

**EFFECTS OF DRY SEX PRACTICES ON REPRODUCTIVE HEALTH AMONG  
WOMEN IN ASEGO DIVISION, HOMA-BAY COUNTY**

**BY**  
**OCHIENG STEPHEN ODHIAMBO**  
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**A RESEARCH PROJECT SUBMITTED TO THE INSTITUTE OF  
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**2012**

**DECLARATION**


I declare that this research proposal is my original work and has not been presented anywhere else for examination.

Signature.....

Ochieng Stephen Odhiambo

Date..... 09.11.2012

This work has been submitted for examination with my approval as the supervisor.

Signature.....

Dr. Owuor Olungah

Date..... 9.11.2012

## **DEDICATION**

To my father Ochieng and mothers Aoko and Akinyi who laid the foundation for my education by tirelessly mobilizing their resources to make me be a worthy beneficiary of the academic process. To my dedicated wife Awuor for the financial support. May you all live to enjoy the benefits of academics.

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## **LIST OF ABBREVIATIONS AND ACRONYMS**

<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>CS</b>	Caesarean Section
<b>FCSWs</b>	Female Commercial Sex Workers
<b>FGM</b>	Female Genital Mutilation
<b>HIV</b>	Human Immunodeficiency Virus
<b>ICPD</b>	International Conference on Population and Development
<b>KNBS</b>	Kenya National Bureau of Statistics
<b>PH</b>	Hydrogen Potential
<b>SSA</b>	Sub Saharan Africa
<b>STDs</b>	Sexually Transmitted Diseases
<b>STIs</b>	Sexually Transmitted Infections
<b>UNAIDS</b>	Joint United Nations Program on HIV/AIDS
<b>VAW</b>	Violence Against Women
<b>WHO</b>	World Health Organization



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## **ABSTRACT**

This is a descriptive-cross-sectional study of effects of dry sex practices on the reproductive health among women in Asego Division, Homa-Bay County. In the study, various forms, benefits and adverse effects of dry sex practices were explored.

The analysis for the study is based on a one and half month's fieldwork (July 2012-Aug 2012) where it involved a structured questionnaire survey involving thirty (30) women who had practiced dry sex. The research also conducted case narratives in the community on how dry sex practice is experienced.

The study findings established the multidimensionality of dry sex practices and that women are still disadvantaged in spite of the reproductive and sexual health rights. The consumption of the dry sex practices is attributed to several factors; key among them is the cultural demand that women must service their male spouses' sex demands. This is compounded with a power relational dynamics that limits the woman to a spectator in sex matters. Detergents, salt solution and drying the vagina with cloth were some of the common forms of dry sex practices with an enhanced spousal and self sexual pleasure and alleviation of discomfort of wet vagina as some of the common benefits of dry sex practices. Dyspareunia, vaginal injuries and failure of penetration by a partner were among the adverse effects of dry sex practices. The study contends that the low educated women, those with high gravida as well as those engaged in Commercial Sex Work and those divorced/separated/widowed are the worst affected.

In conclusion, the engagement in dry sex practices directly depends on the wider socio-economic and institutional environment within and beyond the rural domain. An effective response to the practices therefore, requires a better understanding of what it means to be a woman in sexual matters thereby acknowledging a diversity of pathways out of the crude dry sex practices by for instance, taking into consideration the whole mindset of both men and women with regards to the practice.

## **CHAPTER ONE**

### **BACKGROUND TO THE STUDY**

#### **1.1 Introduction**

The term dry sex refers to the cultural practice of using herbs, pharmaceutical agents, absorbents such as cloth, and other substances like soap, toothpaste and ground stone to dry and tighten the vagina for sexual satisfaction and good health needs (Brown and Brown, 2000). It is a vaginal penetrative sex with non-lubricated genital contacts which requires that women remove their vaginas' natural lubricant and men do not use synthetic lubricant. Sexual relationship as a universal social bond is a fundamental determinant of morbidity and mortality in any society (Blanc, 2001). The role of gender as a significant influence limiting women's power to negotiate their own sexuality and the added concern of intimate partner violence are as well documented as determinants of poor sexual and reproductive health outcomes (Blanc, 2001). In most of the African societies, it remains to be a woman's sole duty to service the sexual needs of her husband where the men's desired vaginal state for sex is described as clean, not too wet/dry, tight, close and warm, otherwise the occurrence of the opposite is faced with accusations of promiscuity and uncleanness by the male sex partners, as well as women's anxiety of losing their men/husbands to other women with the desired vaginal state (Adriane et al., 2010).

In contrast to men's sexual desire, women's normal physiology operates against such ideals where vaginal secretions tend to increase with sexual stimulation. The normal process of vaginal-childbirth leaves the birth canal lax and loose, and this becomes worse with multiple births and high sex debuts (Brown and Brown, 2000). To achieve the ideals of men's sexual preference as a function of gender/power differential, restore the men's sexual security and confidence, and to avert the women's normal physiological processes, various dry sex practices are undertaken by women across many communities and specifically in Sub-Saharan Africa (SSA) where the practice comprises; Intravaginal cleansing with liquids, insertion of dry solid substances into the vagina, ingestion of substances intended to affect the vagina and administered anatomical modifications i.e. vaginoplasties to reduce vaginal size and further requests for caesarean births (Adriane et al., 2010; Fortunate, 2011).

Such women's care and treatment of their vagina and genital area which may affect their vulnerability to sexual and reproductive morbidities, contravenes the principles of reproductive health system which is inclusive of all promotive, preventive and curative services that will be conducive to the wellbeing of the individual in human reproductive and sexuality (ICPD, 1994). It should also be noted that most of the above described dry sex practices are type (IV) of the Female Genital Mutilation (FGM), which is described as pricking or incising of the clitoris and/or labia and introduction of corrosive substances into the vagina for purposes of tightening or narrowing it even though the practice is regarded by the World Health Organization (WHO) and agencies as a form of Violence Against the Women (VAW) (Anita and Nahid, 2000).

Research findings from the Dominican Republic, Hispaniola Island indicate that the majority of women had a preference for dry sex entailing intravaginal introduction of stringent substances like commercial bactericides for i.e. douching before intercourse (Foxman et al., 1998). In Haiti, a study results among immigrants residing in the Bienvenido sugar plantation, suggested that dry sex is almost universally practiced by men and women where the Haitian women described a number of substances i.e. traditional herbs and chemical products inserted to remedy vaginal looseness or wetness (Foxman et al., 1998).

Dry sex practice as has been indicated by Nyirenda (1992) is widespread among women across arrange of socio-economic and ethnic groups in Zambia. Research findings from Zimbabwe indicate that women frequently douched with herbal preparations, dettol and similar irritants with the prevalence of dry sex practice shown to be 93% (Rungara and Master, 1992). In a study by Baleta (1998) in KwaZulu Natal province of South Africa, it's shown that 80% of commercial sex workers were found to practice dry sex as an individual behavior pattern grown out of a necessity and as a means to please the male clients.

The practice of dry sex by insertion of substances into vagina was reported to be 36.1% among Female Sex Workers (FSWs) in a study in Meru, Kenya where 83.0% of participants believed dry sex posed a greater or equally high risk for STIs/HIV infection compared to

normal vaginal sex (Schwandt et al., 2006). In both traditional and modern socio-cultural life among the Luo community of Kenya, sexuality plays a key role as seen in areas of a couple setting up of a new home and various rites; coupled with the woman's normal physiological processes, a woman's vagina soon gets loose and lax against the man's ideal vaginal state (Njogu, 2008). With a view to maintaining the men's ideal vaginal state and also winning a self and spousal sexual pleasure, some women of Homa-Bay district resorted to dry sex practices especially intravaginal washing with various liquid preparations as an individual's behavior pattern to service the men's sexual desires (Njogu, 2008).

## **1.2 Statement of the problem**

Most women in SSA rely on men especially with whom they are sexually related for livelihood, they tend to wholly give in to retain men in sexual relations especially in sexual arrangements where it's a woman's sole duty to present the men's desired vaginal state for sex (Adriane et al., 2010). Male sexual preference and conformity have been preoccupations for women where maintenance of tight, dry and warm vagina into marriage or otherwise guarantees more meaningful bride wealth packages, fidelity and multiple sex episodes than their too wet/loose counterparts (Adriane et al., 2010). The extreme and acrid vaginal secretions and noise out of wet sex are detested by men and mostly embarrass the women (Adriane et al., 2010). Regardless of physiological occurrences in the women which may jeopardize their partners' sex desires, society demands that women must at all times service the desired sexual needs of their sex partners and themselves which at times leave them with the options of modifying their genitalia against reproductive dangers which can be faced (Adriane et al., 2010).

