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Vaginal practices: eroticism and implications for women's health and condom use in Mozambique

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Abstract
This paper analyses two female sexual practices in Tete Province, Mozambique: (1) the practice of elongating the *labia minora* and (2) what is sometimes called 'dry sex' involving the insertion of natural and/or synthetic products into the vagina or the ingestion of these products orally. These practices are fundamental to the construction of female identity, eroticism and the experience of pleasure. Notions such as 'closed/open', 'dry/damp', 'hot/cold', 'heavy/light', 'life/death', 'wealth/poverty' and 'sweet/not sweet' are central to local understandings of sexual practices and reproduction. These notions may affect the women's sexual health because they influence preferences for sex without a condom. These practices may also be associated with the alteration of the vaginal flora and vaginal lesions that may make women more vulnerable to sexually transmitted infections.

Résumé
Cet article est une analyse de deux pratiques sexuelles féminines courantes dans la province de Tete au Mozambique : l'élongation des petites lèvres (*labia minora)*, et la pratique parfois appelée «sexe sec», obtenue grâce à l'insertion de produits naturels et/ou synthétiques dans le vagin, ou l'ingestion de ces mêmes produits. Ces pratiques sont fondamentales pour la construction de l'identité féminine, l'érotisme et l'expérience du plaisir. «Fermé/ouvert», «sec/humide», «chaud/froid», «lourd/léger», «vie/mort», «richesse/pauvreté» et «doux/non doux» sont des notions centrales aux compréhensions locales des pratiques sexuelles et reproductives. Ayant une influence sur les préférences pour les rapports sexuels sans préservatifs, ces notions peuvent affecter la santé sexuelle des femmes. Ces pratiques peuvent elles aussi être associées aux altérations de la flore vaginale et aux lésions vaginales qui peuvent accroître la vulnérabilité des femmes aux infections sexuellement transmises

Resumen
En este artículo analizamos dos prácticas sexuales femeninas comunes en la provincia de Tete, Mozambique: la práctica de la elongación del labio menor, y lo que a veces se denomina 'sexo seco' y que implica la inserción de productos naturales o sintéticos en la vagina o la ingestión oral de estos productos. Estas prácticas son fundamentales para la construcción de la identidad femenina, el erotismo y la experiencia del placer. Para entender las prácticas sexuales y la reproducción es de vital importancia entender nociones tales como 'cerrado/abierto', 'seco/húmedo', 'caliente/frío', 'pesado/ligero', 'vida/muerte', 'riqueza/pobreza' y 'dulce/no dulce'. Estas nociones pueden afectar a la salud sexual de las mujeres porque influyen a la hora de decidir si prefieren tener relaciones sexuales sin preservativo. Estas prácticas podrían estar vinculadas a la alteración de la flora vaginal y lesiones vaginales que podrían hacer a las mujeres más vulnerables a infecciones de transmisión sexual.

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Introduction

In many Asian, African and Latin American countries, women carry out a variety of modifications to and interventions on their genitals. These may include incisions, elongation or ablation of the *labia minora, labia majora* or clitoris, stitching of the *labia minora* and/or *majora*, ritual breaking of the hymen and incisions in the vaginal and perineal area. Modifications also change the diameter of the vagina, its temperature, the consistency of vaginal walls and amount of vaginal lubrication through steam baths, smoking, application, insertion or ingestion of various products. The reasons for carrying out these practices include, but are not limited to, personal hygiene ('cleansing'), health and well-being, the socialisation of the woman's body and fertility, control of the woman's sexuality and increasing sexual satisfaction of one or both partners (Brown and Brown 2000, Van de Wijgert *et al.* 2000).

Studies of vaginal practices often take a biomedical approach. These studies have shown an increased susceptibility to infections and disease transmission due to the modification of the vaginal flora, as well as the risks of inflammation and irritation of the genital organs of both partners (Brown and Brown 2000, Braunstein and van de Wijgert 2002, McClelland *et al.* 2006). While many studies have shown that some sexually transmitted infections facilitate HIV transmission (Fleming and Wasserheit 1999), vaginal infections such as bacterial vaginosis and yeast infections, likely to result from vaginal practices, have not yet been clearly established as co-factors for HIV infection (Taha *et al.* 1998, Myer *et al.* 2005). Further study is needed to discern which practices are potentially the most harmful and, once identified, the potential association of the most prevalent and harmful practices with STIs and HIV can be identified (van de Wijgert *et al.* 2005).

