

“FOR WHOSE PLEASURE IS IT ANYWAY?”:
AN ETHNOGRAPHIC EXPOSITION ON THE GENDERED DYNAMICS THAT
SHAPE THE VAGINAL PRACTICES OF WOMEN IN TSHOLOTSHO, ZIMBABWE

by

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DECLARATION

I, Linderrose Dube, hereby declare that this thesis is my own work. This research work is submitted for the requirements of the degree Doctor in Philosophy in Anthropology at the University of South Africa. It has not been submitted for any qualification at any other university. All sources of information that have been used were duly acknowledged.

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Date

DEDICATION

I dedicate this thesis to my sons, Awande Kyle Dube and Uyanda Kayan Dube. You can be anything that you want to be in this world; shoulders back!

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Had the Lord not been on my side, I would not have been able to do this. All glory and honour be given unto him for all that he has done.

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TABLE OF CONTENTS

DECLARATION.....	i
DEDICATION	ii
ACKNOWLEDGEMENTS.....	iii
LIST OF FIGURES	ix
LIST OF TABLES	ix
LIST OF ABBREVIATIONS.....	x
ABSTRACT.....	xi

CHAPTER 1: INTRODUCTION

1.1 BACKGROUND OF THE STUDY	1
1.2 JUSTIFICATION OF THE STUDY.....	3
1.3 THEORETICAL FRAMEWORK.....	5
1.4 PURPOSE OF THE STUDY.....	5
1.5 RESEARCH OBJECTIVES.....	6
1.6 RESEARCH QUESTIONS	6
1.7 RESEARCH PARADIGM.....	6
1.8 RESEARCH APPROACH AND DESIGN	7
1.9 STUDY POPULATION, SETTING, AND SAMPLING	8
1.10 METHODS OF DATA COLLECTION.....	9
1.11 STRUCTURE OF THE THESIS.....	9

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION	12
2.2 BACKGROUND AND CONTEXT OF THE STUDY	12
2.3 OVERVIEW OF VAGINAL PRACTICES	15
2.4 VAGINAL PRACTICES IN ZIMBABWE	17
2.5 MOTIVATIONS FOR VAGINAL PRACTICES.....	21
2.6 NOTIONS ON CLEANLINESS AND SEX	24
2.7 VAGINAL PRACTICES THROUGH THE HEALTH LENS.....	28

2.8	VAGINAL PRACTICES AS A SOURCE OF EMPOWERMENT?	32
2.9	THE ANTHROPOLOGY OF THE FEMALE BODY	33
2.10	SUMMARY OF THE REVIEWED LITERATURE	35

CHAPTER 3: RESEARCH METHODOLOGY AND THEORETICAL FRAMEWORK

3.1	INTRODUCTION	37
3.2	RESEARCH PARADIGM.....	37
3.2.1	Social constructionist epistemology.....	37
3.3	THEORETICAL FRAMEWORK.....	40
3.3.1	African feminism(s)	40
3.3.2	Social constructivism	42
3.4	RESEARCH APPROACH AND DESIGN	45
3.5	STUDY SITE.....	46
3.6	DESCRIPTION OF THE STUDY POPULATION.....	48
3.6.1.1	<i>Female study participants</i>	49
3.6.1.2	<i>Male participants</i>	49
3.7	METHODS OF DATA COLLECTION.....	50
3.7.1	In-depth interviews.....	51
3.7.2	Key participant interviews.....	52
3.7.3	Observation	52
3.8	SAMPLING TECHNIQUES.....	53
3.9	DATA ANALYSIS	53
3.9.1	Thematic analysis.....	54
3.9.2	Content analysis	55
3.10	ENSURING RIGOUR.....	55
3.10.1	Ethical considerations	56
3.10.2	Reflection and reflexivity.....	57
3.10.3	The principle of saturation	57
3.10.4	Member checking.....	58
3.10.5	Triangulation	58
3.11	STUDY LIMITATIONS	58
3.12	CHAPTER SUMMARY.....	60

CHAPTER 4: *INGUDULA*: INTRODUCING VAGINAL PRACTICES IN TSHOLOTSHO

4.1	INTRODUCTION	61
4.2	TYPES OF VAGINAL PRACTICES	61
4.3	ACQUISITION OF KNOWLEDGE ON VAGINAL PRACTICES	63
4.3.1	Primary learning.....	63
4.3.2	Secondary learning.....	68
4.4	THE LINGUISTICS OF VAGINAL PRACTICES.....	70
4.5	PATRIARCHY, GENDER STEREOTYPES, AND WOMANHOOD	73
4.5.1	The superiority complex.....	76
4.5.2	Hot and tight.....	80
4.6	VAGINAL BEAUTY AND HYGIENE.....	86
4.6.1	Sex and vaginal etiquette.....	91
4.7	CONCLUSION.....	93

CHAPTER 5: *ULWAZI LWETHU LWESINTU*: INDIGENOUS KNOWLEDGE (IK) AND VAGINAL PRACTICES

5.1	INTRODUCTION	95
5.2	IK IS POWER.....	95
5.3	HEALTH AND WELLNESS.....	97
5.4	LOCAL PROBLEMS REQUIRE LOCAL SOLUTIONS.....	104
5.5	SEXUAL MATTERS.....	107
5.6	FERTILITY AND SPIRITUAL ISSUES.....	109
5.7	THE PREGNANCY AND POSTPARTUM PROCESS	112
5.8	CONCLUSION.....	117

CHAPTER 6: *IKATARI YAMI*: VAGINAL PRACTICES, SEXUAL PLEASURE, AND WITCHCRAFT

6.1	INTRODUCTION	119
6.2	SEXUAL PLEASURE THROUGH VAGINAL PRACTICES	119
6.3	THE WOMAN’S ROLE IN SEXUAL RELATIONSHIPS.....	125
6.4	THE POLITICS OF WITCHCRAFT	130
6.5	THE DILEMMA OF CHILDBIRTH AND DRYNESS	138

6.6	CONCLUSION.....	142
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CHAPTER 7: *IZINTO ZABOMAMA EZIYIMFIHLO*: MEN’S VIEWS ON VAGINAL PRACTICES

7.1	INTRODUCTION	143
7.2	MEN’S UNDERSTANDING OF VAGINAL PRACTICES	143
7.3	THE LABIA MINORA AND MEN	148
7.4	BENEFITS OF VAGINAL PRACTICES: THE MALE VIEW	155
7.5	VAGINAL PRACTICES AND MASCULINITY	159
7.6	MEN’S VIEWS ON THE ROLE OF WOMEN IN SEXUAL RELATIONSHIPS	162
7.7	CONCLUSION.....	167

CHAPTER 8: SUMMARY OF FINDINGS, CONCLUSION, AND RECOMMENDATIONS

8.1	INTRODUCTION	168
8.2	SUMMARY OF FINDINGS	168
8.2.1	Socio-cultural influences in the creation of womanhood	169
8.2.2	IK is power	172
8.2.3	For whose pleasure is it anyway?.....	173
8.2.4	Men’s views on vaginal practices.....	174
8.3	CONTRIBUTIONS OF THE STUDY	175
8.4	CONCLUSION.....	177
8.5	RECOMMENDATIONS	178
8.6	LIMITATIONS OF THE STUDY	179

BIBLIOGRAPHY	181
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APPENDICES

Appendix A: Village head permission letter	201
Appendix B: Ethical clearance.....	202
Appendix C: Participant information sheet (English).....	203
Appendix D: Participant information sheet (Ndebele).....	208

Appendix E: Key participant interview guide (English).....	214
Appendix F: Key participant interview guide (Ndebele).....	215
Appendix G: In-depth female interview guide (English).....	216
Appendix H: In-depth female interview guide (Ndebele).....	218
Appendix I: In-depth male interview guide (English)	220
Appendix J: In-depth male interview guide (Ndebele).....	222

