Abstract for PAA 2007

Health impact of vaginal practices in Mozambique

By Bagnol Brigitte and Esmeralda Mariano

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This article discusses finding which are part of the "WHO's Multi-Country Study on Gender, Sexuality and Vaginal Practices" carried out in Ásia and África. A total of 103 people, mainly women, more than eighteen years of age (38 individual interviewees, 15 focus groups) were interviewed in Mozambique. The most common practices may be classified and described as follows, in order from highest to lowest frequency: elongation of the labia, insertion and use of vaginal products, daily vaginal washing with a range of products, cutting of the pubic hair, ingestion of sexual stimulants and ingestion of potions in order to stimulate dilation of the cervix of the uterus prior to birth. These practices have an influence on people's preference for having sex without use of a condom. The practices may both create lesions as such, and may, through alteration of the vaginal flora, create favourable conditions for transmission of sexual infections.

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This research is part of the "WHO's Multi-Country Study on Gender, Sexuality and Vaginal Practices" which is being carried out in South-East Asia (Thailand and Indonesia) and Southern Africa (Mozambique and South Africa). The overall multi-country study is coordinated by the Department of Research in Reproductive Health of the WHO-Geneva. In Southern Africa the research is coordinated by the HIV/AIDS Network (HIVAN) at the University of Kwazulu Natal (Durban. RSA).
The study takes in two phases. The first qualitative part consisted in ethnographic field work to identify the cultural construction of vaginal practices in Tete. Based on the results of the qualitative study, in 2007 the quantitative part will be carried out, thus constituting the second phase of the study.

OVERALL OBJECTIVES

The study's overall objectives are in line with the WHO protocol:

- To identify, better understand, and document **vaginal practices** related to women's sexuality and sexual health. A guiding question for this objective is the self-perceived impact of the practices on women's sexual health and well-being.
- To describe the broader **social context** in which these practices are carried out – including for example the gender system, economy, culture, historical setting, religion, and medical institutions.
- To understand the motivations, intent, perceptions and experiences (beneficial and detrimental) of **individual women** who have undertaken the vaginal practices.
- To obtain reliable estimates of **prevalence** of specific vaginal practices among a specific major social group in each country. (This is the object of the second phase of the study).

Methodology

For data collection, semi-structured interviews were carried out following a guide in which the main topics focussed on the objectives of the research project as defined in the WHO protocol.

A total of 103 people (twenty-five men and 78 women) more than eighteen years of age participated in the study, in individual interviewees or in focus groups. Twenty individual interviewees were carried out with key informants, plus eighteen in-depth interviews. The key informants include male and female community leaders, midwives/traditional midwives, potters, mother-and-child health nurses and gynaecologists. The latter in turn invited other people, using the snowball technique, following the criteria indicated by the researchers (age, sex, knowledge and experience on vaginal practices). The in-depth interviews involved sellers of vaginal products, sex workers, potters, women with children and traditional doctors (m/f).

Seven focus group discussions were carried out with women with common

characteristics (young, married with children, or old, traditional midwives), plus four discussions with reference groups. The interviews with the reference groups served to confirm the information gathered in the course of the research, and were carried out in the last week of field work. In general the discussion groups comprised a number of five to nine persons, homogeneous in terms of occupational category and sex.

Findings

Vaginal practices are placed within a set of interventions aiming to have an influence on human and sexual relations. Men and women use various drugs purchased locally (1) to become popular and have a lot of friends, (2) to attract and keep sexual partners, (3) to act in a positive way on the partner's behaviour with them, (4) to negatively influence their behaviour with a third person or (5) to directly influence a third person, the partner's lover. These potions, generally purchased from the traditional healers (m/f), were not studied in depth during the research. In addition to these, there is a set of interventions aiming to change the female and male sexual organs in a more specific way, and it is specifically on these aspects that the research project was centred.

Due to the intended objectives, the greater part of these practices is in a general way very secretive and discussed solely amongst people of the same sex, with the exception of the ritual or therapeutic interactions. Elongation of the *labia minora* is generally known by men, who may sometimes demand that their partners do it.

The most common vaginal practices carried out by the women may thus be classified and described as follows, in order from highest to lowest frequency:

- Elongation of the labia;
- Daily vaginal washing and cleansing with a range of products;
- Insertion and use of vaginal products;
- Cutting of the pubic hair;
- Ingestion of sexual stimulants (added to solid or liquid foods);
- Ingestion of potions (solid or liquid) in order to stimulate dilation of the cervix of the uterus prior to birth, and for increasing the uterine contractions;
- Insertion of cassava slips for inducing abortion;
- Virginity tests;
- Treatment in order to re-establish virginity;
- Smoking and steaming of the female genitals with various objectives;
- Excision of a tissue and incision of "impurity" in the perineal area (between the vaginal orifice and the anus), as a therapy for infertility.

The most common practices mentioned and carried out by men:

- Cutting of the pubic hairs;
- Ingestion of sexual stimulants (added to solid or liquid foods);
- Potions given by women to men without telling them, in order to prevent erection with another partner;
- Penis elongation/growth.

Consequences

In summary of the discourses gathered concerning sexual preparation, the

interviewees of both sexes state that the woman cannot remain “open”, “wide”, because when the man penetrates he must have a bit of “difficulty”, and “sense the flavour”. The potions act in order to not have “water” and not make “noise”. In addition to potions in order to “be sweet”, others are used in order to heat the body and the vagina and to stimulate sexual desire. The vaginal products appear for some as being in direct opposition to the use of a condom, arguing that with the insertion and placement of vaginal products the sex act ought to be unprotected (with no condom) in order to permit a more direct contact between the vagina and the penis and to obtain greater sexual pleasure. It was thus found that the majority of the interviewees do not use a condom.