To date, little has been written about the role of vaginal practices in the construction of female sexual identity in Africa and specifically on the underlying notion of 'closing the vagina'. Closing the vagina is achieved through a variety of interventions ranging from infibulation[1] (Boddy 1989, Almroth *et al.* 2005) to the insertion, application or ingestion of various substances to attempt to tighten the vagina, reduce the size of the vagina and/or change the level of its lubrication.

In 2005, as part of the WHO Multi-Country Study on Gender, Sexuality and Vaginal Practices, a qualitative study was conducted among rural and urban women age 18 and older in the province of Tete, Mozambique, to investigate the gendered role of vaginal practices in the lives of women. This paper reports on the results of this study and analyses their implications on women's sexual and erotic life, notions of the body and sexual health.

Methods

Study site

The field research was carried out between July and September 2005 in the province of Tete, both in the urban areas of the city of Tete and in the rural areas of the district of Changara. In the Province of Tete, 71.4% of the population live in rural areas and 67% are illiterate (INE 1997). The majority of the population (43.9%) states that they do not have any religion, 22.7% is Catholic, 17.5% Zionist and 4.3% Protestant or Evangelical (Instituto Nacional de Estatística [INE] 1999, p. 37). The predominant African languages are Nyanja, Nyungwe and Sena (INE 1999, p. 32).

Interviewees in this study were mainly of the Nyungwe-speaking population. Their kinship system is patrilineal, in which transmission, succession and inheritance rights follow the male line. Exogamous marriage is a common characteristic and polygynous marriages are common, mainly in the rural areas. The marriage ceremonies usually involve bride-wealth paid in goods and money by the husband to his wife's family. Rural life is dominated by rules and values amongst which gender inequality is one of the salient features of power structures. This situation has implications for female sexual and reproductive health and for women's ability to protect themselves from sexually transmitted diseases. In general, the health of the population is precarious due to economic and social factors, compounded by the limited coverage of the healthcare network.

Many Mozambicans believe that diseases may have their origin in relationships with the ancestors or evil spirits and they seek treatment with male and female healers, oracles and herbalists close to their homes (Gujral *et al.* 2004). The highest HIV/AIDS prevalence rates of the country are found in the three provinces of the centre of the country (Sofala, Manica and Tete). The City of Tete and the District of Changara, where this study took place, register an HIV/AIDS prevalence amongst adults of 25.8 and 19.6%, respectively (Ministério da Saúde-PNC/DTS/HIV-SIDA 2005).

Methodology

Data was collected by the two authors and three research assistants speaking local African languages. Semi-structured interviews, following a common interview guide as defined in the protocol of the World Health Organisation Multi-country Study on Gender, Sexuality and Vaginal Practices (WHO, 2005), were developed by the authors. The first objective was to acquire a broad understanding of the practices, their relationships to women's sexual life and other notions of sexuality. As appropriate, their use as a treatment for sexual problems, concerns or other issues related to their sexual relationships were also investigated. Second, we attempted to evaluate the perceptions of the interviewees concerning the benefits or consequences of these practices and on the reproductive and sexual health of the women who use them. Third, the study investigated the role of vaginal practices in eroticism, pleasure and sexual desire.

The qualitative data was collected using an approach commonly used in South Africa for similar investigations (Feliciano 1998, Moore *et al.* 1999) in which sex and sexual acts are referred to indirectly through euphemisms and use of common objects that commonly represent sexual organs. Numerous objects used in day-to-day life are commonly associated with sexual acts and organs. For example, the mortar and the pounding pestle are associated with the sexual act. The mortar, clay pot or calabash are common euphemisms for the vagina and the pestle for the penis (Mariano 2001). In the same way, eating refers to the sex act. This symbolic vocabulary consisting of familiar household objects is familiar to all residents of Tete Province and was used in this study to explore aspects of vaginal practices that would otherwise be awkward to discuss.

