AN EXPLORATORY STUDY ON VAGINAL PRACTICES AMONGST FEMALE SEX WORKERS IN MOMBASA COUNTY, KENYA.

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N50/79725/2012

A THESIS SUBMITTED TO THE INSTITUTE OF ANTHROPOLOGY, GENDER AND AFRICAN STUDIES IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS IN MEDICAL ANTHROPOLOGY OF THE UNIVERSITY OF NAIROBI.

JANUARY 2018

DECLARATION

This thesis is my original work and has not been presented for a degree in any other University.

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Signature Date

CAROLINE EMERALD NGINA

This thesis has been submitted for examination with my approval as the University supervisor

Signature…….Date…….

Prof.

DEDICATION

To my mother Nthenya, thank you for everything, I can barely put it into words. Without you this would have never happened, ngai akuadhime. To my sister Tamara, your support and prayers are invaluable. I love you.

To God be the glory.

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ACKNOWLEDGEMENT

I take this opportunity to express my gratitude to everyone who supported me throughout the course of this Master's programme. I am thankful for their inspiring guidance, invaluable criticism and timely advice. I am sincerely grateful to them for their sacrifices.

I express my warm thanks to my supervisor, Professor Simiyu Wandibba, for his patience, kindness, guidance and undying support throughout the course of this thesis.

My sincere gratitude to Professor Nyambedha Erick for his pushing me tirelessly and my two bosses; DCC Mutie Nzungo and DCC Albert Mwaringa for giving me the time and assistance needed to finish my program.

Finally, am grateful to all those involved in the data collection exercise- the female sex workers who participated together with the medical personnel.

ABSTRACT

This study was an exploratory study about vaginal practices among female sex workers in Mombasa County. It sought to find out the motivations, perceptions and methods of vaginal the basic question that the study set out to answer was 'what motivated these sex workers to engage in vaginal practices'? Therefore the aim of the study was to explore these practices and their effect on the reproductive health of the practitioners. The study used a mixed methods approach. Primary data were collected using semi-structured questionnaires, key informant interviews and observation of the products and the applicators used. The results show that female sex workers use vaginal practices as a way of cleansing and maintaining their vaginas through a variety of products for maintaining their client base as well as cleanliness and prevention of diseases. The products used include pure chlorine, incense, and cleaning products like washing powder, bleach and salt. This led to the conclusion that vaginal practices as well as the choice and product are directly related to the nature of sex work that the women engaged in. some of the products used have been linked to reproductive health problems like sores and blisters though no other adverse effects were reported amongst these female sex workers. On the basis of these conclusions the study recommends that similar studies be carried out in other areas in order to generate detailed information that can be used by those working with commercial sex workers to sensitize them on the possible risks of using vaginal practices.

ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
CDC	Center for Disease Control
FSW	Female Sex Worker
GSVP	Gender, Sexuality and Vaginal Practices
HIV	Human Immunodeficiency Virus
IDUs	Intravenous Drug Users
IEBC	Independent Electoral and Boundaries Commission
IVPs	Intra-Vaginal Practices
KNASP	Kenya National Aids Strategic Plan
KNH	Kenyatta National Hospital
MARPS	Most at Risk Populations
MSM	Men Having Sex with Men
NACOSTI	National Commission of Science, Technology and Innovation
NGOs	Non-Governmental Organizations
SAW	Sallallahua Alayhi Wa Salam (peace be upon him)

SDGs	Sustainable Development Goals
STD	Sexual Transmitted Diseases
UON	University of Nairobi
VP	Vaginal Practices
WHO	World Health Organization

CHAPTER ONE

BACKGROUND TO THE STUDY

1.1 Introduction

Sexual practices and vaginal practices have been in existence for as long as man has existed and in Africa they have been passed on by word of mouth from one generation to the next. For example, there are some sexual practices like *kunyaza* which is often accompanied by lubrication of the vaginal area. Such a practice has been going on in Central Africa for the last 200 years. There is also genital cutting in South Africa that was modified from healing practices by women as well as female genital cutting that is seen in the records of ancient Egypt. Mothers, grannies, aunts and elderly women in both the Egyptian and South African communities mentioned above are cited as the most common sources of information about vaginal practices and are frequently consulted (Naeemah *et al.*, 2002:84)

Research on vaginal practices (VPs) in Africa was limited to occasional ethnographic or qualitative studies, but no population-based surveys or assessments had been attempted to quantify and characterize vaginal practices prior to 2000. Since then VPs have been documented in peer-reviewed qualitative and quantitative literature across Sub-Saharan Africa. Many of the studies that have been highlighted in this study like the Uganda and Tanzania cohort group study by Francis and her team in 2010, have varying definitions and have been conducted among small sub-groups within countries as well as in multi-country studies and have not been able to make comparisons. For the purpose of this study, vaginal practices were defined according to

Hilber (2011) as any kind of effort to modify, cut, cleanse, enhance, dry, tighten, lubricate or loosen the vagina, labia, clitoris, or hymen where a substance or material is inserted or externally applied (Hilber, 2011: 10).

It is well documented in various countries like South Africa, Kenya, Uganda and Tanzania, among others that VPs exist in the modern world as seen by the multi-country study done by Hilber (2011). Despite this, the discourse around them has mainly focused on the correlation between VPs and acquisition or predisposition to HIV and AIDS and other sexually transmitted infections.In Africa, particularly Sub-Saharan Africa, vaginal practices have been documented and reported in over 98 studies, most of them focussing on traditional practices and beliefs among women of reproductive age (Hilber, 2011:12).Although traditional vaginal practices have always been known to occur among Cushitic communities as well as some urban populations of Kenya, the prevalence and their impact has not been studied in detail. These practices are diverse and use a range of methods, substances and applicators (Priddy *et al.*, 2011:1069).The key dimensions of VPs are: timing, desired effect, relation to life event, and the motivation (Hilber, 2011:166).

It has been observed that female sex workers (FSWs) also engage in vaginal practices much more than women in heterosexual relationships. For example, in one study that was conducted in both Uganda and Tanzania, it was established that more than 95% of the women who engaged in transactional sex reported VPs (Francis *et al.*, 2013:619). Female sex workers are women who engage in survival sex, sexual activity for income or employment or for non-monetary items,

such as food, drugs, or shelter (Centers for Disease Control, 2015). Civic and Wilson (1996) found that sex workers in Zimbabwe use drying agents as a strategy to increase their clientele and make more money. When the competition is tough and it is imperative for men to return, dry sex ensures regular customers. For women, there has been a conspicuous steady emergence, primarily in urban settings, of "modern girl" femininities, associated with the exercise of sexual independence that the FSWs are a part of (Jewkes and Morrell, 2010). Female sex workers are women who engage in survival sex, sexual activity for income or employment or for non-monetary items, such as food, drugs, or shelter by Centers for Disease Control (CDC). They are included in most-at-risk populations (MARPs), that is, population groups whose behaviour puts them at the greatest risk of being infected with HIV. In Kenya, female and male sex workers, injecting/intravenous drug users (IDUs) and men who have sex with men (MSM) are considered primary MARPs (National AIDS Control Council, 2009).The daily experience of prostitution is marked by violence, stigma and discrimination for many of those who engage in it. Thus, the situation of sex workers remains precarious. It is difficult for them to invest in their sexual and reproductive health, and their own health care needs have been relatively neglected (Alessandra *et al.*, 2007).

Social research in African settings has also shed light on women's motivations for these practices. Particularly in resource-limited settings with strong imbalances in power between men and women, sex may be a means to achieve economic security, either directly through sex work or by maintaining economically essential relations with husbands or other sexual partners (Hilber *et al.*, 2007:71).Research in areas of Africa where vaginal practices are commonplace has shown

that some women do not enjoy their bodies so much because they use them for specific social or economic purposes (Utomo *et al.,* 2007).VPs cover a variety of behaviours undertaken for a variety of motives depending on the individual, with the common element being some modification to the labia, clitoris, vagina or the vaginal environment (Braunstein and Van De Wiljgert, 2003). The World Health Organization (WHO, 2012: 2) has classified the practices into different categories depending on the mode of usage of the different products like washing externally.

Studies of vaginal practices have over the years viewed all women as helpless and powerless, held in the clutches of the male desires and cultural patriarchy. Feminist studies of sex and gender have historically foregrounded the oppression of women. The whole concept of vaginal practices has been viewed as a phenomenon that was imposed on the female by a patriarchal system to control sex and female sexuality. Debates about the causes of, particularly, sexual oppression have frequently invoked a nature/nurture binary to explain global patterns of men's dominance over women (Jewkes and Morrell, 2010).

The pattern of usage for individual vaginal practices varies between regions. Lubrication was reported in six countries around the Great Lakes Region (with the exception of one small study from Zimbabwe). Contrasting this, drying and tightening were reported regularly, in 16 countries, with a high prevalence in the South of Africa like in South Africa and Mozambique (50-91%) and to a lesser extent in Zimbabwe, Zambia, Malawi and Cote d'Ivoire in West Africa of (1-36%) (Hilber, 2011:164). Studies relating to vaginal practices in line with socio-cultural, economic and emotional issues are few especially those undertaken in the coast region of Kenya.

This study therefore aimed at bringing into focus the voices of the FSWs without focusing on the relation of VPs to HIV and AIDS.

1.2 Statement of the Problem

From the studies cited above it can be deduced that vaginal practices, whether douching or inserting chemical or natural substances into the vaginal canal, can endanger the health of women, and increase the possibility of being infected with STDs, vaginal infections, and HIV and AIDS. These practices have been documented worldwide, but most have not concentrated on distinguishing culture and area-specific differences in the practices, frequency, substances and applicators. There is need to gain a better understanding of these factors given that the sexual networks of female sex workers are complex and can span different circles of society.

There is a direct link between the number of sexual acts and the frequency of VPs as was observed from the Tanzania/Uganda study. FSWs engage in more sexual acts than any other group of women. However, the number of FSWs in Kenya is not documented due to various factors.

The potential for vaginal practice use to affect the acceptability and uptake of vaginal microbicides and act as barrier methods has been acknowledged by many a study like the multi-country study done by Hilber. However, there are very limited publications on vaginal practices

among female sex workers in Mombasa County, despite it being one of the hotspots of the sex trade in Kenya. This study therefore sought to answer the following questions:

1. What are the perceptions of the female sex workers in Mombasa concerning vaginal practices?
2. What is the nature of vaginal practices among these sex workers?
3. What factors prompt them to employ these practices?

1.3 Objectives of the Study

1.3.1 General Objective

To explore the vaginal practices used by female sex workers in Mombasa County, their motivations and the underlying factors that inform their choices and decisions.

1.3.2 Specific Objectives

1. To describe the perceptions that FSWs have of vaginal practices.
2. To document the range of methods utilized in vaginal practices.
3. To investigate the reasons behind the choice of methods and substances.

1.4 Assumptions of the Study

1. FSWs have their own perceptions of vaginal practices.
2. FSWs use various methods in undertaking vaginal practices.

3. FSWs engage in vaginal practices for various reasons.

1.5 Justification of the Study

In Sub-Saharan Africa, vaginal practices have been reported in over 98 studies in 24 countries, many of which also focus on traditional medicine to preserve health and well-being according to local health beliefs (Redmond *et al.*, 2011). In most of these studies the areas of concentration have been in Southern African countries and the neighbouring East African countries like Tanzania and Uganda. There seems to be just a handful of studies done in the coastal region of Kenya. Knowledge gaps that emerge from reviewing the literature are the lack of a typology for describing the range of vaginal practices, substances and modes of use among the people of the coastal area, female sex workers included. It remains unclear which group of women undertake which vaginal practices and what factors predict use, practice type, frequency and choice of products according to these women.

In recognizing women's sexual and reproductive autonomy rather than protecting women's sexual purity, women as well as society can have great milestones in development. In keeping with calls for an African renaissance, there is need for a shift in emphasis towards developing an understanding and recognition of the value of indigenous knowledge like of sexual and vaginal practices. Anthropologists recognize that the practices of populations in African societies are culturally, religiously, socially, politically and environmentally motivated (Naeemah *et al.*, 2002).

Many of the studies done have been on vaginal practices in relation to sexually transmitted infections and the possible implications for reproductive health (Hilber, 2007 *et al;* Bekisinka *et al.*, 1999, Priddy *et al.*, 2011) as vaginal practices are an integral part of female sexuality. Thus, this study should have implications for national policy as well as policies that touch on sexual health. Sexual health has been seen to be fundamental in achieving the Sustainable Development Goals (SDGs) by ensuring that information on reproductive issues is up to date, relevant and takes into consideration all the sub-groups of women.

