



A multi-country study on gender, sexuality and vaginal practices: Implications for sexual health

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Introduction

The HIV/AIDS pandemic has raised international attention on ways to reduce the risk of STIs including HIV, through the use of condoms and potentially microbicides. It is recognized that the use and effectiveness of such methods is not only a question of availability and knowledge, but is also closely linked to socio-cultural beliefs about health, hygiene and sexuality, often expressed through women's vaginal practices that are widespread in much of the world. Concern has also been raised about whether vaginal practices could have harmful effects such as increasing the susceptibility to sexually transmitted or reproductive tract infections.

The aim of this study was to identify and document vaginal practices in four countries (Indonesia, Thailand, Mozambique and South Africa), to seek an understanding of their motivations and to explore the role they play in women's health, sexuality and sense of wellbeing. The study also sought women's report of adverse effects associated with specific practices and products.

Methods

The study was conducted in one province in each of the four countries; Yogyakarta in Indonesia, Tete in Mozambique, KwaZulu-Natal in South Africa, and Chonburi in Thailand. A qualitative study was implemented in two rural and two urban sites, while the quantitative study was conducted province-wide. In Thailand the qualitative study also included sites from Bangkok; the other countries drew the urban and rural sites from within the same province. Criteria for country and site selection included previously reported vaginal practices, presence of researchers with knowledge and capacity to investigate the practices and increased rates of sexually transmitted infections, including HIV.

The study was carried out in two phases. The qualitative research of Phase 1 (completed in 2005) used standard qualitative interview techniques among adult women and some adult men, including 229 key informant and in-depth interviews, as well as the participation of 265 people in focus group discussions. The results informed the development of a classification framework of vaginal practices and the development of a generic questionnaire that was then used for the collection of quantitative data. In Phase 2 (2006/2007), a household survey was carried out using a multistage cluster sample design to be representative of each province (3610).

Results

This study documents a diversity of vaginal practices and their high prevalence in the general population, particularly in the Tete, Mozambique, and KwaZulu-Natal, South Africa. In the qualitative study, motivation for vaginal practices were mostly driven by the desire for maintaining health and wellness, and enhancing sexual pleasure, although the expression and extent of these motives varied considerably between sites.

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Suggested classification of vaginal practices

1. External washing: cleaning of the external area around the vagina and genitalia using a product or substance with or without water, normally using your hand. Products used vary from soap and water, to traditional and chemical detergent-like substances specifically used to wash the vagina and genital area.
2. Intravaginal cleansing: internal cleansing or washing inside the vagina includes wiping the internal genitalia with fingers and other substances (e.g., cotton, cloths, paper,) for the purpose of removing fluids. It also includes douching, which is the pressurised shooting or pumping of water or solution (including douching gel) into the vagina.
3. External application: placing or rubbing various substances or products to the external genitalia—that is the labia, clitoris vulva.
4. Intravaginal insertion: pushing or placing something inside the vagina (including powders, creams, herbs, tablets, sticks, stones, leaves, cotton, paper, tampons, tissue, other) regardless of how long it is left inside.
5. Oral ingestion: ingesting (drinking, swallowing) of substances perceived to affect the vagina and uterus. This includes the ingestion of substances/medicines to dry or lubricate the vagina.
6. Vaginal steaming or smoking: the “steaming” or “smoking” of the vagina, by sitting above a source of heat (fire, coals, hot rocks) on which water, herbs or oils are placed to create steam or smoke.
7. Anatomical modification: “Cutting” and “pulling” procedures used for modifying the vagina, or restoration of the hymen; includes female genital mutilation, incision with insertion of substance into the lesion (scarification process, tattoos of the vulva or labia); excludes episiotomies or operations to repair a protruding uterus.

Note that although the title of the classification suggests practices are confined to the vagina, or oral products expected to affect the vagina, many also involve the external genitalia.

Results from the household survey indicate a much wider prevalence of such practices than had been documented previously in other studies in the African region, while the prevalence in Thailand and Indonesia were less pronounced than the qualitative study had suggested (Braunstein et al 2003). The most common practices were hygiene-related; external vaginal washing in the Asian provinces and intravaginal cleansing in the African regions. Practices purely for sexual motives were rarely reported in Yogyakarta and Chonburi in Indonesia, although in all regions the link between health and wellness, hygiene and sexual purposes may be blurred.

- **External washing** is common (63% and 62% for Tete and KwaZulu-Natal respectively, 38% and 35% for Yogyakarta and Chonburi respectively) and regularly performed in all four countries (usually once or twice daily), mostly for cleanliness and odour reduction, and in Yogyakarta also for self-treatment of suspected infection or symptom (47%).
- **Intravaginal cleansing** was considerably more common in the African provinces. It was the most prevalent practice in Tete (91.7% of women) and KwaZulu-Natal (63.3%), it was mostly carried out for hygiene, maintaining wellness or to relieve genital symptoms.
- **External application** (mainly of modern products in Chonburi and traditional products in Tete) was particularly common among women in Chonburi (32%) who applied substances a median of nine times per month (IQR=3-30), almost always for reasons of hygiene and cleanliness. By contrast, application in African sites was undertaken largely to enhance

male and/or women’s own sexual pleasure, or for keeping partners committed (21% of women in Tete and 43% in KwaZulu-Natal).