A total of 103 people (25 men and 78 women) more than eighteen years of age participated in the study through individual interviews, in focus group and reference group discussions. Twenty individual interviews were carried out with key informants, as well as 18 in-depth interviews. The key informants included male and female community leaders, midwives, traditional birth attendants, potters, mother-and-child health nurses and gynaecologists. The latter in turn invited other people by way of the snowball technique. The in-depth interviews involved the sellers of vaginal products, sex workers, potters,

women with children and healers. Seven focus group discussions were carried out with women with common characteristics (young, married with children or old, traditional birth attendants[2]), plus four discussions with reference groups.[3]

In addition to the interviews, the activities of some healers of both sexes were observed for a period of two months in order to understand better the nature of problems reported by their patients, the link between those problems, the patients' social relationships and sexual and reproductive health. The study team also carefully observed the products sold by healers.

Results and Discussion

Many vaginal practices are placed within a set of interventions that aim to influence human and sexual relations. Men and women use various medicines purchased locally to be appreciated by people and have a lot of friends; to be attractive and to keep sexual partners; to positively influence their partner's behaviour with them; to negatively influence their partner's behaviour with a third person; or to directly influence a third person, the partner's lover. Interventions aimed at changing male and female sexual organs in a more specific way are motivated by similar reasons and are part of the larger context of sexual behaviour.

These practices are usually very secretive and are discussed solely amongst people of the same sex. The most common vaginal practices carried out by women, in order from highest to lowest frequency, are as follows:

- the elongation of the *labia minora*[4] (*kukhuna, kupfuwa or puxa-puxa*)
- the insertion and use of vaginal products (*mankwala ya kubvalira*)
- daily vaginal washing and cleansing with a range of products
- the trimming of pubic hair
- ingesting potions to strengthen the vagina mainly after delivery
- ingesting sexual stimulants (added to solid or liquid foods)
- ingesting potions (solid or liquid) in order to stimulate dilation of the cervix of the uterus prior to birth and for increasing uterine contractions
- inserting cassava slips into the vagina for inducing abortion
- treatment in order to re-establish virginity
- smoking and steaming of the female genitals
- the excision of a tissue and incision of 'impurity' in the perineal area (between the vaginal orifice and the anus) as a therapy for infertility

In what follows, only the elongation of the labia and the insertion of vaginal products will be analysed in detail. This includes a description of the practices as well as an analysis of the various motivations for carrying them out. The perceptions of the participants are also reported in relation to the frequency, prevalence and possible effects of these practices.

Elongation of the labia minora: kukhuna, kupfuwa *or* puxa-puxa

One of the most widespread vaginal practices in the study area is the elongation of the vaginal *labia minora*, *kukhuna*, *kupfuwa* or *puxa-puxa.* This is done as part of the process of initiating a girl into the knowledge and practices of female sexuality in Tete Province.[5] The physical part of this initiation is accomplished through the modification or alteration of the

body in a definitive fashion, in this case, the external lips of the genital organs. The process of elongating the vaginal lips is directed by older women and is preparatory to full sexual activity and marriage.

The practice of elongating the *labia minora* normally begins before puberty from eight to twelve years of age. The lips are massaged and stretched from the top to the bottom, with the tips of the thumb and index finger of each hand. One proceeds using lubricating, oily substances extracted from the kernel of the castor-oil plant (Ricinus communis). Sometimes this oil is mixed with rubber, chewing gum or bat's wings. At present, the women also use baby oil, petroleum jelly bought in the shops or even cooking oil.

The lips are elongated by the individual or sometimes girls pull each others' *labia*. Despite the homo-erotic implications, the apparent and final objective of the elongation ritual is to enhance heterosexuality and the practice is described as 'holding onto one's partner'. Young women end up exploring many aspects of their sexuality during these pulling sessions. The elongation of the *labia* is also a ritualised learning exercise in auto-eroticism and homo-eroticism, as various interviewees explained (Bagnol 2003). Feminine beauty is evaluated by the presence or absence of the *labia minora* (*matingi*) and by their length. If they are too short, the woman is considered 'lazy' and when they are too long, the interviewees said that this 'can create water' in the vagina, which is not desirable. According to the interviewees, the right size of the lips allows the vagina's 'dampness' to be drained. In this way, an ideal 'dryness' is obtained.