LIST OF FIGURES

Figure 3.1:	Study site sketch map	48
Figure 4.1:	<i>Umalulwame</i> (bat) used in labia minora pulling	65
Figure 4.2:	<i>Isitiki somentshisi</i> (matchstick), the length that pulled labia minora are expected to be	66
Figure 4.3:	<i>Amacici</i> : A herbal concoction powder that is used for labia minora pulling	68
Figure 5.1:	<i>Umganu</i> /marula tree (<i>Sclerocarya caffra</i>) and bark	103
Figure 5.2:	<i>Itshuni</i> (herbs), wrapped in a white cloth and shaped like a tampon, are inserted into the vagina to draw excess fluid from the vagina	106
Figure 5.3:	<i>Itshuni yokuthambisa ngaphansi</i> (herbal and petroleum jelly concoction)	108
Figure 5.4:	<i>Inkunzane</i> (devil's claw)	113
Figure 5.5:	<i>Umvagazi</i> (bleedwood)	116
Figure 6.1:	<i>Khathaza</i> (herbal concoction)	122
Figure 6.2:	<i>Ipenseli</i> ("pencil")	124
Figure 6.3:	<i>Untandokayiphikiswa</i>	132
Figure 6.4:	<i>Umchemo wendwangu</i> (baboon urine)	137

LIST OF TABLES

Table 3.1:	Female participants	49
Table 3.2:	Male participants	50
Table 3.3:	Key participants	52

LIST OF ABBREVIATIONS

AIDS	Acquired immunodeficiency syndrome
cm	Centimetre(s)
FGC	Female genital cutting
HIV	Human immunodeficiency virus
HPV	Human papillomavirus
IK	Indigenous Knowledge
ISK	International Scientific Knowledge
km	Kilometre(s)
MOHCC	Ministry of Health and Child Care
SRH	Sexual reproductive health
STI	Sexually transmitted infection
UNISA	University of South Africa

ABSTRACT

The treatment and care of the vagina and genital areas by women can potentially expose them to the risk of sexually transmitted infections (STIs) such as the human immunodeficiency virus (HIV) and other sexual and reproductive morbidities. The logic and merit of this relation is nonetheless debated as cohort studies have yielded inconsistent outcomes. Anterior inquiries charge an association between intravaginal practices to augmented vulnerability to HIV and bacterial vaginosis but little is known about the potential gendered dynamics that shape the adoption and use of vaginal practices, especially in the Global South. Guided by social constructivism and African feminist theories, this study explored the views, perceptions, and lived experiences of rural women who use vaginal practices in Tshitatshawa village of Tsholotsho, Matabeleland North Province, Zimbabwe. Using an ethnographic qualitative approach, data were collected using key participant interviews, observations, and in-depth interviews with women and men. It emanated from these engagements that vaginal practices are a product of Indigenous Knowledge and that they play a crucial role in the creation of women's identity, womanhood, sexual desirability, attending to women's health needs, spiritual cleansing, and sexual pleasure, and they also contribute to the cultural creation of the female body. The women's narratives highlighted the active nature of women as users of these practices, who have agency and autonomy of their bodies when it comes to vaginal practices. The incentives for vaginal practices use are associated with personal hygiene, cultural identity, health, and sexuality. Women's practices of hygiene include external washing, douching, and the insertion of herbal preparations. Anecdotes revealed familiarity, easy access, and low cost of the vaginal practices as some of the factors that have perpetuated the use of these practices by women over time. The women, particularly the younger women, revealed the importance of vaginal practices for their sexual pleasure. It also emanated from the deliberations that vaginal practices aim to enhance eroticism and that health and hygiene are articulations of femininity closely linked to sexuality although they are not commonly specifically articulated as such. An improved appreciation and comprehension of the socio-cultural conditions in which these practices are ingrained could potentially enhance educational plans and strategies aimed at addressing these likely adaptable behaviours which could ameliorate future HIV prevention interventions that use vaginal methods.

Keywords: vaginal practices, womanhood, sexual desirability, gender, Indigenous Knowledge, identity, sexual pleasure, sexuality, femininity, agency.

Definition Of Key Terms Used In The Study

Vaginal practices: The practices that women engage in to change the internal or external state, form or appearance of their vagina

Womanhood: The condition of being a woman

Sexual desirability: The possession of the quality of being sexually attractive

Gender: The socially constructed roles that are ascribed to a person based on being male or female

Indegenous Knowledge: This is local knowledge and skills sets that a developed by local people through their intercatations with their natural surroundings

Identity: The fact of who a person is

Sexual pleasure: The state of the physical and psychological satisfaction of an erotic experience shared with another person or with one's self.

Sexuality: The thoughts, feelings and behaviours of sexual attraction towards other people

Femininity: The qualities and characteristics of being a woman

Agency: The one's power and ability to make decisions and act on them without external influence

CHAPTER 1: INTRODUCTION

1.1 BACKGROUND OF THE STUDY

Women engage in different practices to enhance their womanhood, femininity, sexuality, and social desirability (Audet *et al.*, 2017). One of the practices that women engage in to enhance their womanhood is vaginal practices. Vaginal practices are different types of behaviours that women practise to change, as well as control, the state of their vaginal areas to obtain what they deem to be the best state that their vagina can be. Hull *et al.* (2011) define vaginal practices as measures that women take using different agents and methods to alter the state of their vaginal areas, which is motivated by several reasons, which range from health, hygiene, to sexual reasons. These practices are not universal as they vary from one culture to another and from one society to another; as such, the meanings and perceptions derived from them cannot be universalised (Scorgie *et al.*, 2010).

Vaginal practices are used by women for varying reasons and they have different meanings that women draw from their use. This study explored the socio-cultural dynamics that shape vaginal practices in the Tsholotsho district in a village called Tshitatshawa in Matabeleland North Province of Zimbabwe. Specifically, the study interrogated the role of these practices in shaping women's perceptions of sexuality and womanhood. Evidence from previous studies shows that women's use of vaginal practices are motivated by several reasons, which include health reasons, sexual desirability, and their own sexual pleasure (Bagnol & Mariano, 2008a; Scorgie *et al.*, 2010; François *et al.*, 2012; Sango *et al.*, 2015; Audet *et al.*, 2017). Vaginal practices are traditional and, in some cases, are forced upon women in some societies (Al-Hussaini, 2003; El-Shawarby & Rymer, 2008; Boddy, 2016).

Vaginal practices are taught to women at different levels and ages depending on need. They are commonly used by women who are sexually active in Tshitatshawa to attend to their different needs. These practices are not openly practised in the village; they are highly characterised by the privacy of their use. They are not publicly talked about or taught to women; however, there are different settings through which knowledge of these practices is passed from one generation to another and from one woman to another. Younger women are introduced to vaginal practices as soon as they start menstruating, some women are introduced to vaginal practices in preparation for marriage as a means of maintaining their marriages, and some women are taught

about vaginal practices during their postpartum healing journey. Several studies (Runganga *et al.*, 1992; Van de Wijgert *et al.*, 2001; Esber *et al.*, 2015; Sango *et al.*, 2015; Venganai, 2018; Mawoza *et al.*, 2019) on vaginal practices in Zimbabwe focused on the Mashonaland region, which mainly comprises Shona-speaking people. There is limited evidence specific to Matabeleland on vaginal practices. Even in the region where scholarly work on vaginal practices has been conducted (Mashonaland), these studies mainly focused on exploring the vaginal practices of urban women and less focus was directed at rural women (Van de Wijgert *et al.*, 2000; Turner *et al.*, 2010; Esber *et al.*, 2015; Duby *et al.*, 2017; Venganai, 2018). Extrapolating the findings of such studies in attempting to understand the dynamics of vaginal practices in the study area may lead to the formulation of unsustainable, irrelevant, and unsupported initiatives. This study therefore explored the views of women in the rural setting from which vaginal practices stem. It explored the factors at play in influencing women's decisions to adopt the use of vaginal practices.