According to Njogu (2008) the pervasiveness of sexuality into the cultural fabric of the Luo community of Kenya and specifically in Homa-Bay district is a great factor for loose and lax vagina against the men's a desired vaginal state. Compounded with other physiological processes i.e. vaginal birth which loosens and widens the vagina, these women are pushed to practice dry sex with mostly liquid preparations for instance virgin soap, omo and dettol (industrial chemicals) with a view to meeting their responsibility of presenting tight, dry and

#### **1.4.2 Specific objectives**

- i. To determine the various forms of dry sex practices among women in Asego, Homa-Bay County.
- ii. To describe the perceived benefits of dry sex practices among women in Asego division, Homa-Bay County.
- iii. To determine the adverse effects of dry sex practices among women in Asego division, Homa-Bay County.

#### **1.5 Justification of the study**

The research explored the cultural constraints and has come up with interventions to safe sex life. The results of this research would be of benefit in program interventions, safe motherhood policy formulations and to inform the healthcare system of the need to rethink their present healthcare or safe sex strategies. The concentration of the research on maternal concerns has elevated the status of women as the prime bearers of health complications in the process of fulfilling a gender obligation (presenting tight, warm and dry vagina). The results of the study can therefore, be used as instruments by safe sex advocates to redress both women's and men's attitude on matters of sex and health.

For academic purposes, the study findings will yield additional literature for scholars interested in studying gender, sexual violence and reproductive health.

#### **1.6 Scope and limitations of the study**

The study was carried out in Asego division, Homa-Bay County and focused on various forms, perceived benefits and adverse effects of dry sex practices on Reproductive health. The study then narrowed down to snowball sampling technique due to the seclusive and sensitive nature of topic of study.

As a limitation, data obtained from the few snowball sampled women may not be used to make generalizations on the entire population of women in Asego division, Homa-Bay County. Because HIV or STI testing was not performed in this study, it was not possible to

determine the impact of the STIs/HIV epidemic on those respondents in Asego division, Homa-Bay County.

Entry into the community during the initial recruitment of the respondents was an uphill task and created a dilemma as most of the respondents were not at ease with the sensitive and to them, a taboo topic under investigation i.e. Dry sex. Being a man studying women's issues and more so reproductive health, created initial suspicion in some of the spouses of the respondents who initially refused to have their wives to be enrolled for the study. This was overcome by convincingly assuring such men that the study was legal and would neither capture the personal identifiers of its respondents nor hold interviews with their spouses outside their homes.



## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

This section presents a review on dry sex practices internationally, regionally and in Kenya in terms of their various forms (prevalence), motivations or perceived benefits as well as the adverse effects of such acts on the reproductive health of the victims. It also presents a theoretical framework that guided the study.

#### **2.2 Prevalence of dry sex practices**

Research findings by Foxman et al. (1998) on HIV/STDs prevention in the Dominican Republic, Hispaniola, with twenty interviews and five focus groups discussions indicate that majority of Dominican women, particularly those from the lower socio-economic class described a preference for dry sex entailing; intravaginal introduction of alum, other stringent and/or douching substances before intercourse. In addition to alum, an inexpensive substance widely sold in pharmacies, public markets, and elsewhere, women reported using boric acid and a variety of commercial bactericides. According to Foxman et al. (1998) mothers and other older female family members discretely conveyed these techniques to adolescent girls and dry sex practices are shown to be prevalent among female sex workers in the Dominican Republic.

Along with Haiti, in the Caribbean Island of Hispaniola, similar practices have been reported by women including sex workers in Guyana and Surinam urban setups (Foxman, 1998). Data from focus group discussions conducted with Haitian immigrants residing in the Bienvenido sugar plantation located outside the capital-Santo Domingo, suggest that dry sex is almost universally practiced by men and women in the shanty town area (Foxman, 1998). In focus group discussions conducted in the semi-rural Leogane area of Haiti, the majority of participants in all 10 group interviews (five with women and five with men) agreed that a woman should ideally have a “dry” or “tight” vagina (Brown and Brown, 2000). Furthermore, the Haitian women described a number of substances inserted into the vagina to

remedy looseness or wetness by mentioning traditional herbs or plants as well as chemical products available in pharmacies or open air markets (Brown and Brown, 2000).

The practice of dry sex has been shown to be as prevalent as 86% among women across a range of socio-economic and ethnic groups in Zambia. Out of the 329 women of ages 15-50 attending a STIs clinic in Lusaka, it was found that 50% of women had engaged in at least one dry sex practice and about 58% of those women were HIV positive (Nyirenda, 1992). In a cross-sectional study on the prevalence of traditional medicines enhancing dry sex involving 812 Zambian women in Lusaka, awareness of the dry sex practice was found to be almost universal with about two-thirds to have used dry sex traditional medicines at some point in their lives, and about half were using them (Lewanika et al., 2009). Those who were most likely to have been using, or to have used dry sex traditional medicines were; those who were older, married, with little or no formal education, mainstream Christians, from the lower socio-economic levels, homemakers, manual workers, and those who had spent most of their formative years in rural areas (Lewanika et al., 2009).

The study showed that the knowledge and use of dry sex traditional medicines is widespread among Zambian women, especially among those who were most likely to adhere to traditional views and beliefs about womanhood and marriage, and perhaps those likely to have a poor sense of self-worth or less confidence (Lewanika et al., 2009). In the examination of forms of dry sex practice, the ingestion of "porridge" (a liquid drink believed to cause vaginal drying), use of; cloth, leaves, ground stones, detergents i.e. Omo and other bacterial agents like toothpaste and Dettol were utilized even though they again act as potential risk factors for HIV (Lewanika et al., 2009).

In Zimbabwe, the prevalence of dry sex practice was at 93% among HIV-negative women where herbal preparations were frequently utilized at 21%, douching with water at 19%, wiping inside the vagina with newspaper, cloth and tissue at 17%, douching with dettol and similar irritants at 15% and insertion of cotton wool at 14% (Rungara and Master, 1992). The adjusted results from multivariable models indicate that women with higher absolute number

of unprotected acts had higher odds of engaging in vaginal cleansing. In addition, those with recent STIs' symptoms had higher odds of both cleansing and drying, and women with the highest sexual frequency may feel more pressure to be "clean" for themselves and their partners where the presence of seminal fluid following sex may lead them to cleanse more than women who have sex less often (Rungara and Master, 1992). Additionally, women with STI symptoms (including vaginal bleeding, discharge, itching, and pain) engaged in more frequent vaginal cleansing and drying to relieve discomfort (Rungara and Master, 1992).

In KwaZulu Natal province, South Africa, 80% of sex workers were found to practice dry sex (Baleta, 1998) while in Geutang province of South Africa, 60% of women practiced dry sex with both of which the younger and less educated women took the lead (Halperin, 1999). In these studies on the practice and prevalence of dry sex as a risk factor for STIs among men and women in South Africa, a higher proportion of men practicing dry sex than those not practicing dry sex reported having a history of Sexually Transmitted Diseases (STIs) in Geutang province i.e. (56% versus 41%) which can be attributed to the main purpose of dry sex i.e. to increase friction during sexual intercourse thereby enhancing the male's experience (Halperin, 1999).

According to Baleta (1998) dry sex was a common practice in KwaZulu Natal with 60% of men and 46% of women stating a preference of dry sex over lubricated sex and the practice of dry sex varied by educational status and age group. In the 16–25 year age group, 87% of respondents whose education did not exceed standard 5, reported practicing dry sex, while only 50% of respondents who were educated beyond standard 5, reported practicing dry sex (Baleta, 1998). In the age group 26–35 years, the effect of educational status on the self reported practice of dry sex was less pronounced while a higher proportion of men practicing dry sex reported having a history of STIs compared with those not practicing dry sex (56% versus 41%); nearly all the women used toilet paper, towels, or cloths (86%) with only 2% of the women using herbal preparations or leaves for drying purposes while the remainder used disinfectants, soap, and vaginal creams (Baleta, 1998).

The analysis reveals an interaction of age group and educational status on the prevalence of the practice of dry sex i.e. there is a sharp difference between high school educated and primary school educated younger people as far as their preference for dry sex is concerned. The prevalence of this practice was highest in the poorly educated younger group (87%). The practice is more common in the younger/reproductive age group than in their older counterparts among the less well educated, but there is no difference between young and old among the high school educated group (Baleta, 1998).

The dry sex practice by insertion of substances like lemon juice, cotton wool and herbs into the vagina was reported to be 36.1% of the women in a study in Meru, Kenya (Schwandt et al., 2006). In this study with Female Sexual Workers (FSWs) focusing on prevalence and perceived risks of dry sex practice, demographic and behavioral correlates and association with STIs, (75.5%) reported practicing dry sex, one or more times per month; 47.2% of women reported consistent use of condoms during dry sex and (13.2%) reported never using condoms during dry sex (Schwandt et al., 2006). Condom use during dry sex was therefore, less consistent than during normal vaginal intercourse. Thirty four per cent (34%) of participants practicing dry sex reported initiating it themselves, with (54.7%) reporting initiation by clients. To show the connection between dry sex and condom use, 66% of participants practicing dry sex reported charging a greater fee for dry sex than for normal vaginal intercourse for the extra pleasure out of heightened friction and risks involved (Schwandt et al., 2006). Of the participants practicing dry sex, only (13.2%) reported the practice with a spouse or committed partner, (60.4%) with regular paying clients, and (79.2%) with one time paying clients (Schwandt et al., 2006).