Benilde[6], a female birth attendant, of around sixty years of age, leader of the Mozambican Women Organisation and living in a neighbourhood at the outskirts of Tete City explains:

> Since you're a woman, you can't stay the way you were born. You're not going to bear up staying with a husband … That is good, because you're a woman. We women, what do we have? We have a hole! It cannot remain just a hole! You should have that thing (the elongated little lips) in order to close up that hole.

In this way, elongating the *labia minora* is central to the woman's expression of her femininity. The main motivation is to use them to 'close' the vaginal orifice naturally 'open' at birth and opened by regular coitus or after the birth of children. The elongated vaginal *labia* are often referred to metaphorically as 'a door'. Prior to the sexual act, the partners should 'open the door'. As one woman explained, 'the man can't come in just like that'. These aspects illustrate the importance of the woman being 'closed', perhaps as a form of protection. It also permits 'playing' (having erotic games) prior to penetration. The notion of 'closing/opening' is an important concept in relation to both sexual pleasure and reproduction. The quote above refers to the 'hole' as an insult to a woman who doesn't have *matingi*.

The *matingi* are a symbol of 'life'. They are elongated to help a woman keep her sexual partner and for erotic play. The following statement shows how the social context moulds the way in which individuals imagine and put into effect their sexuality. A midwife from Chipembere, in Changara District, during a focus group discussion with married and divorced midwifes, put it in this way:

> This life (*matingi*) is done in order to please in the home, to show that you're rich, you're already rich … for the woman, it's also life. Through the praise, she convinces herself that she's also rich in her body. So when the man finds a woman with elongated lips and says that you have life, the woman is also at ease because she has life.

This midwife associates the concept of 'life' and that of 'wealth' with the *matingi*. She also links this to sexual pleasure and shows how this is fundamental for the well-being of the couple. Since 'house' is often a euphemism for 'vagina', when she explains that elongation is meant 'to please within the home', she is referring to the vagina. From the physical viewpoint, the vaginal *labia* are considered the wrapping for the penis, providing transfer of 'heat', which increases pleasure. Using metaphorical language, they may also be referred to as the firewood to light the bonfire.

The notions of 'hot/cold', 'dry/humid' and 'closed/open' are encountered in the discussion of other practices related to the insertion and application of vaginal products as discussed below.

Insertion and application of vaginal medications: mankwala ya kubvalira

In the same way that the *labia minora* act to 'close' the vaginal orifice, most women use a variety of substances in order to 'close up', to contract or to reduce the vaginal canal. These products are called *mankwala ya kubvalira*, which means literally 'remedies to put'. In the usage of the phrase, it is understood that these substances are specifically used for treating the vagina.

Most sexually active women of child bearing age use potions to 'put' and to 'prepare' their vagina. Many women use products following childbirth to 'close up' the vagina as rapidly as possible in order to be able to resume having sex with their partner. Among the many reasons given for the use of vaginal products is the idea that virginity is linked to the narrowness of the vaginal orifice as the ideal condition for a most satisfactory sexual experience. Benilde, the sixty-year-old traditional birth attendant from the city of Tete, told us:

> *(Mankwala ya kubvalira)* work for her, the owner, because those who give birth widen the body (vagina) at the time of the baby coming out (childbirth). Later, the vagina gets wide … The man is the one who makes the body get wider (during sex). As I play with my husband, every day he is opening me up. So one has to look for this *kubvalira* potion, in order to contract, in order to be well. When she gets opened up with the vagina wide, it isn't right. The body gets light.

This statement introduces the notion that having a 'light body' indicates illness, while having a 'heavy body' means being well. When women do not undertake this treatment the body gets 'light', 'lacking in strength', 'open', 'watery', 'airy' and during sex it makes noise. All of these negative characteristics show how much perceptions of health are rooted in specific understandings of the body, a way of 'feeling oneself' and of feeling one's body. The distinction between 'dry' and 'watery', in particular, is important to the evaluation of sexual pleasure. For instance, a young man from the capital city of Changara district, speaking in a focus group with other men between 18 and 24 years old, expressed his preference for a 'dry vagina':

> As far as I'm concerned, a good woman has to be dry, in order to be able to provide three rounds, it's not just one round and straightaway fill up with water; when that's how it is I'm left without the will to go a second round … she has to be dry, in order for me to be able to manage to ejaculate without feeling water in her body. I want a woman without water.