Furthermore, although there is a growing body of knowledge on vaginal practices (Morar *et al.*, 2003; Myer *et al.*, 2005; Alcaide *et al.*, 2015; Alcaide, Chisembele *et al.*, 2017; Alcaide, Rodriguez *et al.*, 2017; Esber *et al.*, 2015; Duby *et al.*, 2017; Sabo *et al.*, 2019; Yildirim *et al.*, 2020), most of these studies took a biomedical approach with limited engagement of the gendered dynamics that shape these practices and the meanings that women derive from these practices and how they shape their sexuality and womanhood. There is limited anthropological documentation of vaginal practices in Zimbabwe, even though researchers such as Venganai (2018) have documented types of vaginal practices such as labia elongation in the Mashonaland region of Zimbabwe. There is limited documentation of vaginal practices in the Matabeleland region, even though vaginal practices are widely practised by women in different communities in Matabeleland. As such, there is a need to study and document these practices in this region.

There is a scarcity of current anthropological scholarship that probes the worldviews and socio-cultural factors that shape women's perceptions of what a "perfect" vagina should look like. Studies on vaginal practices are important because vaginal practices contribute to the overall wellbeing of women and impact on their day-to-day life (Bui *et al.*, 2016; Bui *et al.*, 2018).

Most studies have excluded men's views on vaginal practices. Only a handful of scholars, such as Moise *et al.* (2019) and Venganai (2018), have included men's opinions. Men play a cardinal role in the creation of perceptions of female bodies as they are part of the society in which these perceptions are formed; there is therefore a need to incorporate them in such studies to gain

their perspectives. There is a need to explore men's views on vaginal practices and their perceptions of their relevance in sexual relationships. This helps in understanding how their perspectives on sexuality influence women's decision making regarding using vaginal practices.

The main aim of this study was to explore the gendered dynamics that shape vaginal practices among women in Tsholotsho by examining the motivations for using vaginal practices by women in the village, the perceived benefits they gain from their use, as well as understanding the socio-cultural influences at play in the use of these practices by women, together with exploring men's views on vaginal practices. This study expands the anthropological perspective, particularly the gendered understanding of women's sexuality in the context of vaginal practices. It is of paramount importance to form a more complete understanding of women's perceived meanings about vaginal practices and how these meanings shape their perceptions of womanhood and sexuality. The study is of value to policymakers and other stakeholders with an interest in indigenous gynaecological knowledge, sexual reproductive health (SRH), and the empowerment of women vis-à-vis their right to body autonomy.

To address the aim, objectives, and questions of the study, the social constructionist paradigm was adopted together with African feminist and social constructivist theories as the theoretical frameworks of choice. Humans are a product of their environment and, in the same vein, women's perceptions and views on different issues that affect their day-to-day life are a result of the environment in which they live. However, it should be noted that as much as women live in societies with different cultures and norms, they are not passive recipients of the dictates of specific cultural practices and they have individual decision-making agency. In that light, it can be argued that there is a need to contextually research and analyse vaginal practices in different settings in order to understand the gendered dynamics around the practices, their unique complexities, and the different unique meanings that women derive from them.

1.2 JUSTIFICATION OF THE STUDY

Several studies have been conducted in Zimbabwe on the implications of vaginal practices for women's health. However, these studies used the Western feminist lens, which positions women as victims of patriarchy whose foremost motivation for using vaginal practices is the necessity to cater to men's sexual needs, and overlooks and does not pay attention to issues of women's individual decision-making agency (Burke, 1996; Van de Wijgert *et al.*, 2000; Van de

Wijgert *et al.*, 2001; Turner *et al.*, 2010; Esber *et al.*, 2015; Duby *et al.*, 2017; Mawoza *et al.*, 2019). Available literature shows that there is a correlation between vaginal practices and certain women's health problems (Van de Wijgert *et al.*, 2000; Van de Wijgert *et al.*, 2001; Mairiga *et al.*, 2010; Turner *et al.*, 2010; Low *et al.*, 2011; Esber *et al.*, 2015; Esbeer *et al.*, 2016b). In the Zimbabwean context, there is a dearth of anthropological scholarship on the gendered dynamics that shape vaginal practices to understand the meanings that women derive from these practices and how these practices influence womanhood, femininity, and sexuality. How women experience their womanhood and sexuality is a product of extensive social and cultural systems and norms (Braun & Kitzinger, 2001a; 2001b). Additionally, scholars like Tamale, (2011) posit that it is prudent to recognise that issues of sexualities are non monolithic even within cultures hence the need to contextual studies for cultural practices like vaginal practices to gain a more nuanced understanding of them. In this light, this study delved into the different socio-cultural influences on women to gain deeper insight into the motivations behind using vaginal practices, the benefits derived therefrom, their meanings, and to understand women's continued engagement in vaginal practices despite the health implications that have been reported by extant literature.

Most studies in Zimbabwe have focused on Mashonaland provinces and less on Matabeleland provinces (Runganga *et al.*, 1992; Sango *et al.*, 2015; Venganai, 2018; Mawoza *et al.*, 2019). These provinces are very different in terms of cultural influences, norms, and values. There is therefore a need for research that focuses on vaginal practices in Matabeleland to obtain a unique grasp of the phenomenon in this setting. Also, most studies that have been conducted in Zimbabwe focused on vaginal practices in the context of the urban setting, with less emphasis on these practices by rural women (Runganga *et al.*, 1992; Van de Wijgert *et al.*, 2000; Van de Wijgert *et al.*, 2001; Sango *et al.*, 2015; Venganai, 2018). It can be argued that as much as culture plays a crucial role in influencing women's perceptions, meanings, and realities, women still have individual autonomy and decision-making agency that give them the power to pick and choose things that work and do not work for them. As such, the meanings that women derive from vaginal practices cannot be generalised because of their heterogeneity; there is therefore a need for research that is contextual and, as in this case, research that explores vaginal practices that specifically focuses on rural women in Zimbabwe.

Burgeoning evidence from the Zimbabwean context shows that women use vaginal practices to clean and to make their vaginas tight using different household products, herbal products, and other agents that they insert in a bid to have a "perfect" vagina (Runganga *et al.*, 1992;

Civic & Wilson, 1996; Van de Wijgert *et al.*, 2000; Van de Wijgert *et al.*, 2001; Turner *et al.*, 2010). This study aimed to understand the different motivations that women in Tshitatshawa village in Tsholotsho have for engaging in vaginal practices, to explore the different products that they use and the perceived benefits that they derive from using them, and to understand their peculiar influences in that context.

Studies on vaginal practices beyond Zimbabwe have been conducted; in Africa, Europe and the Americas (Funkhouser *et al.*, 2002; Morar *et al.*, 2003; Bagnol and Mariano, 2008; Gafos *et al.*, 2010; François *et al.*, 2012; Gafos, 2013; Brown *et al.*, 2016; Audet *et al.*, 2017; Crann *et al.*, 2018). This study highlights on the issues of agency that women have in existing within culture. This study contributes to the ongoing debates on issues on gender, sexuality and culture in the global space as it illuminates the gendered dynamics at play in the use of vaginal practices and how those influence the choice for women in the adoption and use of vaginal practices.

1.3 THEORETICAL FRAMEWORK

The study was guided by the social constructionist paradigm. African feminist theory and social constructivism were adopted as the theoretical frameworks of choice for this study. An exploration of the lived experiences of women on the use of vaginal practices was undertaken in order to understand the influence that gendered socio-cultural dynamics play in shaping vaginal practices in Tshitatshawa village in Tsholotsho. I intended to explore the gendered socio-cultural biases that feed into the stereotype of women having the responsibility to take care of everyone in the family, especially men. I achieved this by using the social constructionist paradigm, which posits that humans are a product of cultural norms and influences that are learned over time and are adopted collectively, as noted by Amineh and Asl (2015). Additionally, using African feminist theory, I aimed to explore the contextual world sense and meanings that women derive from vaginal practices and to ascertain the role that decision-making agency plays in the perpetuation of these practices. The theoretical framework and methodology are discussed further in Chapter 3.