### **2.3 Perceived benefits of dry sex practices**

The use of forms of dry sex practices among women implies that they seek such practices mainly to maintain their feminine and women's duty. Gender bias towards sexuality exists and women are expected to be calm in manner and behavior; dress appropriately, neat, tidy and beautiful. The women's non-seductive, not provoking men and the popular practices especially feminine hygiene products have been heavily promoted to maintain good hygiene, and sexual health, to bring back the youthfulness of their skin and appearance, and also to

enhance sexual performance as embedded in the socio-cultural context (Nyirenda, 1992). The broad quality of the products is believed to have worked so well because they meet the pre-existing desires of the women. Men described a “bad,” undesirable vagina as being too loose or wet, employing a wealth of metaphors to describe it: “feels like soft dough,” “corn meal mush,” “. . .no muscle,” “like walking in mud,” “nothing inside . . .,” and an overly wet wife/female partner runs the real risk of being abandoned by her mate for her perceived promiscuity (Nyirenda, 1992).

Among the Zambian women, strong motivations for vaginal practices included women’s desire to enhance self/partner’s sexual pleasure, ensure men’s fidelity and exercise agency and control in their relationships through washing the genitals externally, cleaning inside the vagina, application of solid substance, ingestion of substances, and any other surgical procedures (Lewanika et al., 2009). The use of washing for the purpose of sexuality might be that women wanted to be ‘clean and fragrant’ for their partners after sex and/or menstruation while the main reason for adopting ingestion was for abortive effect (Lewanika et al., 2009). Escape from slander and nicknames among the women is another reason for dry sex practice where young people call girls whose vaginas are too wet names and laugh at them. For instance, Chambeshi River in Zambia is the name of a river but also the nickname of girls who have larger vagina and too wet during sexual intercourse (Beksinska et al., 1999).

The KwaZulu Natal, South African women who adopted feminine hygiene solutions, claimed to have done so for the purpose of treating vaginal infections or symptoms to achieve the idea of ‘clean fragrant motives through ingestion, application, insertion, and cleansing with substances. Increasing friction (warmth), tightening of the vagina and improving general blood circulation for an enhanced sexual performance were other key motivations for dry sex (Halperin, 1999). According to Schwandt et al. (2006) *dry sex among the FCSW is facilitated by the male client’s demands for sex enjoyment and acceptance to pay higher fee.*

#### 2.4 Adverse effects of dry sex practice

Vaginal stratified squamous epithelium is an important barrier to infection but physical, chemical, or biological factors associated with intravaginal practices could interfere with such intraepithelial Langerhans cells. For example, insertion or application of substances like herbs, pulverized rock, or commercial products to prepare the vagina for sexual intercourse can cause physical or chemical abrasions that could be exacerbated during intercourse hence painful sex/dysperunea and wiping out the vagina with cloth, cotton wool or paper during sex or after intravaginal cleansing might have similar effects (Beksinska et al., 1999). Soaps, detergents and antiseptics used to wash inside the vagina can cause chemical damage and increase vaginal pH hence encouraging the growth of organisms associated with bacterial vaginosis, a condition shown to increase women's risk of HIV infection acquisition. Cloths commonly used by victims to clean the vagina repeatedly might also act as fomites, harboring *Trichomonas vaginalis*, which can increase the risk of HIV acquisition (Beksinska et al., 1999).

In general, the substances used to promote dry sex can cause vaginal inflammation, peeling of vaginal tissue, and penile or vaginal abrasion, all of which can increase risk of STD/HIV transmission. The herbs and other substances also may mask symptoms of existing STDs, thereby increasing the risk of HIV transmission. Dry sex practices also may affect condom use and effectiveness. For instance, findings of a study among HIV/AIDS peer educators in Zimbabwe revealed that women reported that condoms often broke when used in conjunction with dry sex practices (Rungara and Masters, 1992). Reasons could be either because the vagina was too tight, or possibly because of chemical or abrasive interaction with the substances hence cases of unplanned pregnancies characterized with illegal abortion and transmission of Sexually Transmitted Diseases (STIs) (Rungara and Masters, 1992).

According to Zhang et al. (1997) the more frequently a woman douches, the higher her risk of having a pelvic inflammatory disease where a possible mechanism for this increased risk is that douching helps pathogens ascend through the cervix to the uterus and fallopian tubes for further infections. The link between douching and ectopic pregnancy also appears to be

supported by study results where a pooled results of five hospital-based case-control studies in Zimbabwe found that women who douched had a (76%) increased risk of having an ectopic pregnancy compared with women who did not douche (Rosenberg et al., 1991).

As a means of maintaining the required vaginal tone/size, women have resorted to Caeserean Section (CS) which is a surgical procedure of delivering a baby through an incision in the mother's uterus, a condition which presents health risks to both the mother and the baby (Fortunate, 2011; Mwangi, 2011). The health dangers associated with CS includes; respiratory distress syndrome to the baby and foetal injuries during surgery as conditions which are rare in vaginal birth. The health risks to the mother includes; increased bleeding, inflammation and infection of the membrane lining the uterus/endometritis which may cause back pain, foul smell and chills as well as blood clots in the veins especially in pelvic bones and legs which may be life threatening as well as high risk of infant mortality in CS which has been estimated at 1.77% per 1000 live births among women who had CS compared to (0.62%) per 1000 for vaginal births (Fortunate, 2011).

## **2.5 Theoretical framework**

A theory is an essential feature of a sociological inquiry which helps to understand and explain social experiences or phenomena. It also helps to determine ways in which to resolve the problems encountered.

The study was guided by Radcliffe-Brown's Structural Functionalist theory. It is a sociological theory that seeks out the structural aspects of the social system under consideration, and then studies the processes which function to maintain social structures (Layton, 1997). In this context, structure primarily refers to normative patterns of behavior, norm, role or attribute, whilst function explains how such patterns operate as systems to promote solidarity and stability/equilibrium. Structural Functionalist theory focuses on the relationships between and among various social institutions i.e. marriage which makes up a society where individuals produce necessary services, practices, roles and behavior to correlate with the norms of that society (Barnard, 2000).

Radcliffe-Brown's theory is based on the premise that in order for social life, either gendered, to survive and develop in a society, there are arrays of activities which need to be carried out to ensure that certain needs are fulfilled and also, members of such a society must have a general agreement on issues of right and wrong, basic values and morality issues. While the individual has the opportunity to deviate from the social normality, specific set out roles, creativity and norms determine latitude of behavior (Layton, 1997). For instance, according to Structural functionalist thought, gender outlines roles and activities considered appropriate for men and women. In the present study, gender assigns the women the duty of fulfilling the sexual demands of men (tight sex) without which complexities which upset the social order would occur. The complexities which are likely to occur include; men accusing women of promiscuity and uncleanness against the physiological processes that women undergo. In this case, women have been subjected to a regularized pattern of action in a masculine environment whereby, the men's sexual satisfaction is the women's role. With a view to fulfilling such a gender role and maintaining a social order (presenting tight sex), the affected women (those with already loose and wide vaginas) become creative and manipulative enough by indulging in dry sex practices to regain their original vaginal tones which adhere to the regularized patterns of action in accordance with the norms i.e. maintaining men's desired vaginal state.

The Structural functionalism as had been advanced by Layton (1997) has its roots in the anthropological theorist Radcliffe-Brown (1881-1955) and later a sociologist-Talcott Parsons (1902-1979). Radcliffe-Brown fixed the prefix 'structure' to the Malinowski's Functionalist theory which was systematically synthesized into action theory explaining voluntary action by Parson who later, developed the idea of 'roles' into collectivities of roles which complement each other in fulfilling differentiated functions in the society (Layton, 1997). In this phase of the theory, roles were bound up in institutions and social structures i.e. gender based, which were/are functional in the sense that they assist the society in operating and fulfilling its functional needs so that society runs smoothly. Later, Parson introduced a society where there was conflict/uniquilibrium or a complex state of transformation relative to its historical departure (Layton, 1997). Parson later, agreed with his critics that tensions



between people and groups were sources of strengths rather than disorder as presented by functionalist approach hence, the emergence of conflict theory (Layton, 1997).

### **Relevance of the theory to the study**

Structural Functionalist theory finds its usefulness in explaining society's expectation, roles of its individual members, corrective measures and the inability to stray too far from those expectations. It focuses on the state of equilibrium/ smooth organization of society and the relationship between groups and individuals in specific institutions like marriage and sexual relationships. For instance, the women's physiological expansion of their vaginal perineum is considered by men/spouses to be a vice i.e. loose and wide vagina is a sign of promiscuity hence straying too far from societal expectations. As a means of finding a social equilibrium, the affected women become creative by manipulating men through dry sex practices. Structural Functionalism also finds relevance in its observation that society is a system which is structured with relationships organized in terms of rules and roles whereby, stability is brought about by value consensus. As a strength of this theory, it is therefore, a framework for building theories that envision society as a complex system whose parts work together to promote solidarity and stability.