According to this statement, the sexual act is not limited to a single act of coitus. The possibility of multiple acts depends on the condition of balanced vaginal 'dampness'. When a woman has a very lubricated vagina, her partner complains and may accuse her of having had another partner beforehand or of not having 'prepared' herself

properly. Speaking of a sexual encounter with a 'watery' woman, the man may say: 'it's like having sex in a glass of water', referring to the absence of pleasure and to the noise which results. Some interviewees of both sexes mentioned that excessive water can lead to divorce. This indicates the importance of the quality of the sexual act within the couple's relationship.

Sometimes excess water is mentioned when it is said of a woman that she 'isn't sweet' or 'she has no taste'. The notion of 'sweetness' and of 'taste' is another concept closely related to sexual pleasure. This sensation is valued and is sometimes sought by putting sugar into vaginal potions. Joaquim, a male healer from Changara city stated during a focus group discussion with other healers of both sexes:

> … The man kisses first and then starts to pull and the woman feels good, she's pleased, happy, she feels sweetness. She's sweet, even if there's a fight, the man kisses her to calm the woman down, in order that even being angry, she is no longer agitated. One usually puts salt and sugar (in the potion) in order for it to be sweet. It's for (the penis) to feel sweetness.

Heat is also needed, explains a widow, a midwife from Chipembere in Changara district, in her intervention in a focus group of adult women carrying out the same activity:

> It is said that the woman is cold when the man takes his time to ejaculate or when he doesn't even ejaculate at all.

The sensation of seeking 'heat', 'sweetness' and friction implies a certain way of having sex without a condom, or *nyama na nyama* ('flesh on flesh'), that respondents felt to be the most satisfactory.

Medicines and commercial products *(mankwala*) used to treat the vagina are usually bought in the markets in the City of Tete or from itinerant vendors (Zimbabwean or Mozambican women) who circulate out to the rural areas and from the healers. They may also be home made by family members, neighbours or by the user herself. The *mankwala* produced locally are composed of dried leaves, roots and tree bark, reduced to a powder. They can be applied in three different ways: in the panties, in the vaginal orifice with the fingertip or inside the vagina. The powder can also be moulded into little balls, sometimes called 'vaginal eggs'. Hygienic and bodycare products, such as toothpaste and menthol balms, are also used. With the same objective in mind, salt, vinegar, lemon, tea and antiseptic liquid are diluted in water for daily internal vaginal hygiene carried out with two fingers to remove vaginal discharges or semen. It is relevant to mention that some women tend to clean inside more than once a day specifically during their menses. Amongst the new *mankwala* coming from Zimbabwe are stone, alum or copper sulphate.

From our interviews, it was apparent that many sexually active women use *mankwala ya kubvalira*, although pregnant women stop using them after the third month of gestation. In some churches, women believers are advised against using traditional medicine. In a situation of sexual competition with others, whether in the rural setting or in the cities, women tend to make greater use of vaginal products. According to the majority of the women interviewed, the application of *mankwala* to the vagina, or its ingestion, tends to improve their sexuality when they are worried about holding onto an unfaithful or polygamous partner. Sex workers also tend to use vaginal products frequently in order to ensure satisfactory sexual performances and to ensure that the sexual partner 'doesn't suspect that they have just had sex with another man'.

The health consequences of the practices

Despite the fact that most of the interviewees did not perceive a risk of negative health consequences from the use of such practices and substances, some noted possible problems related to them. Health workers were more likely to see negative consequences than other interviewees.

Some products used for the elongation of the *labia minora* and the act of elongating itself can cause lesions, some women said. In addition, the act in itself is painful, especially at the beginning, when children begin initiating the process of elongation. Lacerations may also occur when the sexual partner 'plays' with the little lips, pulling them without using oil. The association between these lacerations and the possibility of transmission of STIs, HIV and AIDS is not made by any of the women interviewed.