1.4 PURPOSE OF THE STUDY

The purpose of this study was to assess the gendered dynamics that shape the vaginal practices of women in the Tsholotsho district in the village of Tshitatshawa by probing the motivations

behind vaginal practices, how these practices impact their world sense, and their perceptions of womanhood and sexuality.

1.5 RESEARCH OBJECTIVES

The objectives of this study were to:

- establish the reasons why women engage in vaginal practices in Tsholotsho;
- ascertain the perceived benefits that women derive from vaginal practices;
- establish the views of men on women's use of vaginal practices;
- assess the role of gendered socio-cultural influences and beliefs in the perpetuation of vaginal practices;
- establish the types of vaginal practices that women in Tsholotsho engage in; and
- ascertain women and men's constructions and perceptions of vaginal practices and what shapes these perceptions.

1.6 RESEARCH QUESTIONS

The study sought to address the following research questions:

- What are the motivations for vaginal practices among women?
- What are the perceived benefits that women derive from vaginal practices?
- What are the views of men on women's use of vaginal practices?
- What is the role of gendered socio-cultural influences and beliefs in perpetuating vaginal practices?
- What vaginal practices do women in Tsholotsho engage in?
- How do women and men in Tsholotsho construct and perceive vaginal practices, and what shapes these perceptions?

1.7 RESEARCH PARADIGM

According to the social constructionist epistemology, reality is socially constructed. It is a product of the intersection of human minds, together with negotiations, it is contextual and not universal, and differs from one social and cultural setting to another (Andrews, 2012; Burr,

2003, 2015; Cunliffe, 2008; Galbin, 2014; Raskin, 2002; Sivan, 1986). Building knowledge and reality is the main thrust or focus of social constructionists (Andrews, 2012). Reality is not a universal phenomenon but a consequence of context where social norms and culture play a crucial role in shaping actions (Burr, 2003; 2015). Similarly, meaning is not universally shared but a subjective phenomenon that is individually perceived. Through the application of science, a shared reality can be selected and examined with the use of research (Darlaston-Jones, 2007). Guided by the social constructionist epistemology, this study explored the unique meanings of womanhood and sexuality and the multiplicity of meanings and reality vis-à-vis vaginal practices. The influence of the environment, culture, and social norms in the village of Tshitatshawa in the Tsholotsho district was explored, as well as how they influence women's decisions to engage in vaginal practices that shape women's perceptions of womanhood and sexuality. The central thesis of the social constructionist paradigm is that humans are not homogenous; each person has their own peculiar view of the world, and their own interpretation of reality is influenced by their perceptions of the world (Winter, 2000). Social constructionist interpretive analysis was used to understand the meanings that women and men construct from the use of vaginal practices, as well as the gendered dynamics around vaginal practices.

1.8 RESEARCH APPROACH AND DESIGN

Vaginal practices are characterised by secrecy and privacy and, as such, their study requires a research design that enables deep probing into these issues, as well as establishing relationships of trust. These aspects influenced the choice of the study's research design and methodology. The study was descriptive in nature and adopted an ethnographic design that used qualitative methods and methodologies. Ethnography was chosen as it would aid the study in its main purpose, which was to probe the gendered dynamics that shape vaginal practices in Tsholotsho and to explore the role of these dynamics in shaping women's perceptions of womanhood and sexuality. Ethnography allowed immersion into the study community to understand its culture and organisation through participation and observation. Genzuk (2003) posits that standard ethnographic research makes use of three data-collection methods, namely observation, interviews, and documents, which ultimately extract illustrations and records, which culminate in a storytelling account of the phenomena under study. The qualitative ethnographic methodology adopted in this study was guided by an analytical, descriptive, and explanatory approach. Kothari (2004) alludes that the main thrust of the qualitative approach is the individual evaluation of viewpoints, beliefs, and conduct. A qualitative approach was adopted, which enabled the exploration of women's and men's views on vaginal practices with the use

of qualitative research methods such as in-depth interviews, partial observations, and key participant interviews. Observation was partial as I could not fully observe some of the vaginal practices that some women engage in due to them being sacred and private. The inability to fully observe these practices hindered my ability to see especially the full process involved in perineal incisions, which would have allowed me to see where the actual cutting is done without the process being described to me. The qualitative approach has its limitations, just like other methodologies. The challenges of this approach include researcher bias, small samples, and the limited generalisation of the results (Winter, 2000). These issues were addressed by adopting reflexivity, as well as the use of triangulation.

1.9 STUDY POPULATION, SETTING, AND SAMPLING

The study was conducted in a rural village called Tshitatshawa in the Tsholotsho district. Tshitatshawa is situated 35 km from the Tsholotsho district business centre in Matabeleland North Province in Zimbabwe, 133 km west of Bulawayo, the second largest city in Zimbabwe. Thirty female and 28 male participants who were over the age of 18 were approached as study participants and 23 female and 20 male participants consented to participate in the study. Non-probability or purposive sampling techniques were used to select the participants. Kothari (2004) defines non-probability sampling as a sampling procedure that does not afford any basis for estimating the probability that each item in the population has a chance of being included in a sample. In this type of sampling technique/procedure, items for the sample are deliberately selected by the researcher based on the characteristics that the researcher wants. The study participants were purposively selected based on their knowledge and use of vaginal practices as there was a need for information-rich sources. These were people who were knowledgeable about the practice, such as elderly women, herbalists, women who use vaginal practices, and men who know about these practices. Snowballing was also employed as a non-probability method to increase the sample size. Snowballing was chosen because of the sensitive nature of the study topic. This is a sampling approach in which existing subjects provide referrals to recruit other participants for a study; where the researcher starts with a small number of contacts who fit the required criteria and those in turn recommend other participants with the required characteristics (Noy, 2008; Naderifar *et al.*, 2017). In this study, a few identified participants were used to assist the researcher and the research assistant in identifying other potential study participants.

1.10 METHODS OF DATA COLLECTION

For data collection, key participant interviews, observations, as well as in-depth individual male and female interviews were conducted. Open-ended questions were used for the interviews to allow for probing, as well as the collection of information-rich data. Twenty-three women and 20 men above the age of 18 from the village who were knowledgeable about vaginal practices were enrolled in the study. A more detailed discussion of the data-collection procedures and methods is provided in Chapter 3.

1.11 STRUCTURE OF THE THESIS

Chapter 1: Introduction

This chapter lays the foundation for the study. Specifically, it introduces the research problem and evidence to support its existence. It outlines an initial review of literature on the study topic and articulates the purpose of the study. The objectives of the study, research questions, theoretical underpinnings, the study setting, and ethnography are also indicated.

Chapter 2: Literature Review

This chapter provides an overview of previous research on vaginal practices. It introduces the framework for the case study that comprises the main focus of the research described in this thesis. Specifically, the chapter seeks to identify themes, debates, and gaps around vaginal practices, their motivations, and implications for women's sexuality.

Chapter 3: Research Methodology and Theoretical Framework

This chapter discusses the research methodology that was adopted for the study, as well as the reasons for choosing the particular methodology over others. The merits and demerits of the research methodology and how it fits into the study at hand are fully explored. The theoretical constructs of the study are also explored in this chapter.

Chapter 4: Ingudula: Introducing Vaginal Practices in Tsholotsho

This chapter focuses on the evolution of vaginal practices in the village of Tshitatshawa and dwells on the processes of knowledge acquisition and the perceived purposes of vaginal practices. It illuminates the influence of socialisation both at the primary level (young age), as well as the secondary level (adulthood), and its influence in women's choices to engage in vaginal practices. The chapter includes a discussion of the lived experiences of women's use of vaginal practices and the different mediums of knowledge acquisition that women are exposed to. This chapter also explores vaginal practices vis-à-vis the construction of

femininities, sexuality, and womanhood among women. Women's perceptions and lived experiences of the role that vaginal practices play in the creation of an "ideal woman" are discussed. Furthermore, the influences at play in the creation of these perceptions are explored. The chapter also explores the issues of women's agency and its influence on the decision to use vaginal practices, the choice of vaginal practices, and the actual use of vaginal practices.