- **Intravaginal insertion** was predominately a phenomenon of the African sites, more often for tightening than for drying. The odds of practicing these were 12 fold higher in Tete province than in KwaZulu-Natal, where the main motive was odour reduction (54% of women inserting substances). Few women in the Asian sites reported current insertion practices.
- **Oral ingestion** was reported mainly in Yogyakarta and Chonburi, where about two thirds of women have ever ingested substances intended to affect the vagina or uterus. More women in Yogyakarta currently practice ingestion (48%, a median three times/month of traditional products), than in Chonburi (10%) where current users reported doing so frequently (a median five times/month).
- **Vaginal steaming or smoking** had been practiced by two thirds of women in Chonburi (67%), which they associated with maintaining wellness and feminine identity. This was a traditional postpartum practice in mainland Southeast Asia; 86% of women who used it reported carrying it out in the postpartum period, explaining a low current use. The practice was also not uncommon in Tete (current practice 10%), though there it was mostly intended to enhance male sexual pleasure by causing vaginal tightening (64% of users) and drying (23%). In Indonesia an increasing number of salons provide vaginal steaming with herbs as part of innovative beauty treatments.

- **Anatomical modification** was uncommon, except in Tete, where 25% of women had undergone some kind of cutting in the vaginal area. There are different kinds of genital cuttings: incisions, excisions and scarifications.¹ Tete women's motivations concerned treatment of an infection or symptom, or enhancement of male pleasure and commitment. The latter rationale was also cited by most of the 3% of KwaZulu-Natal women who reported this practice. Labial elongation was reported by almost all Tete women, but was not practiced elsewhere. It was mostly framed as a practice essential for maintaining feminine identity (72%) and occurred from early adolescence onwards (mean onset of practice 11 years; sd=2.2). Women considered it important for male sexual pleasure (35%), maintaining partner commitment (37.6%), and sexual pleasure for women.

Discussion

Women's care and treatment of their vagina and genital area might affect their vulnerability to sexually transmitted infections (STIs including HIV), and other sexual and reproductive morbidities. The strength and consistency of this association, however, is debated as cohort studies have shown conflicting results. Since the early 1990s several studies mentioned vaginal practices among risks for heterosexual transmission of STI and HIV in relation to women's sexual relationships, preferences in sexual experiences and disturbances of vaginal flora. Subsequent discussions correlated vaginal practices – generally labeled “dry sex” despite evidence of diversity in motivations for types of practices– with other factors such as bacterial vaginosis and other STI. With the development of topical microbicides for the prevention of STI and HIV, more comprehensive reviews were undertaken on the potential effect of vaginal practices on heterosexual transmission of HIV focusing on the underlying cultural and behavioral norms and preferences for sex, which may devalue the lubricating impact of unguents. Recently, a study that pooled data from 11 prospective cohort studies in sub-Saharan Africa found that women reporting some intravaginal practices using products had higher rates of HIV acquisition than those reporting no practice other than cleansing with water (Low, et al. 2010).

This multi-country study is calling for a holistic approach to understanding the social construction of women's sexuality in order to improve health prevention and promotion efforts. Research assessing potential harm from vaginal practices requires specificity when describing behaviour, which led this study to develop a summary typology that can facilitate future research. More recent results from subsequent studies have found some, highly prevalent practices, such as intravaginal cleansing may put women at an increased risk for HIV acquisition (Low et al. 2010). Results

¹ Incisions in the genital rubbed with medicinal plants, often described as “vaccines”, are the most widespread practices. These are done both to enhance aesthetics, sexual attraction, and for therapeutic reasons to “cure” genital infections and infertility. To “treat” infertility, interventions may be more aggressive, often perforating the skin, pustule or tissue, to extract tissues considered impure. Scarification is formed by cutting and cicatrization leading to the formation of scars and keloids. The scars are reported to have an aesthetic and sensual rather than therapeutic purpose. This practice is less widespread.

from the study reported here and this new study should inform future study on practices found to be harmful, but which are modifiable through health education and prevention messages.

Policy implications

- The variety and prevalence of vaginal practices suggests a need to consider addressing these issues in HIV prevention efforts, such as condom promotion and development of microbicides.
- Should more evidence confirm a correlation between an increased risk of STI and HIV/AIDS and vaginal practices, locally developed guidance will be needed to discourage specific practices.
- In regions where practices may discourage the use of condoms or other barrier methods, public health guidance and messages may be needed to overcome the increased barrier to condom use for the prevention of sexually transmitted infections.
- Though the study did not include systematic data-collection on health effects, women reported that some vaginal practices had undesired consequences, such as lesions, infections and swellings, and some products may alter the vaginal flora, that could create favorable conditions for the transmission of STI, including HIV. Further study is needed to ensure vaginal practices are not increasing women's risk for infection.
- As the data on labia elongation suggests it is associated with positive perceptions of women's sexuality, and there was no indication of physical harm. The study supports the change in the WHO typology which no longer sites labia elongation as an example of type IV female genital mutilation (WHO 2008).

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