

# Gender, sexuality and vaginal practices study

Adriane Martin Hilber

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# Gender, sexuality and Vaginal practices study

- WHO has launched a four country comparative study on gender, sexuality and vaginal practices to build the knowledge base on the extent to which they impact on sexual and reproductive health outcomes.
- The study has been organised in 2 phases: a qualitative phase 1 to better understand the nature, motivations and circumstances about the practices; and a phase 2 household survey to determine the estimated prevalence for the study provinces in the four countries.

# Objectives of the Study

1. What vaginal practices (efforts to modify, cut, dry, cleanse, enhance, tighten, lubricate or loosen the vagina, labia, clitoris or hymen) are found among women in the study communities?
2. What is the prevalence and frequency of these vaginal practices within each study population?
3. What are the reasons women undertake these vaginal practices?
4. What impact do these practices have on women's and men's self-perceived sexual and reproductive health?
5. What impact do these practices have on women's and men's self-perceived sexual satisfaction and experience?
6. To what extent are the practices promoted or opposed by women's sexual partners, or by other members of the community, including traditional and modern health service providers?

**The most significant findings of the study related to commonality of the practices, motivations for the practices, implicit health consequences of the practices, and apparent prevalence. In addition, the study found that the term "dry sex" which is commonly used in the literature is an oversimplification of the practices and does not adequately reflect the diversity of the practices nor the motivations for use of the practices.**

# Commonalities

**In all four countries, the following practices were reported: washing, cleansing, smoking or steaming (fogging), insertion of substances, application of substances, and ingestion of substances for the purposes of tightening, drying and/or warming the vagina.**

# Commonalities

- **Common motivations include hygiene, to increase sexual satisfaction of male partners, self satisfaction and body image.**
- **Other common motivations related to other sexual and reproductive health concerns such as fertility, pregnancy and post-partum care, and control of suspected STIs/ HIV and to induce abortion.**
- **The motivations were also often associated with specific time periods or events (menses, pregnancy, menopause) in a woman's life.**

# Commonalities

**The health implications which can be deduced from the reports of women included**

- i) a willingness to endure pain before, during and after intercourse to achieve the desired effects of the practices -- most likely due to abrasions, lesions, and or the application of astringent substances on these wounds;**
- ii) that women that practice are less likely to use a condom or other barrier methods for contraception or for dual protection as the practice necessarily implies "skin to skin" contact to achieve the desired effect;**
- iii) significant use of a myriad of practices to address of other SRH concerns including induced abortion and self treatment of vaginal discharge and other symptoms of STIs, both which could have significant health consequences .**

# Commonalities

**In all countries, all women were familiar with the majority of the practices and many knew of others or they themselves had done the practices at some point in their lives. We estimate the prevalence of "Ever use" of at least one vaginal practice is close to 100% and ever use of a potential harmful practice such as insertion of substances could range as high as 70% of women in some of the sites.**