Even though structural functionalist theory places emphasis on equilibrium or quick return to social order, it is unable to account for social change and therefore, ignores social inequalities which may translate into inequalities between men and women in both health status and access to healthcare. The theory is naïve in that, it assumes that there is consensus that everyone in the structure holds the same values and that we essentially believe in and work for the same thing.

## **CHAPTER THREE**

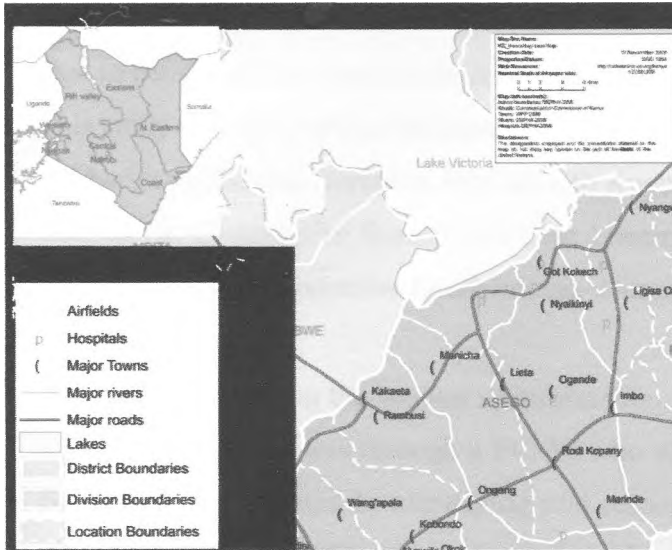
### **RESEARCH METHODOLOGY**

#### **3.1 Study site**

The study was conducted in Asego division in Homa-Bay district within Homa-Bay County. Homa Bay district is one of the 21 districts in Homa-Bay County. It is administratively divided into six Divisions i.e. Asego (covering Homa-Bay town), Riana, Ndhiwa, Kobama, Nyarongi and Rangwe. Homa-Bay district borders Rachuonyo district to the North and Rongo district to the South, it also borders Suba district to the West and Kisii South district to the East. The district covers an area of 1,160.4 km<sup>2</sup> and a shoreline of approximately 16.2 km<sup>2</sup> to the North where it borders Lake Victoria with a population projection of 357,801 in 2012 (KNBS, 2009). Asego division is further divided into 7 locations i.e. Homa-Bay town, Kanyabala, West Kanyada, Kalanya Kanyango, Kanyach Kachar, Kodhidha and East Kanyada (KNBS, 2012).

Agriculture forms the mainstay of the local population at 52% and fisheries as a sub sector is equally important in the district where over 1000 families directly depend on fishing. Absolute poverty of the district residents stands at 45% with food poverty at 50% while the literacy levels of women to men being 47 and 66 (KNBS, 2009). Dry sex practice being a seclusive topic, it isn't openly discussed in this region and it either forms a sub-cultural practice or an individual's behavior pattern which is meant to please sex partners. It should also be noted that sexuality and reproductive health issues still remain to be a taboo topic for social commentators and even scholars in this region.

**Figure 3.1: Map of the study area showing administrative divisions and health facilities**



Source: KNBS, 2012

### Everyday life at the site

The research concentrated in ten villages in Asego division where study respondents were drawn. Those villages were urban and peri-urban; those from Sofia, Salama, Makongeni and Kotieno, were living in urban environment with men engaged in predominantly *Jua-kali*, fishing and farming economy. The women engaged themselves in petty fish trading, retail shopping for exotic materials, supermarket attendants and commercial sex work within the Homa-Bay urban whereas other women were predominantly housewives assisting their spouses with the daily domestic chores. The women in the peri-urban villages (Chiga, Got Kokech, Nyalkinyi, Angalo, Adongo and Ruga) had a myriad of backgrounds i.e some were fisherwomen (those from Got Kokech and Kananga beaches in Angalo village), teachers, bar attendants, shop retailers, tailors, housewives etc.

Most of the study respondents were divorcees (63.3%) who turned into commercial sex work and were residing within the Homa-Bay urban while some lived in their ancestral homes. The division has numerous institutions i.e. a district hospital, technical institutions, colleges, schools and dispensaries among others.

### **3.2 Study design**

Due to paucity of information on dry sex practice, the study was descriptive and exploratory. This study was designed to last three months with one-half months for field work. During the fieldwork period that started in July 2012 to August 2012. Two data collection methods were utilized i.e. Quantitative Survey and Case Narratives which explored the effects of dry sex practices on the reproductive health among women in Asego division, Homa-Bay County.

As a basis for locating the sources of information, the existing social network in this area was a great asset, which was through a FCSW who was also a virgin shop retailer in the Homa-Bay town. She assisted in identifying two respondents who also assisted the researcher in identifying other consumers of dry sex products through snowball method. Purposefully selected cases based on the individual interest in the research and the experiences in dry sex were selected to narrate their experiences regarding the entire process of dry sex and the networks that existed.

### **3.3 Sampling population and strategy**

Because of the widespread stigmatization and criminalization of dry sex practices (FGM type IV), the researcher decided to use snowball sampling for the study. The core of the study and unit of analysis was the 30 women who had practiced dry sex. The second categories for case narrative were 5 purposively selected women. The research adopted both purposive and snowball sampling technique in identifying the respondents from diverse geographical locations i.e. all the sub-locations within the Asego division was represented in the study. The snowball recruitment strategy proved to be very successful, and after two weeks it was apparent that the target sample size of 30 was achieved. Plans were therefore, made to arrange interviews at homes and hotels.

#### **Methods of recruitment**

The recruitment of women in the cross-sectional descriptive study was initially at a bar facility with FCSW who was also a virgin soap retailer who introduced the researcher to 2 virgin soap consumers. This formed an entry point and in a snowball method, they directed the study to other women/dry sex consumers both in town and in their villages in the peri-

urban of Homa-Bay. The recruited ones further recruited 17 women who later assisted in locating other women in the Makongeni, Sofia, Salama, Kotieno and Adongo villages. The snowball and purposive sampling strategy was flexible enough to allow inclusion in the study. At villages Chiga, Got Kokech and Nyalkinyi, the researcher recruited 6 women who later assisted in locating other 4 dry sex consumers in Adongo and Ruga villages. The recruitment drive observed an age criteria to exclude minors.

Case narratives involved some of the respondents in the community survey. Total number of participants in case narratives were 5 and were distributed as follows in the four villages (Salama-2, Makongeni-1, Ruga-1 and Kotieno-1).

### **3.4 Methods of data collection**

The research adopted both quantitative and qualitative techniques of data collection.

#### **3.4.1 Questionnaire survey**

The study employed direct interviews by use of structured survey questionnaire (Appendix II) which enabled the researcher to explore the various views of the respondents on dry sex practices within the socio-cultural context. Respondents were eligible to be interviewed for the survey if they had a history of having practiced dry sex. The survey questionnaire was made up of four sections on the following broad subject areas: socio-demographic characteristics, forms of dry sex practice, reasons and perceived benefits, and adverse effects of dry sex practices. Pre-testing of the questionnaire was done in the town of Homa-Bay over a one-day period. The pre-testing was very beneficial in allaying the fears and concerns of the researcher about asking some of the detailed questions about sexual practices. The median interview time for the finalized questionnaire was 47 minutes.

#### **3.4.2 Case narratives**

In case narratives, participants were a subset of survey respondents. They were purposively selected by the researcher to represent a variety of socio-economic backgrounds and because they expressed an openness in talking about their lives and experiences with dry sex. Topics

covered by case narratives included dry sex practices and partner relations, reasons and benefits of the dry sex method of choice, condom and lubricant use, sexual and social networks. The interview guide was tested in Homa-Bay town, in conjunction with the survey pre-test. Five (5) members of the survey who showed greater interest in the research (good informants) were requested to narrate their relevant experiences with regard to dry sex practices. They comprised 3 commercial sex workers, a housewife and a student in a middle level college within Homa-Bay town.

### **3.5 Data analysis**

Quantitative data (results of the questionnaire survey) were cleaned, key-punched into a computer and analyzed using computer software Microsoft Excel where simple frequency tables and a bar chart were generated to summarize the data.

In qualitative analysis of data, the process began with an immersion i.e. reading and re-reading text and reviewing field notes. As notes were read, the researcher took keen note of emerging themes and labels attached to the chunks of data that represented those themes. A thematic content analysis followed along the main themes of the study and also focusing on the issues and patterns that pervaded the data. Data were then grouped according to the thematic issues then followed by the systematic summary of the data. Some of the data have been summarized in a narrative form and also, informants' own words have been incorporated to illustrate the main ideas.

### **3.6 Ethical considerations**

The research acquired all the necessary approvals from the relevant authorities. The Institute of Anthropology, Gender and African Studies firstly approved the research proposal. Research permit for this study was granted by the National Council for Science and Technology (Appendix IV). The local administrative authorities were also alerted and consented to the study. The approval by all the review boards was obtained by 29<sup>th</sup> June 2012.

