

The WHO Multi-Country Study on Gender, Sexuality, and Vaginal Practices (GSVP Study)

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for the GSVP Study group**

**Training Course in Sexual Health Research
Geneva 2008**



Importance of vaginal practices

- Reproductive health
 - Gender and sexuality, condom use, unsafe abortion
- Potential increased risk of women for HIV acquisition
- Microbicides acceptability, safety, efficacy, adherence



The WHO Multi-Country Study on Gender, Sexuality and Vaginal Practices (GSVP)

WHO GSVP Studies:

2003-05 – Qualitative Study [Phase 1]

2005-07 – Prevalence Survey [Phase 2]

Study Sites (country, province):

- Indonesia, Jogjakarta
- Mozambique, Tete
- South Africa, Kwa-Zulu, Natal
- Thailand, Chonburi

WHO and local research ethics committee approval

Vaginal practices defined

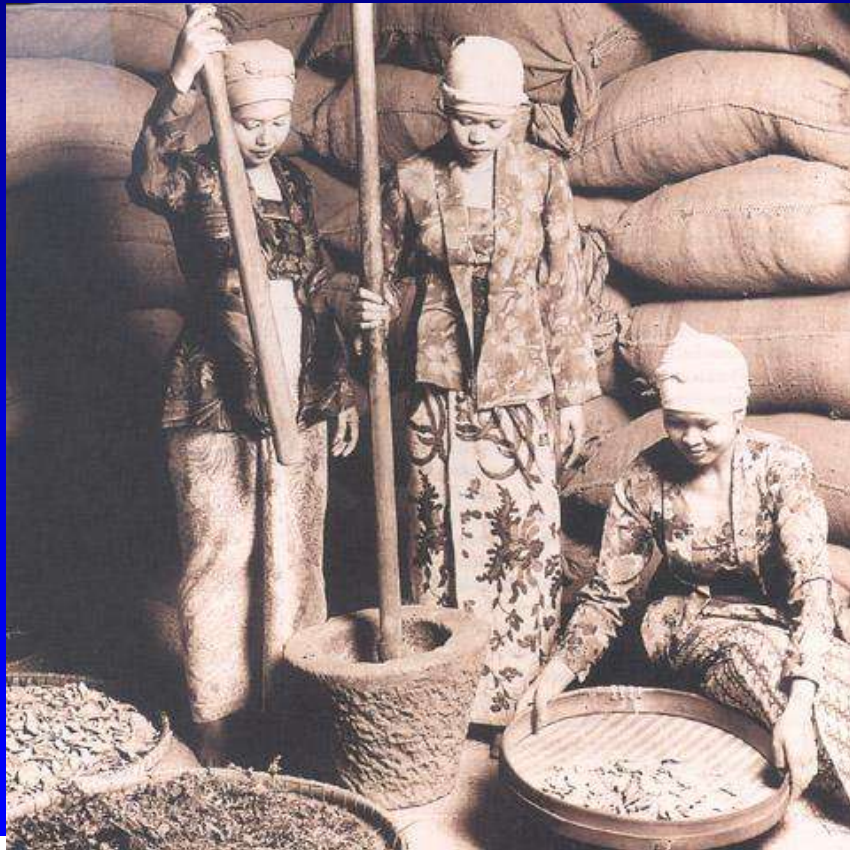
Vaginal Practices is a term covering a variety of behaviours undertaken for a variety of motives, with the common element being that they involve some modification to the labia, clitoris, or vagina. Practices include washing, cleansing or douching, topical application, insertion of substances intravaginally, ingestion of herbal concoctions, fogging or steaming of the vagina, cutting, tattooing or suturing, and elongation of the labia.

Classification of Vaginal Practices

1. Washing of external genitalia
2. Application of (substances or steam) to external genitalia
3. Anatomical modification of vagina (surgery, traditional scarification or labial elongation)
4. Intravaginal cleansing (wiping/douching)
5. Intravaginal insertion
6. Oral ingestion



Jamu: from tradition to multi million dollars cosmetic business with salons and spas developing throughout Indonesia as well as abroad



Insertion



Traditional and “modern” products in Mozambique
(*mankwala ya kubvalira in*)