In relation to the vaginal products, the large majority of the women who use them stated that they didn't have negative effects. However, in recent years (approximately since 2001–2002) one can observe the appearance of new *mankwala*, which are considered 'modern', 'white people's' or 'the Zimbabwean women's', sold in the markets or by itinerant vendors. Virginia, a young, single woman without children and considered to be a sex-worker in the community, lives in the outskirts of Tete City. She explains:

> There is a kind of potion [which is sold] in the Kwachena market, blue-coloured, which comes from Zimbabwe. When I bought it, after taking a bath I inserted it and after a while the whole vagina swelled up and water began to come out.

These potions are having great success notwithstanding the observation that they had some negative effects on the health of some women. Women reported they experienced the exfoliation of the vaginal mucosa, vaginal lacerations, burning, swelling and increased secretions after using them.

For some, the use of vaginal products appears to be in direct contradiction to the use of a condom. Women argued that with the insertion and placement of vaginal products, the sex act ought to be unprotected (with no condom) in order to permit a more direct contact between the vagina and the penis and to obtain greater sexual pleasure. It was thus found that the majority of the interviewees who use these products do not use a condom. Some male interviewees from Tete City, in a focus group discussion with adult and employed men, argued that:

> Condom use with the *kubvalira* isn't right, because her body … will never tighten up, and that ends up like water, because the condom has that liquid and if it's used and the male member is put into the vagina, it will encounter the *kubvalira* which was to dry out the sexual organs and it encounters the wet condom, everything [is turned] on its head, and it isn't the same thing.

However, some interviewees, including sex workers, explained that *mankwala ya kubvalira* may be used at the same time as the condom. If, for the majority of men and women, the main concern is to reduce the vagina's lubrication in order to create greater difficulty for penetration, using a lubricated condom is an absurdity that is difficult to justify, as illustrated by the conversation with the same group of men as above:

> Researcher (R): When one puts in *kubvalira* it's in order to have a hard time penetrating, while the oil is precisely in order to slip easily.
> Interviewee Number Two (N2): Why is it that the people who made the condom put the oil on it?

R: That's in order for it to slide, in order to facilitate the entry of the penis.
N2: Why?
R: In order to not be too tight.
N2: In order to not be too tight – why?
R: In order for the man and for her as well not to feel pain.
N3: But in order to not feel pain – why? When it's tight the woman feels pain and the man as well.
R: Do all feel pain?
N2: Yes, everyone feels pain.
N3 (to the researcher): Why do you think that it's necessary to avoid pain? If someone uses a condom it's in order to avoid pain?

The pain reported by men and women during intercourse may be a consequence of using vaginal products. Lacerations on the penis and in the vagina are reported as a consequence of the effort needed to penetrate and the friction. For these men and women, it is often not possible to separate perceived pleasure and pain in the context of sexual intercourse. The difficulty of penetration, the tightness and the dryness of the vagina are considered to be the most valuable forms of sexual enjoyment.

These views on sexual pleasure and lubrication might also explain why condom use is quite low despite knowledge about the forms of transmission of HIV and STI. Condom use is generally limited to sexual intercourse with a sex worker or a woman perceived as such. Women's difficulty in negotiating condom use is well documented and few women and men believe that women can propose its use. Many people believe that they are immune to infection due to their ability to select HIV-free partners. The importance of reproduction suggests the view that condom use is a waste of sperm (Gujral *et al.* 2004).

None of the women saw daily washing inside the vagina with fingers, soap and other products diluted in the water as having any negative consequence. On the contrary, it seems widely advised even by midwives and nurses.

The point of view of health workers about vaginal practices is slightly different from the other interviewees. Few nurses of either sex mentioned infection and laceration due to the daily introduction of substances and as consequences of daily washing routine. Medical doctors and gynaecologists, however, said that a change in vaginal flora and increased incidence of bacterial vaginosis may be occurring due to the regular washing inside the vagina.

Very few health workers, activists and doctors saw a relation between the laceration due to the elongation of the *labia minora* and the increased susceptibility to STI, HIV and AIDS. The 'dampness' linked to the retention of urine, of semen and of menstrual discharges is however seen by some healthcare workers as a source of infection.