FSWs are a major player in reproductive health research especially in sexually transmitted infections thus; it is therefore of utmost importance that we understand VPs from the practitioners' perspective to better informed programmes and policies. It is imperative to elaborate on the connection between culture, the self and VPs. This should also contribute to the achievement of the social pillar of vision 2030 in Kenya. Finally, the study has added to the bank of knowledge on vaginal practices in Kenya and exposed knowledge gaps for further research.

1.6 Scope and Limitations of the Study

This study was conducted in Mvita and Kisauni Sub-Counties of Mombasa County in the coastal region of Kenya. It focused on vaginal practices among female sex workers, and the factors that promote these practices. Due to methodological limitations in terms of sampling, data collection, analysis and the inability to study the entire population, the findings cannot be generalized to the whole population but they have provided in-depth information. The fact that the study involved human sexuality was a limitation in itself, and during the study, it was observed that some

participants felt uncomfortable discussing some of the practices and issues. This was taken care of by assuring the respondents that the interviews were highly confidential and no names or identifiers will be used in any forum.

1.7 Definition of Key Terms

Vaginal practices: A term covering a variety of behaviours undertaken for a variety of motives, with the common element being some modification to the labia, clitoris, vagina or the vaginal environment.

Applicator: An instrument or object that is used to apply the products used in vaginal practices.

Female sex worker: A woman who employs the use of sexual activity for income or employment or for non-monetary items such as food, drugs, or shelter.

Intra-vaginal insertion: Inserting something into the vagina, regardless of how long it is left inside. This excludes insertion for menstruation.

Intra-vaginal cleaning: Wiping the internal genitalia with fingers or substances such as cotton, cloth or paper.

Reproductive health: State of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its

functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so**.**

Sexual health: Sexual health is a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviews the literature relevant to the research problem. The literature is reviewed using the following sub-headings: Vaginal practices in Africa: typology of vaginal practices: benefits of vaginal practices: negative effects of vaginal practices and vaginal practices and STIs. The chapter ends with a discussion of the theory that guided the study.

2.2 Vaginal Practices in Africa

Historical perspectives on sex and sexuality in Africa reveal two competing discourses. The first one, rooted in Christianity, being that sex is located in marriage for procreation. The other one reflects traditional black African ideas that sex is a normal, healthy and an essential feature of life for all ages, and something about which there should be openness and communication (Coovadia *et al.,* 2009). Within this frame of sexual openness, African women are constructed as sexual beings and sex is seen not just as normal in relationships, but as essential for their success. Early qualitative studies on vaginal practices (VPs) had observed the potentially conflicting role that these might play in the spread of STIs, but further qualitative work has been sparse until recently and has yet to influence on-going trials (Braunstein and Van De Wiljgert, 2003). The apparent widespread popularity of vaginal practices in Africa is not entirely unverified. However, limited information is available concerning Kenyan coastal women's actual behaviour or the motivations they might have for using the available substances and services.

Gender constructions supporting these practices are socialized by cultural norms and through the misapplication of religious norms. Sex was viewed as a woman's means of carrying out her real purpose in life and the perpetuation of her husband's patriarchy for which she must bear offspring. However, in recent sexuality and gender studies there has been a new outlook: just as sexuality has repercussions related to poverty, marginalization and death, it can instead lead to empowerment, enjoyment, and well-being and can enhance human relations with shared intimacy or pleasure. Indeed, sex can be a place where women escape the pressures of reputation to satisfy their desires to the full (Ilkkaracan and Jolly, 2007).

In recent years research about vaginal practices in gender studies and by sexuality researchers interested in HIV prevention strategies has taken a new turn. Sexuality researchers have attempted to move beyond the characterization of women's sexual lives as a study of victimization to broader, less stigmatizing dimensions of pleasure, preferences and power (Hull, 2008). The use of VPs has been framed as a measure of women's power in relationships, ability to negotiate their sexual lives and a reflection of sexual norms that emphasize male sexual pleasure (Blanc, 2001). Women have the capacity to act independently and make their own choices and engage in VPs for various reasons that are not forced on them by anyone, for example, for hygienic purposes. A lady who cleans her vagina for cleanliness is doing this particular act for her own pleasure.

There are few studies which address possible health risks and as a result of this lack of scientific information on vaginal practices, one would have expected the Kenya government to formulate policies to regulate the industries and individuals promoting vaginal practices and to come up

with public health messages to educate all women about the said practices. However, in two studies, one in Kibera, Kenya, and another study in Uganda and Tanzania, it was observed that vaginal practices among female sex workers was almost at a 100% (Francis *et al.*, 2013: Gallo *et al.*, 2010).

In a study conducted in 2007, it was common for up to 42% of FSWs in Brazil, to use cotton and other substances in the vagina to hide their periods during work, which exposed them to the risk of reproductive tract infections. A number of sex workers had problems associated with the daily routine use of vaginal douches to 'clean' themselves after clients, to 'refresh' the vagina after repeated penetration, or to free themselves from what they referred to as a 'condom smell'. So the same practice can be used for multiple motives, sometimes concurrently. It was observed that there was widespread use of cotton, sponge and mattress stuffing to block menstruation to allow them to work, which caused abnormal discharge as well as chronic vaginal and cervical infection, among other health-related side effects. This in turn can be incapacitating for work, due both to pain during intercourse, abnormal discharge and the bad odor from infections. Bacterial vaginosis (BV) was very frequent in this group (Diniz, 2001, cited in Alessandra *et al.*, 2007:115).

In reproductive health research, sexuality-related information has largely been focused on HIV and AIDS and STI prevention interventions like condoms, microbicides or other barrier contraceptive methods. However, there is little or no information on why FSWs engage in VPs. This study sought to find the voice of the people on why they do what they do. In Kenya there

have been a smattering of studies carried out on VPs and vaginal grooming as compared to other African countries. For example, in a study conducted among FSWs in urban towns in Kenya (Priddy *et al.*, 2011), it was found that vaginal washing in the study group was at almost 100%. In most developing country settings women's use of VPs has the functional purpose of attracting men and competing with other women. In Africa, practices to tighten and dry the vagina employ a range of natural and artificial substances which are suspected to be harmful (Low *et al.*, 2011:10). However, the harmful effects reported in most studies are contradictory with some stating that the substances used are not harmful in themselves but the procedures are responsible for increasing the chances of genital infections (La Ruche *et al.*, 1999).

The use of indigenous medications for 'protection' of pregnancy is common in South Africa and is believed to have morphed from the healing practices of the indigenous communities. These medications included VPs such as steaming/fogging, inserting, ingesting and cutting. Cultural and sexual norms learnt early in a young girl's life, often during initiation rituals (formal or informal) and then habituated, prescribe how the vagina should be maintained in all life situations. Indigenous practices in most cases were used alongside biomedical services, although several women indicated that in rural areas where access is poor they would be used instead (Naeemah *et al.*, 2002).

There are numerous documented substances that are used in VPs all around the world. These include liquids, plants, natural solids, commercial pharmaceuticals and animal parts. They are used with various applicators such as cloth, tissue, newspaper, flannel, cotton wool and

commercial applicators. Some of these applicators are also products on their own such as cloth, cotton wool and flannel.

2.3 Typology of Vaginal Practices

The World Health Organization (WHO, 2012) sponsored a multi-country gender, sexuality and vaginal practices (GSVP) study in 2004, in response to questions about the role and potential harms of VPs. Findings from the study indicated that VPs were more complex and common than was previously believed and simple assumptions about "dry sex" as highlighted in the literature gave way to a more nuanced appreciation of African and Asian women's health, hygiene and sexual preferences. The study also provided a classification framework for the study of VPs which has become the standard for any future studies (Hilber, 2011).The World Health Organization's classification list defines seven different categories of the practice as as follows:

1. ***External washing***: cleaning of the external area around the vagina and genitalia using a product or substance with or without water, normally using ones hand. Substances used vary from soap and water, to traditional and chemical detergent-like substances specifically used to wash the vagina and genital area (Hilber, 2011:115).

2**. *Intra-vaginal cleansing***: internal cleansing or washing inside the vagina, including wiping the internal genitalia with fingers and other substances (e.g., cotton, cloths, paper) for the purpose of removing fluids. It also includes douching, which is the pressurized shooting or pumping of water or solution (including douching gel) into the vagina (Hilber, 2011:115).

3. ***External application***: placing or rubbing various substances to the external genitalia, that is, the labia, clitoris and vulva (Hilber, 2011:115).

4. ***Intra-vaginal insertion***: pushing or placing something inside the vagina (including powders, creams, herbs, tablets, sticks, stones, leaves, cotton, paper, tampons, tissue, other) regardless of how long it is left inside (Hilber, 2011:115).

5. ***Oral ingestion***: ingesting (drinking, swallowing) of substances perceived to affect the vagina and uterus. This includes the ingestion of substances/medicines to dry or lubricate the vagina (Hilber, 2011:115).

6. ***Vaginal steaming or smoking***: the 'steaming' or 'smoking' of the vagina, by sitting above a source of heat (fire, coals, hot rocks) on which water, herbs or oils are placed to create steam or smoke (Hilber, 2011:115).

7. ***Anatomical modification***: 'cutting' and 'pulling' procedures used for modifying the vagina, or restoration of the hymen. It includes female genital mutilation: incision with insertion of a substance into the lesion (scarification process, tattoos of the vulva or labia).This excludes episiotomies or operations to repair a protruding uterus (Hilber, 2011:115).

2.4 Benefits of Vaginal Practices

What had been reported on VPs in the African public health domain in the 80s was largely vague, assumptive, and often based on biomedical, western perceptions of health and illness where alternative understandings and associated practices related to the person, body and sickness are characterized as 'other' (Irwin *et al.*, 1991).These studies reported mostly 'dry sex' as the predominant VPs. However, this was contradicted by Vincke (1991) in his study in the Great Lakes Region. Vincke cited preference for lubrication in anticipation of sex in Uganda and Rwanda. Hilber (2011:393) also noted that women in six countries around this area preferred lubricating during sex.

Often young girls just after their first menses are taught by either their mothers or older female siblings to take care of their vaginas and bodies. They are indoctrinated from earliest childhood and at this stage, grooming of the vagina is introduced even though not explained explicitly. Women gradually over the course of time absorb information depending on their culture and religion, on how to be a 'good wife'. It is then that a woman is told of the womanly duties and responsibilities owed to her partner, including the provision of sexual services that will satisfy him any time he 'needs' sex. We can therefore surmise that VPs are carried out to also fulfill cultural obligations and beliefs that are drummed into women from an early age (Jewkes *et al.*, 2009).

This information frequently relates to how women must be diligent in maintaining their physical beauty and appearance, including their vaginas. If the vagina is 'tight' it is believed that

movements and frictions between the penis and vagina are at a maximum, thus creating immense sexual pleasure for the man. Emerging but unpublished research, based on extended qualitative interviews and participant observation over 10 months with women from the Eastern Cape, shows that the dominant idea of successful young womanhood is one where success is proven through being desirable to men (Jewkes and Morrell, 2010:681). These practices are magnified when these women or girls engage in transactional sex as they seek to entice and maintain their regular clients.

Results from a study done in Uganda and Tanzania showed that a large proportion of cleansing acts are not directly related to sex, but that most sex acts are accompanied by intra-vaginal practices (IVPs). It is thus safe to assume that FSWs are cleansing for a variety of reasons, including, but not limited to, cleansing before or after sex (Francis *et al.*, 2013). Some women in Indonesia believe that the common drink of turmeric and tamarind juice can have an impact on vaginal health. In some cases it is mixed with betel leaf and aims to improve blood circulation and eliminate bad odor and decrease vaginal discharge after menstruation. The mixture of personal pampering and a promise of improved sexual performance make VPs more complex and subject to a variety of gendered meanings. Some women engage in some practices like vaginal douching to maintain cleanliness, for religious purposes, to increase both partners' libido and contraception (Şatıroğlu *et al.*, 2012).

Qualitative research from most studies in Africa such as those by Utomo *et al.* (2007) , Brown (2000), Hanny (1991) and Şatıroğlu *et al.* (2012) ,among others, suggest that many women are

initiated into intra-vaginal cleansing at the time of their first menses, and the main purpose is to remove "dirt" (which refers to body fluids) to maintain health and avoid infection. As is the case with most issues dealing with sexuality, the mental capabilities are important: it has been noted in several studies conducted in ethnic groups that the women derive psychological satisfaction from performing vaginal rites that are considered desirable culturally or religiously. For example, circumcised women in Sudan generally develop feelings of satisfaction and pride. They are secure in the knowledge that they have shown themselves worthy, and that the honour of their family has been safeguarded. The same goes for Muslim women who have the mandatory washing after menses every month to fulfil religious edicts (Hanny, 1991).