Modern and traditional preparations in South Africa



Anatomical modification of vagina: Elongation of the Labia Minora

*Kukhuna, puxa-puxa, kupfuwa
in Mozambique*



Nthenguene or nsatsi oil

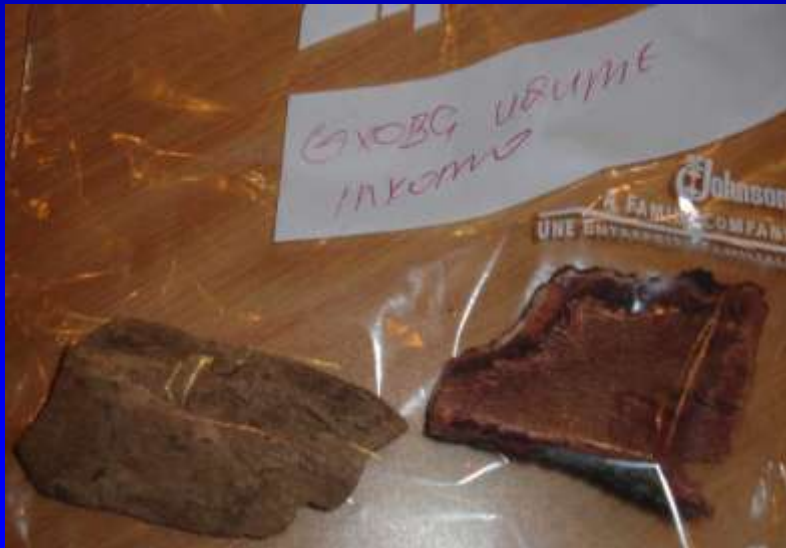
Application



**Vaginal Tightening Cream:
Thailand**



**Herbs to apply (and insert)
in South Africa**



**Herbs for “fogging” in
South Africa**

Intravaginal Cleansing (Soaps and Solutions)

Thailand



South African Market: “Pantyhose” Insertions,



Objectives

1. What vaginal practices were found? (Phase 1)
2. What is the prevalence and frequency of VPs? (Phase 2)
3. What are the motivations for VPs? (Phase 1)
4. What impact on women's and men's self-perceived sexual and reproductive health? (Phase 1&2)
5. What impact of practices on self-perceived sexual satisfaction and experience? (Phase 2)
6. To what extent are practices promoted by women's sexual partners, or by other members of the community, including traditional health service providers? (Phase 2)

Methods

- Protocol developed jointly by all PIs and coordinators
- WHO and local ethical review
- Phase 1 qualitative methods:
 - Interviews with Key Informants; In Depth Interviews; and Focus Groups
 - Observational: both in depth in own country and through visits to other countries
- Phase 2 Household Survey methods:
 - 850 randomly selected women bet. 18-60

Preliminary Results of WHO Multi-country Study on Gender, Sexuality and Vaginal Practices (GSVP STUDY)



Results of the Qualitative (1)

Vaginal practices classification and measurement framework

- Previous study of VPs as “Dry Sex” and intravaginal practices is an oversimplification
 - VPs vary in motivation, product used, temporality, use within the life cycle, according to partner, and frequency
 - Most important motivations are sexual relations, health and hygiene
 - Most important products (natural and commercial) involve use of talc, toothpaste, household detergents and cleaning products (Dettol, Omo), and natural substances ranging from ice, herbs and stones to astringents such as lemon juice
 - Harm of practice likely associated with frequency of use and product used rather than motivation – but VPs associated with health and hygiene appear more amenable to change