Chapter 5: Ulwazi Lwethu Lwesintu: Indigenous Knowledge (IK) and Vaginal Practices

This chapter explores the influence that IK has on the perpetual use of vaginal practices by women in the village. The different social institutions at play in enforcing vaginal practices as a product of IK systems are explored. Furthermore, the role that IK plays in creating norms and beliefs, as well as the normalisation of the adoption and use of vaginal practices, are interrogated to demonstrate how vaginal practices are greatly influenced by these IK systems.

Chapter 6: Ikatari Yami: Vaginal Practices, Sexual Pleasure, and Witchcraft

This chapter discusses women's perceptions and lived experiences of the use of vaginal practices for sexual pleasure, and casts the spotlight on finding out for whose pleasure vaginal practices are adopted. The social functions of sex are interrogated in this chapter, which highlight the role that sex and sexual pleasure play particularly in keeping the institution of the family together. The gendered power dynamics between men and women and their influence on the social role that sex plays with the aid of vaginal practices are analysed in this chapter.

Chapter 7: Izinto Zabomama Eziyimfihlo: Men's Views on Vaginal Practices

This chapter interrogates men's views on vaginal practices and how they perceive women who engage in these practices. The purpose of soliciting men's perspectives was to uncover gendered decision-making dynamics in terms of vaginal practices and the perceived benefits that men gain from women's use of vaginal practices. Specifically, the role that men play in some women's decisions to engage in vaginal practices is expounded.

Chapter 8: Summary of Findings, Conclusion, and Recommendations

This chapter summarises the key findings of the study, presents the conclusions, and makes policy recommendations based on the data analysed in the previous chapters. A comparison is made of the study findings with extant study findings on vaginal practices and how these findings weave into or diverge from existing scholarly narratives on issues of women's agency and their bodies, as well as the gendered power dynamics in the use of vaginal practices. A conclusion on for whose pleasure it is that women engage in vaginal practices is drawn. The chapter also discusses the study's contribution to existing knowledge, as well as its limitations. Lastly, the chapter makes policy recommendations.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

This chapter reviews existing literature and globally dominant debates about vaginal practices. The chapter begins by providing a contextual overview of the study of vaginal practices and its motivations, and then proceeds to discuss the cultural, medical, and social understandings of these practices. Specific themes were formulated from the review of the literature and are presented as follows: overview of vaginal practices, vaginal practices in Zimbabwe, motivations for vaginal practices, notions of cleanliness and sex, vaginal practices through the health lens, vaginal practices as a source of empowerment, and the anthropology of the female body. The review situates this study within the current discourse about vaginal practices and identifies the knowledge gap that the study sought to fill.

2.2 BACKGROUND AND CONTEXT OF THE STUDY

Hull *et al.* (2011) define vaginal practices as any measure taken by women to alter their vaginal area for several reasons, which include hygiene and sexual purposes. According to Lees *et al.* (2014), vaginal practices are a collection of behaviours that women engage in to change the construction and condition of their vagina, which include intravaginal cleansing known as douching, as well as the insertion of substances and herbs. Vaginal practices can be said to be a product of socio-cultural beliefs and gender norms, and the prevalent reasons for these practices involve the avoidance of infection, enhancing pleasure during sexual intercourse, conformity to socio-cultural norms, and hygiene (Rahbari, 2019; Nsereko *et al.*, 2021). Earlier studies have shown that vaginal practices vary from one community to the other and they include internal and external washing of the vagina with plain water, with water and detergents, the insertion of agents into the vagina, as well as cutting or modification of the genitalia to achieve different goals for women (Hilber *et al.*, 2007; Hilber *et al.*, 2012; Scorgie *et al.*, 2009; Scorgie *et al.*, 2011; Nsereko *et al.*, 2021). The study of vaginal practices is important as it allows scholars to gain insight into issues around women's sexuality and constructed meanings of womanhood derived from these practices, as well as their general contribution to women's wellbeing. It is imperative to note that women are a non-homogenous group and, as such, their views and perceptions in different countries and communities cannot be generalised as they have different socio-cultural influences. Leclerc-Madlala (2004) argues that in the African

context, there is no singular portrayal of issues of sex and sexuality as different communities and settings have their own unique ways of life and are influenced by different factors even in issues of sexual dimensions.

Women across the world engage in vaginal practices to achieve different results, depending on what their perception of a “perfect” vagina is and what it should look or feel like in their context and according to their needs. Most studies on vaginal practices in Europe and the Americas have focused on vaginal medical procedures, which entail women seeking medical experts to perform procedures such as vaginoplasty, labiaplasty, and vulvoplasty (Braun & Kitzinger, 2001a, 2001b; Braun & Wilkinson, 2001; McDougall, 2013). Importantly, previous studies in Europe, the Americas, Asia, and Africa adopted a biomedical perspective of the safety and health implications of various vaginal practices (Van de Wijgert *et al.*, 2000; Fonck *et al.*, 2001; McClelland *et al.*, 2007; Tsai *et al.*, 2009; Allen *et al.*, 2010; Low *et al.*, 2011; Penman-Aguilar *et al.*, 2011; Vallely *et al.*, 2012; Alcaide *et al.*, 2013a, 2013b; Alcaide *et al.*, 2014; Alcaide *et al.*, 2015; Alcaide *et al.*, 2016; Alcaide, Chisembele *et al.*, 2017; Alcaide, Rodriguez *et al.*, 2017; Brown *et al.*, 2013; Gafos *et al.*, 2014; Lees *et al.*, 2014; Mandal *et al.*, 2014; Sivapalasingam *et al.*, 2014; Esber *et al.*, 2015; Esber *et al.*, 2016a; Bui *et al.*, 2018; Chisembele *et al.*, 2018; Hamoonga *et al.*, 2019; Maje, 2019; Bassey & Adebayo, 2021; Rael *et al.*, 2021). The argument raised is that there is a need to assess and gain insight into vaginal practices independently and outside of the Western gaze and the biomedical perspective because vaginal practices form part of culture and women’s lives. Additionally, women draw different meanings from them regardless of the health consequences that they may come with; hence the need for contextual and anthropological insight into them.

Societal constructs of cleanliness, freshness, and hygiene have proven to be a motivator for the use of vaginal practices in countries such as Canada and the United States of America due to the perception of women’s genitalia as unclean (Brown *et al.*, 2013; Brown *et al.*, 2016; Alcaide, Rodriguez *et al.*, 2017; Crann *et al.*, 2017; Crann *et al.*, 2018; Jenkins *et al.*, 2017; Jenkins *et al.*, 2021; Jenkins & O’Doherty, 2021). A study on the motivations for intravaginal product use among a group of African American, Caucasian, and Latina women in Los Angeles found that intravaginal practices cut across race; however, a higher proportion of vaginal practices are more common among African American women in that context, who mostly reported having learned about vaginal practices from their mothers (Alcaide, Rodriguez *et al.*, 2017). Studies on vaginal practices in Europe and the Americas have been conducted on vaginal practices, however, it should be noted that even in those countries these studies have

predominantly been conducted on minority groups such as Black, immigrant, and Latina communities (Anderson *et al.*, 2008; Alcaide, Rodriguez *et al.*, 2017).

