to women who did not 'pull'* (Carol). Virginity testing was done so that the girls could abstain from sexual intercourse until marriage. The practice is still common in some parts of Matabeleland and other sub-Saharan African groups such the Zulu of South Africa (Scorgie, 2002). In Makulela *once* the girl had a boyfriend, they would start 'ordering each other' (Amanda). Although the church places abstinence from sex before marriage, there were no measures to ensure that every young person or an unmarried person abstained from sex in most communities.

'Ordering each other' was the process of courting which involved a man and woman engaging in sex before marriage. During that time, a young woman would constantly sneak out and go to her boyfriend's room so that he would assess her sexual skills (Carol). If the man was satisfied and they both 'clicked' sexually mostly because she had elongated labia minora, then they would marry each other (see 'the chant' in Chapter 5). Marriage played an important role in identity formation and sex was a major part of that construction

A confirmation of how labia elongation was part of marriage was noticed from Tracy, Margaret and Hazel who confirmed that a girl was supposed to have elongated her labia minora upon marriage. Staying in marriage as well as the ability to run it successfully contributed to the woman's dignity and self-esteem. Docars mentioned that in marriage men should not be denied sex if they wanted it, just like he should not deny the woman:

You came to give him pleasure; that is the main reason why you left your parent's home, your vagina and the elongated labia are his home.

As seen from the above discussions, a 'respectable' woman gave her husband contentment. By so doing, he too felt that he was in control of his wife and marriage and that made marriage last longer. The next subsection explores how elongated labia minora held the penis inside the vagina during sexual intercourse.

8.4.7 'Hold the penis in'

The general social expectation is that a woman should be warm, both 'inside' and 'outside'. The value attached to a woman in the kinship culture can be perceived from the Ndebele saying "*Umuzi ngumama*", the belief being that the home cannot be without a woman. From the women's interviews elongated labia minora were seen as provider of warmth by Sally when she said a *warm woman is inviting and welcoming*. According to Sally, part of being a hospitable woman extended to having elongated labia minora which acted like the hands which open up and guide the penis into vagina during sexual intercourse. Sally further mentioned that *elongated labia minora wrapped up the penis, covering it all up to the base in order to keep it in the vagina*. Echoing a similar point, Gilda said: *the labia minora 'hold the penis' from just falling into a hole', making it get into the 'house' in a dignified manner*. Gilda brought about the image of a vagina as a house that accommodates the penis and the elongated labia minora as the 'doors' or 'curtains' that opened for the penis to enter.

Once the penis had securely positioned itself in the vagina, the elongated labia minora acted like *ties that held the penis inside the vagina* (Emma). Thereby ensuring sexual intercourse was not interrupted. The two parties got sexual pleasure out of the sexual act than when the penis kept slipping in and out of the vagina. Keeping the penis in the vagina was a sign that a woman would keep her man at home or being in control of the relationship. Stacy pointed out that

If you 'sleep' with a man [have sex] the elongated labia 'hold' the penis in, the 'man' does not come out, just like that, elongated labia act as a lock.

The elongated labia minora provided a safe and secure environment for the penis to be in; there was no interruption of the sexual performance. Tina also mentioned that,

The hands held the external body, the penis, guiding it into the vagina where it was 'embraced' by the labia minora and the hands carry on holding and stroking the other erogenous zones such as the buttocks

and the 'boys' [testicles]. When the 'old man' [penis] is right inside enduring high degrees of warmth you start the action, you move your hips, when he comes out, you need to know how to welcome 'father' with your own body and rhythm as well.

Sometimes heterosexual sex is seen as a platform where a man takes control of the woman's sexuality. However, he cannot take total control of the love making situation if the woman has elongated labia minora; the labia minora control, guide the penis in, wrapping it up and finally locking it in so that it did not slip off the vagina. If the penis came out of the vagina during sexual intercourse or at the climax of sexual intercourse it would spoil the fun. The labia minora embrace the penis, hold and stroke it, just like stroking the back of a crying baby until 'he' sleeps. So, the elongated labia minora continued stroking the erect penis until ejaculation took place. Again, construction of masculinities by women was observed in their comparison of the penis and testicles. The penis was seen as the 'old man' or 'father' and the testicles as the 'boys' which implies that the penis is given 'respect' for the pleasure it provides to the woman.

When the penis is 'locked in' the vagina during copulation, that reaction is both a physical and emotional act which involved two different people. Love making is an emotional process that involved physical and emotional reaction. The 'bonding' effect between a man and a woman during copulation was shown by Tina when she used the imagery of a "caterpillar and butterfly" an indication that the process of love making is like going through metamorphosis; which is an essential part of identity construction. The end results of this process, is a happy woman who feels free like a butterfly because of sexual enjoyment and satisfaction. The elongated labia minora could 'lock the penis out' in order to avoid penile penetration as seen in following subsection.

8.4.8 'Locking' the penis out

The same 'doors' and 'hands' that opened up and welcomed the 'old man' [penis] respectively could 'lock' him out if the vagina 'felt threatened' because *a woman had the*

right to refuse sexual intercourse if she did not want to have it (Terry). Sometimes women would be forced to have sex by their husbands or sexual partners against their will. Elongated labia minora then protect women from rape or *forced penetration of the penis into the vagina* (Paulette).

Raids were common among different ethnic groups of Southern Africa in the pre-colonial times (Beach, 1989). Whilst this could be a digression, Dirie, (2001) explains that during the raids among the nomadic groups in Somalia, men, women, children and livestock were captured and women were made slaves, wives and raped. This could provide a theory for the probable reasons for infibulation [Type III Female Circumcision]. Where there was no law to protect women to prevent the effects and trauma of rape, as well as unwanted pregnancies, measures were taken to guard against this inhuman atrocity. Labia elongation to prevent girls and women from being raped made sense. When tucked in and 'stored' in the vaginal orifice, elongated labia minora made penile penetration impossible. Margaret emphasised that *in that manner women were not raped*. Perhaps, this might have been a method that women used for birth control. The next subsection of this chapter discusses the association of labia elongation with lesbianism.

8.5 Labia elongation and lesbianism

As seen from the women's testimonies, girls assisted or showed each other which part of the genitalia to 'pull' since it was difficult to handle the little labia minora with the finger tips. There was no evidence in this research to confirm that during labia elongation sexual intimacy developed among the women who took part in this research study. Most probably lesbianism was not discussed as part of labia elongation because in general sex is attached to secrecy and bringing sex and relationships to 'public' discourses is a taboo (Matchett, 2006:2). The women who took part in this study were cognisant of how elongated labia minora were used to define their gender and sexuality. Kelley confirmed that, they were *not embarrassed; we could even get hold of each other's labia minora and*

start *'pulling'*. Labia elongation was a shared practice and other girls *checked the length of each other's labia* (Kelley).

'Pulling' each other's labia minora does not suggest that the practice was done so that the women would provide pleasure to one other. It was a way of helping each other as well as competing in order to see whose labia minora were longer (Carol). Most of the women considered the practice to be an important part of being a woman and the question 'What kind of a woman does not have elongated labia minora?' suggests that from their perspective and regardless of their geographical location, race or ethnic group women were not regarded as incomplete unless they had undergone the practice. Also, the question 'what will a man touch or 'play with?' [*Indoda izabambani?*]' suggests that women [and men] thought of sexual intercourse as an intimate process between a man and woman. Learning about labia elongation from their sisters and other girls in the community was fun and made the women feel that they were part of a collective group. The following sub-section focuses on how labia elongation related to psychoanalysis.

8.6 Psychoanalysis, inferences and interpretation

As discussed in one of previous sub-section on 'Labia elongation for aesthetic purpose', the elongated labia minora were seen to beautify the female genitalia, something that made other women, who saw them showing, experience envy. However, there were times when the beauty of the elongated labia minora was measured from the size of the elongated labia minora that were 'bulging' from the knickers (Gail) which sparked admiration and envy among other girls and women (Margaret; Cindy). If the labia minora were not showing through the knickers, that could raise curiosity among the women or children of the same ethnic group. A woman who did not have elongated labia minora was not considered to be normal. On the other hand, young girls who had not yet performed the practice would 'stare' in amazement and later talk about *so and so's 'dangling things'*

that are down below (Docars) or her *small testicles* (Jacquelyn). The 'gaze' remained fixed on the genitalia that looked different.