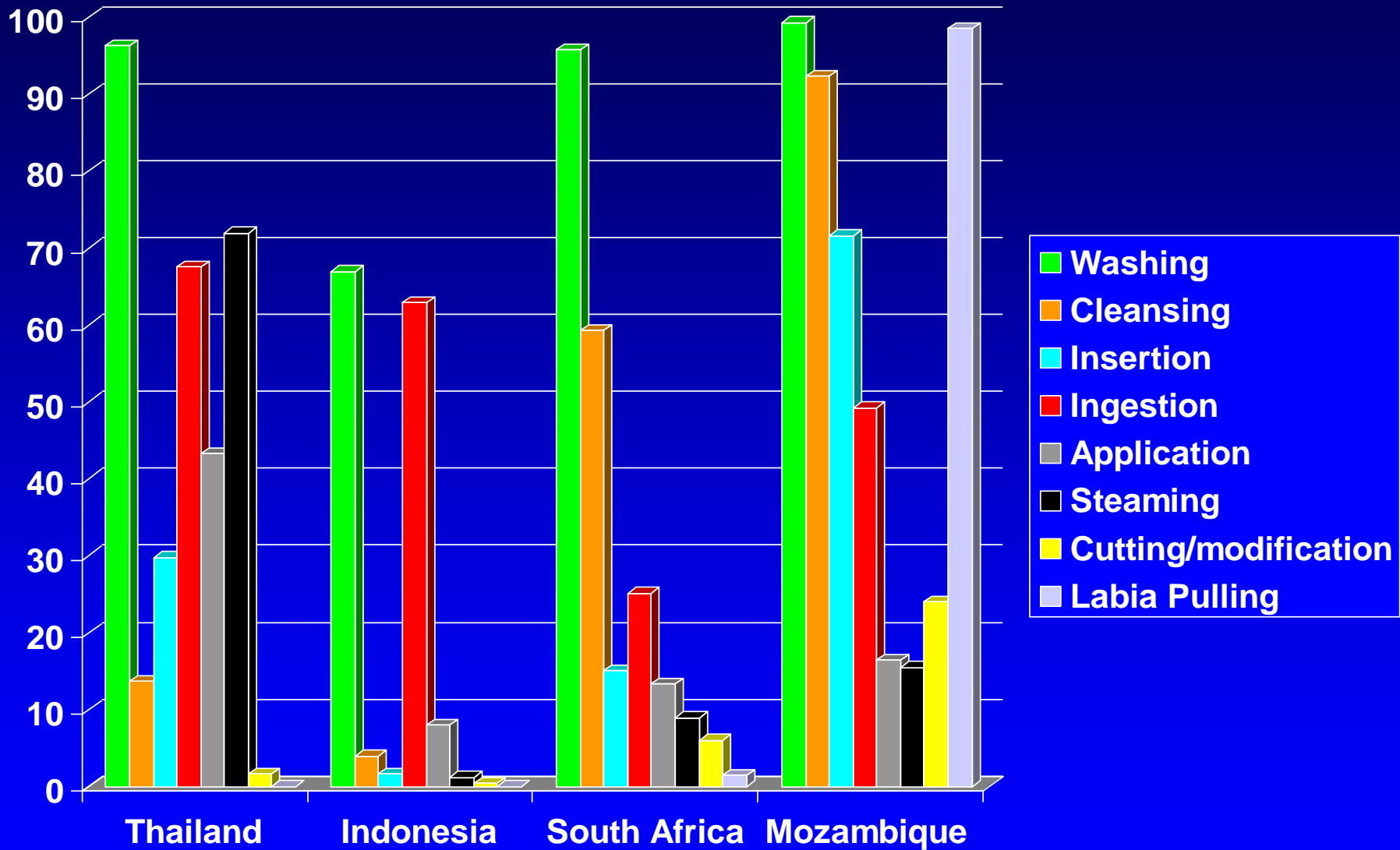
Results of the Qualitative (2)

- VPs provide information on women's preferred or desired vaginal state;
- Frequency and timing of practices indicate relative importance of the practice or partner
- Secrecy associated with use in South Africa (potential for violence if discovered)
- Most VPs are counter indicative of condom use
- Some practices embedded in Tradition e.g. Elongation of the labia, ingestion of Jamu, cutting
- Other practices are pragmatic solutions to common sexual or health problems with available products e.g. cleansing, application
- And there is always room for innovation in pursuit of better sex outcomes e.g. insertion, vaginal modification