The women are of the view that some products used for elongation of the *labia minora*, and the act of elongating itself, sometimes cause lesions. In addition, the act in itself is painful, especially at the beginning. Lacerations may also occur when the sexual partner “plays” with the little lips, pulling them without using oil. The association between these lacerations and the possibility of transmission of STIs/HIV/AIDS is not made by any of the interviewees, with the exception of some health workers, activists and doctors. The dampness linked to retention of urine, of sperm and of menstrual flow, is also seen by some healthcare providers as providing the possibility of greater infection.

In relation to the vaginal products, the large majority of the women who use them, including the (female) health workers, stated that they didn’t have negative effects. However, in recent years (approximately since 2001-2002) one notes the appearance of new products which are considered “modern”, “white people’s” or “the Zimbabwean women’s”, coming from Zimbabwe and sold in the markets or by itinerant vendors. These potions are having great success amongst the women, notwithstanding one having already observed some negative effects on them. Some women reported experiences of exfoliation of the vaginal mucosa, vaginal lacerations, burning, swelling and increased secretions.

The men may also have lacerations on the penis as a consequence of the effort needed to penetrate, and the friction. The pain manifested during the sexual act, generally has to do with the use of the vaginal products, but often the women have difficulty in separating the pain from the pleasure.

Out of the meetings held with health personnel, it was noted that frequently in the clinical observations women appear with residues of vaginal substances, or with vaginal complications (discharges) caused by the use of products,

The practice of daily hygiene including washing the inside of the vagina with soap and water with the fingers, is considered by the health personnel to bring with it the possibility of laceration from the fingernails, or of infection resulting from the particles of dirt introduced by the fingers. Another consequence frequently mentioned, is the destruction of the vaginal flora.

The specialised health personnel (gynaecologists) point to various possible consequences, without however being able to identify for sure which product provokes a given outcome. In general, it is believed that the processes aiming to close up the vagina, tend to be associated with medications which provoke swelling or a form of

inflammation of the vaginal mucosa. The effect of dryness is linked to substances which exfoliate the vaginal wall.

According to that which was mentioned, cancer of the uterus may have its origin in the products placed deep down into the vagina. Other products which are ingested, may explain the high prevalence of early menopause or the atrophy of the internal genitals (uterus and ovaries). The products inserted may provoke infections, inflammations, lacerations and cracks. These products and daily washing of the inside of the vagina with various substances, destroy the vaginal flora, thus modifying its pH (acidity). This set of situations leads to a greater vulnerability to sexually-transmitted infections (STIs), including HIV/AIDS.

The products ingested in order to dilate the cervix and to increase contractions prior to childbirth, were mentioned as having a positive effect, probably because of the ease with which the births occur.

Despite awareness of the existence of a high prevalence of women who use the vaginal products, and of the effects on sexual and reproductive health, discussion amongst the health personnel is still limited on the matter. Taking into account as well that some of these practices have been mentioned, the matter does not yet constitute the object of research in public health, in the sense of understanding its cultural dimension and its impact on the transmission and prevention of STIs/HIV.

Full paper

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Speaking of sexuality is an intellectual challenge because it involves reflecting on that area in which thinking and life intersect in a complex connection. “Body”, “sexuality”, “health” and “diseases” may be considered conceptual “machines” which attempt to capture lived experience within an abstract definition or representation. The notions of “body”, “health” and “disease” operate both as concepts which act symbolically and materially on living bodies, and accordingly are not separable from the social fields, from the historical forces which intervene actively in their definition.

From an anthropological point of view, the “body”, “sexuality”, “eroticism” and “health” are not “natural” objects but rather historical products, which is to say cultural constructions which vary according to socio-cultural contexts. Not all human cultures develop an abstract notion to define the body as an individualised biological entity, and the basic conception of health and illness is variable. Starting from this awareness and adopting a critical methodology of a cultural, political and historical type, anthropology contextualises the perceptual and cognitive processes in the relationship between the body and the world and contributes to developing a certain reflexiveness on the concrete experience of living in a society. It is in this context and with these assumptions that the field work was carried out and that the data are presented.

Moving away from colonial and post colonial notion of otherness and vision of african sexuality as depraved or implying a double standard with men sexuality for pleasure and female’s for reproduction, the study shows how people construct their own sexuality around notions and practices that are context specific. In doing so, we investigate areas that have been understudied in the past and which are related to desire, eroticism, lust, pleasure, fertility, reproduction, cleanness. This was mainly written from the point of view of women. Challenging conceptions of women passivity and women submission to men’s sexual needs the study allows to stresses that sexuality is not monolithic and imposed upon individuals but is subject to negotiations and changes during a life cycle and thus allows to speak of contextualized and multiples sexualities. In the arena of sexualities as well in daily life practices are reinvented and influenced by modernity in a time where HIV/AIDS pandemic dominate discourse around sexuality.