Members of the community where the research was undertaken were unaware of the research because the study was on a FGM- a practice which is internationally outlawed. To the study respondents, the purpose of the study was adequately explained to them and their participation was entirely as a result of informed consent. The recruitment process was elaborate and each respondent was given an opportunity to decide whether or not to participate in the study while the right to withdraw from the study at any stage without any victimization was assured to them. The study therefore, included only respondents who willingly consented and were above the age of eighteen years. The age requirement was intended to preclude any ethical issues surrounding the interviewing of minors. The interviewer read the consent statement to the respondents and formalized their agreement to participate. This process followed the recommendations made by the ethical review committees and the Ethical Guidelines on Human Participant Protections issued by the National Institutes of Health (2002).

Confidentiality was strictly observed and all the information gathered about the cases was strictly for research purposes and not shared among either study respondents or other community members; no respondents' personal identifiers were captured, and the paper questionnaires were securely stored. Access to the electronic data as well as printouts of preliminary results, were limited and secure.

In a bid to give back to the community what was found, in liason with the Homa-Bay Health management team, the findings will be used to inform the health care services to the community studied. In addition, the study results will be available to the world of academia in the library at the Institute of Anthropology, Gender and African Studies of the University of Nairobi.

## CHAPTER FOUR

### VARIOUS FORMS, PERCEIVED BENEFITS AND ADVERSE EFFECTS OF DRY SEX PRACTICES

#### Variables

To characterize and describe the population under study, socio-demographic information of the research subjects was collected. This included age, gravidity (number of child-births), education level, marital status, and occupation. Data on various forms, reasons and perceived benefits as well as experienced adverse effects of dry sex practices were sought. Responses to condom use and STIs' cases as implications of dry sex practices were also sought through direct interviews.

#### Profile of Respondents

##### 4.1 Socio-demographic information of study subjects

Table 4.1 shows the distributions of the women studied by socio-demographic information. Generally, the sample population had significantly more proportion of women of ages 22 years and above with a significantly higher proportion of women with gravida 3 and 4. The highest level of education among the study subjects was post-secondary (16.7%) and a minimum education level of Primary (60.0%). The occupation of the majority of the sample population was Commercial Sex Work (56.7%) which was concentrated within Homa-Bay town and they were mainly widowed/separated or divorced (63.3%).

**Table 4.1: Socio-demographic and reproductive characteristics of study subjects ( $n=30$ )**

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<i>Subjects' characteristics</i>	<i>Number</i>	<i>Percentage</i>
<i>Age distribution</i>		
18-21	3	10.0
22-25	8	26.7
26-29	10	33.3
30-33	8	26.7
≥ 35	1	3.3



<b>Gravidity</b>		
1	3	10.0
2	5	16.7
3	10	33.3
4	10	33.3
≥ 5	2	6.7
<b>Education level</b>		
Primary	18	60.0
Secondary	7	23.3
Post secondary	5	16.7
<b>Marital status</b>		
Single	7	23.3
Married	4	13.3
Divorced/separated/ Widowed	19	63.3
<b>Occupation</b>		
Unemployed/housewife	4	13.3
Gainful employment	4	13.3
Business	4	13.3
Commercial Sex Work	17	56.7
Student	1	3.3

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SOURCE: Primary data (community survey)

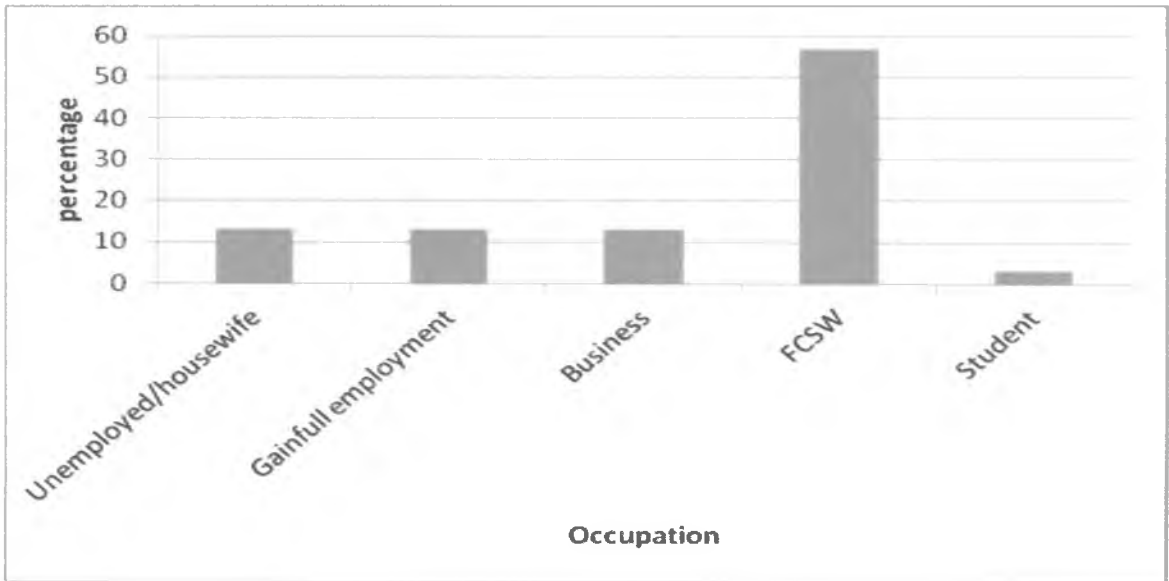
### **Effects of socio-demographic characteristics on various forms of dry sex practices**

Dry sex practices were significantly more prevalent among study subjects who were divorced/separated/widowed (63.3%) and were majorly FCSWs. For the study subjects in polygamous marriage arrangements and in commercial sex work, both single (23.3%) and married (13.3%) subjects, spousal retention and self sex satisfaction were the major reasons for engaging in dry sex practices.

The analysis shows that dry sex practice increases with gravidity. For instance, the intensity of the practice increased progressively with gravidity from (10.0%) through (16.7%) to (33.3%) among those gravida 1, 2, 3 and 4. The practice was found to be significantly prevalent between the ages (26-29) years with gravidity 4 which in the view of the respondents is attributed to the multiple vaginal childbirths' effects on the vaginal perinea.

Education had significant impact on dry sex practices. The practice among those with primary education was (60.0%) compared to (23.3%) for those with secondary education and (16.7%) for those with post-secondary education. This occurrence can be partly attributed to inadequate information by the low educated women on reproductive health care and gender roles where it's the responsibility of women to maintain and present the men's desired vaginal state for sex i.e. warm, tight and dry against the health risks which they may be exposed to. Those women in gainful employment/meaningfully salaried work i.e. teachers and bankers (13.3%) and with secondary and above education (40.0%) did not utilize invasive/more corrosive and stringent dry sex practices i.e. steaming and stitching of vagina. Those in the commercial sex work (56.7%) mostly attaining primary education, frequently utilized the invasive dry sex practices. The single college student in the study revealed that she utilized only virgin soap for vaginal tightening for boyfriends' retention purposes.

Occupations in this category included unemployed/housewife, gainful employment, business, FCSW and student. These five occupation categories were represented fairly equitably in the survey (Figure 4.1), despite the limitations of the snowball sampling methodology.



#### 4.2 Various forms of dry sex practices among study subjects

Table 4.2 shows the overall forms of dry sex practices among the study subjects. Vaginal smoking constituted (13.3%) of the dry sex practices, vaginal irrigation with various liquids (33.3%), burning with hot objects (3.3%), insertion of substances (23.3%), stitching of vagina (6.7%) while drying with cloths was practiced by all study subjects.

The table also shows the various substances used for vaginal irrigation and insertion. Of the liquids used for vaginal irrigation, the most frequently utilized were: salty water (40.0%), soft drink-Coca cola/Sprite (26.7%), domestic bleach/Jik (53.3%) and soda lime (56.7%). Plant products, cotton wool, plant gum and some commercially sold foaming tablets were the most frequently inserted substances into the vagina. The commonality in the practice is that two or more methods/substances were either mixed or used interchangeably depending on the intensity of the undesirable vaginal state for sex.