It has been noted that female sex workers in studies like the one conducted by Francis *et al.* (2013) in Uganda and Tanzania, may be cleansing after sex as a response to the lack of condom use, for example, because of concerns about hygiene, infection or pregnancy. Research suggests that some women may be encouraged or even forced by clients to not use condoms, and thus women may cleanse after sex in an effort to protect themselves from infections or pregnancy (Francis *et al.,* 2013). In a study conducted in Zimbabwe among sex workers by Civic and Wilson (1996), it was found that FSWs use drying agents as a strategy to increase their clientele and make more money. Sex workers used drying agents as a 'fishing rod' to catch men, as it made them 'tight' and 'dry' which they believed most clients preferred. When the competition is tough and it is imperative for men to return, dry sex ensures regular customers (Gafos *et al.,* 2010).

2.5 Negative Effects of Vaginal Practices

Civic and Wilson (1996) report that the majority of Zimbabwean female respondents thought that many of the drying agents they used caused cervical or uterine cancer. The women complained about lower-abdominal pain, vaginal swelling, cuts or abrasions, internal bruising, itching, genital sores, pain during intercourse and internal infections. The researchers found that the women feared that condoms block the 'magic' of drying agents. Even when condoms are used, they frequently break due to excessive vaginal tightness and dryness. Un-protected sex which is one of the major risky behaviours that is accredited with the spread of sexually transmitted infections, especially HIV and AIDS, is a negative by-product of VPs (Fonck *et al.*, 2001).

In interviews conducted in the early 90s' among Somali girls by Hanny, it was found that non-infibulated Somali girls begin menstruation on an average at 13.8 years of age, while infibulated girls begin on average at 14.8 years, a full year later. It is likely that this one year difference may be accounted for in part by psychosomatic factors. These factors involve anxiety and apprehensive anticipation of the almost assuredly painful events of life after circumcision, i.e., menstruation and marriage. In this group it was found that the majority of the girls believed that the primary object of the entire procedure was to dampen the girl's sex drive and that sex is something for men (Hanny, 1991).

A ten-year study by McClelland *et al.* (2006) among 1270 Kenyan sex workers found that washing inside the vagina with soap was associated with an almost four times greater risk of HIV

infection (risk ratio 3.84) and intra-vaginal washing with water with a nearly three times greater risk (risk ratio 2.64), after adjustment. In addition, two studies done by Hilber and McClelland and their associates in Mombasa found an association between the intra-vaginal use of soap and incident HIV infection in a cohort of female sex workers (Hilber *et al.*, 1998; McClelland *et al.*, 2006).

In Thailand, sex workers in the GSVP study reported using *policresulen* vaginal suppositories to improve the sexual pleasure of their male clients ensuring regular clients. One day after the female sex workers had inserted the product into their vaginas, the researchers observed exfoliation of the vaginal and cervical mucosa on colposcopy (Hilber, 2011:18). Drying practices can indeed produce inflammatory reactions and epithelial damage in the vagina and cervix, resulting in ulcers, sloughing of the vaginal wall and necrosis. Excessive drying could lead to abrasive epithelial trauma during sexual intercourse for both the woman and her partner/s (Brown *et al.*, 1993).Vaginal discomfort was also reported together with increased cleansing, although the evidence was weaker in the Tanzanian cohort. Some 'love potions' that are ingested are believed to be responsible for un-intended abortions in the women who consumed them as well as poisoning cases as the ingredients in the potions are not laboratory tested to ensure they are safe for human consumption (Francis *et al.*, 2013).

The widespread use of male condoms, however, has been seen to be a major factor in VPs both in the 'wet' and 'dry' practices. In projects in Brazil's Sao Paulo and Belo Hori Zonte areas that targeted FSWs, it was observed that many women complained of genital rashes and allergic

reactions from the continuous use of condoms and water-based lubricants. Some complained that the lubricants kept their vaginas too moist, which caused chronic yeast infections. They ended up using vaginal creams instead of lubricants, which had an adverse effect on vaginal floras. It was also found that there were other problems like the high rate of condom breakage, due to vaginal dryness caused by repeated penetration and the use of inadequate lubricants, including oils and vaginal creams (Alessandra *et al.,* 2007).In the cohort studies in Tanzania and Uganda it was found that VPs may complicate use of contraceptives. Women may dislike the increased white vaginal discharge associated with injectable contraceptives or adopt VPs designed to reduce the discharge (Hilber, 2011: 171).

Preparation for sex that involves tightening, warming, drying or lubricating the vagina to increase male pleasure may be perceived as contradicting the use of condoms or the diaphragm, which are widely believed to reduce male sensation during sex. In cultures where 'dry sex' is preferable, the moistening effects of lubricants associated with the diaphragm or condoms may negate their use (Gafos *et al.*, 2010).

Understanding the FSWs' perceptions on the effects these practices have on them will help better grasp why and, indeed, how they continue in the practices. This is very important as of 2010 half of the 22.5 million people living with HIV in Sub-Saharan Africa were of the female persuasion (Hilber, 2011: 182).

2.6 Vaginal Practices and STIs

The rapid heterosexual spread of HIV in Sub-Saharan Africa drew attention to the potential role of traditional practices, including sexual practices on reproductive tract and sexually transmitted infections and their importance in facilitating HIV spread. The first epidemiological study was a cross-sectional study done in 1985 by the late Jonathan Mann and his colleagues in Kinshasa, Democratic Republic of Congo, among 377 female sex workers. Although the study found no specific association between sexual or VPs with HIV seropositivity, HIV infection was found to be more common amongst women who placed any product into their vagina for douching, menstrual care, lubrication, pregnancy prevention, disease prophylaxis or in order to tighten their vagina (Mann *et al.*, 1988:249).

Attempts to quantify accurately the population size of female sex workers in Kenya have so far been unsuccessful. This is due to various reasons like criminalisation of MARPs' high-risk behaviour, marginalisation of MARPs from formal health 'services', especially in the public sector, as well as denial and social intolerance of many MARPs (National AIDS Control Council, 2009:6). This is a great impediment as getting the total effect of FSWs on the spread of HIV is not easy without knowing the correct statistics. Sex workers and their clients contributed 14% to the new infections in the KNASP III report of 2012 in Kenya. In recently published data by Francis *et al.* (2013) from a microbicides feasibility study in Tanzania and Uganda, there is proof that VPs have very little impact on reproductive health on women. In their analysis of six IVP exposure groups designed to investigate the relationship between IVP and HIV acquisition,

there was no evidence that cleansing was a risk factor for HIV acquisition. Three of the cleansing sub-groups, however, did show non-significant trends towards harm. Insertion practices were also not significantly associated with incident HIV but showed trends towards harm. Products associated with harm included detergent in the Uganda cohort, saliva in the Tanzania cohort and petroleum jelly in both cohorts (Francis, 2011; Hilber, 2011: 171).

The potential for VP use to affect the acceptability and uptake of vaginal microbicides that act as barrier methods has been acknowledged in many studies but there is still more research to be done as there is a relationship between VPs and the spread of HIV. This is due to the fact that different studies have put forth conflicting and non-conclusive results. For example, Brown and Brown (2000) found no strong evidence of an increase in the risk of HIV in their review. In addition, the findings of individual studies published in the last twenty years have not been consistent (McClelland *et al.*, 2006: 270; Francis *et al*, 2013).

However, as much as some think that the prevalence of drying VPs would interfere with the uptake and the efficacy of microbicides, there were some informants in a study in South Africa who, although expressing concerns about the acceptability of lubricating microbicides in some settings, thought that microbicides should be developed and that women as well as men may be willing to accept a certain level of increased lubrication in exchange for protection from HIV and AIDS. The lubricating microbicides could be considered more acceptable if they were perceived and touted as genital hygiene products (Braunstein and Van de Wijgert, 2005).

2.6 Theoretical Framework

This study was guided by agency theory, one of the post-modern theories of anthropology. Agency is interpreted as the capacity of individuals to act independently and make their own free choices. According to Giddens (1979, 1984, 1987) agency is the capacity of action' possessed by social actors as their practical competences come to mind. The processes of how humans acquire a body image or how symbolism works and the unconscious monitoring of human action are referred to as human agency or human action. Agency is encountered in the everyday life of people and plays a key part in social life. This subject agency is termed individual agency when it concerns the capacity of the individual to move within the cultural web (Kim, 2004).

Through agency women are viewed as active and in-charge of their own lives, specifically sexuality as investigated in this study. The more agency one has over some process, the more one can be held responsible for its outcome and thereby be subject to praise or blame, reward or punishment, pride or shame (Kockelman, 2007). Accordingly, in this study FSWs are in charge of their own sexuality and make the decision to engage on vaginal practices without any duress or external pressure i.e. their clients. The usage of these practices is done to maintain cleanliness, give the women psychological satisfaction as well as sexual pleasure. These are the outcomes as stipulated in the agency theory that act as rewards and give a sense of pride to the FSWs from the action of vaginal practices.

Agency helps people to view and construct the world according to their own cultural and religious conceptions (beliefs, values and norms in society) as well as the history of their people. Sahlins (1999) argues that without cultural order there is neither history nor agency. His essential

theoretical position is that historical processes and individual action (individual agency) intersect in a world of symbolic systems that anthropologists call culture. Women are taught from an early age, as already stated on VPs, to fulfill cultural and religious functions, among others. Here women actively engage in practices that are constructed within the norms, culture and values of their own societies. This is shown clearly in the conceptual framework (Figure 2.1). Thus, it is impossible to segregate the flow of human existence from the cultural realm. Human agency cannot be reduced to utilitarian principles because the utility of any human actions is calculated in terms of cultural systems (Sahlins, 1999: 406). Vaginal practices as shown in this study are cultural and area specific, in that the products, methods of usage as well as the frequency of use is specific to the coastal area as well as this demography of women. Products like *udi, kitovu* and *shabu* are used by these FSWs because they are influenced by the Swahili culture of the Coast that favour the use of incense and the locally available herbs in their daily lives as well as to achieve dry sex. The frequency is shown to also be more than the average frequency of any other groups of females due to their perceived numerous acts of sex in a day.

Sociologist Layder (1994) bases the theory of agency on two principal concepts. First, he relates agency to the extent to which human activities create the social worlds they inhabit through their everyday encounter. Secondly, he focuses on the way in which the social context (structures, institutions, and cultural resources) molds and forms social activity. An example is how religion and church as social institutions can shape an individual (individual agency) or a society (group agency) to be better people and create some sense of order in a society. FSWs in the coast favor smoking using *udi* as a product for drying, tightening and perfuming the vagina due to the Islamic influence of the coastal area. This has roots from the teachings that the prophet

Muhammad (SAW) used to burn incense to purify as well as perfume both the house and the mosque.

There are several key ideas regarding agency: First, agency is understood as an inherent human capacity, sometimes phrased as an instinct for hope or rebellion and sometimes as a faculty such as free will or choice. FSWs engage in VPs out of their own free will for their own individual reasons. Second, agency is understood as a kind of resistance. This presupposes some system or antagonism that one is resisting or reacting to—be it patriarchy, oligarchy, status quo, the 'man', capitalism, globalization, temptation or injustice. Women could be seen to employ VPs as a silent protest over global patterns of men's dominance over their sexuality. And, finally, agency is understood as a kind of mediating relationality. This last sense of agency is the most interesting and is basically a restatement of the classical tradition: we make ourselves, but not under conditions of our own choosing. Here women and in particular FSWs, are making the best of their lives and what they have i.e. the products available to them easily for use in VPs as outlined in the framework (Kockelman, 2007: 376). The FSWs in the study make the best out of their current economic situation which is not of their choosing i.e. they are employing vaginal practices to make, maintain and increase their earnings to better the lives of their families and themselves.

Powerlessness at an individual level has, over the years, come to be viewed as an objective phenomenon, where people with little or no political and economic power lack the means to gain greater control and resources in their lives. Sex can be oppressive, but it can also be a place where women gain power, where men let themselves enjoy being vulnerable. Giddens (1984)

believes that we can define human action in terms of intentions: meaning human beings have purposes and intend to do things. All human action, in this sense, implies power, the capability of producing an effect. It is the ability to make a difference in and on the social world, by transforming the circumstances in which one finds oneself, which is perhaps the essential feature of human action. FSWs have taken the power that sex presents and have manipulated it with the aid of VPs to ensure that their sources of income remain steady, i.e., regular clients.