This research is part of the “WHO’s Multi-Country Study on Gender, Sexuality and Vaginal Practices” which is being carried out in South-East Asia (Thailand and Indonesia) and Southern Africa (Mozambique and South Africa). The overall multi-country study is coordinated by the Department of Research in Reproductive Health of the WHO-Geneva. In Southern Africa the research is coordinated by the HIV/AIDS Network (HIVAN) at the University of Kwazulu Natal (Durban. RSA). In Mozambique, the research is being carried out in collaboration with the Ministry of Health, Tete Provincial Directorate of Health. The qualitative research in Tete is being coordinated by the ICRH - University of Ghent in partnership with WHO Mozambique and the Regional Centre for Health Development (CRDS).

The study will take place in two phases. The first qualitative part consisted in ethnographic field work to identify the cultural construction of vaginal practices in Tete. Based on the results of the qualitative study, in 2007 the quantitative part will be carried out, thus constituting the second phase of the study.

Background information

There are a variety of interventions on the genital organs carried out by the women in various periods of their life, with various motivations and for different purposes. These may include incisions, elongation, ablation of the little lips, big lips (*labia minora* and majora) or clitoris; ritual breaking of the hymen; and incisions in the vaginal and perineal area. There is also modification of the diameter of the vagina, of its temperature, lubrification, humidity and consistency, through steam baths, smoking and application or ingestion of various preparations. The reasons for the carrying out of the various practices include, but are not limited to, control of the woman's sexuality, and the sexual satisfaction of one or both partners. They are also connected to personal hygiene, health and well-being, socialisation of the woman's body and fertility (Brown and Brown, 2000; Van de Wijgert *et al.*, 2000).

Daily or regular hygiene methods to wash the vagina, eliminate secretions, semen or odours, using various products via topical or internal application, are the most widespread and may be observed in various countries and on different continents (Joesoef *et al.*, 1996; Ombolo, 1990: 149-50; Preston-Whyte, 2003; Utomo, 2003).

The majority of the studies document the practices known as 'dry sex', which is the use of vaginal products and take a biomedical approach, indicating specific social categories—sex workers—as being the main practitioners. The increased susceptibility to infections and disease transmission due to the modification of the vaginal flora, is mentioned by some authors, as well as the risks of inflammation and irritation of the genital organs of both partners (Kun, 1998; Brown *et al,* 1993, 2000; Braunstein and van de Wijert, 2002). In Kwa-Zulu Natal (in South Africa) where there is one of the highest prevalence of HIV/AIDS in the world, various studies analyse the possible relationships with the high prevalence of vaginal practices (Baleta, 1998; Beksinska *et a,l* 1999; Smit *et a,l* 2002; Myer *et al,* 2005). In relation to the elongation of the labia minora and the daily washing of the vagina the data are very thin.

Like in Southern Africa, in Mozambique, some vaginal practices have been described in several studies (Arnfred, 2003; Ironga, 1994). The HIV prevalence of 16.2% amongst adults[1] with women representing 57% of those infected is high like in most countries of the region. It is specifically in the age range between 15-24 years that HIV infection is significantly higher (between 11% and 19%) among young women than among young men in the same age group (between 4% and 7%) (MISAU-PNC/DTS/HIV-SIDA, 2005). The highest HIV/AIDS prevalence rates are found in the three provinces of the centre of the country (Sofala, Manica and Tete). The City of Tete and the District of Changara, where the study took place, register an HIV/AIDS prevalence amongst adults of 25.8% and 19.6% respectively (MISAU-PNC/DTS/HIV-SIDA, 2005).

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[1] Persons aged between fifteen and forty-nine years of age.

Few studies on sexual and reproductive health give an indication of the situation in the country. The national study carried out in 2001 on reproductive health and sexual behaviour of youth and adolescents reports that 12% of male and female youth stated that they had experienced uteral/vaginal discharge (INE, 2001)**.** In the same study, 3% of female youth and 5.4% of male youth also reported to have had a genital ulcer. Recent studies on STI in this province of Tete mention the use of plants introduced in the vagina "to decrease lubrication and increase friction" and aims at increasing men's sexual pleasure to the detriment to that of women's (Mohamed et al., no date: 27). Though no evidence exists that there is a correlation between specific vaginal practices and STI, the existence of both in high STI prevalence areas deserves greater inquiry.

Despite increasing efforts to improve awareness and foster change in attitudes and practices, lack of knowledge about sexual and reproductive health and HIV/AIDS is widespread. Although improvement were achieved in the last decade, current prevention care efforts are considered inadequate (UNAIDS/WHO, 2003). A continued lack of understanding from researchers and health workers of sexuality, notions of pleasure, disease transmission and cleansing hamper adequate intervention. The present study aims to provide an in-depth ethnography on vaginal practices and perception of the user on their possible health impact.

Objectives

The study's overall objectives are in line with the WHO protocol:

- To identify, better understand, and document **vaginal practices** related to women's sexuality and sexual health. A guiding question for this objective is the self-perceived impact of the practices on women's sexual health and well-being.
- To describe the broader **social context** in which these practices are carried out – including for example the gender system, economy, culture, historical setting, religion, and medical institutions.
- To understand the motivations, intent, perceptions and experiences (beneficial and detrimental) of **individual women** who have undertaken the vaginal practices.
- To obtain reliable estimates of **prevalence** of specific vaginal practices among a specific major social group in each country. (This is the object of the second phase of the study).

Specifically, the study is designed to address the following research questions:

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 are the reasons women undertake these vaginal practices?
3. What impact do these practices have on women's and men's self-perceived sexual and reproductive health?
4. What impact do these practices have on women's and men's self-perceived sexual satisfaction and experience?
5. To what extent are the practices promoted by women's sexual partners, or by other members of the community, including traditional and modern health service providers?