**Table 4.2: Various forms of dry sex practices among the study subjects**

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*Proportions of respondents practicing dry sex (n=30)*

**Table 4.2: Various forms of dry sex practices among the study subjects**

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*Proportions of respondents practicing dry sex (n=30)*

<i>Types of dry sex practice</i>	<i>Number</i>	<i>Percentage</i>
<i>Smoking of vagina</i>	4	13.3
<i>Irrigating with liquids</i>	10	33.3
<i>Burning with hot objects</i>	1	3.3
<i>Insertion of substances</i>	7	23.3
<i>Stitching to reduce size</i>	2	6.7
<i>Drying vagina with cloth</i>	30	100.0
 <b><i>Substances inserted</i></b>		
<i>Ground plants</i>	9	30.0
<i>Dry cotton wool</i>	11	36.7
<i>Plant gum</i>	4	13.3
 <b><i>Irrigation liquid</i></b>		
<i>Salt &amp; Salt solution</i>	12	40.0
<i>Soda coca cola or sprite</i>	8	26.7
<i>Tooth paste/colgate</i>	14	46.7
<i>Jik (domestic bleach)*</i>		
<i>Dettol liquid, Omo (detergents)</i>	16	53.3
 <b><i>Commercially sold</i></b>		
<i>Virginity- soaps</i>	13	43.3
<i>Lemon juice</i>	14	46.7
<i>Magadi (soda lime)</i>	17	56.7

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SOURCE: Primary data (community survey)

\* Sodium hypochlorite

The invasive/stringent and corrosive practices consisting of vaginal burning with hot objects and stitching were significantly exclusive to many women (90.0%) for its high intensity pain to be endured. On the other hand, the non- invasive modes which include vaginal smoking, irrigation with liquids, substance insertion and drying with clothes were significantly more predominant among all the women. A majority of respondents used sodalime, lemon juice, toothpaste/colgate and detergents like jik among others for their dehydrating qualities so as to tighten and keep their vagina out of excess wetness during sex.

During the case narratives, two women/commercial sex workers explained another type of dry sex practice of anatomical modification which entailed laying the woman straight sideways on a hard surface after which a heavy load/person is made to compress the pelvic bones by jumping on the hips. This is frequently done to achieve the original vaginal size especially after vaginal child birth. Other two divorced women also narrated the spraying of anti-perspirant deodorants (Fah-sport and Nivea) into their vagina before sex so as to curtail excess wetness during sex episodes. One of the above mentioned study subjects narrated that she had to face CS with a view to protecting and maintaining tight and dry vaginal state because she chose to lead a single family life which depended entirely on commercial sex work which she attributed to her inadequate education and hence lack of opportunities.

Choice on the form of dry sex practices undertaken depended on the cost, availability and their commonality with specific categories of women i.e. the economically inferior. For instance, vaginal irrigation was significantly more prevalent among the women; soft drinks like Coca cola and sprite were least utilized (26.7%) for their being expensive in the long run. Lemon juice was consumed by many women (46.7%) because it was readily available.

*“The economically superior women do not consume much of lemon juice for it is perceived by many women that any woman engaged in buying large quantities of lemons (not lemon traders) practices dry sex.”*

(A commercial sex worker, 26 years old).

#### 4.2.1 Reasons for practicing dry sex

Table 4.3 shows that the most frequently cited reasons for starting dry sex practice were; treatment of vaginal discharge/infections, drying of vagina for dry sex, to earn oneself more body comfort, improvement of vaginal smell and cleaning of vagina which may be out of vaginal infections or excess vaginal lesions, tightening of vagina for self/spousal sexual satisfaction and charming as well as prevention of any other presumed reproductive tract infections. Vaginal drying, cleaning and tightening practices as reasons for dry sex practices were significantly more intensified among the relatively older and of higher gravidity category of study subjects.

**Table 4.3: Reasons for practicing dry sex practices (n=30)**

	<i>Number</i>	<i>Percentage</i>
<i>Reasons for practice</i>		
<i>Treatment of vaginal discharge/infections</i>	25	83.3
<i>To dry vagina in order to have dry sex</i>	30	100.0
<i>To improve on vagina smell</i>	22	73.3
<i>To cleanse vagina</i>	23	76.7
<i>To tighten vagina for sex</i>	30	100.0
<i>To prevent infection of rep. tract</i>	13	43.3
<i>To please/charm the spouse</i>	30	100.0
<i>For good and attractive body smell</i>	3	10.0
<i>To makes oneself comfortable/more active</i>	10	33.3
<i>To regain virginity</i>	27	90.0

**SOURCE: Primary data (community survey)**

During the case narratives, one woman narrated the following:

*“Many men complain that vaginal wetness during sexual intercourse is an indicator of women’s infidelity, they have also associated excess vaginal lubrication with STIs and the use of oral contraceptives against men’s wishes especially in a marriage. Men want and love*

*dry and tight vagina, and if women are seeking to maintain a sexual partner she is obliged to do dry sex."*

(A married businesswoman, 27 year old).

*"Men do not like loose vaginas. If sex is wet, the man thinks that I do have sex with too many men and he won't pay me well. As a sex worker, I charge more money for presenting dry vagina during intercourse than for a wet one. The issue is that 'men should not swim in a woman's vagina while making love. Men call women whose vaginas are wet various names i.e. porridge, rivers, dams, sufurias and also laugh at them."*

(A commercial sex worker, 24 year old).

#### **4.2.2 Sources of information for starting dry sex practices**

Of the 30 women who had ever practiced dry sex, (26.7%) reported starting dry sex practices own their own. About 40.0% of the study subjects were introduced to the practice by friends, while 20.0% of the study subjects pointed out to relatives i.e. grandmothers and aunts to have introduced them to the practice. Other respondents (13.3%) mentioned their husbands and traditional herbalists as the sources of information to start dry sex practices.

**Table 4.4: Sources of Information for starting dry sex Practices (n =30)**

<i>Source</i>	<i>Number</i>	<i>Percentage</i>
<i>Self invention</i>	8	26.7
<i>Influence by friends</i>	12	40.0
<i>Influence by relatives</i>	6	20.0
<i>Influence by husbands and herbalists</i>	4	13.3

SOURCE: Primary data (community survey)

### 4.3 The perceived benefits of dry sex practices

As shown in Table 4.5, the most frequently cited benefits of dry sex practices were; increased sexual pleasure during coitus (100.0%), improved vaginal smell, alleviated vaginal discomfort of wetness (100.0%), prevented and cured vaginal discharges and infections at (43.3% and 76.7%) respectively. Increased self and spousal sexual pleasure (100.0%) was also among the most cited perceived benefits by the respondents.

**Table 4.5: Perceived benefits of dry sex practices (n=30)**

	<i>Number</i>	<i>Percentage</i>
<i>Perceived benefits</i>		
<i>More sexual pleasure for spouse</i>	30	100.0
<i>More sexual pleasure for self</i>	30	100.0
<i>Good and attractive vaginal smell</i>	22	73.3
<i>Alleviate discomfort of wet vagina</i>	30	100.0
<i>Clean vagina</i>	23	76.7
<i>Cures vaginal discharge/ infections</i>	13	43.3
<i>Prevents infections</i>	13	43.3

**SOURCE: Primary data (community survey)**

One woman narrated how her husband used to treat her before she began engaging in dry sex practices-

*“My husband stopped sleeping in my house and was ever in my co-wife’s house because my vagina was too wide and wet hence, he accused me of promiscuity and vaginal uncleanliness. He even stopped providing for my three children. He would occasionally beat me up for not being fit to live in his homestead (an outcast). Three weeks into dry sex practices (use of lemon juice and salt solution), I pleaded with my husband through his step brother to come to my house for a meal. That evening he came and we ate together after which I prepared tea mixed with cocoamanga (stimulant) for him which forced him to have sex with me. He*



*acknowledged that I had regained my original tight and dry vaginal state. From then, my husband started loving me again."*

(A married businesswoman, 27 year old).

From the above presentation, it is revealed that women face violence including those occasioned by their physiological processes which they least have control over and the societal demand of giving birth which normally leaves their birth canal loose and wide.

Although some respondents specifically identified themselves as commercial sex workers and a college student, it was found that the receipt of money and/or gifts for sex was common. The gifts given were very diverse, ranging from beer to house/rent payments. Even among the married couples, men at times present to their wives specific gifts for their appreciation resulting from sexual satisfaction.

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#### **4.4 The adverse effects of dry sex practices**

##### **4.4.1 Sexual difficulties experienced during and after coitus with dry sex practices**

Table 4.6 below shows sexual difficulties experienced during coitus with Dry sex practices among the study respondents. Dyspareunia or pain during sex, Persistent post coital pain, excessive vaginal dryness during sex, vaginal injuries, failure of penetration by the partner and spouses' penile injuries were the major difficulties experienced during coitus as a result of invasive (burning and stitching) dry sex practices.

Excessive vaginal dryness and foul smelling vaginal discharge however, occurred significantly more among those who practiced non-invasive (irrigation, insertion and drying) vaginal practices. There were no significant differences between the two groups on report of penile injuries, itching and tingling or burning sensations.

**Table 4.6: Sexual difficulties experienced during and after coitus with Dry sex practices (n=30)**

Each of the difficulty is independent of each other.

	<i>Number</i>	<i>Percentage</i>
<i>Sexual difficulties</i>		
<i>Superficial dyspareunia</i>	28	93.3
<i>Persistent post coital pain</i>	13	43.3
<i>Deep seated dyspareunia</i>	7	23.3
<i>Excessive vaginal dryness</i>	23	76.7
<i>Vaginal injuries</i>	20	66.7
<i>Failure of penetration by the partner</i>	17	56.7
<i>Penile injuries to the spouse</i>	13	43.3
<i>Tingling/ burning sensation</i>	19	63.3
<i>Lower abdominal pains</i>	4	23.3
<i>Itching of spouse penis</i>	9	30.0
<i>Foul smelling vaginal discharge</i>	11	36.7
<i>Vaginal tingling/burning sensation</i>	23	76.7

**SOURCE: Primary data (community survey)**

During the case narrative, one study respondent whose hips were walked on by the husband in an attempt to compress her pelvic bones after a vaginal childbirth narrated the following:

*“From the time I was walked on by my heavily built husband, back and pelvic pain has been my problem. I have always suffered because of being a woman and giving birth, I wish I were created a man.”*

(A housewife, 28 years old).