The indication that men liked the 'extended' labia minora and insisted that their women had their labia minora elongated could be a psychological desire for their women to have penises like themselves, that is, homosexual tendencies (Parveen, 1996). Plato once mentioned that "The truest love is between men because men have similar intelligence" (Weisner, 1986). Homosexuality is a practice that is often seen as evil and looked down upon as brutal in society; therefore, the idea of a woman as a man's homosexual partner could destroy the curiosity and stigma attached to homosexuality psychologically (Epprecht, 2008; 2004). Although these ideas imply that labia elongation could have been performed for psychoanalytic reasons, there were no facts to substantiate that women could have elongated their labia for "penis envy" or for men to counteract castration complex (Connell, 2005). The next part of the chapter discusses ethnicity as a possible reason for labia elongation.

8.7 Labia elongation and ethnic identity

Some of the women showed that embracing one's ethnicity was an important aspect of labia elongation. Ethnic identities are subjective because they link an individual to the 'origins' or 'notions of a communal past' of a group (Roymans, 2004:2). This is problematic because it depicts group identities as 'homogenous' or 'static' and ignores the fact that individuals may belong to "numerous, partly overlapping" identity groups (Roymans, 2004:2). Ethnic identities could legitimatise claims for territories at the same time creating memories and stereotypes (Breakwell and Evanthia, 1996). Some of the women in the study cited that their uncertainties in engaging with the practice were that it was not part of their 'cultural' identity. On the contrary some women felt that they benefited from elongated labia minora, even if the practice was not common among their ethnic groups (Bessie).

Grace did not perform the practice because she had multi ethnic identities. It seems that each ethnic group had its own practices that were acquired from neighbouring ethnic group or individuals who joined a certain group (Mary). Ndebele men like the women might have known about labia elongation from friends or women from other ethnic groups who they had a sexual encounter with as seen from Margaret who reported that *the Ndebele people lacked interest in educating their children about sex, including labia elongation.*

It seems lack of knowledge and information regarding labia elongation among the Ndebele contributed to the breakup of some marriages (Penny). In fact, Penny felt that her husband divorced her because being a Ndebele woman, she did not have elongated labia minora. She further mentioned that Shona women who also knew about labia elongation, learned about it from the Tshangwe. The practice was learned via social interaction from other ethnic groups. Bessie another Ndebele woman has been married to a Shona man since 1988. On the other hand Betty and Sandra who were married to Shona men and have elongated labia minora are divorced.

Denial of 'ownership' of the practice by women could have been the cause of the inconsistency in the knowledge and dissemination of information or negative stereotypes regarding labia elongation. Indicating that the Ndebele had less information about labia elongation than the Kalanga; Ophah mentioned that *the Kalanga have more knowledge on labia elongation, they told their children about the practice when they were young.* This statement shows the importance of parental consent in cultural identity formation. A woman who was ignorant of the practice was accepted within the family she was married into on condition that she would have her labia minora elongated (Shoko, 2009). For example *if a Ndebele woman got married to a Kalanga man, the man's sisters and aunt, showed her...* (Moline)

Labia elongation was perceived as a form of identity for women among the KhoiSan, the Kalanga, Shona, Nambya, Tonga and some of the Ndebele women who practised it.

Asking if the women still taught their children about labia elongation and if they monitored the progress during labia elongation, Docars a KhoiSan woman mentioned that *labia elongation is a 'cultural' practice for the KhoiSan, how can we stop it?*

Docars who was born in Makulela in 1960, implied that it was uncommon to find a woman who did not have elongated labia minora among a group of women whose heritage were the KhoiSan. However, because of the changing times, where children left the village to go and look for work in the cities or in the neighbouring country, it was possible to find a woman without elongated labia minora among the KhoiSan. Although Makulela is mostly inhabited by the 'Ndebele', the language, accent and culture is mostly influenced by Kalanga hence the saying *Ugele kodwa semukaji webhodoko*, meaning that one who has nothing (no labia minora) like the wife of a Ndebele man [or like a Ndebele woman] (Carol).

The statement implied that upon their arrival in Zimbabwe, in the 1800s, it was not common to see Ndebele women with elongated labia minora; hence they were looked down upon for not performing the practice. The fear of being humiliated and seen to be lesser women, could have made the women engage with the practice. Kate, confirmed that

The fact that most of the Ndebele women did not know about labia elongation disadvantaged them. Men would leave them for the Shona or Kalanga women who had elongated labia minora.

Echoing a similar point Jane mentioned that *if a man has an extra marital affair with a Kalanga, Nyanja or Shona woman he will never come back*. Terry also confirmed that Ndebele women who lived side by side with the Kalanga and the KhoiSan did not have the respect other women had in the community because they did not have elongated labia minora. Margaret emphasised that

If a man marries a Kalanga woman his marriage lasts, if he marries a Shona woman he is a happy man, if he marries a Nyanja woman he is

a contented man, his marriage remains solid, so why does the marriage not last if he marries a Ndebele woman?

The implication is that marriages of the Ndebele women failed because initially they did not have their labia minora elongated and they were despised for this. So, they may have started engaging with the process in order to fit into that definition of womanhood where they were able to keep their marriages working and their husbands at home.

Mary had a positive feeling about how labia elongation changed her social status within the definitions of being Ndebele. She felt that those who were 'not proper Ndebele' like her went through formal education and initiation in the community where she grew up. Betty who has a Ndebele mother and a Nambia father mentioned that her paternal aunt was involved in all the stages of her initiation including teaching her about labia elongation. Sandra who reported that she was a product of many Southern African thinixities ethnic identities performed the practice after undergoing an initiation process ethnicities, reported that she knew about the practice from elderly women in the village who were not of the same ethnic origins as her. Sandra's ethnic 'identity crisis' was perceived during the interviews when she said *I did not grow up on my paternal side of the family.*

Ethnic identity is an important part of a person and it seems even if labia elongation was not common among the Ndebele women, the practice was done so that women could fit in with those from different ethnic groups as a gender identity rather than ethnic identity. The general assumption among the Ndebele people is that a man who loses control of his wife exposes his entire home to the 'intruders' and that leaves himself vulnerable to degradation by other men and the wider community. Women such as Penny, Margaret and Kate observed that the marriage institution was crumbling among the Ndebele people because they lacked education regarding sex, pleasure and looking after their marriages. Showing the need to empower parents who normally take a passive role in providing sex education to their children, Margaret stated that *Ndebele parents do not educate their*

children about sex and practices that make marriages last. Ndebele women's marriages did not last because women did not receive training to *giving men proper care* (Kate). Where a woman was given enough education to hold her family together of which labia elongation was part of it, marriages lasted.

The question is should Ndebele women teach young girls about labia elongation and sex. What about the changing times where a man lives and works away from his family, when sexual desires 'start burning', would they stay celibate, would they masturbate or have casual sex? How do these practices relate with labia elongation? Or what would be the role of elongated labia minora in the absence of one's sexual partner?

8.8 Language, construction of gender and sexual identities

Language was important in this research so as to assess its impact on the existence of the practice and how it played a part in construction and reconstruction of identities (Ndlovu, 2008). Chomsky (2006) argues that if we hope to understand human language and the psychological capacities on which it rests, we must first of all ask what it is, not how or for what purposes it is used for. An exploration of language, meanings and expressions that followed as a result of the interviews of the women enabled me to realise that there are discourses that are attached to labia elongation among the Ndebele women. Discourse analysis in this part of the thesis is concerned with the study of the relationship between language the women used to express themselves and thoughts regarding labia elongation and the context in which they used it (McCarthy, 1991). For example in 'public' places women use different terminologies or language with multiple meanings in order to conceal discussions on sexual matters. This "allows for the space to deny its meaning when confronted but also allows for shared meaning and understanding" within a subculture (Ndinda, et al., 2012:2).

Language is an important tool that is used to describe and refer to words that relate to gender or sexuality and has influence on the mental development of mankind (Humboldt,

1988). Wilson (1954:241) who regards the connection between language and rituals as important in identity formation posits that conversations relating to rituals reveal the values of the group. Mwenda (2006:348) informs us that in Bemba, a language that is spoken in Zambia, elongated labia minora are referred to as *utwa-kwangasha* which means 'toys' or 'things to play with': Later, upon marriage, elongated labia minora are used as 'toys' for the girl's husband to 'play with' (Tracy). Ndebele people too had a 'meandering' way of saying things and chose alternative words carefully so that the girls might later on know their meanings. Carol reported that emphasis on the importance of marrying a 'complete woman' was put forward when young men who were advised not to marry a *tin* (Tracy). The word *tin* was used to refer to the 'hollowness' of a woman whose vagina did not have labia minora. Being an 'empty vessel' meant that a woman was not respected by both her husband and the community (Amanda). The contrast provided for 'a tin' [an incomplete woman] was 'proper' or 'complete' [umfazi-fazi or woman-woman] with elongated labia minora. In Ndebele language, *umfazi* means woman and phonetically reads 'um-fa-zi' which demonstrates that the word is singular and an emphasis of expected standards of womanhood (Nyembezi, 1991). Vocabulary, words and their contextual meanings related to labia elongation are explained in Appendix 4:1.