In line with the protocol, the results of the study will be used to:

1. Inform policies on STD, HIV/AIDS and sexuality at all levels
2. Inform on microbicides and condom development;
3. Contribute to the development of relevant messages for STD and HIV/AIDS prevention;
4. Develop awareness on vaginal practices and people understanding of sexuality and pleasure.

The research was carried out in four sites in Tete Province between July and September 2005. Both rural and urban areas are covered by the sites selected in the City of Tete and in Changara District. Changara was selected due to constituting an important corridor between the city of Beira, Malawi and Zimbabwe.

The research team was composed of two (female) researchers and three research assistants (two women and one man) with experience in social research. For information collection for the research, 20 semi-structured interviews with key informants and 18 in-depth interviews were carried out. The key informants include male and female community leaders, traditional and other midwives, potters, nurses and a gynaecologist. In an initial phase the community leaders, neighbourhood secretaries, women organisation members and health workers were chosen as key informants, and they in turn invited other people using the snowball technique, following the criteria indicated by the researchers (age, sex, knowledge and experience on vaginal practices). The in-depth interviews involved sellers of vaginal products, sex workers, potters, women with children and traditional healers. Some individual interviews took place in the proximity of the research team's camp, with the informants making their way to the site in order to ensure confidentiality. Seven focus groups were held: one focus group with adult men, one with male adolescents, one mixed group of traditional healers, one group of sex workers, one group of women with children, and one group of midwives. Four reference groups with women organisation members, male and female nurses and traditional doctors, and young people were also carried out (never with individuals under eighteen years of age). In general the discussion groups comprised between five and nine people, homogenous in terms of occupational categories and sex. The discussions took place in physical spaces which ensured a confidential environment, one with little disturbance and generally inside the house of the interviewee, in order to permit greater privacy.

For the conducting of the interviews one followed a semi-structured interview guide where the questions went from the general aspects to the more specific questions, focusing on the objectives of the research. The sequence of issues was adapted from the guidelines contained in the WHO protocol. A symbolic approach was used for exploring aspects that relate sexuality to the material culture and the gender roles. For example: mortar and pounding pestle associated with the sexual act, the clay pot with the uterus and vagina with the home. The use of some images taken from books and/or from the portable computer, which showed the vagina or the elongated labia stimulated the discussion for individuals or groups, both amongst men and amongst the women. Presentation of some samples of plants or roots served as a basic instrument for discussion and analysis of the vaginal products. Acquisition of the 'love and sex' products sold in the local market permitted systematised discussion and classification of the vaginal products. At the same site, direct observation was done of the clientele and of the types of products sold.

The main researchers availed themselves of the participant observer method for understanding and analysis of some vaginal practices (elongation of the vaginal labia). They at times took on

a role of "initiates into sexuality" and the experienced women interviewees acted as matrons or godmothers. This methodology facilitated greater interaction, creating a climate of confidentiality and greater interest in the transmission of knowledge, recreating situations known by the interviewees and in which they felt at ease.

Accompaniment and observation were also undertaken of the activities of some traditional healers (m/f); identifying the kinds of clients, classifying the vaginal products for sexual preparation, attraction and eroticism, for childbirth, for abortion and for treatment of STD.

It was quite common to find desire and interest from the population in participating in the study, with the majority demonstrating complete openness in discussing intimate matters connected to sexuality.

Most common practices

The most common vaginal practices carried out by the women may thus be classified and described as follows, in order from highest to lowest frequency:

- Elongation of the labia;
- Daily vaginal washing and cleansing with a range of products;
- Insertion and use of vaginal products;
- Cutting of the pubic hair;
- Ingestion of sexual stimulants (added to solid or liquid foods);
- Ingestion of potions (solid or liquid) in order to stimulate dilation of the cervix of the uterus prior to birth, and for increasing the uterine contractions;
- Insertion of cassava slips for inducing abortion;
- Virginity tests;
- Treatment in order to re-establish virginity;
- Smoking and steaming of the female genitals with various objectives;
- Excision of a tissue and incision of "impurity" in the perineal area (between the vaginal orifice and the anus), as a therapy for infertility.

The most common practices mentioned and carried out by men:

- Cutting of the pubic hairs;
- Ingestion of sexual stimulants (added to solid or liquid foods);
- Potions given by women to men without telling them, in order to prevent erection with another partner;
- Penis elongation/growth.

In line with the WHO protocol, during the field work one sought to concentrate on the practices used by the women, giving less attention to the male practices.

In the following description and analysis of the practices we also concentrate on the most frequent ones.

Table 1: Frequency of the Vaginal Practices and Estimated Prevalence of the most common practices

Practices	**Practitioners**	**Frequency**	**Estimated Prevalence**

Elongation of the labia, *kukhuna*, *kupfuwa* or *puxa-puxa*	All of the women starting from 8/12 years of age (prior to the first menstruation)	In childhood, and maintenance following births	Very high
Daily internal washing of the vagina with soap and water	All women	Very high – daily	Very high
Insertion and use of *mankwala ya kubvalira* vaginal products	• Women of child-bearing age • They interrupt this in the third month of pregnancy, up till after the birth	Irregular to regular with a daily or weekly frequency	High
Ingestion of sexual stimulants	• Women of child-bearing age • Women following childbirth • They interrupt this in the no third month of pregnancy, up till after the birth	Irregular to regular with weekly frequency	High
Ingestion of potions to stimulate dilation of the uterus prior to childbirth	Pregnant women	Medium	Medium
Introduction of cassava slips to bring on abortion	Women wishing to abort	Medium	Medium

Code for evaluation of the frequencies and prevalences, on a scale of five descriptors: very high, high, medium, uncommon and very uncommon.