People's belief in their own capabilities and unique personal characteristics helps foster confidence in their ability to take initiative in changing their lives. Anthony Giddens interpreted agency as the capacity of individuals to act independently and make their own choices (Giddens, 1979, 1984, 1987). For Giddens, human activity and peoples reasons and motivations are of central importance in social life. Brown (1993) found that many women respondents in Zimbabwe expressed a clear preference for dry, tight, sex. Respondents believed that if a man has a small penis, powders help create a good feeling for the woman. Giddens further emphasizes that the subjective experience of individuals and the meanings that their activities have for them are the most important things in the social world. He believes that agency gives human beings some “depth” while preserving their individuality. Women are taking an active role in fulfilling their sexual desires and needs by engaging in VPs as they know what works for them while, on the other hand, pleasing their partners, which gives them psychological/emotional satisfaction.

Agency, however, has certain limitations according to the works of some modern theorists. The concept of agency does not capture the accretive nature of personal identity as it develops over

time or the way the psycho-biographical process produces emotionally unique individuals. For example, according to Layder (1994: 211) the theory of agency fails to register the changeability of personal powers, capacities, resources and skills that each person uniquely possesses. Thus, the major problem with this concept is that it is an over-general depiction of human beings: it does not capture the crucial (individual) details.

The conceptual framework in Figure 2.1 below shows how agency is ingrained in the choice of product, range of methods and the perceptions different people hold of vaginal practices and that there are various aspects of life like history and culture that can and do influence people to practise different types of vaginal practices or none at all.

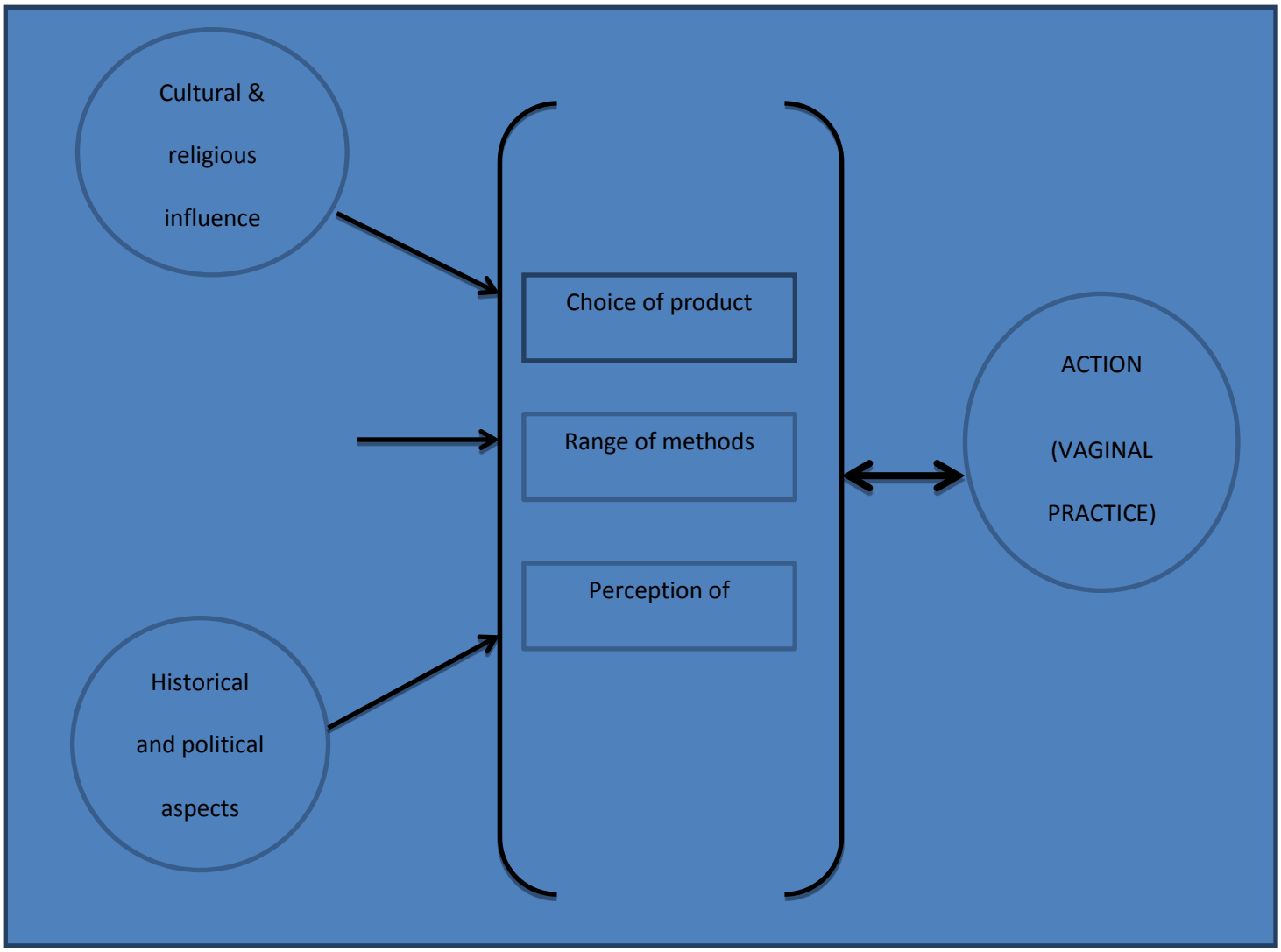

Fig. 2.1: Conceptual Framework

CHAPTER THREE

METHODOLOGY

3.1 Introduction

The chapter describes the context within which the study was conducted. It gives information on the research site, study design, study population, sample size and sampling procedures, data collection methods, and data processing and analysis. The chapter also discusses the ethical considerations that guided the study.

3.2 Research Site

This study was conducted in in two sub-counties, Kisauni and Mvita, in Mombasa County. The county is situated in the South-Eastern part of Coast Region. It borders Kilifi County to the North, Kwale County to the South -West and the Indian Ocean to the East (Fig. 3.1). Population distribution and settlement patterns in the county are influenced by proximity to roads, water and electricity. The population is also concentrated in areas where there is availability and accessibility to employment opportunities, affordable housing, and security. The two Sub-Counties are some of the most densely populated areas in this county that has a population that is projected to be about 1.2 million in 2017 (Kenya National Bureau of Statistics, 2009).

Mvita is on the island while Kisauni is on the mainland on the way to Malindi. The two sites are cosmopolitan and all ethnic groups reside there with two religions having the majority: Islam and Christianity. The sites were picked as they are drop-in centres mainly catering to MARPS in these two areas due to the high population of female sex workers in the area. This is because of their proximity to town and the beaches.

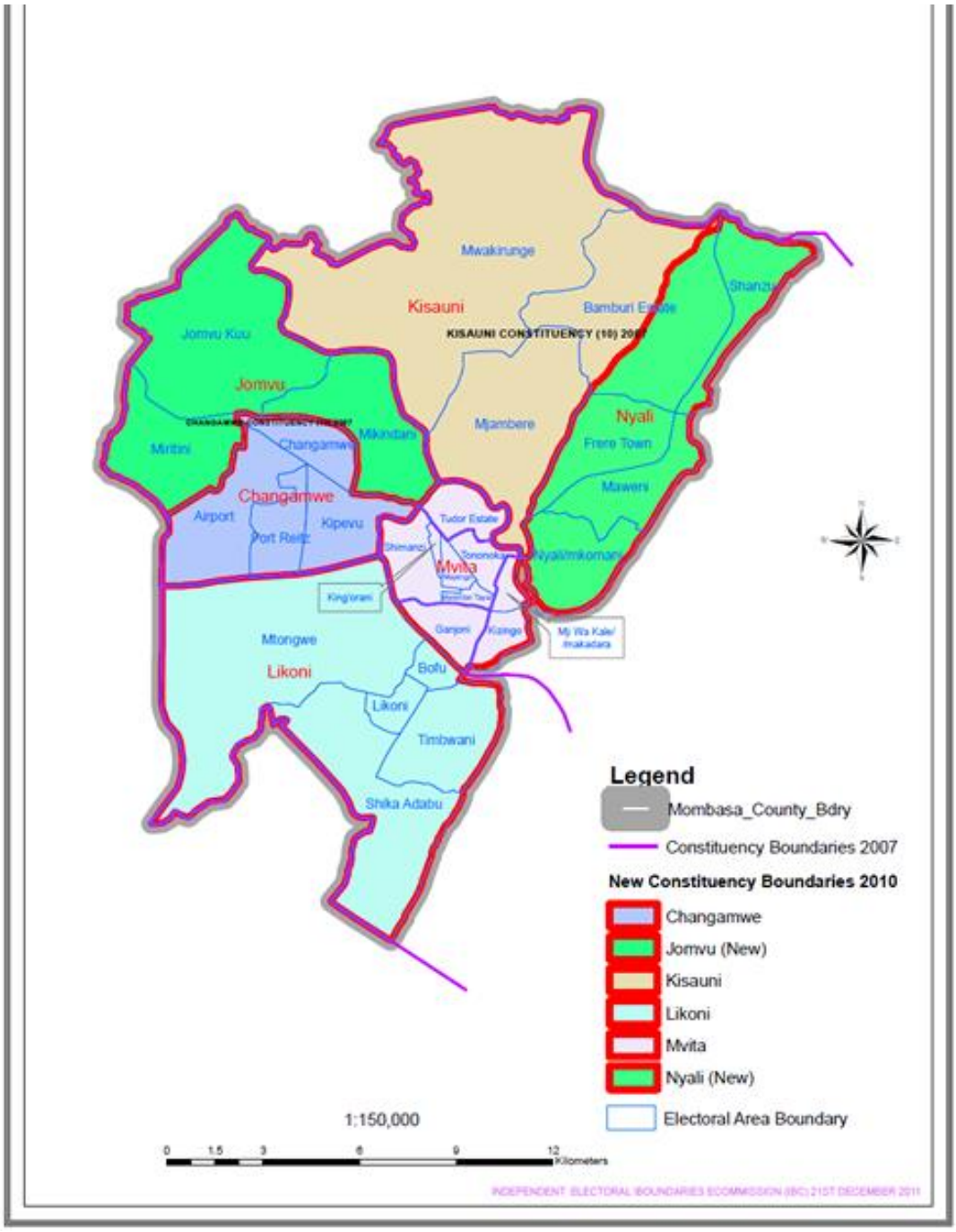

Figure 3.1: Mombasa County with Existing Sub-Counties

(Source: IEBC, 2011)

3.3 Research Design

This study used an exploratory case design that focused on collecting mainly qualitative data. However, quantitative data in the form of basic demographics of the study population were also collected. All qualitative data were recorded, transcribed, coded and classified according to themes and thematic analysis done based on the set objectives. Basic descriptive statistics are presented in the form of tables, frequencies and charts.

3.4 Study Population and Unit of Analysis

The study population comprised all female sex workers in the two Sub-Counties. The unit of analysis was the individual female sex worker.

3.5 Sample Size and Sampling Procedure

The study used registers at drop-in centres in the two Sub-Counties run by two organizations based in Mombasa as the research sites. The sample size was 60 female sex workers from the two sub-counties.

The researcher used non-probability sampling techniques that employed both purposive and snow-balling techniques due to the sensitivity of the study and the hard-to-find population to select a representative sample size for the study. Snowball sampling is a technique for accessing research subjects where one subject gives the researcher the name of another subject who, in turn, provides the name of a third, and so forth (Vogt, 1999). The technique is recommended for studies like this one where respondents are few in number and/or where some degree of trust is required to initiate contact.

A sample size of **60** FSWs equally distributed between the two sub-counties was utilized in this study. The FSW in both the sites were identified with the help of the team leader in the 2 drop-in centres. The team leader assisted in tracking, informing and gaining access and developing trust with the study population.

3.6 Data Collection Methods

3.6.1 Semi-Structured Interviews

This method provided basic demographic data as well as qualitative information. The knowledge people have regarding their own vaginal practices was examined extensively. A semi-structured questionnaire (Appendix I) was used to collect the data.

3.6.2 Key Informant Interviews

Key informant interviews were used to obtain in-depth data from medical practitioners, and project officers of programmes that catered to female sex workers. The health workers were sampled from the county health centres that the FSWs frequented. They included a clinical officer, the resident doctor and a nurse. A total of 2 key informant interviews were conducted using a key informant interview guide (Appendix II). The interviews were conducted in Swahili as that was the language that most participants understood and used. The one-hour interviews were audio-recorded with the participants' written informed consent. Case narratives were to be 4 and they were to involve some of the FSWs who were very forthcoming with information as we did the semi-structured interviews.