In this section of the chapter I have explored the explanations for labia elongation by women in three locations where the research study was undertaken. From the analysis, there was not much difference in the way the women in all the three geographical locations provided the explanations for elongating their labia minora. All the three geographical locations, Stoke on Trent, Bulawayo and Makulela were 'cosmopolitan' and reflective of the Ndebele as an ethnic group that is made up of many ethnic identities. I focussed on how elongated labia minora played a part in the construction of women's identities.

The women's narratives were deep and detailed as they gave testimonies of how elongated labia minora enhanced satisfaction and intimacy in their relationships. This

contentment extended to building the woman's self-esteem from the recognition she got from her husband, her peers, relatives and the wider community. It seems males discussed their sexual encounters with women and in turn women discussed their experiences of labia elongation with one another: Language too, played an important part in the construction of the woman, making her female, a mother and wife and consequently a respectable woman in her community who enjoyed sexual intercourse with her sexual partner. The next part of this chapter focuses on the attitudes of the respondents towards labia elongation.

8.9 Attitudes towards Labia Elongation

This section explores the attitudes towards the labia elongation which were influenced by a number of factors. It seeks to explore parental views towards sex, sex education and labia elongation. Whilst there are advocates of labia elongation, that is women who played a major role in ensuring young girls had their labia minora elongated, there were women and girls who had different attitudes toward labia elongation. Some women felt that their responsibility in providing sexual pleasure and satisfaction made them feel exploited and treated as unequal. In some instances labia elongation seemed to be a valued practice (Lilly, Olga, Leslie and Opha), and at times there seemed to be lack of systematic communication among some families which left some of the women feeling that they did not go through 'proper' labia elongation teaching like their siblings or other women in the village (Linda). Some of the women, particularly the older ones felt that young people thought that the practice was 'old fashioned and out of date' (Carol). Family disintegration due to economic and political reasons seemed to be one of the major causes of lack of systematic order in cascading information about labia elongation. Socio-economic and political factors weakened the social, family support system and close knit families. These factors could have played a role in the 'demise' of labia elongation (Kelley; Margaret).

The prevailing silence regarding sex and sexuality is attributed to practices that are done in privacy like labia elongation (Arnfred, 2004): Consequently, silence leads to poor or lack of systematic communication regarding labia elongation. Among the Ndebele and many other ethnic groups in Zimbabwe, the paternal aunt or grandmother played an important role in advising girls in the family (Chapter 6). However, if she did not communicate fully about labia elongation may have led to misunderstanding of the practice. For example, Linda felt that she was not given enough time to understand marriage practices including labia elongation like her older sisters. She reported that her mother, aunt and sisters never told her about labia elongation or breast development until she got engaged and started planning her wedding. By the time Linda's wedding took place, bride price was already paid and she had already had sex with her husband. Generally, payment of bride price and the ceremony that goes with it is accepted as marriage among the Ndebele. However, other families would insist that a 'white' wedding takes place in order for the couple to be declared officially married.

Kate, who had left her marital home and children upon her divorce, assumed that their paternal grandmother had told them about labia elongation and yet she had not. Kate was forbidden to pay her children a visit as a result there was lack of communication with her three daughters regarding labia elongation. Actually, Kate did not perform the practice, so it must have been difficult to insist on a practice that she did not see its value at that time. Kate felt guilty that she was not involved in the labia elongation process of her daughters but was grateful that her daughters had learned about labia elongation from their peers at a boarding school.

Although it was the responsibility of the older people to educate young girls about labia elongation, young girls were growing up where there were no older people (Bourdillon, 1993). Roselyn emphasised that it was the responsibility of the older people to educate the younger generation about labia elongation and other practices that are essential for

their marriages. The younger generation too looked down upon the practice as primitive and old fashioned and quite often refused to engage in it (Carol). Young women could be sceptical in engaging with practices if they were not given informed choices; or if they were given inadequate information by less informed people such as friends.

Linda said she was not given adequate information for performing the practice because she had to follow what the older people said and *there was nothing much I could do about it*. Tracy argued that if she asked questions, she *would be considered to be arrogant*. Matters surrounding sex and sexuality such as labia elongation seemed very complicated and not easy to discuss, particularly by young people or those who came from communities that did not practice labia elongation. Even if Susan advocated for the practice, she felt that at the time she elongated her labia minora, she was not given choices to make informed decisions about carrying it out. She said that she would ensure her daughters make informed decisions and choices because the way her aunt told her about labia elongation did not indicate that she had choices: *It looked like every woman had to have elongated labia minora (Susan)*.

When her aunt told Susan about labia elongation, she made it imperative that she had to 'pull'. Perhaps, as far as her aunt was concerned, and within the realms of her world, every woman had to go through labia elongation. Her aunt might have thought that she was educating her niece for the best of her future. Also, it was her [aunt's] responsibility to ensure that Susan elongated her labia minora when she had capacity to make decisions. When Susan got older and learned that there were women who did not perform the practice, she decided that she would tell her daughters about it and would leave it to them to decide whether they wanted to elongate their labia minora or not.

Family disintegration was seen by some of the interviewees as being the main reason for the lack of consistency in educating young women about labia elongation. Even if Grace went to a boarding school where she first heard about labia elongation, her grandmothers

and aunt who had the responsibility of transmitting social and family values lived in a different geographical location. While the distance among family members and those who have the responsibility to educate younger women could be the cause of the demise of labia elongation, there were families that placed value on labia elongation. Some aunts could travel across the borders to teach their younger nieces or grandchildren about the practice (Susan).

Embracing western traditions could be one of the reasons for the demise of labia elongation. For example, whilst Betty mentioned that people were 'running away from' a 'primitive practice', Hazel's perspective was that marriages and relationships could work well if women who practice labia elongation embraced both tradition and westernisation. Once women became financially independent or educated, some of them disengaged with 'traditional' practices which are meant to strengthen their marriages such as labia elongation. Hazel's concern was that 'independent' women 'scared' men away from marriages, hence breaking the family and traditional systems such as marriage.

Even if labia elongation was seen as primitive, later on when marriages failed, some young women came back asking for herbs to elongate their labia minora (Carla). Carla emphasised that no matter how educated men were, they wanted a woman for sexual enjoyment who was 'complete' and 'exciting in bed' and had elongated labia minora.

Another factor that contributes to different attitudes and understanding of labia elongation is the gap between different generations. Whilst some women felt that it was important to educate their daughters about labia elongation, some of the young women refused to engage with the practice: Margaret, a mother, aunt and grandmother reported that, some young people were not receptive to any type of education regarding labia elongation because of the generation gap. Margaret felt that the younger generation (like me) should educate those young people. Her reason was that if she talked to her grandchildren about labia elongation they reacted arrogantly or laughed at her and reported that labia

elongation was out of date. Margaret's fear was that if young girls were not told about the practice they ran the risk of losing their men, because men shared information about their sexual experiences with friends. Her concern was that girls who did not elongate their labia minora were vulnerable to sexual exploitation. Women faced being embarrassed by men who divulged that they did not have elongated labia minora. On the other hand boys were reminded by their sisters, aunts or mothers to marry girls, who themselves had elongated labia minora by being ridiculed and reminded not to marry girls who did not have elongated labia minor (Margaret).

Whilst marriage and relationships focus on giving pleasure during sexual intercourse should be mutual, in an unequal relationship women could feel exploited. Hazel mentioned that teaching men and women how to give pleasure was important because pleasure is *symbiotic and not something that one is bound to do*. Therefore a balanced relationship required that both a man and woman should be taught about building a strong foundation for a relationship and marriage rather than focussing on sex alone.

As Kelley pointed out *it is the duty of every parent to ensure that their daughters are told about labia elongation*. However, her concern was that despite such preparations, some girls were never told what elongated labia minora were used for because of the younger age at which the practice was performed. If the reasons for labia elongation were to increase sexual pleasure for the man or woman, it was inappropriate to tell young girls about the practice. Telling the girls that they would know if the right time came could spark curiosity; however they would know about labia elongation when they discovered that their sexual partners 'played' with them during sexual intercourse.