Fundamental in the socialisation of the woman is the **elongation of the labia minora of the vagina.** The girl is taught by her god-mother as soon as her breasts have begun to grow, that in order to "be" and "feel oneself a woman", one has to do this. It is also taught that this is the "man's plaything" and that if the man does not encounter this, she will not manage to hold onto her partner. This process takes some months to reach the desired size. Some women and those in some areas of the province "pull more" or more frequently. Generally following childbirths the labia minora tend to shrink and need to be stretched once again. In addition to being a fundamental element to prepare for coitus and erotic games between partners, the labia minora are aimed at closing up the vagina of a woman considered to be "open" if she doesn't carry out the elongation of the labia.

> "We do it like this, when the girl begins to develop little breasts, we seek out a god-mother to teach her these *puxa-puxa* ("*pull-pull*") things (elongation of the labia minora). Because a female child cannot stay like that without doing it. It is good for her. Since you're a woman, you cannot stay that way like you were born. You're not going to cope with staying with your husband. (…) That is a good thing, because you're a woman. What do we women have? We have a hole! It cannot stay as just a hole! You ought to have that (the labia minora elongated) in order to close that hole". Midwife, sixty years of age.

For the elongation of the labia minora of the vagina or their maintenance/treatment, the women essentially use an oil extracted from the kernel of the *nsatsi* or *nthenguene* fruit. The kernel is roasted and pounded in order for one to extract the oil. Sometimes this oil is mixed with a rubber (which is used to make slingshots), chewing gum or bat wings, also roasted and reduced to a powder. Presently the women also use Johnson's baby oil and vaseline bought in the shops, or even cooking oil. The use of chewing gum or bat wings in the preparation of the oil for elongation of the labia minora has to do with the fact that both are elastic, a characteristic which one is looking to attain with the treatment. That is a treatment which works based on the system of analogy (Feliciano, 1998: 297-323).

The elongation process may last several months, until reaching a size of three to four centimetres, which is the ideal. The godmother accompanies the elongation of the young woman's labia and defines when the elongation process should be considered as finished. Feminine beauty is thus evaluated by the presence or not of the *matingi* and by their length. If they are too short, the woman is considered "lazy" and when they are too long, the interviewees are of the view that this "can create water" in the vagina, which as we will see below, is not desired. According to the interviewees, the right size for the lips allows the vagina's dampness to be drained, in this way obtaining an ideal dryness. The female traditional healer of Filipe Samuel Magaia Neighbourhood in Tete City summarises this idea well:

> "When the *matingi* lips are very long water comes out, because they perspire. When they are average, they absorb water at the time of sex, the man doesn't feel that there's water, because of those *matingi* (…) if she doesn't have them, the water fills up because it's only a hole." (Female) traditional healer, a widow with four children, 38 years of age, Tete, August 2005

In the same way that elongation of the labia minora acts to close up the vaginal orifice which is considered "open" after the birth of her children. **The use of vaginal products and the ingestion of sexual stimulants** are also used to close up the vagina and to increase friction and create greater contact during penetration and sex. The use of these treatments to close up the vagina, also aims to retain sperm within the vagina. Certain *mankwala ya kubvalira*, which are "drugs" ingested or placed in the vagina, also seek to dry out the vagina, provide heat in the body and in the vagina, as well as stimulating sexual desire.

It is essentially women of child-bearing age and who are sexually active who use vaginal products to "prepare" their vagina. Pregnant women stop using vaginal products after the third month. Women tend to make greater use of vaginal products in a situation of sexual competition with other women, as in the cities, or in the event of having a husband who has various wives or lovers. Women in menopause stop having sex and very frequently tend to abandon the use of the vaginal products and others connected to their sexuality. However, some continue to use them in order to "stay well" and to have "weight".

> Only those who menstruate and are giving birth put *kubvalira* (…) It is when their breasts begin to grow and they begin to have sex, that girls apply *kubvalira*. Now it's enough to get married and they apply it. There are two ways. When you do not have a child, you insert small little balls, infrequently. And when you are a (woman) who already has a child, you use larger balls and do so frequently." Woman with a child, around thirty years of age, Chipembere.

The practices which are directly connected to sexual activities are integrated within a certain conception of the woman's body, of the meaning of being a woman and of that which is a satisfactory sexual relationship for the man and the woman. A certain dryness of the vagina is required:

> "Having water is a characteristic of each person. That water is the reason why we take drugs to use *(kubvalira*). Because of that! Because when women have children, the body isn't right. That's why they use drugs for the body to return to its initial previous state, in order to be OK with her husband. (The woman) cannot but use it." Woman of around 50 years of age, M'padwe.

In relation to the use of *mankwala ya kubvalira,* the large majority of the interviewees is of the view that their use is fundamental to permit a satisfactory sexual relationship. A woman "who did not prepare herself" is considered watery, and for her partner having sex with her is equivalent to penetrating "a glass of water". That means that the sensation of pleasure is non-existent, because the tightening and rubbing are considered fundamental. Both for the man and for the woman, this practice is deeply anchored in "tradition" and in the conception of sexuality. Women use these drugs prior or following sex and following childbirths.