3.6.3 Direct Observation

The researcher used this method to document some of the substances, applicators and techniques used by the women. Observation was the basic method of collecting data by observing the activities and the substances, engaged in and used by the FSWs. An observation checklist (Appendix III) was used to collect the data.

3.6.4 Secondary Data

Secondary data were obtained from relevant NGOs and government reports and publications as well as published books and online journals. Reports by the United Nations agencies were also

used as references to augment the secondary data. Policies and legislative regulations by government agencies, practices and programmes by foreign governments and institutions were also reviewed.

3.7 Data Processing and Analysis

Data were cleaned by scanning the questionnaires to detect errors, incorrect data entry and logical contradictions. Once this was done, they were edited, and inputted using Microsoft Excel softeware which enabled bar charts , frequncies and tables to be generated. The qualitative data were analyzed using the Nvivo software.This involved breaking down the data into manageable pieces, sorting and sifting while searching for types, classes, sequences, processes, patterns or themes. The aim of this process was to assemble or reconstruct the data in a meaningful manner. The categorizing was typically based on the major research questions guiding the study. Overall, the researcher looked for common themes among the participants such as similar stories about their experiences, as well as identification of differences and the themes that emerged were tallied with the frequencies of how they came up.

3.8 Challenges Faced in the Field

Due to the sensitive nature of this study there were several difficulties encountered in the field during data collection. The first and most difficult was the time factor, as most of the interviews were done on site i.e. where the FSWs worked and at night, the time quotient proved to be difficult as the women would get clients in the middle of interviews or just as it were starting, leaving a half-finished interview. The researcher found two ways around it, first, by letting the FSWs go conduct their business and come back as soon as they finished with their client and continue with the interview. Most of them came back as they were interested in the topic and had several follow-up questions. However this made the interviews really long as the waiting periods were long. The second method was that due to time constraints and context of the research, the researcher was unable to get the case narratives of the 4 FSWs, so they gave some information in the form of statements that were incorporated in the findings.

The second challenge was the police. The interviews were carried out in the FSWs work area ie the streets because this was where the study sample would be representative and where they would be most comfortable as per their own statements. The researcher had two incidents in both sites, Kisauni and Mvita where the police interrupted two interviews thinking that both the researcher and the interviewee were both FSWs working. The researcher mitigated this by producing the permits from NACOSTI and Kenyatta National Hospital (KNH)/University of Nairobi (UON) Ethical Review Committee as well as informing the officers that the local security organs were aware of the research. The FSWs were visibly shaken and afraid of arrest but after the police saw the permits, they left. It took some quick talking, but the interviewees calmed down and we managed to finish the interviews.

3.9 Ethical Considerations

The study sought for ethical clearance from the Kenyatta National Hospital (KNH)/University of Nairobi (UON) Ethical Review Committee (Appendix V). A permit was obtained from The National Commission of Science, Technology and Innovation (NACOSTI) (Appendix V). The respondents were made fully aware of the risks and benefits involved in participating in the study as well as the free will to partcipate in the study. They were also assured of the confidentiality and anonymity of their information during and after the study. This was ensured by conducting the interviews in a safe discrete location as well as using numerical tags intead of the names of the respondents.

Verbal as well as written and signed informed consents were taken from all the respondents before any interviews could take place. The respondents were informed of their right to withdraw from participating at any time they so wished.

CHAPTER FOUR

VAGINAL PRACTICES AMONGST FEMALE SEX WORKERS IN MOMBASA COUNTY

4.1 Introduction

This chapter presents the findings obtained through semi-structured interviews and key informant interviews. The research targeted 60 respondents for the semi-structured questionnaires drawn from the targeted two sub-counties and 6 key informants from well informed and experienced female sex workers and the health providers at the health centres they frequented for various health reasons for the key informant interviews.

4.2. Characteristics of the Respondents

All the respondents were self-identified female sex workers working within the boundaries of Mombasa County. About 57% worked in Mvita constituency and the other 43 in Kisauni constituency. Seventy per cent of the respondents were aged 18-30 years and 30% were between 31 and 40 years of age. The level of education wasn't a determining factor in usage of VPs as seen in other studies. The FSWs all participated in the practice. The level of education was as presented in Figure 4.1.

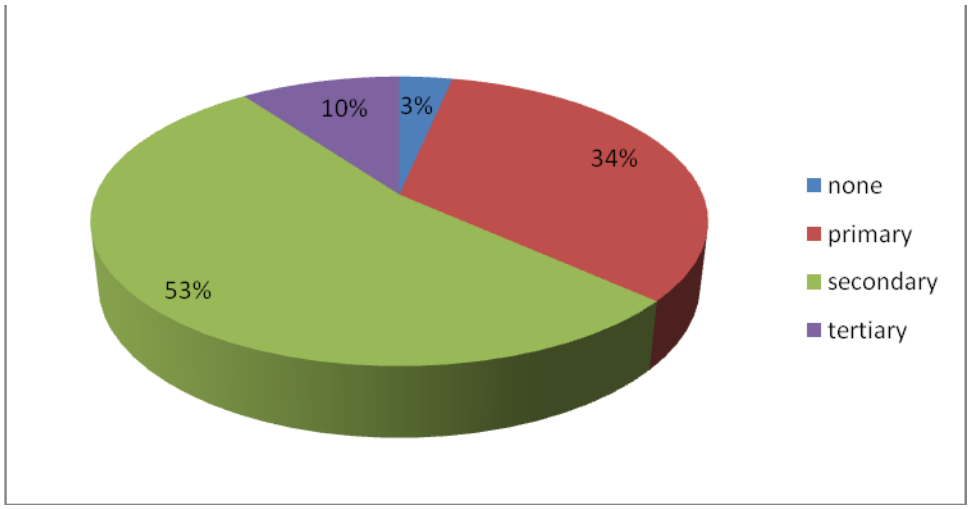

Figure 4.1: Respondents' level of education

As is shown in Figure 4.1, slightly more than a half (53%) of the respondents had attained secondary education while only 3% did not have any formal education. The marital status of the respondents was as shown in Table 4.1. The marital status of female sex workers has very few limited research on it and the effect romantic relationships has on their work and vice versa. And as shown in the table, about fifteen per cent of the samples were in functioning marriages while 23 per cent had previously been in marriage, while 20 per cent were divorced. Thus more than half of the respondents were married at one point of the other. This has also been seen by Bellhouse (2015) in Australia where just under half of the samples were in committed relationship and half of them had partners who were aware of the nature of their work.

Table 4.1: Respondents' marital status

Marital Status	Frequency	Percentage
Single	26	43.3
Married	10	16.7
Separated	2	3.3
Widowed	10	16.7
Divorced	12	20.0
Total	**60**	**100.0**

4.3 Knowledge of Vaginal Practices

All the respondents had knowledge of vaginal practices. They gave varied and different views on what it was but all fit in with the WHO definition of vaginal practices. Some of the explanations were,

> *We do it to* c*lean our vaginas and to tighten and dry our private parts* (*KII 4*, 28 years old)

> *What we do to our bodies to please men and things us women do to our vaginas to prevent infections*. (*KII 1*, 30 years)

Others also defined it as maintaining or modification of the vagina.

4.3.1. Respondents Who Engage in Vaginal Practices

About 93 per cent of the respondents engaged or had engaged in one or more VP at some point in their lives. And all of them had heard about it. This tally with a recent study in Canada by Crann *et al.* (2018) that showed that over 95% usage of vaginal practices among women in the study.

Table 4.2: Number of respondents who engage in vaginal practice

Do you engage in vaginal practices?			
		Frequency	Percentage
Valid	yes	54	93.1
	no	6	6.9
	Total	60	100.0

4.3.2 Sources of Vaginal Knowledge and Practices.

The sources of knowledge about vaginal practices among the female sex workers were friends/colleagues, family, media, self and health practitioners, chemists, clinical officers, nurses and doctors).

> *It's just that you sit somewhere and you hear people talking about it and you go try it out. Sometimes a friend comes and explains that there is something like this and this. They really explain it to you till you get so curious and you go and buy it (KII 4*, 28 years old.)

There's a day we went somewhere we were called as girls for training, we were taught that that place is natural so we better just wash with water. (*KII 3*, 35 years old).

The results on the sources of vaginal practices were as shown in Figure 4.2 below. The results indicate that the most popular source is that of friends/ colleagues. This is backed by other studies like shown by Ochieng (2012) where he found that 40 per cent of the respondents who practised dry sex in Asego Division in Homa Bay were influenced by their friends, about a fifth by their relatives which tallies with this study at 22 per cent. Self-invention as a source of VP knowledge was at 9 per cent.

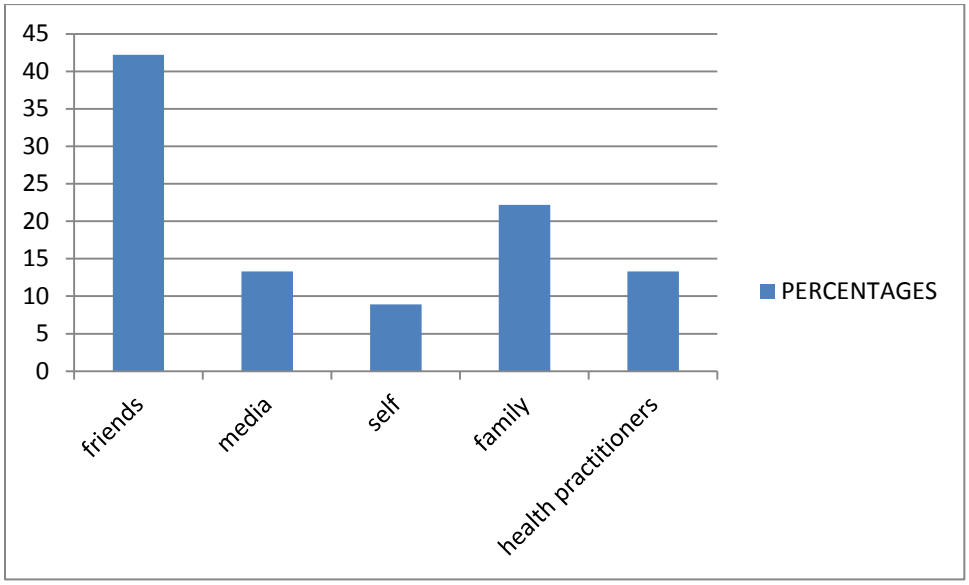

Figure 4.2: Sources of vaginal practices knowledge.

4.3.3 Definition of vaginal practices

Data show that most of the respondents defined vaginal practices as cleaning their vaginas. The second most common definition was maintaining or modifying of the vagina. A number of respondents viewed vaginal practices as the things women do to their vaginas. A smaller group defined vaginal practices as the things they do to their bodies and the process of tightening and drying their private parts as narrated by one of the experienced FSWs.

I wash to dry myself and to be clean (KII 3, 35 years old)

Interviewer: Do you know of any vaginal practices?

*Respondent: Yes, I have heard about them. There is one, though I can't remember its name, which resembles salt. I can't quite remember its name. You place it in water, soak a piece of cotton, then you insert the cotton into the vagina and it makes it smaller. (*KII *4*, 28 years old.)

This is summarized in Figure 4.3 below.