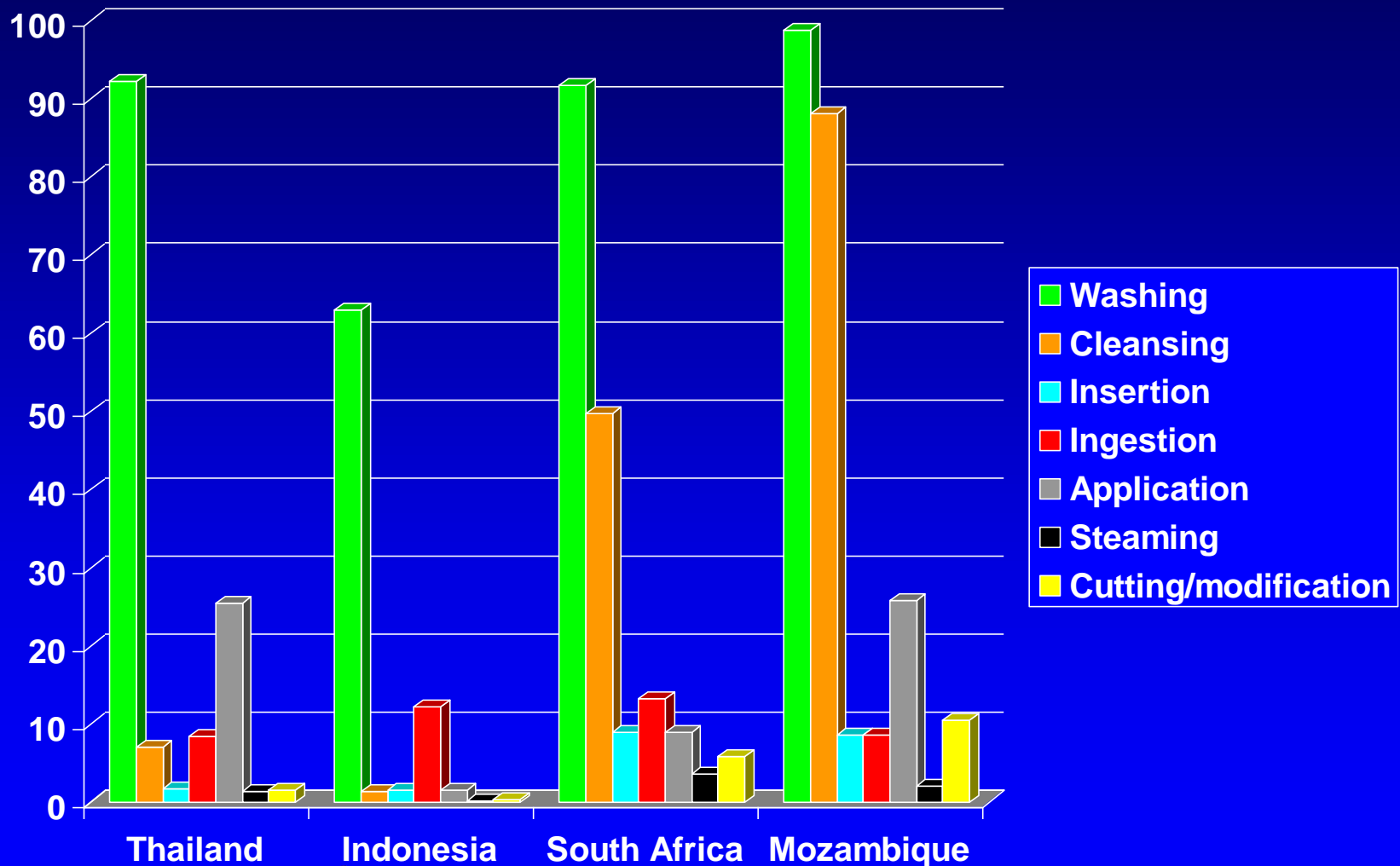
Participant characteristics

	Thailand N=960	Indonesia N=904	South Africa N=867	Mozambique N=919
<u>Age</u> (mean years)	38.5	37.8	33.2	33.6
<u>Education</u>				
None/Primary incomplete	34%	22%	22%	84%
Primary completed	18%	20%	6%	10%
Secondary completed	48%	58%	72%	7%
<u>Marital status</u>				
Married	84%	76%	23%	46%
<u>Never decides about spending household income</u>	13%	7%	30%	33%
<u>Caesarean section rate</u>	16%	2%	14%	1%
<u>Ever had genital ulcer/warts</u>	3%	2%	10%	3%