Notions of closing up/open, wetness/dryness, cold/hot, are extremely important to understanding the phenomena connected to sexuality and reproduction within the context under study. Sexuality is very much linked to the possibility of procreation and the notions of pleasure for both partners. Certain pre-conditions are necessary for conception: a certain dampness is necessary, retention of the woman's and man's liquids and a certain heat for the process of "cooking" to be carried out which will permit conception. The female reproductive apparatus is compared to a closed pot in which one does cooking. The labia minora of the vagina are the firewood which feeds the fire which permits the cooking. The metaphors connected to sexuality and reproduction refer essentially to food preparation and eating. Often sexuality is compared to the act of eating. When the person eats, the belly gets full. Similarly when the woman gets pregnant her belly gets full. These conceptions are common in Southern Africa and have already been documented in various works (Mariano 2001, 1998; Moore, 1999; Feliciano, 1998; Bagnol, 1997:22; Biesele, 1993: 2).

> *"(Mankwala ya kubvalira)*serves her, the owner, as those who are born widen the body (vagina) at the time of the coming out of the baby (childbirth). Afterward the vagina remains wide. So one has to seek out this *kubvalira* drug in order to constrict it, in order to be OK. (…) Even those who have not yet given birth, who play (have sex) with men (use these "drugs"). Man is the one who broadens the body (during sex). Thus one has to reduce the body by applying the drug. If she were to remain open with the vagina wide, it wouldn't be right. The body gets light. (…) We are women! Like me, if I were young and playing with my husband… that's the place to play… me playing with my husband, the place, that one, the vagina, every day he is opening me up." Woman of around 50 years of age M'padwe.

A wide/open vagina and a watery or wet vagina have to be avoided. The notion of well-being, "feeling OK", is recurrent in the discourse put forward by the women to refer to the way that they feel when they use *mankwala ya kubvalira*. The interviewees also say that when they do not undertake the "treatment", their bodies end up "light", "lacking in strength". This situation

shows how much the notion of health is linked to the firmly-rooted practice within a specific understanding of the body, a specific manner of feeling and of feeling one's body.

According to the interviewees, the women tend to seek out more vaginal products or products to ingest in order to improve their sexuality, when they are concerned to keep an unfaithful or polygamous partner. The sex workers also tend to frequently use vaginal products in order to be able to ensure satisfactory sexual performances and for the client to not suspect that she has just had a sexual encounter with another partner. They seek to close up and dry out their vagina with the various preparations.

The use of vaginal practice is part of a wider tentative to influence relationship. For this effect both men and women use various drugs purchased locally from traditional healers (1) to become popular and have a lot of friends, (2) to attract and keep sexual partners, (3) to act in a positive way on the partner's behaviour with them, (4) to negatively influence their behaviour with a third person or (5) to directly influence a third person, the partner's lover.

"In the old days", ***mankwala ya kubvalira*** (vaginal drugs) were furnished by the woman's relatives (godmothers, aunts, grandmothers) or by the traditional doctors. These locally-produced *mankwala ya kubvalira* are leaves, roots, tree bark dried and pounded then placed in the vaginal orifice with the fingertip, in the woman's panties or within the vagina. There are also kinds of "vaginal eggs" prepared with natural substances similar to those mentioned above and bound with egg to form little balls. These are placed within the vaginal orifice or inserted into the vagina. The use of the egg in the preparation has to do with the fact of the egg being closed and this being the desired objective: to close up the vagina. Many treatment processes are based on this way of thinking: by manipulating the analogy one seeks to obtain the desired result (Feliciano, 1998: 297-323). Other products used include salt, lemon or Dettol.

In recent years (roughly since 2001/2), the appearance is noted of new products considered to be "modern", "white-people's" or "from the Zimbabweans (women)" which are sold in the markets or by hawkers. Thes*e mankwala ya kubvalira* imported from Zimbabwe are having great success amongst the women in spite of some having already observed some negative effects. These products include some varieties such as stones or powders (one of them being called Copper Sulphur).

As explained by the health personnel of the City of Tete interviewed in a focus group, the majority of women use *mankwala ya kubvalira.* All sexually active women tend to use *mankwala ya kubvalira*, although pregnant women stop using them after the third month of gestation. In some churches, the women believers are advised against using traditional potions. The opinion is widespread that women in menopause cease having sex[2] and also very frequently abandon the use of the products. However, some continue to use them in order to "be well" and to have "weight". In a situation of sexual competition with others, whether in the rural setting or in the cities, the women tend to make greater use of vaginal products. According to the majority of women, the demand for *mankwala* to insert or apply in the vagina, or further to ingest, tends to improve their sexuality when they are concerned about

[2] Due to the fact of the sex act being linked to procreation in this phase of the woman's life, the sperm would not result in conception and would be disposed of. The interviewees are of the view that, because the sperm is not evacuated with the menstruation, it goes rotten inside the woman's body and she gets a swollen belly, which may result in health problems and death.

holding onto an unfaithful or polygamous partner. The "sex workers" also tend to frequently use vaginal products in order to be able to ensure satisfactory sexual performances and so that the sexual partner "doesn't suspect that they have just had sex with another man". Thus the frequency of use of the vaginal products is variable from high to medium, and may be daily or weekly according to need and the efficacy of the substance. Some churches forbid the use of traditional drugs and some women desist from them in order to follow these rules.