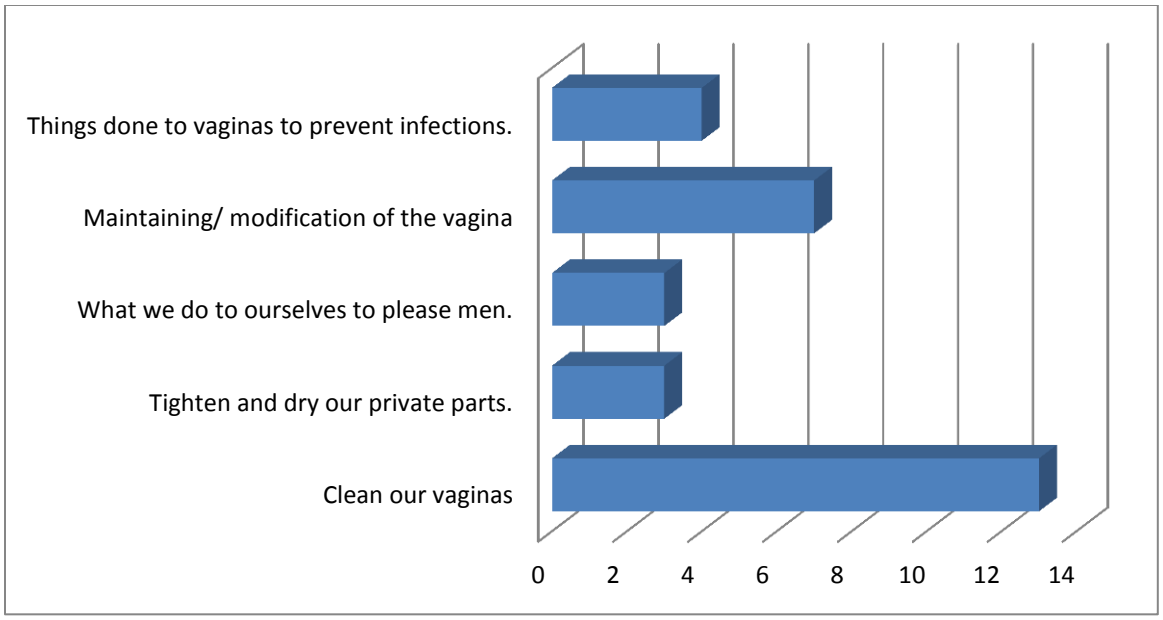

Figure 4.3: Definitions of vaginal practices

4.3.4 Type of Vaginal Practices

Half of the respondents engaged in intra-vaginal cleansing followed by external washing and intra-vaginal insertion as their vaginal practices and this is supported by a study in Tanzania and Uganda by Francis *et al*. (2013) that recorded intra-vaginal cleansing and insertion as the two most common practices among FSWs. This is also shown by statements from the nurse and a FSWs respondent in the study as below.

> *Someone is supposed to cut it, soak it in water, and then use the water to wash themselves... Inside. You dip your fingers in the water and then insert them.* (*KII 1*, 30 years)

> *I know of another one called shabu you also insert that one down there you let it stay in for some time* (Nurse, Kisauni Center)

A smaller proportion of respondents engaged in external applications as their vaginal practices as narrated by this FSW below,

*There are those that my friend uses, the herbs, but she says it's for her husband only. So that he can have eyes for her only. It makes him stick to her alone. You apply outside mostly. (*KII *4*, 28 years old.)

The summary of the types is shown in Figure 4.4.

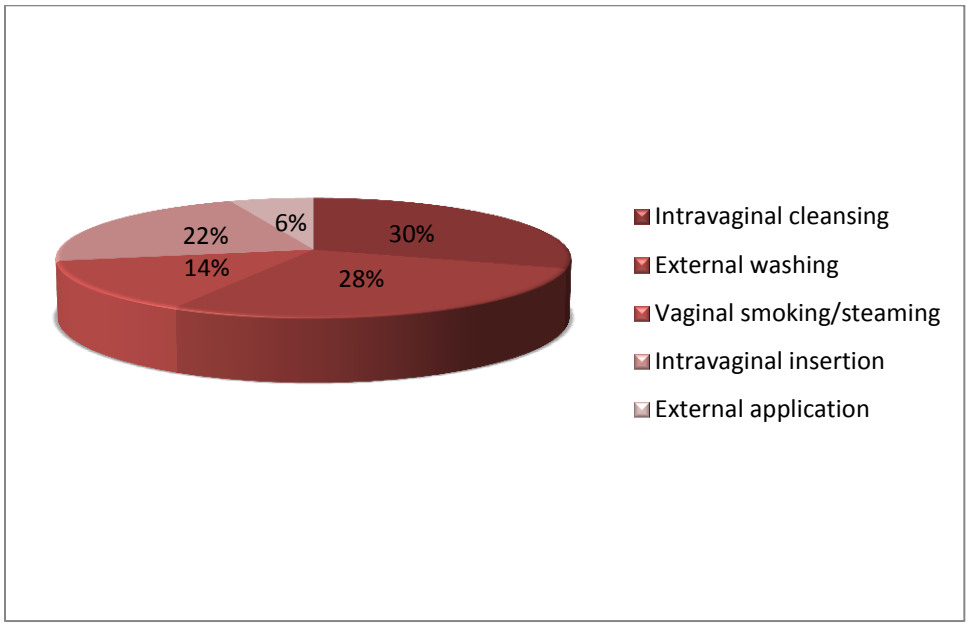

Figure 4.4: Type of vaginal practices

4.3.5 Frequency of Vaginal Practices

Findings in Figure 4.5 show that the highest number of respondents (37%) apply vaginal practices once in a day followed by those who apply two times a day (30%). A smaller proportion (18%) applies once in a week while a much smaller proportion (15%) applies more than two times a day. This is an indication that

the FSWs engaged in VP almost after every sex act with a client and also in preparation for the day. This has been indicated also in a study by Francis *et al.* (2013) .

We have sex and then everyone goes their separate way. I later on take a shower, to remove his semen. I use water to wash myself and wipe myself with a cloth; I do that after every client. (KII 2, 23 years old)

You put shabu before you go to meet someone. I insert it in the morning and stay with it the whole day and in the evening I go about my business (KII 3, 35 years old)

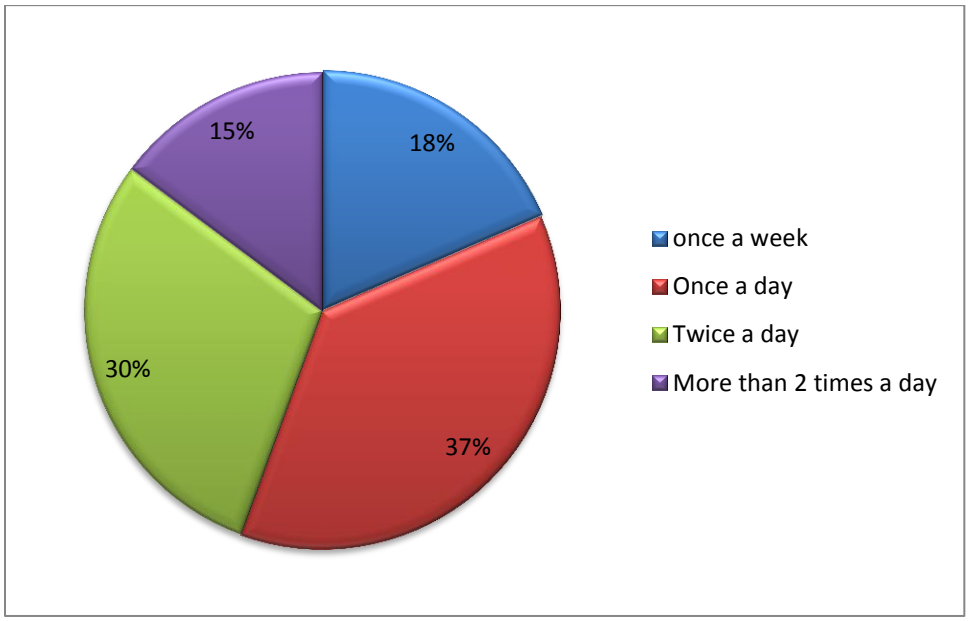

Figure 4.5: Frequency of vaginal practices

4.3.6 Applicators Used

Results in Figure 4.6 show that (57.1%) of the respondents use their fingers to apply their vaginal practices. About a fifth (19.1%) of the respondents uses cotton wool and clothes to engage vaginal practices. A very small proportion (4.8%) of the respondents uses tissue paper to apply their vaginal practices. All the applicators i.e. cotton, fingers, tissue and cloths have been indicated in a multi-country study by Hilber (2011)

You place the shabu in water, soak a piece of cotton, then you insert the cotton into the vagina and it makes it smaller. Then we soak the piece of cotton in it then we insert it into the vagina. We stay with it for some time then we remove it around two hours (KII 3, 35 years old)

Someone is supposed to cut it, soak it in water, and then use the water to wash themselves... Inside. Yes, you dip your fingers in the water and then insert them. (*KII 1,* 30 years)

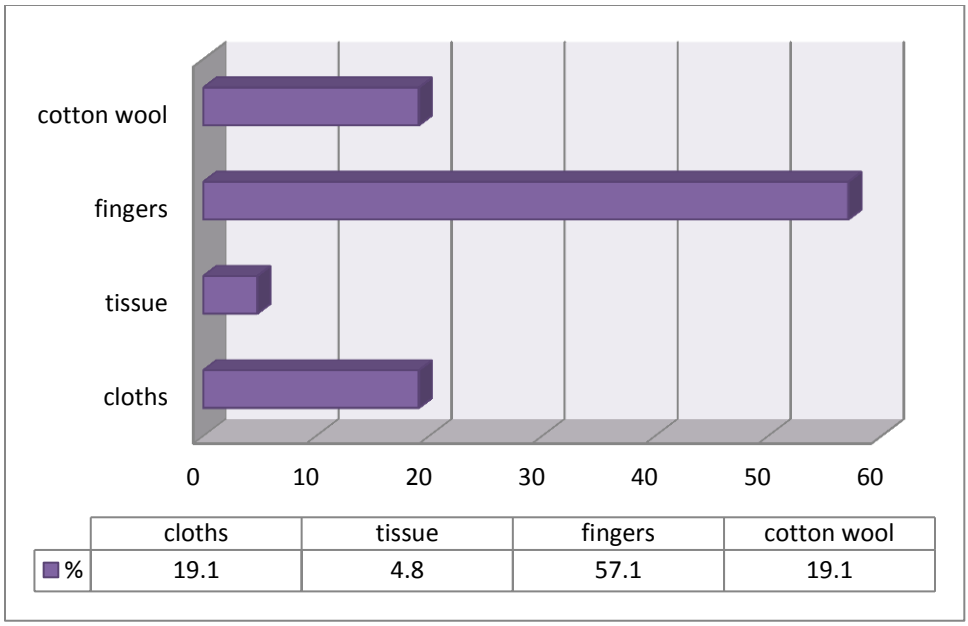

Figure 4.6: Applicators used in vaginal practices

4.3.7 Reasons for Product Preference

Findings in Figure 4.7 below shows the reasons why the respondents prefer using vaginal practices. Forty four per cent of the respondents use vaginal practices because of the desired effects. One fifth (20%) of the respondents use vaginal practices because they can access the products. On the other hand, 17% use their preffered vaginal practices because they need to avoid the associated risks. A smaller proportion (10%) prefer their vaginal practices because of affordability. Finally, peer pressure and partner preference do not seem to influence vaginal practices as much as stated by 7% of the respondents.

We pleasure them and in return we get money. I, for one, do it for the money since I have responsibilities. So I do it for the money. (KII 2, 23 years old)

The only person who can tell me that is my partner He tells me that I am too wet. I then go wash and rinse with my towel even on the inner parts. He doesn't like it when it is lubricated He tells me that he doesn't feel pleasure. Yes, completely dry. And it is usually painful if I am that dry (*KII 1,* 30 years)

This study found a correlation in married women who were FSWs and usage of vaginal practices. They used the practices to cover up the fact that they were with clients and to alleviate the perceived effects of sex workers so as to be at an optimum state for their husbands back at home as is shown by these two statements from the respondents. The reasons thus could be more than one at a time for the choice of product or method.