Vaginal practices are not universal, nor are their motivations (Hilber, Hull, *et al.*, 2010; Hilber *et al.*, 2012; Duby *et al.*, 2017). Motivations for use in Asia are not the same as motivations for use in Africa due to differences in cultural influences and women's needs (Hull *et al.*, 2011). In Asia, women mainly use vaginal practices for hygiene purposes, while women in Africa are mainly motivated by hygiene and sexual needs (Hull *et al.*, 2011). One can say that the narrative in most parts of Europe, the Americas, and Asia is mainly the motivation for hygiene purposes, whereas research in Africa points out sexual reasons as one of the top motivators. It can be argued that because of these observations, there is a need to explore African narratives. An interrogation into why the motivation for some women in Africa is sex (Runganga *et al.*, 1992; Van de Wijgert *et al.*, 2000; Van de Wijgert *et al.*, 2001; Scorgie *et al.*, 2009, Scorgie *et al.*, 2010; Scorgie *et al.*, 2011; Hilber, Hull *et al.*, 2010; Hilber *et al.*, 2012; Esber *et al.*, 2015; Esber *et al.*, 2016a), compared to other continents whose dominant narratives for the use of vaginal practices is mainly hygiene purposes (Anderson *et al.*, 2008; Crann *et al.*, 2017; Crann *et al.*, 2018; Jenkins *et al.*, 2017; Rahbari, 2019; Jenkins & O'Doherty, 2021), should be done. Understanding for whose pleasure it is that women engage in these practices, while also examining the gendered socio-cultural forces behind these motivations using the social anthropological lens to shift from the dominant biomedical one, is needed.

Vaginal practices are culturally embedded in the gendered dynamics that shape women's perceptions of their sexuality and womanhood (Msuya *et al.*, 2002; Al-Hussaini, 2003; Gruenbaum, 2006; El-Shawarby & Rymer, 2008; Tag-Eldin *et al.*, 2008; Boddy, 2016; Gebremariam *et al.*, 2016; Johansen, 2017; Mukucha *et al.*, 2023). As such, there is a need to interrogate the role that culture plays in the perpetuation of these practices through different mediums of socialisation with the use of different social institutions such as religion and family, as noted by Rahbari (2019) in her study of Iranian women. The reviewed literature also shows that in some countries like South Africa where these practices are found, in some cases, these practices are associated with sorcery and promiscuity; hence the secrecy around the practices among women who engage in them (Scorgie *et al.*, 2010).

2.3 OVERVIEW OF VAGINAL PRACTICES

Vaginal practices have been in existence in Africa since time immemorial and have been passed from one generation to the next through oral tradition (Venganai, 2018). It can be said that there are two main categories of vaginal practice motives, namely vaginal practices for perceived cleanliness (hygiene) and sexually motivated vaginal practices. Vaginal practises can also be said to be part of Indigenous Knowledge (IK) that traditional societies rely on for the mitigation of some challenges that women face in their day to day life. This indigenous knowledge is a product of culture and it influences societal norms and way of life. It plays a crucial role in informing how people in societies deal with problems. Vaginal practices are therefore used by women in some societies to mitigate challenges that they come across in their journey of life. Extant studies indicate that women engage in vaginal practices to achieve vaginal dryness, tightness, to ensure partner fidelity, and to please and satisfy their partner's sexual needs; among other needs (Morar *et al.*, 2003; Scorgie *et al.*, 2010; Hull *et al.*, 2011; François *et al.*, 2012; Lees *et al.*, 2014; Ziba *et al.*, 2019; Nsereko *et al.*, 2021). Despite these varying reasons having been unearthed, there is a gap in research that probes the forces behind the need for women to perceive themselves as having the responsibility to be “pleasers” of males in relationships and also feeling the need to ensure that men do not stray from relationships when the men should be responsible for their own actions.

In a bid to understand vaginal practices and their motivations, Hilber *et al.* (2012) conducted a systematic review of existing qualitative data, which employed meta-ethnographic methods to gain insight into the origins, meanings, and subsequent transformations of vaginal practices. They found that vaginal practices are not stagnant; they evolve over time and in most cases adapt to the changes in people's way of life and circumstances. They also noted that some women are empowered by the practices, which enables them to negotiate challenges that they face in different facets of their lives (Hilber *et al.*, 2012). The management and achievement of the social and reproductive needs of women are one of the uses of vaginal practices, and these practices are a consequence of the ever-changing world sense of women from different walks of life (Hilber *et al.*, 2012). The study revealed that in Africa, vaginal practices studies are often conducted within the context of the human immunodeficiency virus (HIV), sexually transmitted infections (STIs), and other reproductive tract infections; there is thus a dominantly medical view of these practices (Hilber *et al.*, 2012). While synthesising existing data helps in understanding the function of these practices in different times and places, as well as their evolution, this method does not generate new knowledge per se because it analyses or compares

existing data. As such, in a world that is ever changing, there is a need for research that will generate new knowledge on vaginal practices through studying different communities. Particular attention should be paid to context in order to expand the existing literature and body of knowledge, and bringing newer insight into these practices as their meanings change over time from one generation to the next (Hilber *et al.*, 2012). I noted the observations by Hilber *et al.* (2012) on the ever-changing nature of vaginal practices; hence the importance of my study as it endeavoured to note very current trends on vaginal practices given their contextual and evolving nature.

Extant studies show that there is a high level of secrecy around the use of vaginal practices. Most women use vaginal practices but do not want to be known as users because the use of vaginal practices in some cases is associated with infidelity and sorcery (Van de Wijgert *et al.*, 2001; Scorgie *et al.*, 2010; Humphries *et al.*, 2019). It can be argued that women sometimes engage in vaginal practices as they bear the responsibility of keeping relationships going with their partners; i.e., if a man cheats, they did not play their role of satisfying him (Sango *et al.*, 2015). In KwaZulu-Natal, women use tiny cuts in their genitalia, known as *ukugcaba*, *izingcabo zothando*, or *ukugcabela indoda*, to introduce herbal love substances into their body to increase their sexual desirability to their partner, as well as to ensure partner commitment (Scorgie *et al.*, 2010). The traditional medicines that are inserted are known as *imithi*, which are believed to ensure fidelity and more love from the male partner (Scorgie *et al.*, 2010). Secrecy among women performing these incisions was reported as they do not disclose their use of vaginal practices to their sexual partners. This trait of secrecy was echoed in a study of vaginal practices that was conducted in KwaZulu-Natal among adolescents (Humphries *et al.*, 2019). In the same vein, in some countries such as Tanzania, vaginal practices are most secretive and highly entrenched in tradition (Lees *et al.*, 2014). It should, however, be noted that in some countries, like Indonesia, secrecy regarding the use of vaginal practices among women is not the primary concern as emphasis is placed on the benefits derived from vaginal practices, such as perceptions of sexual pleasure for both the woman and man, as well as cleanliness (Hardon & Idrus, 2015; Hardon *et al.*, 2019). The findings by Humphries *et al.* (2019), Lees *et al.* (2014), and Scorgie *et al.* (2010) support the notion that culture and tradition play a pivotal role in influencing behaviour and perceptions of sexuality. There is a need for studies that examine the contextual notions on secrecy around vaginal practices as women may be benefitting from these practices, hence their need to keep them secret from their male

partners to continue yielding the benefits that come with the use of vaginal practices, to explore the reasons why these practices are frowned upon regardless of the derived benefits.

2.4 VAGINAL PRACTICES IN ZIMBABWE

There is limited context-specific Zimbabwean studies on vaginal practices and the few that are available were conducted through a biomedical philosophical lens (Civic & Wilson, 1996; Van de Wijgert *et al.*, 2000; Van de Wijgert *et al.*, 2001; Turner *et al.*, 2010; Esber *et al.*, 2015; Duby *et al.*, 2017). Most studies have been conducted in urban settings where women's experiences and influences are different from those of rural women. In a study conducted on a cohort of Zimbabwean women in the Mashonaland region, intravaginal practices were divided into three categories, namely insertion of traditional substances into the vagina, wiping, and finger cleaning (Van de Wijgert *et al.*, 2001). The most reported practices among women were finger cleaning and wiping (mainly used for hygiene purposes), sexual preparation, and post-coital washing (Van de Wijgert *et al.*, 2001). Van de Wijgert *et al.*'s (2001) study in urban Zimbabwe echoes the sentiments by Rahbari (2019) that vaginal hygiene plays a huge role in the socialisation of females because the vagina is deemed to be "dirty" and thus needs to be constantly taken care of. A lower proportion of women reported using vaginal practices to have a dry and tight vagina for the sexual satisfaction of their partners, which will create sexual desirability and male fidelity (Van de Wijgert *et al.*, 2001). It can be argued that although Van de Wijgert *et al.*'s (2001) study was conducted in Zimbabwe, its findings cannot be generalised to represent all women in Zimbabwe as it only represented the narrative of urban women who live in the Mashonaland region and captured the reality of women in that part of Zimbabwe. The generalisability of Van de Wijgert *et al.*'s (2001) findings can be problematic as the views that are reflected in the study speak to the narrative of mainly urban women and not rural women; there is thus a need to broaden the research scope of vaginal practices in Zimbabwe by investigating the situation in a rural setting using a socio-anthropological lens. An interrogation of the gendered cultural norms and beliefs that perpetuate these practices is needed to determine for whose pleasure women engage in these vaginal practices.