Table 2: Ends/Justification for the Carrying out of the Vaginal Practices

Practices	**Reasons**
Elongation of the labia	For one to prepare for having sex In order to be and feel themselves women In order to satisfy their sexual partner In order to hold onto their partner In order to satisfy themselves sexually In order to feel OK For the body to have weight In order for them to have strength In order to follow the tradition
Insertion and use of vaginal products	In order to tighten the vagina prior to sex, after sex and following childbirth To dry out
Ingestion of sexual stimulants	In order to tighten In order to get the body hot In order to get sexual desire
Ingestion of potions in order to stimulate dilation of the uterus prior to childbirth	In order to open the uterus and facilitate labour in childbirth
Introduction of cassava slips in order to provoke abortion	In order to abort
Daily internal washing of the vagina with soap and water	Daily hygiene

In addition to the insertion and use of vaginal products to the end of increasing sexual pleasure, it was revealed by some women that cassava slips are inserted in order to induce abortion. Generally it was the mother-and-child health nurses who most mentioned this fact, as the following statement demonstrates:

> "I was present at the case of a lady who drew a cassava branch, removed the leaves and put the little stick into the girl's vaginal canal (…) she had bleeding (…) One removes the stick and then as soon as it is removed, it is easy to expel the foetus straightaway. (…) But this girl ended up in the maternity hospital with complications." Focus group with health personnel, Tete, August 2005.

A small number of informants is of the view that some expectant mothers insert balls made of cooked maize pap in order to delay the birth along the way to the hospital:

> "When the pregnant women put dough[3] into the vagina, it is to delay the child coming out, in such a way that the woman gets to the hospital, in order for the child to not be born during the trip." Focus group of traditional healers, Changara, September 2005

The nurses are the ones who most mentioned this aspect, due to having observed some expectant mothers with pap in the vagina.

Always at the time of the childbirth, and with the objective of dilating the cervix and facilitating the childbirth, some women apply a potion (made into balls) to their vagina.

> "(Pregnant women) apply it there in the vagina, (…) in order to not take a long time in the birth, in order to accelerate the labour (…); it's a traditional medication which she prepares and takes the shape of a ball, which she then inserts after a bath." (TET4 - p. 3) Focus group, women from the OMM, Tete, August 2005

When they take a bath at home or in the river, the women include **internal washing of their vagina with soap and water.** They carry out a circular movement with one finger (generally a finger of the left hand) in the interior of the vagina, with the objective of removing the vaginal secretions, sperm and *mankwala ya kubvalira*. During menstruation this vaginal hygiene can be performed up to four time per day. Most of the time the internal washing of the vagina is carried out with water and some product diluted in it such as lemon, tea, salt, Dettol also to work as astringent and drying agent. Between one sexual encounter and another and in order to eliminate the sperm from her vagina, the woman usually cleans the interior of her vagina with a cloth, which may also be cleaned by her partner. This act also aims to eliminate the excess "water". Internal washing of the vagina is often recommended by nurse and midwifes, it is considered by the women fundamental hygiene and a complement of the other practices of insertion of products in the vagina.

When a woman has a very lubricated vagina, her partner complains and may accuse her of having had another partner beforehand, or of not having "prepared" herself properly. If he is angry with the woman and if this partner is casual, he may even comment on this as a way of insulting her, or in the form of ridicule with his friends. However, many women are of the view that men do not know that women place products in their vaginas in order to modify its lubrication. This constitutes a quite highly-guarded "secret", inasmuch as they seek for this to [appear to] be natural, an individual characteristic. Some interviewees of both sexes mentioned that excessive water can lead to divorce, in this way showing the big problem which this provokes in the couple's relations. Generally it's associated with adultery.

This very localised way of being/feeling woman with its implication on ways to enjoy sexuality and to relate to pleasure and eroticism has some implication on sexual and reproductive health as shown in the following section.

Men's and Women's Perception of the Impact of these Practices on their Sexual and Reproductive Health

[3] Thick pap made of maize meal.

The women mention that some products used for **elongation of the labia** minora and the act itself of elongation, at times cause lacerations and the act in itself is painful. Lacerations may also occur when the sexual partner "plays" with the labia minora, pulling on them without using oil. Lacerations also result from the poor preparation of the product, when they are not well ground. The association between these lacerations and the possibility of STIs/HIV/AIDS transmission is not made by any of the interviewees, with the exception of some health workers, activists and doctors. The dampness linked to retention of urine, sperm and menstrual flow, is also seen by some health providers as a possibility for greater infection. Despite the women considering that **pulling on the labia minora** is a very painful process, especially at the beginning, all of them are of the view that the effect obtained is important and necessary for the sexual well-being of the man and of the woman.

In relation to the vaginal products, the large majority of the women who use them, including the (female) health workers, stated that they didn't have negative effects. However, in recent years (approximately since 2001-2002) one notes the appearance of new *mankwala ya kubvalira* which are considered "modern", "white people's" or "the Zimbabwean women's", coming from Zimbabwe and sold in the markets or by itinerant vendors. These potions are having great success amongst the women, notwithstanding one having already observed some negative effects on them. Some women reported experiences of exfoliation of the vaginal mucosa, vaginal lacerations, burning, swelling and increased secretions. One of them explains as follows:

> "There is a kind of potion (which is sold) in the Kwachena market, blue-coloured, which comes from Zimbabwe. When I bought it, after taking a bath I inserted it and after a while the whole vagina swelled up and water began to come out." Woman, unmarried with no children, M'padwe, September 2005.