Even if there were women who did not find the elongated labia minora useful, some women embraced the practice, and made positive affirmations because they saw the benefits. Hazel mentioned that *every traditional woman... should go through initiation including labia elongation*. It was hard to grasp the concept of a 'traditional' woman within

local and transnational families since people's ideas and beliefs change over time. However, women tend to 'recreate' or 'transform' themselves in order to enhance their beauty and self-esteem (Ongundipe-Leslie, 1995).

Hazel's husband knew about elongated labia minora and she wished that her daughter who lived in Stoke on Trent could undergo the practice as well. However, her daughter was still too young to know about the practice and was most likely to get married to a man who did not know about the practice as she lived in a community that was predominantly 'White'-British. However, it was evident that Hazel vouched for the practice when she said *there is nothing wrong with having elongated labia*.

Lydia felt that elongated labia minora gave her pleasure and enjoyment during sexual intercourse when she reported that *they did work*. Betty said *what is primitive about enjoying sex or being taught about it? Don't we watch porn here in Britain?* Betty's statement indicated it was important for women to be taught about labia elongation, sex and sexual pleasure. Betty who was critical of lack of initiation and lessons felt that some women needed to know about climaxing during sexual intercourse.

In this section I have endeavoured to explore the attitudes of the respondents towards the existence or demise of the practice. These attitudes are important in realising that labia elongation as part of identity construction is affected by the changing society, both politically and economically. The next chapter concludes this thesis by showing the new knowledge that has been brought about by this research study.

Chapter 9: Conclusion

9.1 Contribution to knowledge and theory

The value of this thesis lies in its contribution to original knowledge, in particular the importance of the intersections of Zimbabwean history, socio-economic situation and politics in the construction of hegemonic and subjective Ndebele women's identities within the context of labia elongation. In addition to exploring the extent to which the aim and objectives of this thesis were achieved, the women's stories regarding their experiences of labia elongation have demystified 'dark' African discourses and subordination of African women to male domination (McClintock, 1995).

Academic texts on labia elongation do not fully explore how labia elongation contributes to the construction of a girl's transition to adolescence and womanhood. The literature and theoretical standpoints that I engaged with were important in the epistemological, methodological and structuring the thesis in order to develop a conceptual framework (see Fig. 1, page 47) which is embedded in my biography as discussed in the preface and methodological approaches. Fig. 1 shows that Ndebele female participants' identities, including my own identity were negotiated via complex webs within Zimbabwe's hegemonic culture, history of colonialism and Christianity and our subjectivities as women, all which were tools that helped 'us' (participants and me) to make sense of our female bodies as Ndebele women who found themselves living in the diaspora.

Our identities were shaped by 'things' that were public in Zimbabwe's history and those that were private such as the meanings of elongated labia elongation in the making of 'our womanhood', making in this instance in our diverse journeys that marked our transitions from being a girl to a woman in colonial and post-colonial Zimbabwe. The interrogation, offered by women, between public and private spaces using labia elongation as lenses to unpick how we made sense of our bodies and womanhood, are key themes in the production of new knowledge in social sciences. Auto-ethnography provided discursive

spaces for engagement with culture, history, colonialism and Christianity. This thesis is one of the few scholarly attempts to explore the experiences and voices of women who have undergone labia elongation.

Findings of this study suggest that, due to the intersections of Christianity, colonialism, post-Coloniality, Western education and negotiation of culture, the practice of elongating labia was seriously misunderstood by academics. This results from the power of many researchers engaged in imperial and colonial anthropological research in Africa which was designed to denigrate whilst substantiating nineteenth century dichotomies of the man and woman, White and Black, the self and 'other' and the coloniser and the colonised (see McClintock, 1995). These early scholars questioned Ndebele understandings of the 'truth' and 'proper and objective' meanings of being Ndebele. Colonies were turned into spaces that perpetuated different cultures of Western patriarchy, power and control which defined the moral superiority of the 'West' and Christianity (Can, 2006: 33). This research study found that labia elongation is an example of Ndebele women's adherence to practices that were perceived as demonic and discouraged by Christianity.

Researching this topic required a lot of courage on my part, particularly as this is a sensitive topic that may play on discourses of the negative stereotypes of African woman as 'oppressed' by 'patriarchy'. Over the past years, the genitalia of an African woman occupied a sensitive place in political and public scholarship debates, which has 'silenced' emerging scholars who want to explore the topic (Laurent, 2000). The limited literature in this topic meant that I had to rely mostly on auto-ethnography as this provided a platform to engage my own experiences of labia elongation and that of other women, to provide a platform and reflect on our experiences as Ndebele women and shed some light for future research.

The main aim of this research was to investigate how labia elongation contributes to the construction of Ndebele women's identities and provides a marker of their transition from

being a 'girl' to being a 'woman'. This thesis had four key objectives that focused on the Ndebele women's experiences of labia elongation, the link between identity and spaces of learning and performing elongation, how labia elongation defined the self and others, its contribution to theory on identity formation through the lenses of women's stories about labia elongation and its contribution to theory and knowledge on identity formation amongst Zimbabwean women and Ndebele women in particular.

The main purpose of this chapter is to explore the extent to which the aim and objectives of this thesis have been achieved, paying particular attention to the contribution this thesis has made to theory and knowledge on identity formation amongst Zimbabwean women. My own experiences and those of the women who took part in this research study was a point of departure to engage labia elongation into a positive academic discourse. When these ideas about identity formation are ignored and not passed on to the next generation, they get lost along the way. This research study enhanced my experiences as a researcher.

Auto-ethnography enabled me to use my biography to trace the diasporic experiences of Ndebele women who, like me, had moved from our 'ancestral' homes in Matabeleland to England. I was born in the rural areas, grew up in different cities and locations of Zimbabwe and now live in Stoke on Trent. Following footsteps in my own biography, I collected data in places that were key to the formation of my identity and that of the participants, generating data in three sites, Stoke on Trent, Bulawayo and Makulela, via qualitative research methods. The choice of the study sites was reflective of my own changing identities, as well as those of the participants, across time and space. Just as I had to adjust my personality within each location, because I was entering the respondents' 'private' spaces, they too had to accommodate my interaction with them. Based upon the findings of this research study, these three locations have shaped the respondents'

identities from being a girl, an adolescent and woman who was taught about the meaning of womanhood within a Ndebele context.

The context in which women traditionally encountered colonialism and post colonialism brought different experiences to the women and the formation of female identities in Zimbabwe. However, these different experiences of colonialism, Christianity and post-Coloniality by black women in Zimbabwe unified their experiences and brought with it a hegemonic Zimbabwean woman identity. This hegemonic identity had shared experiences, some of which are unspoken, such labia elongation. Results from this thesis show that labia elongation is a cultural practice negotiated by women from a number of ethnic groups as the practice crossed boundaries of ethnicity. Ethnic boundaries were part of the colonial project that also created a sense of difference amongst different ethnic groups. These ethnic differences have been politicised yet people from different ethnic groups continue to intermarry.

A practice such as labia elongation is often carried as part of the cultural practice found in populations on the move, as shown by my biography and those of the participants. As such, cultural resources move with the population, they take a different meaning or the meaning is lost. Bearing in mind the caste system on which the Ndebele state was built, the *Zansi* women could have performed the practice to maintain a respectable social position and to refrain from being stigmatised as *Bhotoko* [Ndebele] by the women they so looked down upon (see Chapter 8). Despite being a diasporic rather than a transnational group, because it was impossible to return to Zululand because of accessibility and fear of being persecuted by King Shaka, Ndebele women joined in the local women to elongate their labia minora as a collective identity and as an indication that 'difference and' 'strangeness' were not accepted by host communities (see Chapter 4). Again, as seen by my own biography, this practice has become an object of academic gaze and interest.

Labia elongation is part of the hidden and symbolic forms of Ndebele women's identifications that privately reinforced her status within the Ndebele collective. It was also her hidden source of power in heterosexual intimacy giving her a sense of 'completeness' or 'tangible reality' of her womanhood [woman-woman or *umfazi-fazi*] (see Chapter 8). If she 'appeared', inadequate this would have an impact on her husband who could 'divorce' her or have extra-marital relationships. Hence the value that was attached to a woman was her capability to control and keep her husband 'at home' where he 'belonged'. If a married man strayed, his wife was blamed and seen as a failure. Therefore elongated labia minora became the 'ties' or the 'reins' that 'held' her marriage together. Fearing competition, the Ndebele women 'bonded' with local women in order run their homes and preserve marriages in a similar manner.