The health providers did not explicitly measure the consequences of the use of vaginal products, although it was noted that in the clinical observations women frequently appear with residues of vaginal substances, or with vaginal complications and discharge caused by the use of such products. Specialised health workers, including gynaecologists, point to various possible consequences of vaginal practices without, however, being able to identify with certainty which product provokes a given outcome. In general, it is believed that the processes aiming to 'close up' the vagina tend to be associated with medications that provoke swelling or a form of inflammation of the vagina. The effect of 'dryness' is linked to substances that exfoliate the vaginal wall. What is known is that these products may provoke infections, inflammation and lacerations and that the various substances change the vaginal flora, thus modifying its pH balance

(acidity). Health providers further associated changes in the vaginal flora with bacterial vaginosis, which has been positively associated with increasing susceptibility to STIs, including HIV. Similarly, they mention an increased susceptibility to STIs, including HIV, due to lacerations.

According to specialized health workers, cancer of the uterus may have its origin in the vaginal insertion of some products, although there is no specific evidence of this.

Despite the awareness of the existence of a high prevalence of women who use vaginal products discussion of this issue amongst health personnel is still limited. More research is needed on the cultural, social and health significance of vaginal practices from a public health point of view and additional study should be considered on the association between these practices and the transmission and prevention of STI, HIV and AIDS.

Discussion: the ontological force of vaginal practices

Symbolic approaches to understanding the data on vaginal practices exposed how notions of 'closed/open', 'dry/damp', 'hot/cold', 'heavy/light', 'life/death', 'wealth/poverty', 'sweet/not sweet' are deeply rooted as potent markers of gender. This symbolism links women's bodies to other domains that express an ethics of sex and sexuality and an *ars sexualis* in many respects similar to that described by Foucault (1984).

Many women compared the female reproductive apparatus to a closed pot where cooking takes place. Amongst the Karanga[7] of Zimbabwe one finds similar conceptions (Aschwanden 1982). As mentioned earlier, coitus is compared to the act of eating. One of the explanations encountered for such an analogy is as follows: 'When the person eats, the belly gets full. Similarly, when the woman gets pregnant, her belly gets full', explained a woman from Tete city. The same woman continued: 'On the same mat when we eat, we feel good, in the same way as it happens following sex.'

Similarly, the reproductive process is compared with food preparation. And, for the reproductive process to take place, certain conditions are required. Thus, for the food to be able to cook in a pan, the first condition is that the pan must hold water (vaginal fluids and semen). Water is fundamental for any process of fertility. 'Life arises from water, woman is necessary for life. The woman is the most precious water' (Bagnol 2006, p. 139). The importance of protecting and holding onto the water in the woman's body explains the need to 'close up the pot with a lid' or of having a 'door'. This means that the elongated *labia minora*: close up the uterus and make the vagina narrow. Thus, when a woman aborts it is customary for one to say that 'the pot cracked', in reference to the uterus, which wasn't properly 'closed' and let the foetus escape.

In order for the reproductive process to occur, the second pre-condition is that there be heat, which ensures the 'cooking' process. This will allow conception, thus explaining the importance given to the woman's warm body in order to allow the man to ejaculate and keep the proper temperature. The elongated *labia minora* are 'the firewood which feeds the fire' and allow the cooking. The friction during coitus in a 'dry' vagina is associated with the dry pieces of firewood, which are rubbed together and from which is born the first spark. This heat is not only physical heat, but is also a state of power in which the woman finds herself at a given time in her life. This power may be connected to the possibility of reproduction, to birth and also to death.

The association of the *labia minora* with life, sexual life and reproductive life, with the individual psychological and sexual health of the woman, expresses how central they are for being and feeling oneself as a woman. Thus, when one says that the woman 'has life' or is

'rich', one is making reference to the potentialities of the sexual process with its reproductive potential. Children give sustenance to their parents and represent the continuation of life after death because parents will be remembered as ancestors. Sexuality is therefore strongly linked to a holistic vision of the world through procreation.

The woman's 'sweetness' has to do with the set of characteristics referred to above and qualifies the state in which the vagina is to be found. The woman's 'sweetness' is based on her capacity to provide sexual pleasure and satisfaction to her partner. The notions of well-being, 'feeling good' or 'having the body heavy' are also recurrent in the discourse put forward by the women in order to talk about the way in which they feel when they use *mankwala ya kubvalira* with the aim to 'adjust' the vagina and have pleasurable sex. At the same time, the interviewees also stated that when they do not undertake the 'treatment', their bodies are 'light', 'with no strength'.