Another interviewee tells of what happened to her:

> "I know the *kubvalira* potion, which I bought and inserted; I started to moan, then straightaway I fell ill, on that day I had to take a fan and direct it on (my vagina) (…) The next day, that exfoliated, something white scaling right off and that ruins the uterus (…) that thing is salt from Zimbabwe, small stones." Focus group, women from the OMM, Tete, August 2005.

The men may also have lacerations on the penis as a consequence of the effort needed to penetrate, and the friction. The pain manifested during the sexual

The practice of daily hygiene which includes **washing the interior of the vagina** with soap and water with the fingers, is considered by the health personnel as a possibility for laceration with the fingernails or of infection from the unclean elements introduced by the fingers. Another consequence referred to is the destruction of the vaginal flora.

It was found that the majority of the interviewees does not use condoms, arguing that with the practice of kubvalira, sex ought to be unprotected (with no condom) in order to permit more direct contact between the vagina and the penis and to obtain greater sexual pleasure. Undertaking kubvalira is to look for greater friction, which in a certain way implies having a "nyama na nyama" encounter (flesh on flesh). For some, the condom appears as if in direct opposition to the practices. Some interviewees argue that:

> "Condom use with the *kubvalira* isn't right, because her body… will not ever tighten up, and that ends up like water, because the condom has that liquid and if it's used and the male member is put into the vagina it will encounter the *kubvalira* which was to dry out the sexual organs and it encounters the wet condom, everything on its head, and it isn't the same thing." Focus group of men, M'padwe, August 2005.

The lubricant is in a certain way a non-sense for them as it reduces the possibility of friction. The strangeness of the lubricant is so extreme that some people even consider it a substance containing the HIV virus put there with the specific intent to kill them. Some interviewees, even the sex workers, explained however that one may use both *makwala ya kubvalira* and the condom.

Very few health workers, activists and doctors see a relation between the laceration due to the elongation of the *labia minora* and the increased possibility to get STI, HIV and AIDS. The 'dampness' linked to retention of urine, of sperm and of menstrual flow, is also seen by some health care workers as source of infection. However, from the meetings held with health personnel, it was noted that in the clinical observations the appearance is frequent of women with residues of vaginal substances or with vaginal complications (discharges) caused by the use of products. A nurse explains:

> "After inserting the stones there has been a reaction of a discharge which never resolves, vaginal discharge. And in fact it never stops. When I get here (at the PS – Health Post), they (the women) present as if they had a STD while it is not STD, so we, I myself since I'm on consultations, I ask questions of the person and try to explain to her that due to this question one couldn't use that. That is no STD. And sometimes they spend more money, I don't know how much. It never heals." Male health care provider.

Mention of problem created by more traditional products such as roots were also mentined:

> "There's this problem… The roots can provoke lesions outside or inside the vagina and it's a danger … with this problem of the STDs and HIV/AIDS, the patient has those lesions and it's easier to spot." Male health care provider.

The specialised health personnel (gynaecologists) point to various possible consequences, without however being able to identify for sure which product provokes a given outcome. In general, it is believed that the processes aiming to close up the vagina, tend to be associated with medications which provoke swelling or a form of inflammation of the vaginal mucosa. The effect of dryness is linked to substances which exfoliate the vaginal wall.

According to that which was mentioned, cancer of the uterus may have its origin in the products placed deep down into the vagina. Other products which are ingested, may explain the high prevalence of early menopause or the atrophy of the internal genitals (uterus and ovaries). The products inserted may provoke infections, inflammations, exfoliation of the vaginal wall, destruction of the vaginal flora, lacerations and cracks. These products and daily washing of the inside of the vagina with various substances, destroy the vaginal flora, thus modifying its pH (acidity). This set of situations leads to a greater vulnerability to sexually-transmitted infections (STIs), including HIV/AIDS.

The products ingested in order to dilate the cervix and to increase contractions prior to childbirth, were mentioned as having a positive effect, probably because of the ease with which the births occur. This fact points to the need to study in greater depth the substances used and the proper dosage to be prescribed, in a coming together of the biomedical and 'traditional' curative practices.

Despite awareness of the existence of a high prevalence of women who use the vaginal products, and of the effects on sexual and reproductive health, discussion on the matter amongst health personnel is still limited. Although some of these practices have been mentioned, the matter does not yet constitute an object of research in public health to understand its cultural dimension and its impact on the transmission and prevention of STIs/HIV.

Conclusion

In conclusion, from interviewees explanation the vagina ought to be tight, dry and hot, in order to allow friction, the sexual pleasure of both partners and the woman's well-being. The seeking of friction is fundamental for sexual pleasure. Another relevant notion in the discussion on sexual pleasure, is the concept of dry versus watery.

The study allows to stress that even the most obvious elements which are "given" as a "natural" sexual characteristic of individuals, are shaped by social practices and cultural meanings. The ethnographic study carried shows that women in Tete province have a specific way of feeling as a woman and incorporating (incarnating/including within the body/integrating/personifying) social values.

Notions like closed/open, dry/damp, hot/cold, are extremely important in order to understand and explain the phenomena and praxis connected to sexuality and reproduction in Tete Province in Mozambique. Some of these practices have a large influence on people's preference for having sex without use of a condom. Certain practices and/or products used, may also create lesions per se, in the same way as they may, through the alteration of the vaginal flora, create favourable conditions for the transmission of sexual infections and HIV/AIDS. These notions and practices are still not very well studied, and deserve greater attention on the part of all those who in one way or another work within the area of sexual and reproductive health.

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