There are family sanctions against talking to children about sexual matters, in this instance labia elongation. It has always been acknowledged that African families do not often discuss sexual matters with their children. This study has shown that there are those who are culturally responsible to talk about sex with girl children in the family, such as the paternal aunts. Often this responsibility has often been viewed as unmonitored and carries no sanction if the girl child did not receive appropriate education from the designated adults. Often the parents and the mother in particular, were blamed for not bringing their daughter up in a 'proper way': She could be sent back to her parents so that the aunt would teach her to 'look after' her husband well by giving him good food and sex. The reason behind that was that during sexual intercourse, by having elongated labia minora, the husband treated his wife like a woman and not a child. By having sex with a woman who did not have elongated labia minora a man felt that he was having sexual intercourse with a minor or raping her. The vagina of a 'child' is tight and does not enable coitus.

Therefore having sex with a woman with elongated labia minora was reciprocating sexual pleasure and intimacy as a result of 'playing with' elongated labia minora during sexual

foreplay. Once lubricated, penile penetration became easier and that reduced the tearing of soft vaginal tissues which can contribute to transmission of HIV. A man satisfied the woman; she too respected him which had a positive contribution to his self-esteem and a healthy relationship or marriage. According to the findings of this research, a girl who did not go through a proper initiation process, including labia elongation brought shame to her family when the husband reported that she was 'incompetent' or if her marriage failed. Unlike other forms of private identities that are personal, labia elongation is not entirely 'private' because it was discussed in the family settings or forums that were important in crafting women's identities.

Labia elongation is done at the early stages of childhood before the girl's body changes from being a girl to an adolescent. 'Hidden' explanations were meant to protect the children from knowing too much. Since child protection laws were verbal and not documented, it was believed that if the children knew about the practice and its association with sex they would want to experiment. Information sharing with children was gradual (Susan); because if children were bombarded with facts regarding the practice they would be confused.

Womanhood was reinforced by symbolic meanings of what constitutes a woman. From the findings of the research, 'being a woman' is an important process that goes beyond the biological construction. Expectations and definitions of womanhood were reinforced by the question, 'What kind of a woman does not have elongated labia minora?' By elongating their labia minora, women were socially and culturally reconstructed by men and their significant others in order to be 'whole'. The practice enabled the women to reconstruct their ethnic, gender and sexual identities a transition that is essential to be a woman from being a girl. Although there is little physical pain involved, labia elongation challenges the universal notions of 'bodily integrity' since communities have diversity of

beliefs (Denniston, et al., 2006). Gender is not only a subjective term; like womanhood, gender as an identity is fluid and changes over time and space as evidenced in this study.

The contexts within which labia elongation was performed were central to understanding its meanings. Through the use of auto-ethnography, I was able to 'see' the different context within which women's identities (including mine) were shaped by historical, economic and political circumstances. Each one of the locations where the research was carried out had a different but enriching characteristic that had impacted on women identities. The socio-economic situation of Zimbabwe and the HIV epidemic had an impact on the social and cultural rites and rituals such as labia elongation as families moved to other countries due to economic difficulties.

Resilience and patience are important qualities in a woman's identity, and like the preparation for womanhood they are taught over a long time. From a young age a woman is taught to endure the pain of suffering; also the pain she experiences during labia elongation is believed to be similar to waiting for her man to come back 'home' to her where he 'belongs' even if he comes home to be buried. Single women or 'city wives' were not respected and therefore the value of the woman was her elongated labia minora and the payment of *lobolo* which made the children the women gave birth to the family legitimate.

Recruiting participants in the UK was difficult as women negotiated the changing meaning of being a woman. The changing social, economic and political conditions of both United Kingdom and Zimbabwe had an impact on this research study. Women had to concentrate on their paid jobs rather than participating in the research process. Historically, men were the economic providers for their families. Like most Zimbabwean young women, participants had to look for work in the cities or out of the country so that they could support their parents financially. However, in the event of getting pregnant they came back to the village to face even harder economic conditions which made labia elongation seem less

important. For example, in Bulawayo, the 'centre', Myra was an isolated individual: As a maid, she was looked down upon because she cleaned, washed and cooked for the family she worked for. However, in Makulela, the 'margin', Myra bonded with the women at the market garden who mothered her. She felt that she 'belonged' and could 'relate' with women because they had elongated labia minora like her. Even if Myra was not yet married, her solace was that she was a complete woman and felt 'at home' among the women who understood the hardships of womanhood and looking after their families. In each site, women were of a similar age group and had similar occupational interests. In intergenerational spaces women of different age groups learned about labia elongation from one another.

Exploring the learning process was also key to understanding the specificity of gender and power in the practice of labia elongation. Talking about being a woman and sex with a heterosexual man can be difficult. Labia elongation provided a vehicle through which women were engaged, at times silently, with what it means to be in a heterosexual relationship and have power over one's body and that of others; the power to silently shape their identity. Whilst labia elongation has been criticised for contributing to women's subordination to male control the findings of this research were that, to a wider extent, elongated labia minora empowered women and defined their sexuality.

Young women, including myself, were motivated to elongate their labia minora in private spaces where and when the practice was shared. This was in spaces such as dormitories or at the river side as we collected water. These were female-only spaces. This research has unveiled that an association of labia elongation with male control over women's bodies is a colonial-patriarchal construct. Women benefit from elongated labia minora in many ways, as a transition from a girl to a woman, to celebrate womanhood and femininity, for foreplay, as a tool for personal hygiene during menstruation and as a weapon that protected them from rape. Associating labia elongation with sanitation shows

resourcefulness, particularly in Zimbabwe where there is growing scarcity of resources and materials for sanitation (Chapter 8). Perhaps, this is the reasons for the 'secrecy' regarding the practice (Chapter 2). Some people reverted to the practice when they were trying to make a political and traditional symbol.

There were inter-generational exchanges during the learning process. Older people reinforced the performance when younger people had 'approval' from their peers: that made the practice appear more acceptable and fashionable. In the city, whilst young girls were 'private' selves and possessed formalised identities that were false or masked by not discussing the practice they had performed (see Chapters Five and Six), in spaces such as the River, the Market and *Kumugodi* women felt they 'belonged' and related with their peers and older women who also had undergone labia elongation. The 'margin' played an important role in shaping women's identities in relation to labia elongation.

In spaces where labia elongation was discussed, women express the 'need' for their fellow women to elongate their labia minora and did it with the best intentions: The goal of labia elongation was to enhance sexual pleasure and to be acceptable as women in their communities, relationships and marriage. Women can 'bond' easily if they have a lot in common, they can talk about their bodies, sexual experiences, initiation and labia elongation. Walker (1983) argues that 'womanism' portrays the image of a Black woman as stronger and superior and attempts to situate Black women in history and culture as well as rescuing them from the negative stereotypes that mask them in the 'Western' society. This research study revealed that among the Ndebele communities, a girl was taught from an early age that one day she will be a woman; labia elongation was part of that construction. Womanhood and femininity are about conformity, expectations and the assumption of compulsory physical appearance. Even after many years of living in Stoke on Trent, women as a 'diaspora group' embraced labia elongation in order to 'bond' with women from 'home' and 'at home', 'locally' and 'transnationally'.

In spaces such as the Market Garden, women gave each other hope about their husbands who worked in the cities or out of the country. Spaces such as The Church, Social Gatherings, Boarding Schools, The Market, Under the Mopani Tree, The Well, The Rocks or Hills and The River created a balance between work and social issues. Women shared information and experiences regarding labia elongation. Such spaces have replaced initiation ceremonies and are therefore essential in crafting gender and sexual identities. Relating spaces of identity formation, only those who were willing to conform were 'let in': if they did not, they faced discrimination or were 'coerced' to elongate their labia minora via hegemonic power. Spaces had meaning and became valuable when occupied.

By being 'secretive', societies were conservative about sharing information particularly with children or outsiders. Also, ceremonies were known by men and boys and therefore the practice was neither 'secret' nor 'hidden'. Also, some girls knew that the practice was associated with productive and reproductive roles such as womanhood, motherhood, birth giving, marriage and sex respectively. Men knew that a woman who did not know about labia elongation could learn about it from other women in the community. Elongated labia minora were 'visible' through the knickers and upon sitting down or squatting women's skirts flapped showing the 'beautiful' genitalia with elongated labia minora. The 'hidden' practice or 'private features' were a symbol of self-respect, respect by the husband and community as well as a measure of her standards and capabilities as a woman. Whilst this could be seen as being subordinate, the woman too had her expectations and standards that she used to define manhood. She made sure a man provided physical structures, financial, and emotional support like the home, money and security including a satisfactory sexual relationship.