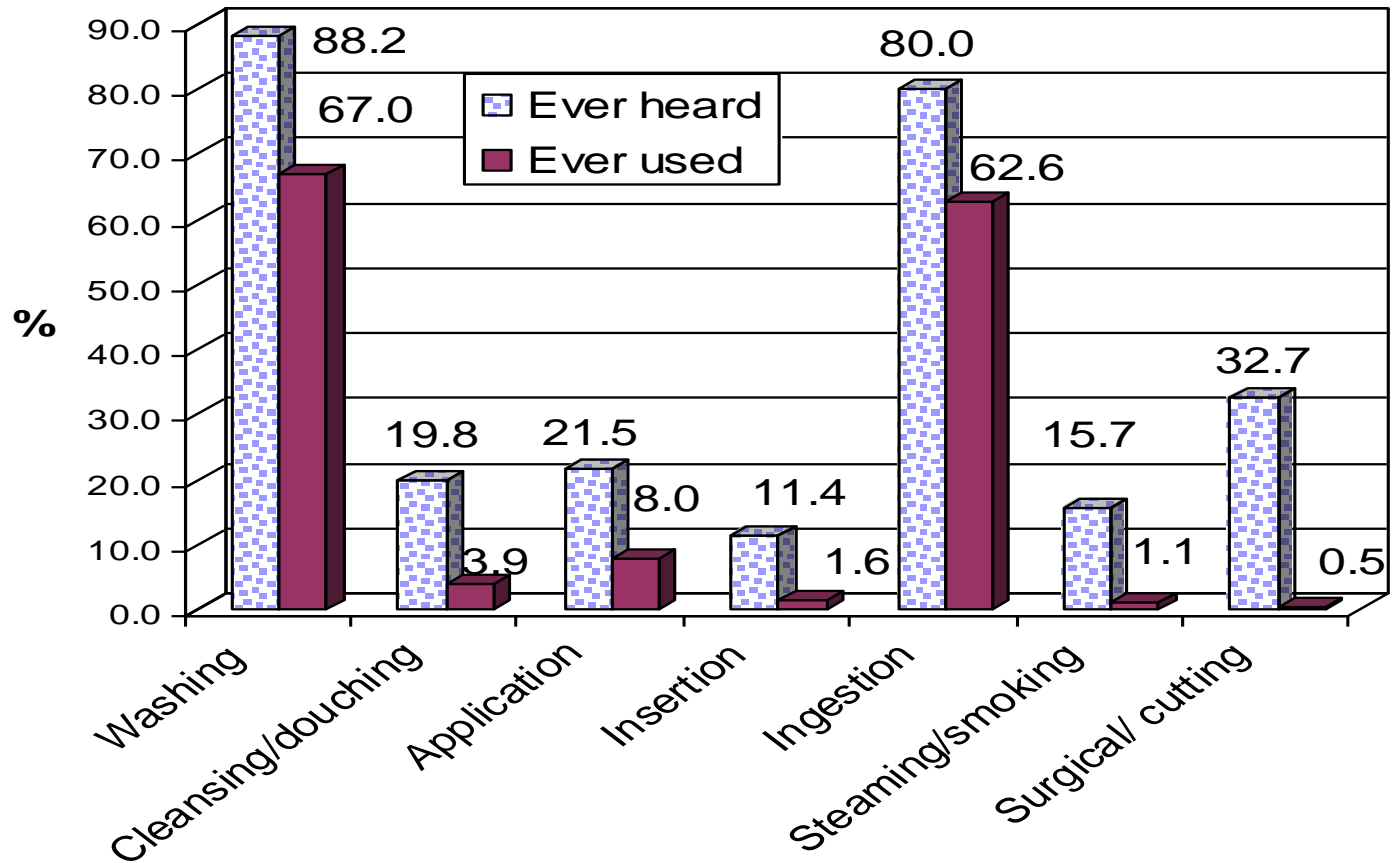
Ever Use



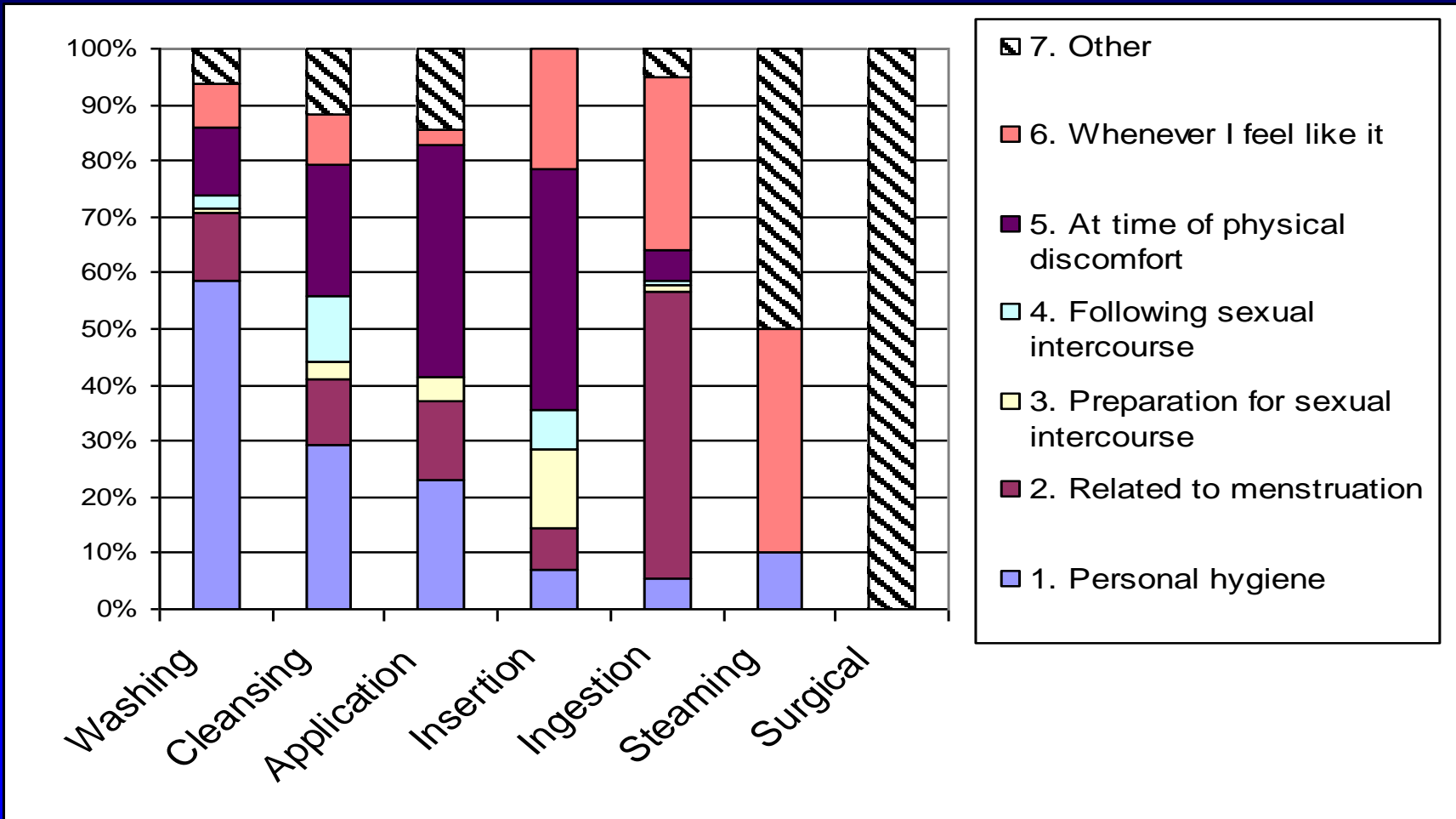
Current use (>4 times in past month)