Health is thereby linked to the practices rooted in a specific understanding of the body, and a specific manner of perceiving and feeling one's body. This manner of feeling can then be linked to sexuality and reproduction. In this specific case, the woman's 'well-being' is not seen as an individual condition, but rather as a relational characteristic. 'Well-being' is defined as a function of preparation for sexuality and with a view of having a pleasurable and successful sexual encounter. 'Success', here, is understood as the conception of a child. Thus, the woman's body should be 'heavy', with the vagina 'closed', 'dry' and 'hot', creating the potential for 'life' and 'wealth'. This situation explains the importance of control of these factors in the 'preparation' prior for intercourse. These characteristics synthesize conceptions concerning the sexual and reproductive processes and contribute to defining the norms of eroticism and of sexual pleasure. They are gender symbols and express notions that reach beyond the woman's body and associate the woman with other processes of natural and social reproduction and with a cosmological view of the world.

In the area under analysis, the need to intervene concerning the conditions of the body, of the vagina (for women) and of the penis (for men) is not an isolated situation. It falls within a broader conception in which individuals, with the help of male and female practitioners of traditional medicine, of sorcerers, of male and female traditional leaders and family members seek to manipulate human relations and the forces of nature in various ways. This is part of an ongoing effort to transform the world around them or to seek to ensure balance and harmony. It is in this sense that the vaginal practices and interventions concerning the body's and the vagina's characteristics ought to be understood.

Thus, the social context moulds the way in which individuals imagine their sexuality and perform it, and with whom. Sexuality may not be conceived as the sex act only. In fact, the whole process of socialisation from birth to death determines sexuality and the possibility of becoming an active agent. This process ultimately defines the meaning and practice of sexuality. Membership in a religious group, educational level and social class, amongst other factors, may significantly modify ways of seeing the world and in this way influence the sharing and adoption of new conceptions concerning health, sexuality, reproduction and the world, creating new ways of being and of behaving, within a reflexive process.

If the notions of closed/open, heavy/light, dry/damp, sweet/not sweet, hot/cold, life/death and wealth/poverty that are presented and analysed here allow us to understand the forms of eroticism and of sexual pleasure and contribute to explaining the frequent failure to use condoms in sexual encounters. The existence of the lubricant on the condom tends to negate the sensation of friction and of vaginal 'dryness'. In the same way, it is believed that

by increasing vaginal fluids, prevention efforts, such as microbicides, run the risk of being rejected.

Conclusion

This study of the vaginal practices in Tete Province shows how sexuality and gender behaviour are the result of a learning process and its cultural context. These are representations of gender behaviour generally associated with femininity and masculinity and incorporated as a result of social norms amongst which heterosexuality and reproduction play a fundamental role (Butler 1990). The incorporation and imposition of these gendered behaviours takes as its basis the sexed body of the 'man' and of the 'woman', but modifies them so as to adapt them to the prevailing values.

Notions like closed/open, dry/damp, hot/cold, sweet/not sweet, heavy/light, life/death and wealth/poverty are extremely important in order to understand and to explain the phenomena and praxis connected with sexuality and reproduction in Tete Province. Some of these practices have a large influence on people's preference for having sex without a condom. Certain practices and products used may also create lesions in the same way as they may, through the alteration of the vaginal flora, create favourable conditions for the transmission of sexual infections including HIV. These notions and practices are still not very well studied and deserve greater attention by sexual and reproductive health researchers.

Notes

1. Infibulation is the excision of parts or all of the external genitalia and stitching or narrowing of the vaginal opening (WHO 2001, p. 20).
2. Two groups of women with children were formed. Furthermore, one group consisted of adult males; another was formed with young men. A third group comprised a mixed group of healers, both male and female. Finally, there was one group of sex workers and another group of traditional birth attendants.
3. One reference group consisted of women from the Mozambican Women Organisation. Three other groups included nurses of both sexes, female healers and young students of both sexes.
4. In this paper we refer to the *labia minora*, as women interviewed explained that they elongate the 'little lips'. However, data indicate that some women also elongate the *labia majora*.
5. See Silvia Tamale (2005) analysis of the practice among the Baganda.
6. For reasons of confidentiality all names are false.
7. The Karanga belong to the Shona linguistic group.

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