.By 'playing with' the elongated labia minora, the woman's vagina got lubricated and excited. When the man too 'played with' elongated labia minora, he was quickly aroused; if a man was not aroused it was a sign of his lack of interest in the woman. Rather than

treating women as sexual objects, women with elongated labia minora were treated with respect and considered partners in marriage or intimate relationships. During sexual intercourse a man and woman complemented each other, and elongated labia minora provided the man with sexual pleasure hence her dominance and control in the relationship since the man would not 'stray'. The modern economic way of life is associated with post-matriarchy where a woman strives for economic independence. In 'public', a woman could be humble and submissive and yet in 'private' she dominates the man sexually and remains in control of the relationship and her sexuality.

During the years of undertaking and writing up this research project I grew more knowledgeable in how identities change over time. From the conclusions drawn in this thesis, I have shown that labia elongation played a vital part in defining and redefining Ndebele women's social status. The practice was important in creating an 'ideal' woman who provided 'perfect' roles of being a wife and mother within a specific time and era. In an 'ideal' world, roles were defined and the man provided for his family: both the man and woman provided each other with sexual pleasure. However, the changing economic situation which has been briefly described in Chapter Four, makes us think about the tension between the 'ideal' and 'real' worlds where women have to ensure survival of their families. Migrating to cities and countries where women can work and be independent financially separates families: women become breadwinners thus becoming more like men, challenging the basis of labia elongation in its construction of ideal women.

9.2 Suggestions for further research

This research focussed on women of Matabeleland who know about labia elongation or had performed the practice so as to highlight the richness of their stories. Further research on labia elongation among women from other parts of Zimbabwe, and sub-Saharan countries such as Rwanda, Burundi, Uganda, Lesotho and Namibia where the practice is common would bring different insights into how the practice played a part in the

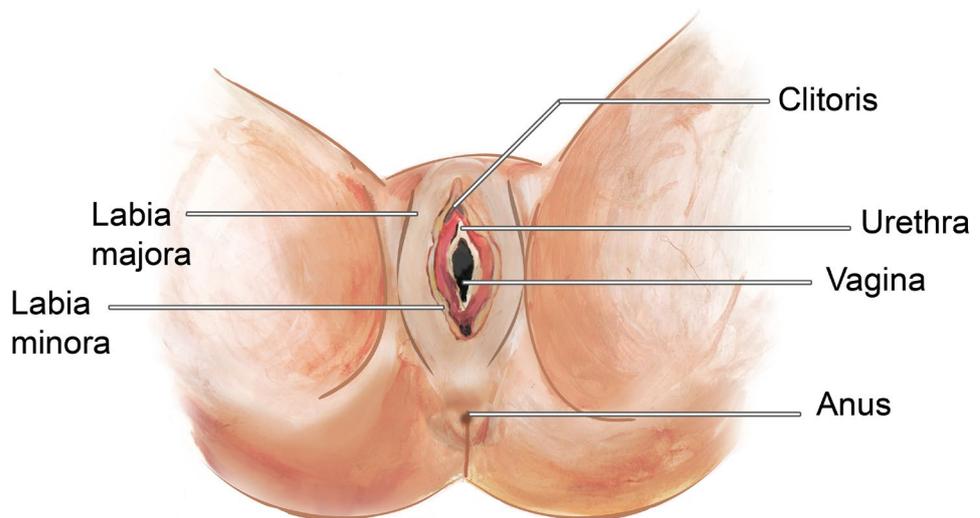
construction of women's identities and womanhood in particular. It would enable researchers to trace similarities and contrasts in a variety of milieux and help us to assess the significance of social, cultural, economic and political factors in its use.

Another focus of research that would enrich this study is exploring the views of young women aged between eighteen and twenty five, in order to assess their perceptions of the practice which would throw light on its changing importance over generations and through time. A useful approach might be the study of the young Zimbabwean women in the mother country and those in the United Kingdom in order to compare views in the homeland and the diaspora and assess the importance of migration in the spread, reconstruction or decline, of the practice. While there are a lot of positive reasons for elongating their labia minora, young women who are growing up in a community where elongated labia minora might not be understood, such as in the diaspora communities, may become trapped in their parents' culture and practice, than of their significant others and their own (Pasura, 2008; Segrott, 2001).

The research study revealed that labia minora are "not just enough" to make a woman 'respectable', beads wound around a woman's waist complement the elongated labia minora in that "there are three things that are important during love making, "the man plays with beads, with the breasts and elongated labia minora" (Eunice, Roselyn; Research Notes: October 2008). The significance of the beads the women wore around their waists and herbs are subjects that need investigation in order to find out how material objects link with elongated labia minora.

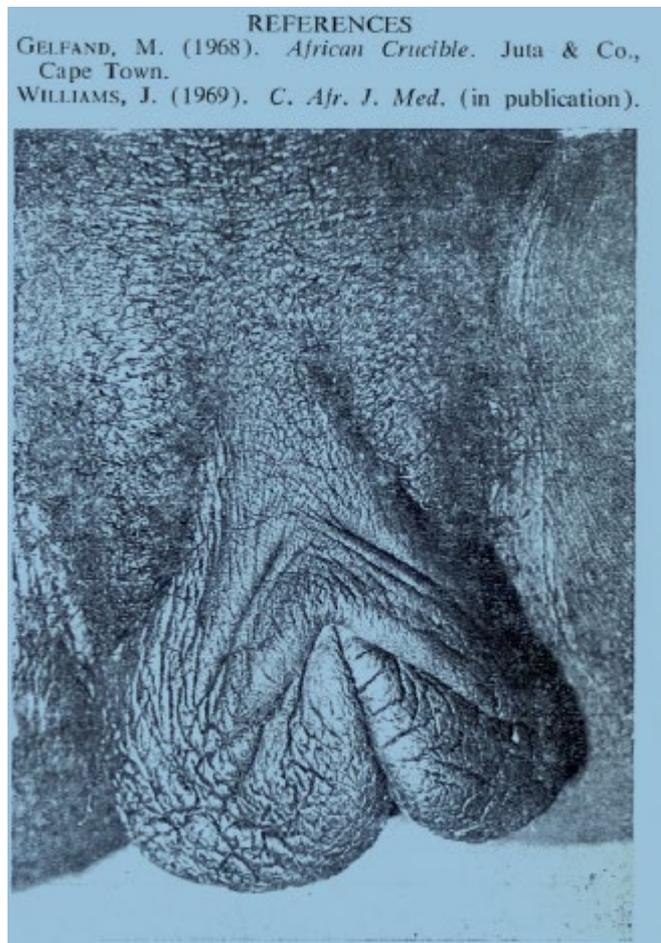
Appendix 1.1 Female genital anatomy

The diagram and picture below are an illustration of the female anatomy without and with elongated labia minora respectively. The resemblance of the labia minora to the 'curtains' can be seen in the picture below. The vulva or female external genitalia includes labia minora (outer lips) labia minora (the inner lips) the urinary meatus, the vaginal opening and the vestibular bulbs, (the erectile tissue) of the labia minora. The labia minora are smaller folds that are covered by tissues that fuse them to form 'prepuce of the clitoris'. When elongated, the labia minora 'hang down' like a 'curtains'. The small labia minora hide between the labia majora and when elongated the labia minora protrude from the labia majora. The labia majora are the 'outer lips' covered by the pubic hair protect the clitoris and the urethra



Appendix 2.1 Enlarged Labia Minora

Source: Gelfand, Michael (1973) Gross enlargement of Labia Minora in an African Female, Central African Journal of Medicine, Harare, 19 (5) pp.101-109.