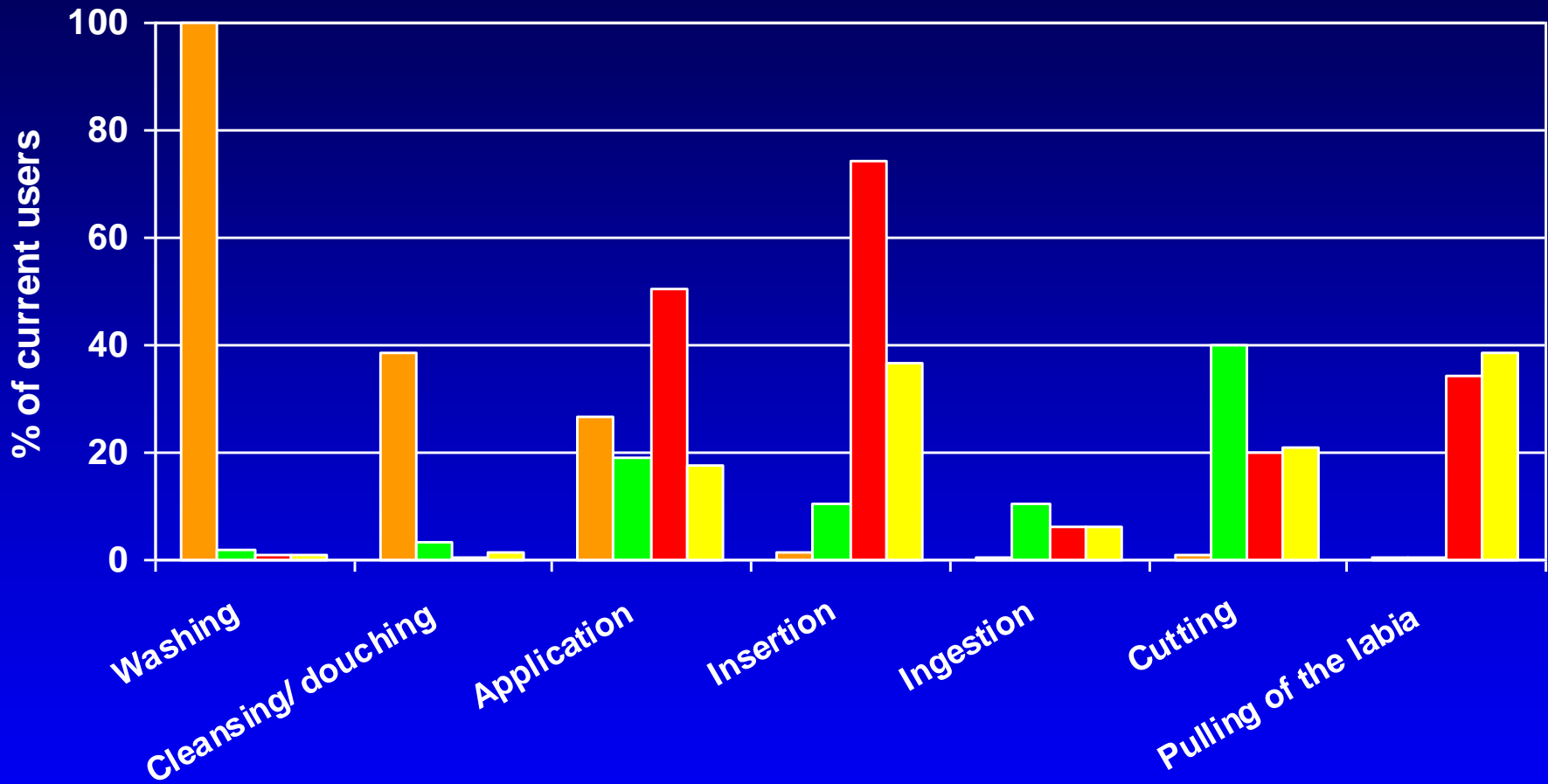
Results Indonesia: Reported knowledge and use of Vaginal Practices