Extant studies show that vaginal practices are used by some women in Zimbabwe especially during their postpartum journey (Mawoza *et al.*, 2019). They use them for healing purposes and it can be said that some women use traditional medicine in vaginal practices to reduce vaginal size and to stop postpartum bleeding through the use of lemons and traditional herbs such as *Elephantorrhiza elephantina* and *Sclerocarya birrea* (Mawoza *et al.*, 2019). Traditional

medicine has been used in Zimbabwe in women's postpartum healing since time immemorial and vaginal practices have played a critical role in this process as women have used these practices to heal the vaginal tearing that some women experience during childbirth (Mawoza *et al.*, 2019). Mawoza *et al.*'s (2019) study is one of the few studies in Zimbabwe that captures the element of vaginal practices in the rural setting, although the study's inclinations are medical and with the aim to understand the use of general traditional medicine in pre-and post-natal care for women, with a biomedical emphasis. Mawoza *et al.*'s (2019) study, however, did not explore the gendered socio-cultural dynamics involved in these traditional practices, and, as such, leaves a gap for future research to explore those dynamics using an anthropological angle. It can be said that childbirth plays a crucial role in a woman's life; women therefore do different things to enhance the healing process during the recovery period in a bid to restore their bodies to the pre-childbirth condition.

Additionally, extant studies have indicated that women in Zimbabwe use different household and herbal products for vaginal tightening and cleaning. They insert some substances and products into their vaginas to achieve a "perfect" vagina that is more sexually appealing to their sexual partners (Runganga *et al.*, 1992; Civic & Wilson, 1996; Van de Wijgert *et al.*, 2001; Turner *et al.*, 2010; Venganai, 2018). In her study of Shona urban women, Venganai (2018) found that labia elongation is very common and that a woman without elongated labia is in some cases deemed incomplete and imperfect. The study noted that in the urban context, elongated labia no longer have ethnic connotations, but women elongated their labia for their own pleasure. Venganai's (2018) study target population was urban Shona women whose cultural influences are not the same as those of the Ndebele, Khoisan, and Kalanga women in Tsholotsho in Matabeleland. It was, however, found in Venganai's (2018) study that some women faced problems due to elongated labia as they reported the production of a foul odour and excessive fluids from the vagina. It can be said that there is a need to understand the notion of having a "perfect" vagina by looking at the different factors involved in determining the perfection of the vagina and posing questions such as: A "perfect" vagina according to whom? A "perfect" vagina for whose pleasure and benefit?

It should be noted that there is limited context specific scholarship on vaginal practices specifically in Matabeleland region. Some scholars like Bhebhe (2014) have made an attempt at studying vaginal practices in Matabeleland, however her study findings cannot be generalized as they represent the views of the diaspora Ndebele woman who comes from Matabeleland. Bhebhe's (2014) work plays a very crucial role in giving insight on Ndebele

women's practices however it lacks the voice of the rural Ndebele woman. My study therefore brings to the fore the perceptions and views of these rural women.

In a bid to understand herbal use and the use of other agents to increase pleasure during sexual intercourse, Runganga *et al.* (1992) conducted a study among urban women who were attendees at urban clinics for routine childcare. Some women reported vaginal practice agents in the form of herbal substances, while some used plain water and other non-herbal substances such as Dettol, Betadine antiseptic solutions, and pessaries; among others (Runganga *et al.*, 1992). The methods of application of these substances included douching, insertion through the application of absorbents, and other solid agents. The perceived benefits and motivations for the use of these vaginal practices were mainly sexual (Runganga *et al.*, 1992). The findings of Runganga *et al.*'s (1992) study cannot be minimised as they yield very important insight into understanding vaginal practices. The study, however, only focused on women who were attending healthcare facilities for routine childcare and, as such, the views of those women cannot be said to be generalisable as they only paint a picture of a small section of women in Zimbabwe.

Perez (2014) in their study of what Zimbabwean men know about vaginal practices found that vaginal practices are recognised in Zimbabwe for their enhancing of sexual pleasure for both women and men. Perez's (2014) study is one of the few studies that focuses on the views on men on vaginal practices. This study is of paramount importance as it illuminates the views of the men who play a cardinal role in the shaping of women's sexualities. They also are part of the societies in which gender norms are enforced.

Women in Zimbabwe use different vaginal practices to attend to their different needs, which include the need for a dry vagina, tightening the vagina, and pleasing their sexual partners (Turner *et al.*, 2010). Scholars who have done work on vaginal practices, such as Turner *et al.* (2010), allude that vaginal practices increase HIV risk through injury to the vaginal epithelium and they also increase the risk of bacterial vaginosis. It can be said that Turner *et al.*'s (2010) study, like other studies that have been conducted in Zimbabwe, has a biomedical bias. It did not explore the socio-cultural dynamics vis-à-vis vaginal practices as it mainly focused on vaginal practices among HIV-negative women. Considering this, there is thus a need to specifically probe women's awareness of the health implications of using vaginal practices and why women still engage in vaginal practices considering the health implications that they may have.

Scholars such as Van de Wijgert *et al.* (2001) have also done research in Zimbabwe to gain insight into intravaginal practices with the aim of understanding which women engage in them. They carried out a quantitative study with a group of urban Zimbabwean women as a baseline for a potential research study on the consequences of intravaginal practices for women's SRH. Van de Wijgert *et al.* (2001) noted that the use of traditional substances to dry and tighten the vagina was less common and that users of these traditional substances were mainly of a lower socio-economic status. The women used substances such as *Mutundo wegudo* (baboon urine soil), *Chimhandara* (a traditional powder used to tighten the vagina) and *Wankie* (a herbal agent used for drying the vagina); among other traditional substances (Van de Wijgert *et al.*, 2001). Some women use these vaginal practices for menstrual hygiene, as well as treating vaginal discharge, and some use them as aphrodisiacs (Van de Wijgert *et al.*, 2001). A purely quantitative research methodology for the study of vaginal practices could be a limitation as this method does not provide an opportunity to explore the life stories of women who use vaginal practices or narratives on these practices.

Zimbabwean scholars such as Sango *et al.* (2015) have conducted research on vaginal practices with the intent of understanding the types of vaginal practices that women in Zimbabwe use. Sango *et al.* (2015) put forward that most women employ vaginal practices to address vaginal atrophy problems, which some women experience due to early sexual debut and having multiple sexual partners at a young age, childbirth, menopause, as well as other health-related issues that in turn have an effect on their self-esteem. The findings of Sango *et al.*'s (2015) study also show susceptibility to vaginal loosening due to age, and different agents used for vaginal tightening that were reported that include herbal vaginal agents, douching, and washing with salt and water, with the use of herbal agents being the most common as they were readily available and cheap. Women learn about vaginal practices from relatives and friends, which shows that the social context plays a very crucial part in perpetuating vaginal practices (Sango *et al.*, 2015). As such, there is a need to study the socio-cultural influences that shape women's perceptions of womanhood and sexuality. One of the limitations of Sango *et al.*'s (2015) study, like many others that have been conducted in Zimbabwe, is that it only provided insight into the experiences of urban women; there is thus a need to fill the gap in knowledge on the experiences of rural women. The perceived benefits of the use of vaginal practices are increasing the warm sensation of the vagina and reducing secretions from the vagina, as well as increasing sexual pleasure for their partners (Sango *et al.*, 2015). Sango *et al.*'s (2015) study only focused on the agents that women reportedly use and did not explore the gendered

dynamics that influence these practices. It also did not explore the processes of transferring knowledge of vaginal practices, nor the role of patriarchy in the perpetuation of these practices.