The only woman who practiced dry sex by use of burning of the birth canal using hot objects, Jik and at times plant gum narrated the following:

*“I used the three methods because my birth canal was too big and an attempt to use one method (Jik) didn't produce results. The adverse effects I face even now include; vaginal wounds, swelling and tingling. A few months ago, I had a foul smell and when I undertook a keen check, I realized that it was due to a continual seepage of urine into my undergarments. This is still my nightmare.”*

(A housewife, 28 years old).

The effects of dry sex practice which had been described by the above mentioned subject can be viewed to be a Vesico-Vaginal Fistula.

#### **4.4.2 Condom breakage and reported Sexually Transmitted Infections in connection to dry sex practices**

To show the connection between dry sex and condom use (lubricant) to further explore the dry sex practice complications, more than half of the respondents (70%) reported always using condoms during sex outside wedlock but reported frequent condom breakages which can be attributed to the effects of chemicals on the condom. Two of FCSW practicing dry sex narrated that condom use was mostly to the discretion of the male clientele in which non condom use paid higher for the extra pleasure out of heightened friction. During the interviews, two commonly reported STIs were gonorrhoea and HIV which were largely attributed to frequent condom breakages with dry sex.

## CHAPTER FIVE

### SUMMARY, DISCUSSIONS, CONCLUSION AND RECOMMENDATIONS

#### 5.1 Introduction

This chapter presents a summary of the study findings, draws a correlation between the objectives of the study, the literature review and study findings. The purpose is to see whether the set objectives were achieved after they were tested in the field and analyzed. From these therefore, the researcher draws inferences to make conclusions on each of the set specific objectives and further makes recommendations identifying an area for further research in future and actions that should be taken to address the adverse effects of dry sex practices.

#### 5.2 Summary

The major findings of the study included a close relationship between the women's educational status, number of vaginal child birth/gravidity and dry sex practices. There existed various forms of dry sex practices comprising smoking of vagina, irrigating vagina with liquids, burning the vagina with hot objects, insertion of substances into the vagina, stitching to reduce vaginal size and drying it with cloth. The choice for each form of dry sex by women depended on majorly; availability, cost and commonality of a specific form. Sources of information for starting dry sex practices also ranged from a self invention to relatives' influence.

The perceived benefits of dry sex practices comprised self and spousal sexual pleasure, attractive vaginal smell, alleviated vaginal discomfort of wetness, prevention and cure of vaginal discharge/infections as cited by the women.

The adverse effects of dry sex practices consisted of sexual difficulties experienced during coitus i.e. pain during sex/dyspareunia, vaginal injuries resulting from excessive vaginal dryness, penile injuries and foul smelling vaginal discharge resulting from specific chemicals introduced into the vagina. Specific stringent and abrasive chemicals introduced into the vaginal to absorb excess wetness especially during sex episodes with condoms cause tears or

breakages on the condoms hence exposing sex partners to STIs and unplanned pregnancies among others.

### 5.3 Discussions

The study showed that there exists a linkage between a woman's educational status and dry sex practices. For instance, 60% of the sample population had a primary level of education, (23.3%) had acquired secondary level of education while (16.7%) had a post secondary education. It can therefore, be deduced that women with low or no formal education have little knowledge on reproductive health care and are likely to adhere to traditional beliefs about womanhood i.e. presenting men's desired vaginal state and perhaps, are likely to have a poor sense of self-worth and confidence as has been indicated by Lewanika et al. (2009) in a study on prevalence of the use of dry sex traditional medicines among the Zambian women.

A considerable high number of vaginal childbirths/gravidity has the potential to pull a woman towards dry sex practices. For example, among the study respondents, those with gravida 3 and 4 were the majority. There is therefore, an indication that the normal process of vaginal childbirth leaves the birth canal loose and wide, and when this is combined with high sex debuts and multiple births, the vaginal wall further enlarges hence creating men's undesirable vaginal state as has been shown by Brown and Brown (2000) in a study on traditional intravaginal practices and the heterosexual transmission of disease.

The various forms of dry sex practices that were utilized by women consisted of vaginal smoking (13.3%), drying with cloth (100.0%), irrigating with liquids like salt solution (40.0%), tooth paste/colgate (46.7%), jik (53.3%), sodalime (56.7%), lemon juice (46.7%) and virginity soap (43.3%) etc; insertion of substances like dry cotton wool (36.7), plant gum (13.3%) and burning with hot objects (6.7%) among others. Drying with cloth was the common dry sex practice followed by sodalime, lemon juice, colgate application and burning the vagina with hot objects. On the choice of the form of dry sex practices, women largely depended on their availability, cost and commonality. For instance, cloth used to dry vagina during or after sex would be within many women's reach as also has been indicated in a

study by Baleta (1998) on concern voiced over dry sex practices in South Africa. Sodalime being a common commodity in most households is equally available and cheap and so the lemons and toothpaste/colgate. Most respondents utilized more than one form of dry sex so as to achieve their immediate goals faster. For instance, those women who utilized virgin soap during bath also utilized lemon juice and jik to tighten their vaginas. Ingestion of substances as a form of dry sex practice to affect the vagina wasn't found during the study. However, ingestion of 'porridge' as has been indicated by Lewanika et al. (2009) was profound (58%) among the Zambian women.

The perceived benefits of dry sex practices as cited by the study respondents majorly comprised self and spousal sex pleasure as well as alleviating the discomfort of wet vagina. The dry sex agents/chemicals introduced into the vagina get rid of excess wetness and also tightens the vaginal wall so that friction during sex is enhanced. For those women who suffered from vaginal bacterial infections thereby producing bad smell, specific chemicals such as jik and lemon juice were used to kill and prevent such bacteria so as to attain attractive vaginal smell and clean vagina. This as well, has been shown in a study by Lewanika et al. (2009) that the women's strong motivation for dry sex practices includes; their desire to ensure men's fidelity, exercise agency and control in their relationships through cleaning inside their vaginas to arrest wet sex.

As adverse effects of dry sex practices, chemical products which dry the vagina cause vaginal and penile inflammations as well as difficulty or failure of penetration by a male sex partner hence, painful sex. In addition to frictions during coitus, lesions occur in the vagina's mucous membrane causing vaginal epithelium trauma and micro-lacerations thereby creating entry portals for infections as has been indicated by Benksinska et al. (1999). Much frictions as well as stringent chemicals introduced into the vagina enhance condom breakages which exposes sex partners to i.e. STIs risks. HIV transmission is known to be enhanced in the presence of genital lesions and ulcerations. Vaginal drying agents as have been documented by Fortunate (2011) and Mwangi (2011) as producing lesions that disrupt membrane integrity, dry sex practices increase the risk of HIV/STIs acquisition.

In addition, the intravaginal substances may alter the vaginal pH, which normally serves as a protective factor against STIs acquisition. The likelihood of gynecologic infection increases if vaginal fluids are removed and drying agents that change the vaginal pH (acidity and alkalinity), undermine natural defenses against microbes hence, making infection more likely as has been indicated in study by Rungara and Masters (1992). Moreover, during dry sex episodes, the state of mind of both men and women do not act on, or any longer register the pain and discomfort involved during tearing and bleeding during dry sex.

#### **5.4 Conclusion**

The results from this study provide important information on the background characteristics, forms, perceived benefits and adverse effects of dry sex practices on reproductive health of a sample of women in Asego division, Homa-Bay County. Despite the limitations of the snowball sampling technique, the researcher was able to reach women who practiced dry sex and elicited both qualitative and quantitative data which may be used to inform a healthcare programming in Kenya.

Overall, the survey data indicate that there are various forms, benefits and adverse effects of dry sex practices. Although the respondents are aware of risks associated with the practice, they continue risking their lives simply because they have minimal options but to please their male sexual partners.

Promoting safer sex is the one way to avoid STIs knowing that greater cases of all HIV infections are acquired in Africa by heterosexual contact. Safe sex practice could therefore, be used to strengthen the fight against dry sex complications. Female empowerment and presenting them with survival options, exposing them to reproductive health awareness and upholding their reproductive rights, can go a long way in changing some of these self destructive practices. We should therefore, learn to celebrate motherhood.

## **5.5 Recommendations**

From the findings and conclusion, the study recommends designing of appropriate safer sex messages with regard to dry sex practices in the community. We need to create advocacy and lobby groups against harmful aspects of dry sex practices in order to empower women to be able to resist undergoing such harmful practices. The socio-economic environment in which women find themselves must be improved to safeguard their reproductive health and status in society.

Further research may be necessary to unpackage the cultural environment, the inner motivation and what drives individuals to take their own health for granted.