Results Indonesia: When do you most often carry out the practice(s)



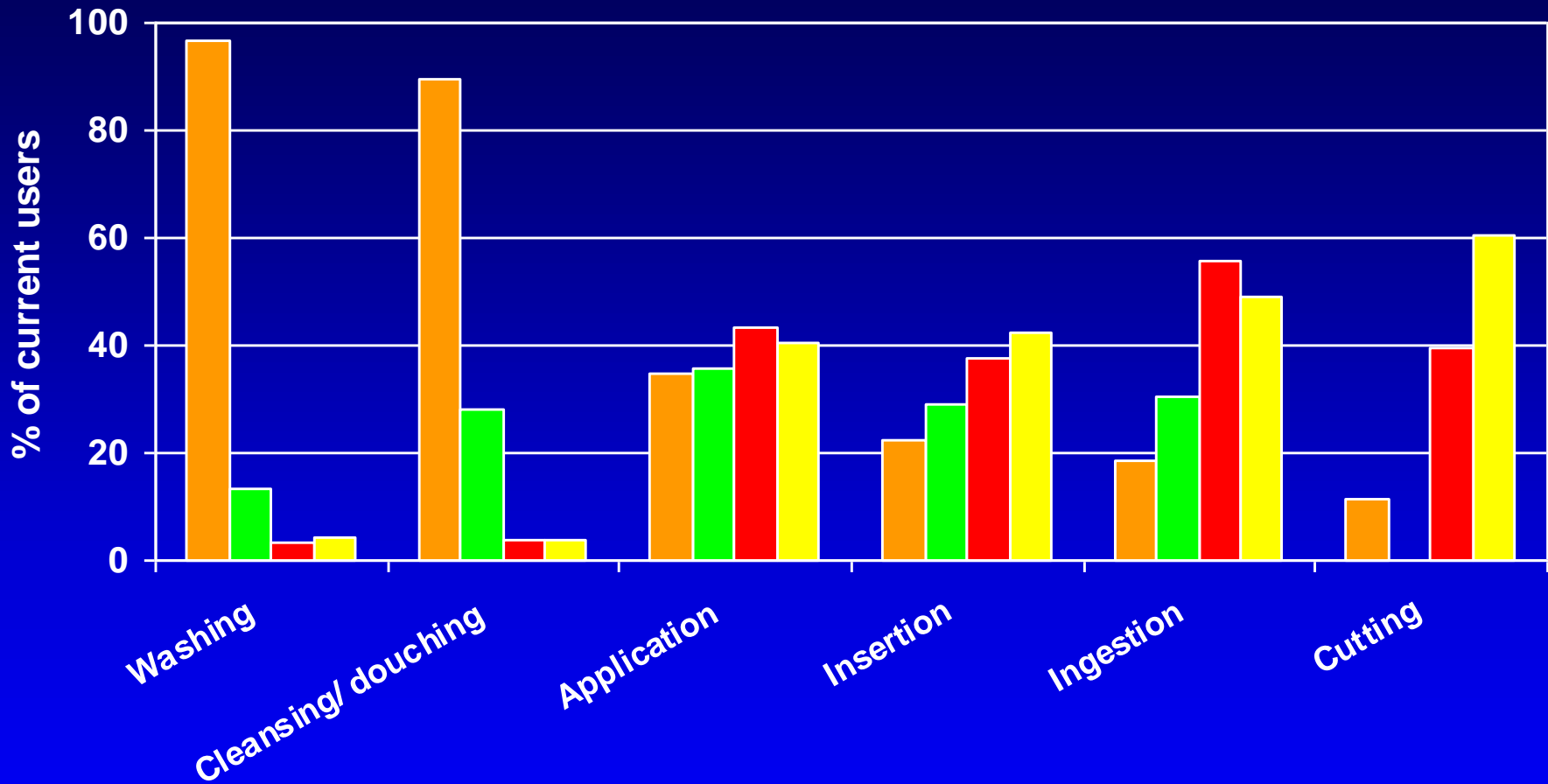
Motivation for practices in Mozambique



■ Personal Hygiene
 ■ Treat infection
 ■ Male sexual pleasure
 ■ Own pleasure



Motivation for practices in South Africa



■ Personal Hygiene ■ To treat and infection ■ Male sexual pleasure ■ Own pleasure