I use it with my husband because at times he goes for three days and am forced to go out and get food. So when he comes home he will know the difference that was there. So am forced to use the udi or shabu so that he finds that everything is okay (KII 3, 35 years old)

Let's say am a sex worker and I have a husband, so I go outside marriage's way and I know later my husband will demand for some I will take the lemon and slice it in warm water you clean down there with it you clean normally and it becomes dry (Clinical Officer, Mvita)

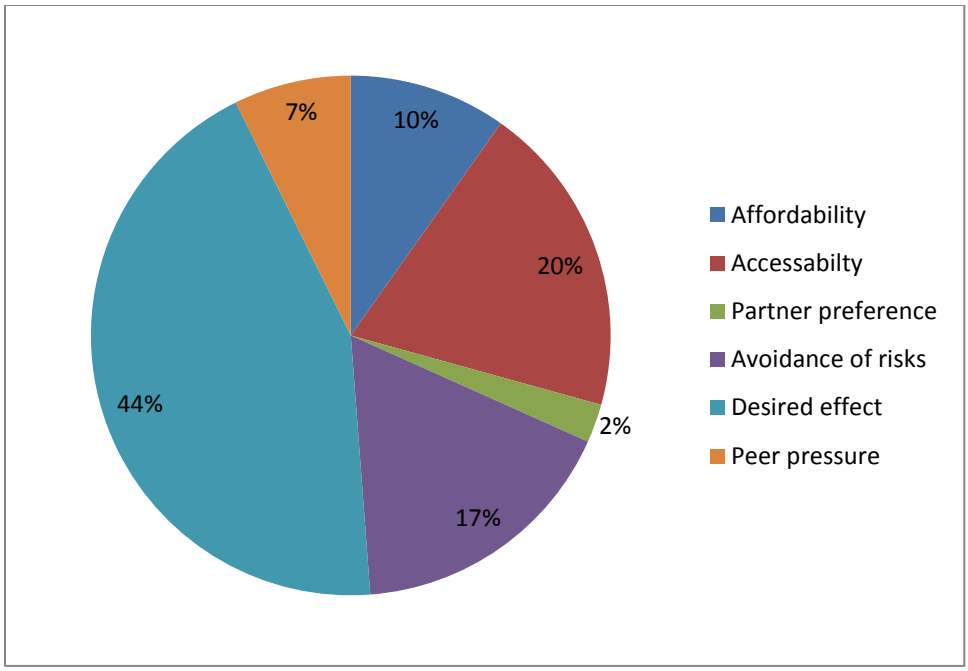

Figure 4.7: Reasons for product preference

4.3.8 Products used in vaginal practices

Findings in Fig. 4.8 show the common products that are used to carry out vaginal practices. From the list, water appears to be the most common product followed by *shabu (*chlorine), *udi (*incense*)* and lemon. Salt and *Detto*l (antiseptic liquid) are also commonly used by the respondents while *Jik* (disinfectant) and scented lotion were the least favourite in this group. All these products are indicated in a study by Hilber *et al.* (2010) that also show that the products are mostly based on what is available to the women due to the local and the culture of the area. This study found that a range of products were used to give different reactions.

There is also udi. Sometimes we use frankincense. We heat it, then we move above it. As the smoke rises, it goes to the vagina It makes the vagina smaller that is what we do every day (*KII 1*, 30 years)

When you're using that virginity soap, you use a white clean cloth or your fingers. And when you're done you need to wash your hands properly. (KII 3, 35 years old)

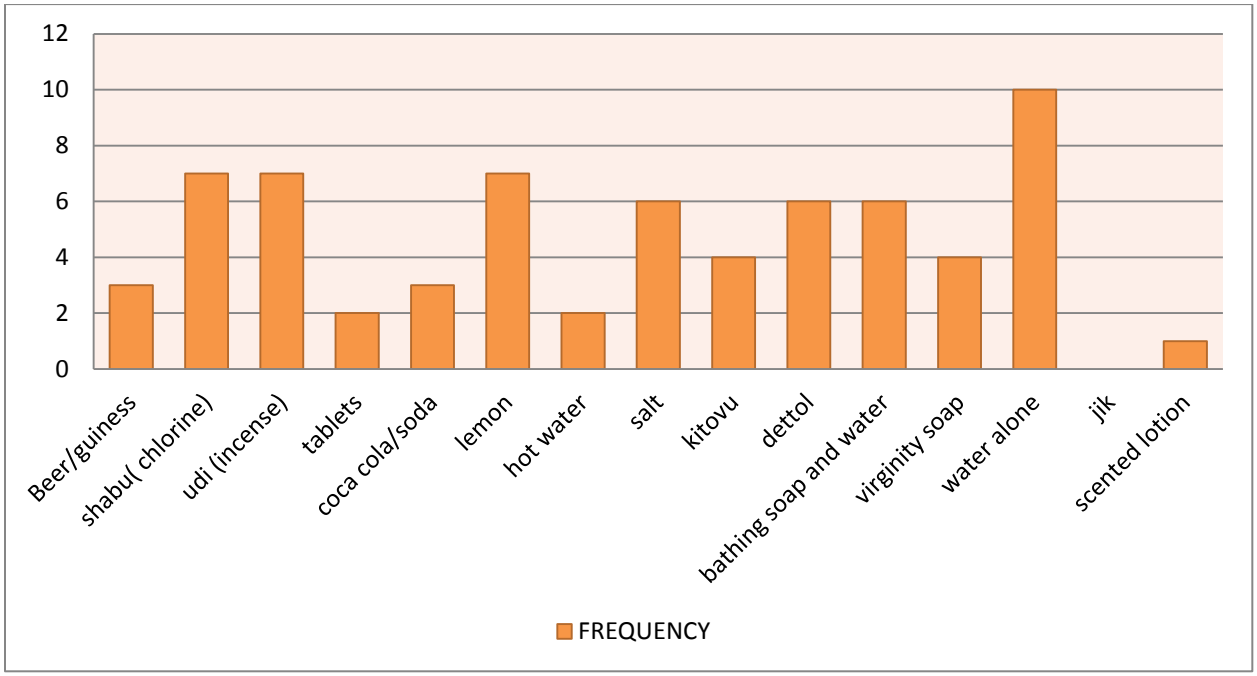

Figure 4.8: Products used in vaginal practices

4.3.9 Reported side effects of vaginal practices

Findings in Figure 10 show the side effects of using vaginal practices amongst the study sample. The most common side effect at 45% is painful sex followed by cuts or tears at 35%, then bleeding (10%) and abnormal discharge that was not blood at 10%. The reported side effects by the respondents show that they are aware of the dangers of using VPs but still use them as can be seen by almost all of them reporting one or more side effects. This has also been cited by Brown and Brown (2000) in their study.

I used the lemon and when I went out and met my client, he wore a condom and while we were having sex, I got a cut. Then I started feeling pain. It had become too dry (*KII 1*, 30 years)

There was a time that it was so painful that I shoved him and told him that if he wouldn't use the…if he wouldn't use the lubricant, and then he would better off just sleep. That was when he applied the lubricant and we carried on (KII 3, 35 years old)

It's said that you are not supposed to insert anything, let's say with your boyfriend there is friction and he bruises you, you could an STI. (KII 2, 23 years old)

The medics attributed most of the reproductive health issues that the FSWs who visited their facilities to the use of vaginal practices. The more the frequency, the higher the rate of infections for these women. These practices also had a negative effect on condom use as they made it difficult to use them due to the excessive dryness which caused breakages and the negative perception of the lubricants on the condom. This in turn increased this groups susceptibility to STIs.

You will find on who comes every month complaining of the same infection and on further probing you discover that they are using shabu or something else to wash down there every day with the aim of being clean. So you have to teach them on the negative effects of their usage. (Nurse, Kisauni Center)

Because of these things that these girls do, they find it difficult to use condoms and when they do use them most break due to the excessive tightness down there. (Clinical Officer, Mvita Center)

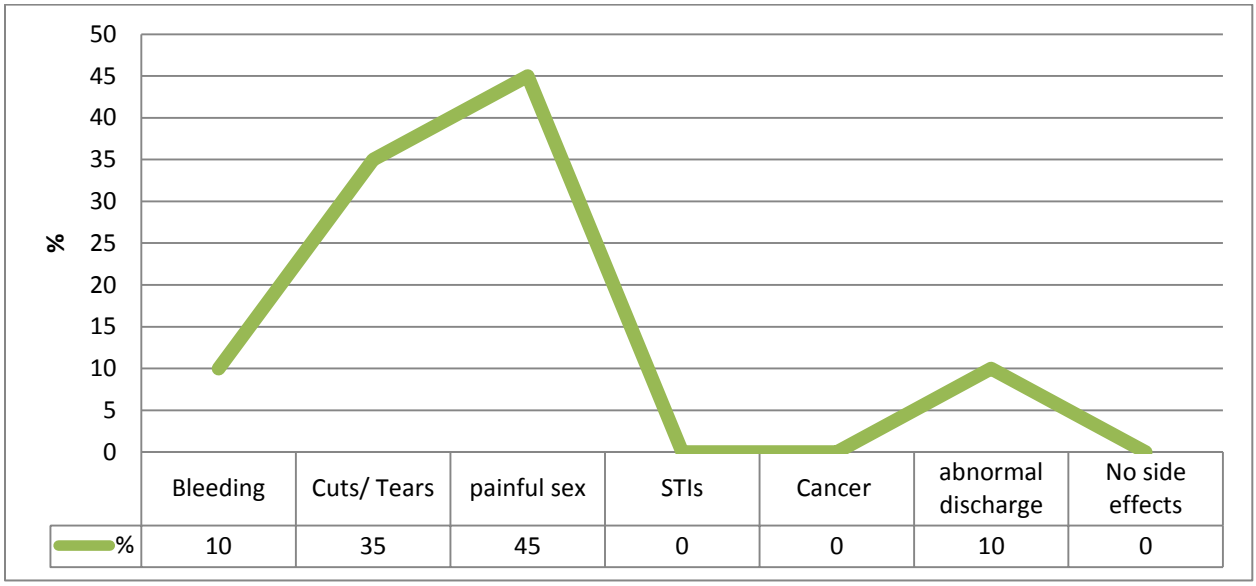

Figure 4.9: Reported side effects of vaginal practices

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents a summary of the study findings, shows the fulfillment of the study objectives and its relevancy compared to other similar studies. From here, conclusions are drawn that support the objectives and recommendations are made for further action to be taken in the study of vaginal practices among sex workers in Mombasa.

5.2 Summary

5.2.1 The perceptions of FSWs have on vaginal practices

The results show that 40% of the FSWs interviewed felt that vaginal practices are useful for cleaning their vaginas. The majority of the FSWs also stated that vaginal practices are used for modifying their vaginas in order to satisfy the needs of their clients. A good number of women also believe that vaginal practices mean the things they do with their bodies to please men or the things they do with their vaginas to tighten them and feel dry. The definitions of vaginal practices amongst the FSWs imply that a higher proportion of FSWs are aware about vaginal practices because it is something they can easily relate with. The results also mean that the FSWs have a good understanding of what vaginal practices mean and entail.

The study also found that a small proportion of the FWSs believe that using vaginal practices makes them smell good. Another small number of respondents believe that the vaginal practices tightened their vaginas for purposes of sexual satisfaction for them as well as their clients. These

results suggest that sex workers prefer to use vaginal practices as long as they smell good and they satisfy their clients with tight vaginas which ensure customer retention and frequent visits, thus translating into more income for them. These findings are in line with the results found in a study by Bagnol and Mariano (2012) in Mozambique where they concluded that women engage in sexual cleansing on a regular basis in order to feel good and pretty. Women were found to engage in vaginal practices to transform their vaginas in preparation for the sexual act.

The proportion of FSWs who use vaginal practices because of their religion was significantly lower than the others reasons that were explored. This means that religion is not one of the main motivators for the use of vaginal practices. Sex workers do not engage in vaginal practices because they are of a certain religion. Religion does not inform the decisions of sex workers to use vaginal practices. But this could have been due to the majority of the participants being Christians.

5.2.2 The methods utilized in vaginal practices

The study found that a range of products were being used by FSWs in their vaginal practices. These products include water, both cold and hot water, lemon, jik scented lotion, dettol, lemon, Coca cola soda, virginity soap, beer, *udi, shabu* and bathing soap. Out of these products, water was found to be the most common product used by the FSWs as a vaginal practice. A high number of participants used *udi, shabu,* lemon, salt, dettol and bathing soap with water. The high rate of use of these products by the respondents can be attributed to their availability in their environment and their level of knowledge of how to use the products. The reasons for using these products are mainly because the products are affordable to the women. For instance, water

is free and can be accessed by everyone. It is easier for the women to add soap or heat the water to make it have the preferred properties before using it in the chosen vaginal practice.

Hilber *et al.* (2010), record that in Mozambique and South Africa some women reported internally cleansing their vaginas with lemon juice, salt water or vinegar to eliminate vaginal discharge and ‘‘treat’’ suspected sexually transmitted diseases. The women reported application of products to their external genitalia such as perfumed sanitary pads in Thailand and stockings in Indonesia to counter undesirable odors.

In terms of methods of application of the products, the study showed that most of the respondents were using their fingers to apply their preferred vaginal products. A good number of respondents were using cloths and cotton wool to apply their products. A very small minority of the respondents used tissue paper to apply their vaginal products. The results seem to agree with Bagnol and Mariano (2012) who showed how women were using their fingers to apply different vaginal products in their vaginal practices.

5.2.3 Reasons behind the choice of methods and substances.

A significant proportion of the respondents in this study used vaginal practices as a form of intra-vaginal cleansing. External washing is also a very popular practice amongst the respondents of this study. A good number of respondents engaged in intra-vaginal insertion as their preferred vaginal practice. It was clear that the choice of the method or practice depended on the affordability of the method as well as the product in use for the vaginal practice. The respondents also preferred to use the vaginal practices because of the perceived desired effects of the

practices. The results indicate that women engage in the practices because they are aware that the practice will make their work and desirability better through the desired effects.