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**APPENDICES**

**APPENDIX I: CONSENT FORM**

My name is Ochieng Stephen Odhiambo, a final year master's student in Gender and Development studies at the University of Nairobi. I'm conducting a research on effects of dry sex practice on the reproductive health of women in Asego division, Homa-Bay district. The research aims at generating information to help improve the reproductive lives of women, children and men of this community. You're requested to participate in this study and all the information you will provide shall be used purely for the study and will be treated with strict confidentiality as your name will not be used. However, you can terminate this interview at any stage without victimization.

Do you agree to participate in this research? Yes [ ] No [ ]

Signature.....

Thank you.

Yours faithfully

Ochieng Stephen O.

## APPENDIX II: SURVEY QUESTIONNAIRE

The questionnaire will be in 4 sections:-

Section A - Socio-demographic data

Section B - Forms of dry sex practices

Section C - Reasons and perceived benefits of dry sex practices

Section D - Adverse effects of dry sex practices

Questionnaire code: \_\_\_\_\_

### SECTION A

#### Socio-demographic data

*(Please tick and answer as appropriate)*

1. Age of the respondent

Below 20 years [ ]      31-40 years [ ]      Over 50 years [ ]  
21-30 years [ ]      41-50 years [ ]

2. How many pregnancies including the current have you had?

1-3 [ ]      4-6 [ ]      6-8 [ ]

3. Current marital status of the respondent

Married [ ]  
Widow [ ]  
Divorced [ ]  
Separated [ ]  
Single [ ]

4. Education level of the respondent

None [ ]  
Primary [ ]  
Secondary [ ]  
Post-Secondary [ ]

5. Occupation of the respondent

Unemployed/ house wife [ ]  
Business [ ]  
Local employment [ ]      Others (specify).....

## SECTION B

### Forms of dry sex practices

*(Please tick and answer as appropriate)*

1. Which forms of dry sex practices from below have you ever practiced?

Insertion of special substances Yes [ ] No [ ]

Washing or irrigating with liquids Yes [ ] No [ ]

Smoking of vagina with special preparation Yes [ ] No [ ]

Burning of the of vagina with hot objects Yes [ ] No [ ]

Stitching of vagina to reduce the size Yes [ ] No [ ]

Others(Specify) \_\_\_\_\_

2. Who recommended these practices to you?

Self invention [ ]

Friends [ ]

Relatives [ ]

Husband [ ]

Others (Specify) \_\_\_\_\_

## SECTION C

### Reasons and perceived benefits of dry sex practices

*(Please tick and answer as appropriate)*

1. From below which are the reasons why you have chosen to have the dry sex practices?

To dry the vagina for dry sex Yes [ ] No [ ]

To tighten vagina for sex Yes [ ] No [ ]

To improve on vaginal smell Yes [ ] No [ ]

To cleanse the vagina Yes [ ] No [ ]

To prevent vaginal infection Yes [ ] No [ ]

To treat vaginal discharge and/or other infections Yes [ ] No [ ]

Are there other reasons and benefits of the practices? Yes [ ] No [ ]

If Yes, list them; \_\_\_\_\_  
\_\_\_\_\_

2. From your experience with dry sex practices, which of below include the benefits of the practice you have so far experienced?

Increased sexual pleasure for my partner during intercourse Yes [ ] No [ ]

Increased my sexual pleasure during intercourse Yes [ ] No [ ]

Helps to reduce the discomfort of excessive vaginal wetness Yes [ ] No [ ]

Keeps the vagina clean Yes [ ] No [ ]

It keeps infections away Yes [ ] No [ ]

Treats vaginal discharge and/or other infections Yes [ ] No [ ]

Gets rid of bad vaginal smell and/or presents attractive/good smell Yes [ ] No [ ]

Are there other benefits you have observed? Yes [ ] No [ ]

Others (Specify) \_\_\_\_\_

## SECTION D

### Adverse effects of the dry sex practices

*(Please tick and answer as appropriate)*

1. During the performance of the dry sex practices you have practiced and/or thereafter/before sex, have you ever experienced the following?

Pain Yes [ ] No [ ]

Vaginal swelling Yes [ ] No [ ]

Vaginal bleeding Yes [ ] No [ ]

Vaginal wound (cut or burn) Yes [ ] No [ ]

Foul smelling vaginal discharge Yes [ ] No [ ]

Urinary problem Yes [ ] No [ ]

Defecation problem Yes [ ] No [ ]

Any other problem experienced? Yes [ ] No [ ]

2. (a) From your experience of sexual intercourse with dry practices, have you experienced the following?

Failure of penetration by the partner Yes [ ] No [ ]

Superficial dyspareunia	Yes [ ] No [ ]
Deep seated dyspareunia	Yes [ ] No [ ]
Excessive vaginal dryness	Yes [ ] No [ ]
Vaginal injuries	Yes [ ] No [ ]
Persistent post coital pain	Yes [ ] No [ ]
Penile injuries to the spouse	Yes [ ] No [ ]
Other problems experienced?	Yes [ ] No [ ]

If Yes, list them; \_\_\_\_\_

(b) In case of any medical complications out of dry sex, where do you seek medical attention?

Hospital	Yes [ ] No [ ]
Health center	Yes [ ] No [ ]
Private clinics	Yes [ ] No [ ]
Traditional healer/herbalist	Yes [ ] No [ ]
Self medication/over the counter	Yes [ ] No [ ]

3. Pertaining to condom use during dry sex practices;

Do you think using condoms during sex with dry practices reduces the benefits/ desired effects?

Yes [ ] No [ ]

Do you think condoms are more likely to break during sex if used with such dry practices?

Yes [ ] No [ ]

4. Pertaining to Caesarean Birth

Have you ever given birth through Caesarean section?

Yes [ ] No [ ]

If yes, why was the case?

To preserve warm and tight vagina for dry sex Yes [ ] No [ ]

Out of medical related condition Yes [ ] No [ ]

Fear of pain during vaginal delivery Yes [ ] No [ ]

5. Have you ever delivered after having started dry sex practices?

Yes [ ] No [ ] If yes, have you ever experienced the following during these deliveries after starting dry sex practices?



Difficult labor            Yes [ ] No [ ]

Vaginal tears            Yes [ ] No [ ]

6. If you have been practicing dry practices related to sex;

Do you still think it is a good practice?

Yes [ ] No [ ]

7. Would you recommend the practice to the following?

The community        Yes [ ] No [ ]

Friends                Yes [ ] No [ ]

Relatives              Yes [ ] No [ ]

Your daughter        Yes [ ] No [ ]

**THE END**

**THANK YOU FOR FINDING TIME TO RESPOND TO THIS QUESTIONNAIRE**

## APPENDIX III: CASE NARRATIVE GUIDE

The questionnaire will be in 2 sections:-

Section A - Socio-demographic data

Section B - Dry sex practice and experiences

*(Please answer as appropriate)*

Questionnaire code.....

### A. Background information

A1 Age of the participant

A2 Occupation of the participant

A3 Level of education

A4 Marital status

### B. Dry sex practice and experiences

B1 Kindly narrate the forms of Dry sex practices you have ever involved in. (Probe for the their frequency of use and consider ingestion of substances, intravaginal washing, vaginal stitching/vaginoplasties, insertion of dry solid substances, smoking of the vagina and why that method of choice)

B2 What are/ were the reasons for involving in Dry sex practices? (Probe for both socio-cultural and medical reasons)

B3 What benefits did you achieve from Dry sex practices? (Probe for both social and medical benefits on also her sexual partner)

B4 What adverse effects did you experience with Dry sex practices? (Probe for challenges caused on also her sexual partner, probe on the medical attention with regards to choice)

B5 What would be your assessment of Dry sex practice with condom use? (Probe on condom use and condom breakages with dry sex)

**THE END**

**THANK YOU FOR FINDING TIME TO RESPOND TO THIS GUIDE.**

## APPENDIX IV: RESEARCH APPROVAL LETTER

REPUBLIC OF KENYA



# NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY

Telephone: 254-020-2213471, 2241349  
254-020-310571, 2213123, 2219420  
Fax: 254-020-318245, 318249  
When replying please quote  
secretary@ncst.go.ke

P.O. Box 30623-00100  
NAIROBI-KENYA  
Website: www.ncst.go.ke



29th June, 2012

NCST/RCD/12A/012/89

Our Ref:

Stephen Odhiambo Ochieng  
University of Nairobi  
P.O. Box 30197  
Nairobi

Date:

### RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on "*Effects of dry sex practices on reproductive health among women in Asego Division, Homa-Bay District*" I am pleased to inform you that you have been authorized to undertake research in Homa Bay District for a period ending 31st August, 2012.

You are advised to report to the District Commissioner, the District Education Officer and the District Medical Health Officer, Homa Bay District before embarking on the research project.

On completion of the research, you are expected to submit two hard copies and one soft copy in pdf of the research report/thesis to our office.

**DR. M. K. RUGUTT, PhD, HSC.**  
**DEPUTY COUNCIL SECRETARY**