Discussion

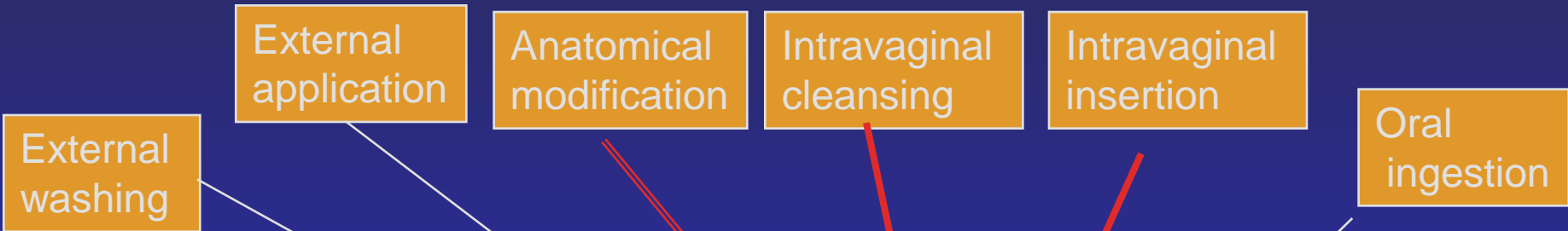
- Women's Vaginal Practices are diverse and are most frequently motivated by health, hygiene and sexual reasons.
- Patterns of use, and products differ substantially by region
- Women have a desired vaginal state that they actively pursue with various practices.

Products and practices used for personal hygiene are not necessarily the same as those used for sex

- Possibility to change different practices through intervention in diverse settings
- Vaginal practices might affect how women understand, conceive of, and use microbicides
- Potential harm associated with vaginal practice remains unclear

Hypothesized causal pathway(s)

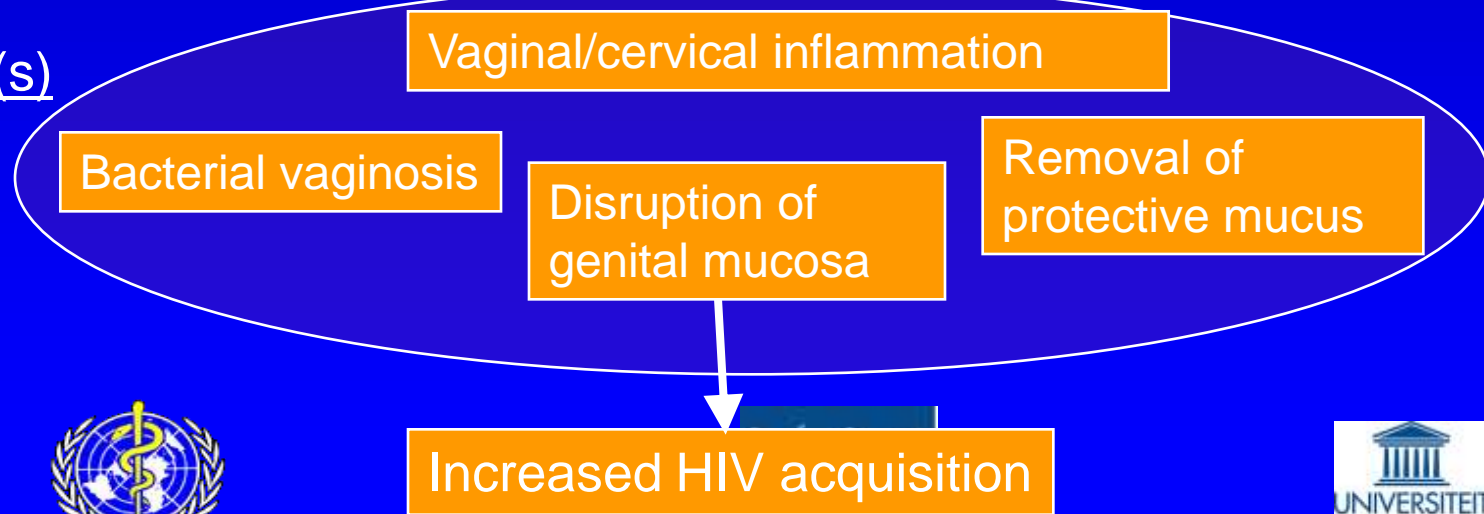
Practice types



Practice characteristics

- Products
- Frequency
- Timing with sex
- Method of application

Mediating factor(s)



Relevance for microbicides

- Potential harms of vaginal practices
 - pharmacological interactions between microbicides and vaginal products
 - chemical and physical effects of practices on vaginal integrity/environment
- Issues for microbicide product development
 - Safety: potential adverse chemical reactions
 - Efficacy: dilute vaginal concentration
 - Adherence: affect women's preferred vaginal state; affect dynamics of microbicide use
- Could unrecognized vaginal practices have contributed to the apparent lack of success of recent microbicides trials?

GSVP STUDY GROUP

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Funders: Ford Foundation, Flemish Government, IPM, Australian National Research Council, AusAID, WHO, UNAIDS



Thank
you