Appendix 3.1 Index to the respondents referred to in this thesis

Name	Age	Religion	Age when heard about LS	Elongated?	Ethnic Background	Location(s)	Marital Status
Stoke on Trent							
Linda	44 years	Christian, spiritual	21 years,	Yes, by aunts and sisters	Chewa	Zimbabwe, Bulawayo, Malawi United Kingdom	Married, divorced, married, one son
Mary	65 years	Christian,	12/15 years	Yes, village girls	Ndebele	Nswazi Gwanda Bulawayo United kingdom	Married widowed, with four children [3 daughters & 1 son] and seven grandchildren
Betty	44 years	Christian	10 years	Yes, paternal aunt, mother's consent	Ndebele/Tonga	Hwange Bulawayo Harare United Kingdom	Married, divorce In a relationship. Two children [sons]
Sandra	44 years	Spiritual	12-14 years	Yes, boarding school, aunt	Ndebele/mixed	Rural, Bulawayo, United Kingdom	Married, divorced, married, 2 children [daughter and son]

Bessie	44 years	Christian	13/14 years,	Yes, boarding school, friends	Ndebele	Gwanda Bulawayo Kwekwe Boarding school United Kingdom	Married with three children [3 sons]
Lydia	47	Christian	10 – 13 years	Yes, after marriage and when the husband expressed a wish for her to	Ndebele	Gwanda Bulawayo Boarding schools United Kingdom	Married, Divorced, married three children [1 daughter & 2 son]

Hazel	45 yeas	Christian -	8 years	Yes, heard from a cousin and reinforced by an aunt	Bemba	Zimbabwe Zambia Boarding school United Kingdom	Married-Divorced, married. [1 daughter]
Diane	46 years	Christian	12/13/14 years	Yes, heard from a 'maid' with elongated labia	Ndebele	Zimbabwe Matabeleland United Kingdom	Married, divorced, Married [2 sons]
Grace	47 years	Christian, Spiritual	14 years old	No, heard from colleagues at a boarding school. Did not have an aunt, mother did not insist ,small network of friends	Ndebele/Kalanga	Nkayi Bulawayo Plumtree Boarding School Unite kingdom	Married, divorced, married. 3 children [1 daughter & 2 sons] two grandchildren.
Paulette	45 years	Christian	14-16years	No, tried but discontinued due to conflicting ideas, heard about LS from classmate, mother who prohibited her	Ndebele/Kalanga	Gweru Bulawayo Plumtree Boarding school United kingdom	Married, 3 children [2 daughters]

				from performing the practice, aunt who insisted she performs it			
Susan	44 years	Christian	8 years	Yes, heard from sisters and then maternal aunt who came from Malawi	Tonga	Bulawayo, Malawi, United Kingdom	Married, divorced, 4 children [2 daughters and 2 sons]
Jane	55 years	Christian	14 years	Yes, Boarding school	Ndebele	Rural Bulawayo Boarding school United Kingdom	Married, 3 children [2 daughters & 1 son]

Penny	50 years	Christian	12-14 (18) years	Yes, later when she got married sister in law informed her.	Ndebele	Kezi Bulawayo Gokwe Boarding school	Married, divorced, s 4 children [1 sons & 3 daughters]
Tracy	42 years	Christian	9 years	Yes, heard from maternal grandmother and great grandmother	Ndebele	Filabusi, GwandaNkayi, Boarding school, United kingdom	Married, 4 children [2 daughters & 2 sons]
Kate	51 years	Christian, Spiritual	12-14 years	Yes, started but discontinued because of the pain and the fact that mother had not performed LS, heard from other girls in the extended family (village), Aunt, was a 'teacher' to all the family girls	Ndebele/ Zulu	Mpopoma, Lupane, United Kingdom	Married, divorced, with 4 children [3 daughters & 1 son]

Milka	51 years	Christian	10-13 years	Yes, heard from paternal aunt, mother taught girls at boarding school	Shona-Zulu	Marondera, Harare, Boarding School, United Kingdom	Married, widowed, 3 children, [2 daughters & 1 son]
Jacquelyn	48 years	Christian,	12-14 years	Yes, Boarding school	Ndebele	Esigodini, Bulawayo, Harare, Boarding school, United Kingdom	Married, with 3 children 1 daughter & 2 sons]
Florence	45 years	Christian	14 years	No, heard about LS but felt the pain when pulling,	Ndebele	Filabusi, Bulawayo, Boarding school, Harare, United Kingdom	Married, widowed, [2 sons].
Sally	51	Christian,	10-12 Years	Yes, boarding school/paternal aunt	Shangani/Shona	Bulawayo, Harare	Married, 2 children [1 daughter & 1 son]
Bulawayo							
Peggy	43 years	Christian	10 -12 years	Yes, sisters, boarding school	Ndebele	Bulawayo	Married, 3 children [1 daughter & 2 sons]

Lilly	42 years	Christian	8-14 years	Yes, sisters, peers	Ndebele	Bulawayo	Married, 4 children [3 daughters & 1 son]
Olga	47 years	Christian	10-14 years	Yes, sisters, other girls in the village, city.	Ndebele/Shona	Bulawayo/Mutare	Married, 2 children; Divorced, in a relationship [2 daughters]
Ophah	54 years	Christian	12-14 years	Yes, boarding school	Ndebele	Bulawayo	Married, 3 children [1 daughter]
Leslie	45 years	Christian	12-14 years	Yes, boarding school	Ndebele /Kalanga	Bulawayo	Married, Divorced, in a relationship. 3 children [2 daughters & 1 son]
Rhoda	46 years	Christian	10-14 years	Yes, village, sisters, colleagues	Ndebele	Bulawayo/Tsholotsho	Married, Four children [1daughter & 3 sons]
Carla	39 years	Christian, spiritual	14 years	Yes, friends first, pulled the wrong part, 'sister' cousin corrected her	Ndebele	Gokwe, Bulawayo,	Not married, in a relationship, no children

Roselyn	55 years	Christian, spiritual	10 -12years	Yes, older sisters, but went through formal organised initiation by her aunt, as a group with the wider extended family	Ndebele/Kalanga	Lupane, Bulawayo	Married, divorced, five children, [4 sons & 1 daughter]
Trudy	60 years	Christian Spiritual	22+years	No, has knowledge, heard about LS when she was older, the practice is not performed by the majority of her people	Ndebele-Suthu	Gwanda, Esigodini	Married, three children [2 daughters & 1 son]
Zelda	55years	Christian, spiritual	14 years	Yes, paternal aunt, but declined interviews, her views are important in this research	Ndebele	Nkulumane, Bulalwayo	Married, with four children [2 daughters]

Margaret	67 years	Christian, spiritual	10-14 years	Yes, her mother taught her, and older sisters reinforced	Ndebele	Kezi Bulawayo, Mpopoma, Newton west,	Married, with 5 children [3 sons & 2 daughters]
Terry	52 years	Christian	9-10 years	Yes, sisters and the entire community	Ndebele/Kalanga	Bambadzi- , Boarding school, Plumtree, Bulawayo, runs a market stall and black market finance trade	Married, four children [3 daughters & 1 son]
Makulela							
Kendra	52 years	Christian,	8-10 years	Yes, village girls and cousin in the wider extended family	Ndebele	Ndolwane, Makulela, Bulawayo, Johannesburg, Runs a Market	Married, [two daughters]
Carol	74 years	Christian,	8-10 years	Yes, grandmother, older sisters and girls in the family and village respectively	Ndebele/Tswana,	Botswana, South of Plumtree, Makulela	Married, widowed, four children [1daughter & 3 sons]

Gail	65 years	Christian	8-10 years	Yes, aunt, sisters and older girls in the family and village	Ndebele	Plumtree- Ndolwane, Makulela	Married, widowed, five children [2 daughters & 3 sons]
Kelley	70 years	Christian	8-10years before menstruation	Yes, sisters and older girls in the family and village respectively	Ndebele/Kalanga	Ndolwane, Makulela	Married, widowed, six children [5 son &1 daughter]
Enid	60+ years	Christian	8 – 10 years	Yes, sisters and the older girls in the village	Ndebele/Kalanga	Ndolwane Makulela	Married, widowed, Four children [2 daughters & 2 sons]
Moline	60+ years	Christian	8-10 years	Yes, sisters and the older girls in the village	Ndebele	Dlameli-Tshangwa, Makulela	Married, six children [6 sons]
Kirstie	60+ years	Christian	8-10years	Yes, sisters and the older girls in the village	Kalanga/Ndebele	Dlameli Tshangwe, Makulela	Married, Two children [1 daughter]