A high number of respondents engaged in vaginal practices at least once in a day. An almost similar proportion engaged in their practices twice a day. These results suggest that the rate of engaging in vaginal practices is high amongst the sex workers as a daily routine. This has also been indicated by Francis *et al.* (2012) in their vaginal practices diary study in Uganda and Tanzania.

FSWs engage in VP in order to please their client or make them satisfied. These results are in agreement with findings of Alcaide *et al.* (2013) who found that women used VP in order to please their partners. The researchers further note that most of the women engage in VP for hygiene purposes. For instance, the use of water and soap are common practices that are associated with health and hygiene as was asserted by many of the respondents.

5.3 CONCLUSION

The results from this study highlight the various ranges of practices, products, motivations and explain the perception female sex workers in Mombasa County have on vaginal sex practice. Regardless of the sample size restriction, the study was able to give a wholesome representation of the practice.

Overall, the survey data indicate that there are various forms, benefits and adverse effects of dry sex practices. The findings in this study show that FSW engage in vaginal practices as a way of improving their vaginas to better their work. This leads to the conclusion that vaginal practices as

well as the choice and product are directly related to the nature of sex work that the women engaged in. It is perceived that vaginal practices improve the sexual experience of the clients who pay for sex from the women, thus helping the FSWs retain their clients as well as expand their client base.

FSWs are at risk of harming their vaginas because of the substances that are used in the practices and most of the women were aware of the possible adverse health effects. There is general nonchalance about the dangers of using vaginal practices for the sexual pleasure of clients.

There is a high rate of using vaginal practices amongst the FSW and this presents a major public health issue because the women remain at risk of harming their reproductive parts, thus putting them even more at risk of contracting and spreading sexually transmitted infections to the general public if measures are not taken to help them make informed choices about their sexual health.

5.4 RECOMMENDATIONS

Further research is recommended to further examine the negative reproductive health impact that vaginal practices can have on the FSWs and their clients. There is also need for further research to assess and improve any intervention measures that have been initiated to educate the FSW about vaginal practices especially in relation to their reproductive health as well as economic empowerment, which is directly linked to vaginal practices as shown in this study.

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APPENDICES

APPENDIX I: INFORMED CONSENT FORMS

I am ……..assisting with a research seeking to explore vaginal practices among female sex workers in Mombasa County. This is in fulfillment for the award of a Master of Arts degree course at the University of Nairobi, Institute of Anthropology, Gender and African Studies.

The questions asked in this interview will be in line with the study objectives. The names of all respondents will be with-held and replaced with tags to conceal the identity. The data collected will be used purely for research purposed by the study's team only and will be kept confidential at all times. The findings of this study will be presented in the form of a cumulative report. Upon completion of the study, the raw data will be destroyed to ensure confidentiality and anonymity of respondents. Participating in this study will also be beneficial to the community. The study will help create awareness on the vaginal practices and especially peoples views on their benefits and adverse effects .One has the free will to participate in this interview and reserves the right to change your mind at anytime and withdraw from the interview. One can also choose not to answer specific questions or stop participating at any time. There are no immediate benefits of participating in the study however, your participation will help in improving interventions and add to the body of knowledge on vaginal practices among female sex workers in Mombasa.

- I agree to participate in the study voluntarily **Yes** [ ] **No** [ ]
- I understand that participation is voluntary, and that I am free to choose not to answer specific questions **Yes** [ ] **No** [ ]
- I understand that participation is voluntary, and that I am free to withdraw from this study at any time without negative consequences **Yes** [ ] **No** [ ]
- I have been assured that confidentiality will be maintained and information will not be used for any material gain **Yes** [ ] **No** [ ]

I am aware that if I have any issues on my role and rights as a research participant I should contact ERC Chair- Prof. A. N. Guantai Tel. 2726300 (Ext 44102) and for any questions and concerns about

the study one should contact the Principal Researcher Caroline Ngina on 0721785260 and her supervisor Prof. Simiyu Wandibba on 0722552391

I have read and understood this consent form and my signature below means that I voluntarily agree to participate in this research study.

Name of Respondent _____Signature_____ Date _____

Name of Interviewer _____Signature_____ Date _____

INFORMED CONSENT FORM – KEY INFORMANT INTERVIEW

I am Caroline Ngina from the University of Nairobi pursuing a Master of Arts degree course at the University of Nairobi, Institute of Anthropology, Gender and African Studies. I am undertaking a research to explore the vaginal practices among female sex workers in Mombasa county assisting with a research seeking to explore vaginal practices among female sex workers in Mombasa County. This is in fulfillment for the award of a Master of Arts degree course at the University of Nairobi. You have been identified as a key informant based on your expertise and wide experience in pharmaceutical and related issues. The information that you will provide will be regarded as confidential and will only be meant solely for the study.

The questions asked in this interview will be in line with the study objectives. You name will be with-held and replaced with tags to conceal the identity. The data collected will be used purely for research purposed by the study's team only and will be kept confidential at all times. The findings of this study will be presented in the form of a cumulative report. Upon completion of the study, the raw data will be destroyed to ensure confidentiality and anonymity of respondents. Participating in this study will also be beneficial to the community. The study will help create awareness on the vaginal practices and especially people's views on their benefits and adverse effects .One has the free will to participate in this interview and reserves the right to change your mind at any time and withdraw from the interview. One can also choose not to answer specific questions or stop participating at any time. There are no immediate benefits of participating in the study however, your participation will help in improving interventions and add to the body of knowledge on vaginal practices among female sex workers in Mombasa.

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Name of Key Informant _____

Signature _____Date _____

Name of Interviewer _____

Signature _____Date _____

APPENDIX II: SEMI-STRUCTURED QUESTIONNAIRE

Interviewer: _____

Date: _____

Participant No._____

Location _____

Start _____ Stop _____

Thank you for agreeing to participate in this study. The information given here is for use in this study and will remain confidential.

SECTION ONE: SOCIAL and DEMOGRAPHIC INFORMATION

S/NO	QUESTION	ANSWER
1.	How old are you?	1-between 18 to 30 years 2- between 31 to 40 years 3- between 41-50 years 4- 51 years and above
2.	What is your level of education?	1-none 2-primary 3-secondary 4-tertiary 5-other(specify)
3.	What is your marital status?	1-single 2-married 3-separated 4-widow 5-divorced

		6-other (specify)
4.	Where do you live?	
5.	What work do you do?	
6.	How long have you been in this line of work?	
7.	Do you have any children?	1-yes 2-no If yes, specify

SECTION TWO: VAGINAL PRACTICES

1. Have you ever heard of vaginal practices? 1- Yes 2- no

2. What are they?

_____

_____

_____

_____

3. Do you engage in vaginal practices? 1- Yes 2- No

4. If yes, what do you do?

_____

_____

_____

_____

5. Where did you learn these practices from?

_____

_____

_____

6. When did you start vaginal practices?

_____

_____

7. How often do you engage in vaginal practices?_____

_____

_____

8. When do you use vaginal practices?

_____

_____

_____

_____

_____

SECTION THREE: PRODUCTS AND APPLICATORS

1. What products/substances do you know of that are used in Vaginal practices?

_____

_____

_____

_____

_____

2. What product/substance do you use?

_____

_____

_____

_____

_____

3. What is used to apply this products /substances?

_____

_____

_____

4. What applicator do you use?

_____

_____

_____

5. Where do you get the products from?

_____

_____

_____

_____

6. What influences you to use the product/s you use instead of others?

_____

_____

_____

_____

SECTION FOUR: EFFECTS OF VAGINAL PRACTICESS

1. Why do you engage in vaginal practices?

_____

_____

_____

_____

_____

2. What are the benefits of vaginal practices?

_____

_____

_____

_____

_____

3. What are the side effects of vaginal practices?

_____

_____

_____

_____

_____

4. (a) Have you ever suffered negative side effects from Vaginal practices? 1- Yes 2-No

(b) If yes, what were these side-effects you suffered from?

_____

_____

_____

6. What measures did you take after you noticed the side effects?(list all of them)

_____

_____

_____

_____

7. Do vaginal practices have any effect on your work? 1-Yes 2-No

8. Do you use a condom every time you have sex? 1-Yes 2-No

9. Do you think that vaginal practices affect your condom usage? 1-Yes 2-No

SECTION FIVE: MOTIVATION FOR USING VAGINAL PRACTICESS

1. What motivates you to use vaginal practices?

_____

_____

_____

_____

2. Do vaginal practices have any effect on your income? 1-Yes 2-No

3. If yes, please elaborate

_____

_____

_____

_____

4. Do partners, clients influence your use of Vaginal practices choices? 1-Yes 2-No

5. Has a health practitioner talked to you about vaginal practices? 1-Yes 2-No

6. If you knew that these vaginal practices have negative health effects would you still engage in them? 1-Yes 2-No

7. Please give reasons for your answer in 6.

_____

_____

_____

_____

Thank you very much for taking your time to participate in this study.

APPENDIX III: KEY INFORMANT INTERVIEW GUIDE

1. What is your profession and how long have you been practising it?
2. Do you know of vaginal practices?
3. Where did you learn about them?
4. How are they conducted?
5. What is used in VP and where are they sourced from?
6. What are the benefits of vaginal practices?
7. Are there any side effects of using these products? What are they?
8. Do vaginal practices affect your life and your work?

Thank you very much for taking your time to participate in this study.

APPENDIX III: OBSERVATION CHECKLIST.

Participant No.				
OBSERVATION	TICK			
Type of vaginal practice		YES		NO
Product(s) used		YES		NO
Applicator(s)		YES		NO
Duration		YES		NO
Source of product		YES		NO
Picture(s) taken		YES		NO
Sample(s) taken		YES		NO

APPENDIX VI: RESEARCH PERMITS.

UNIVERSITY OF NAIROBI
COLLEGE OF HEALTH SCIENCES
P O BOX 19676 Code 00202
Telegrams: varsity
(254-020) 2726300 Ext 44355

KNH/UON-ERC
Email: uonknh_erc@uonbi.ac.ke
Website: www.uonbi.ac.ke

KENYATTA NATIONAL HOSPITAL
P O BOX 20723 Code 00202
Tel: 726300-9
Fax: 725272
Telegrams: MEDSUP, Nairobi

Ref: KNH-ERC/A/296 Link:www.uonbi.ac.ke/activities/KNHUoN 5th September 2014

Caroline Emerald Ngina
N50/79725/2012
Institute of Anthropology, Gender and African Studies
University of Nairobi

Dear Caroline

RESEARCH PROPOSAL: AN EXPLORATORY STUDY ON VAGINAL PRACTICES AMONG FEMALE SEX WORKERS IN MOMBASA COUNTY (P247/05/2014)

This is to inform you that the KNH/UoN-Ethics & Research Committee (KNH/UoN-ERC) has reviewed and **approved** your above proposal. The approval periods are 5th September 2014 to 4th September 2015.

This approval is subject to compliance with the following requirements:

a) Only approved documents (informed consents, study instruments, advertising materials etc) will be used.
b) All changes (amendments, deviations, violations etc) are submitted for review and approval by KNH/UoN ERC before implementation.
c) Death and life threatening problems and severe adverse events (SAEs) or unexpected adverse events whether related or unrelated to the study must be reported to the KNH/UoN ERC within 72 hours of notification.
d) Any changes, anticipated or otherwise that may increase the risks or affect safety or welfare of study participants and others or affect the integrity of the research must be reported to KNH/UoN ERC within 72 hours.
e) Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. (*Attach a comprehensive progress report to support the renewal*).
f) Clearance for export of biological specimens must be obtained from KNH/UoN-Ethics & Research Committee for each batch of shipment.
g) Submission of an *executive summary* report within 90 days upon completion of the study
This information will form part of the data base that will be consulted in future when processing related research studies so as to minimize chances of study duplication and/or plagiarism.

For more details consult the KNH/UoN ERC website **www.uonbi.ac.ke/activities/KNHUoN.**

Protect to Discover

Yours sincerely

PROF.M.L. CHINDIA
SECRETARY, KNH/UON-ERC

c.c. The Principal, College of Health Sciences, UoN
The Deputy Director CS, KNH
The Chair, KNH/UoN-ERC
The Assistant Director, Health Information, KNH
Supervisor: Prof. Simiyu Wandibba, Institute of Anthropology, Gender and African Studies, UoN