Elsie	60+ years	Christian	8-10years	Yes, sisters and the older girls in the village	Ndebele/Kalanga	Makulela	Married, Five children [2 daughters &
Colleen	60+ years	Christian	8-10years	Yes, sisters and the older girls in the village	Ndebele	Longwe, Makulela	Married, four children [2 sons & 2 daughters]
Mazy	60+ years	Christian	8-10years	Yes, sisters and the older girls in the village	Ndebele	Longwe, Makulela	Marries, 1 son
Amanda	60+ years	Christian	8-10years	Yes, sisters and the older girls in the village	Ndebele	Nteza, Bulawayo, Makulela	Married, 4 children [2 daughters & 2 sons]
Angelbert	60+ years	Christian	8-10years	Yes, sisters and the older girls in the village	Kalanga/Ndebele	Ndabazinengi, Buche-Makulela	Married, 6 children [3 daughters & 3 sons]
Rita	60+ years	Christian	8-10years	Yes, sisters and the older girls in the village	Ndebele-Kalanga	Malalangeniyama, Buche-Makulela	Married, widowed, married, 4 children [1 daughter & 3 sons]

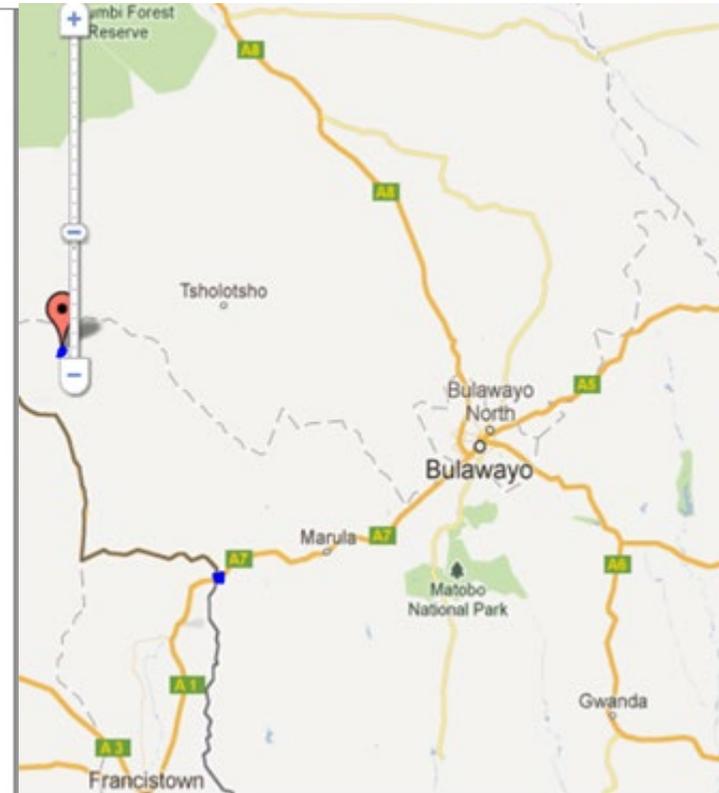
Emma	82 years	Spiritual	8-10 years	Yes, mother and girls in the village family	KhoiSan	Botswana/Zimbabwe boarder -Kalahari, Makulela	Married, widowed, 2 children [1 daughter]
Gilda	45 years	spiritual	8-10years	Yes, mother and girls in the village family	KhoiSan	Botswana/Zimbabwe boarder -Kalahari,	Married, 6 children [2 daughters]
Donna	40 years	Christian	7-10 years	Yes, mother, grandmother, sisters and girls in the village	KhoiSan	Botswana/Zimbabwe boarder -Kalahari, Makulela	Married, 3 children and grandchildren [2 daughters]
Docars	48 years	Christian	7-10years	Yes, mother, grandmother, sisters and girls in the village	KhoiSan	Botswana/Zimbabwe boarder -Kalahari, Makulela	Married, 4 children and grandchildren [1 daughter and 3 sons]
Eunice	40years	Christian	7-10years	Yes, mother, grandmother, sisters and girls in the village	KhoiSan	Botswana/Zimbabwe boarder -Kalahari, Makulela	Married, 3 children [2 daughters & 1 son]
Stacey	40 years	Christian	7-10 years	Yes, mother, sisters in the village,	Ndebele	Makulela	

Tina	25 years	Christian	7-10years	Yes, mother, grandmother, sisters and girls in the village	KhoiSan	Botswana/Zimbabwe boarder -Kalahari, Makulela	Married, [2 daughters]
Rachel	36 years	Christian	7-10years	Yes, mother, grandmother, sisters and girls in the village	KhoiSan	Botswana/Zimbabwe boarder -Kalahari, Makulela	Married, 4 children [3 daughters & 1 son]
Myra	21years	Christian	7-10years	Yes, grandmother sisters in the village	Ndebele-Kalanga	Makulela-Bulawayo	Not married, one child [son]
Darleen	34 years	Christian	7-10years	Yes, other women and girls in the village, brother's wife	KhoiSan	Makulela	Married, 4 children [3 daughters & 1 son]
Cindy	28 years	Christian	7- 10 years	Yes, mothers, sisters in the village, peers	KhoiSan	Makulela	Married, two children [daughters]
Shirley	50 years	Christian	7-10	Yes, mother, sisters in the village, peers.	KhoiSan	Makulela/Ndolwane	Married, three children [sons]

Liz	33 years	Christian	7- 10 years	Yes, mothers, sisters in the village, peers	KhoiSan	Makulela	Married, four children [2 daughters & 2 sons]
MEN							
Claus (Bulawayo)							
Cola							
Daniel							
Ken							
Lenny							
Stan							
Michael							

Appendix 3.2 Map of Zimbabwe (with excepts of Bulawayo and Makulela) (Copy Rights Granted by Expert Africa on 28.03.2013)

The red mark is the geographical location of Makulela



Appendix 3.3 Interview Questions

Part 1

Name

Age

Religion

Ethnic background

Marital Status

No of children: girls/boys.

Areas of origin and location

Part 2

1. How old were you when you first heard labia stretching? Did you have your labia minora elongated or not? How old were you when started the actual process of labia elongation? Could there be a reason why you would not have elongated your labia minora? Why was it essential to elongate the labia at that age? What time of the day did you elongate your labia minora? Was there a particular/convenient time to 'pull'? When and how did you learn to 'pull'? How did you do it? Was there a systematic way of 'pulling'?

2. How did you know about 'pulling'? Who taught you about the practice? Did anyone one assist you in identifying which part to elongate? Who showed you the actual process of labia elongation? Was there anyone monitoring the process? Was there a specific length?

3. Was there a place prepared specifically for labia elongation? Where about did you perform the practice?

4. Were you told the reasons for performing the practice? Did you know why you were doing it? What were/are your experiences of elongated labia minora as a woman, mother, wife, sexual partner etc? How do they work? What purpose do they serve? If a woman did not elongate her labia, what would happen to her? Would she be affected socially, emotionally physically or sexually? What precautions would be taken to assist her to elongate if she wanted to?

5. Did you teach your children/grandchildren? If not why? How have you passed the practice on to the next generation? Whose responsibility do you think it is for the younger generation to know about the practice and its essence? Where does the future of the practice lie?

Appendix 4.1 Language and translation

Words that describe or mean labia minora (in Ndebele/ English)

Vocabulary in Ndebele	Translated verbatim
Indlebe zikagogo	Grandmother's ears
Indlebe	ears
Izinto ezimbili ezilengayo	Two dangling things
Umchamo	urine
Isivalo	Door
Lokhuyana okubili	Those two things
Lokhuyana okudlaliswa ngubaba	That which father pays with
Ithoyi kababa	Father's toy

Words that describe or mean vagina

Vocabulary in Ndebele	Translated verbatim
Umnyango	entrance
Isitho somuntu ongumfazi	The female organ/genitalia
Umchamo	urine
Umlomo wesifazana	The mouth of a female person
Ngaphambili kukamama	In front/the front of mother
Phambili kwakhe	In her front

Words that describe or mean clitoris

Vocabulary in Ndebele	Translated verbatim
Indumba	Bean
Intanga leyanana	That seed
Okuncinyane lokhuyana	That little one

Words that describe or mean menstruation

Vocabulary in Ndebele	Translated Verbatim
Usukhulile	You are grown up

Ususesikhathini	You are in the time
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Descriptions or meaning of other

Vocabulary in Ndebele	Translated Verbatim
Amalebe yinto ezidlaliswayo	Labia minora are play things
Amalebe yinto evele ikhona njalo kufanele ihlale ikhona	Labia minora are things that are always there and they should always be there.
Igiya leyana	That gear
boys	Testicles
father	Penis
Old man	Penis
bayawodana	They order each other
uyisiphamba, [<i>chipamba</i>] esihlezinje	She is just a heap of a naked body'
ingudule	Domestic animal without horns

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