In my study of vaginal practices, I address the methodological limitations of extant studies on vaginal practices in Zimbabwe. The literature review shows that most extant studies utilised quantitative methodology (Runganga *et al.*, 1992; Van de Wijgert *et al.*, 2001; Turner *et al.*, 2010; Sango *et al.*, 2015; Mawoza *et al.*, 2019). Sexual practices and sexuality nuances such as vaginal practices cannot be fully encapsulated by quantitative approaches; this therefore justifies the use of the qualitative approach in my study of vaginal practices. One could say that the quantitative approach also does not capture the complexity and depth of people's lived experiences. Additionally, few studies have adopted a purely qualitative methodology in the study of vaginal practices in Zimbabwe; one of which was conducted by Venganai (2018). For my study, I adopted an ethnographic design, which allowed the use of face-to-face data-collection methods, as well as observations, which allow researchers to fully immerse themselves in the lives of the researched. Venganai's (2018) study provides valuable insight into the vaginal practice of labia minora elongation; however, her study did not explore more deeply lived experiences of the gendered dynamics that shape vaginal practices among women. It also only focused on urban women and men and did not examine the lived experiences of rural women and men.

In light of the reviewed literature on vaginal practices in Zimbabwe, it can be said that there is a gap that needs to be filled in the scholarly study of vaginal practices – one that explores socio-cultural influences on women's use of vaginal practices, while also paying attention to issues of women's individual decision-making agency in the use of these practices. There is a scarcity of social anthropological data that provide insight into vaginal practices from the perspective of rural women and men and exploring their life worlds. Extant studies in Zimbabwe show that there are limited views of men on these practices; hence the need for a study of vaginal practices that is inclusive of men and that amplifies their views.

2.5 MOTIVATIONS FOR VAGINAL PRACTICES

There are a variety of motivations for vaginal practices around the world and women engage in these practices to address different needs. Women engage in these practices to attend to their individual needs, which range from addressing issues of undesirable discharge, vaginal dryness, vaginal tightness, and hygiene (Hull *et al.*, 2011). Women are not a homogenous group

as their needs and motivations differ. Hilber, Hull *et al.* (2010) conducted a cross-cultural study in four countries to investigate vaginal practices with the intent of understanding the motivations behind these practices vis-à-vis the health, sexuality, and wellbeing of women who engage in them. They found that women's attempts to overcome perceived undesirable vaginal secretions, their odours, and colour act as motivation for use of vaginal practices (Hilber, Hull *et al.*, 2010). The same findings on motivations for vaginal practices are echoed by Sango *et al.* (2015). The drawback of Hilber, Hull *et al.*'s (2010) study is that it focused exclusively on the health and safety implications of these practices for women. The study did not account for contextual factors that engender the varied vaginal practices. This is lamentable given that women do not live in a vacuum. It can be said that, from the above findings, motivations for vaginal practices cannot be generalised and there is thus a need to study these practices contextually and what their meanings are to different women in different communities.

Additionally, drawing from the reviewed literature, it was observed that some women use vaginal practices to make their vaginas tight, because perceptions on it being loose stem from biological factors such as childbirth, frequent sex, and postpartum cleansing (Dallabetta *et al.*, 1995; Braun & Kitzinger, 2001a; François *et al.*, 2012; Moise *et al.*, 2019). Hilber, Hull *et al.* (2010) also echo this as they noted that some women in KwaZulu-Natal use vaginal practices to restore the tightness of their vaginal muscles in what they call *ukubuyisa izinyama* (contraction/tightening of the vaginal walls), as well as becoming like a virgin, which they call *ukuba njenge ntombi* (restored to the state of being a virgin). The same trend was also noted by Lees *et al.* (2014) in their study of intravaginal practices among women in Tanzania and Uganda, as they found that there was emphasis in the teachings of the elderly women to younger women on ensuring that their vaginas are clean and tight to ensure pleasure for their men. Women use vaginal practices to maintain harmonious relationships with their partners as they bear the responsibility to meet their partners' sexual needs (Ziba *et al.*, 2019).

In countries such as Indonesia, women use concoctions called *jamu* to remain attractive to their sexual partners as they feel a lifelong obligation to always be attractive to their male sexual partners (Hardon *et al.*, 2019). Women are also given these concoctions the day before their wedding to tighten their vaginas to resemble virginity if they are not a virgin (Hardon *et al.*, 2019). It should be noted that many extant studies in Africa have revealed that women bear the responsibility of pleasing their sexual partners to ensure fidelity (Runganga *et al.*, 1992; Bagnol & Mariano, 2008a, 2008b, 2012; Scorgie *et al.*, 2010; Moise *et al.*, 2019; Nsereko *et al.*, 2021). Studies on cultural practices also show that the grooming of women into womanhood in some

cultural groups entails teaching women how to take care of and please a man (Muchono, 2018). They are taught that the role of taking good care of a man lies with them, as shown in the study of the cultural practice of *Chinamwali*, a girl's initiation into womanhood, which is practised in the Mahenye community in Zimbabwe (Muchono, 2018). In cultural groups that still practise female genital cutting (FGC), grooming for womanhood for girls starts from a young age (Ahmed *et al.*, 2018). FGC can be defined as “a practice that involves courses of action which include the total cutting off of the external genitalia, infliction of injury on the genitalia of females which is motivated by culture and not for healing medical reasons” (Al-Hussaini, 2003). Ahmed *et al.* (2018), Al-Hussaini (2003), Gruenbaum (2006), and Tag-Eldin *et al.* (2008) note that during the process of FGC, girls' genitals are partially cut and, in some cases, totally cut off with the aim of preserving the girl's virginity for marriage to ensure the preservation of the fidelity of the man who will marry them. Leclerc-Madlala (2004) notes that FGC is also used as an initiation for young women into womanhood. Infact, vaginal pracyices such as FGC are used as weapons to control women's sexuality and bodies by men (Leclerc-Madlala 2004). It can be said that there is a need to explore the role that grooming plays in influencing women feeling the need to be responsible for pleasing their male partners sexually. There is a need to probe the role of socialisation and whether vaginal practices are used as a weapon for controlling women's sexuality and bodies, or whether these practices are used by women to empower themselves.

Scorgie *et al.* (2009) conducted a study in rural and urban KwaZulu-Natal using qualitative research methods to understand vaginal practices among women and the motivations behind these practices. Specifically, the study sought to elicit comments about the sexual outcomes of using these traditional medicines. They found that the traditional medicines used in vaginal practices among women are meant to ensure stability in relationships. They noted that terms such as “dry sex” cannot fully explain and capture the notion of vaginal practices (Scorgie *et al.*, 2009). They found that women are motivated by a wide range of reasons to use vaginal practices apart from ensuring their partners' sexual faithfulness and securing sexual relationships. Most women stated the economic benefits that they yield from men when they use vaginal practices and that the economic benefits not only help them, but their children as well (Scorgie *et al.*, 2009). The effectiveness of some of the vaginal practice products are related to their ability to eliminate unwanted fluids and odours from the vagina and tightening the vagina, while some vaginal practice products are used for sorcery purposes (Scorgie *et al.*, 2009).

Women also use vaginal practices to enhance sexual pleasure for themselves, to increase libido, and to boost sexual stamina (Scorgie *et al.*, 2009; Moise *et al.*, 2019). This is the same finding by Audet *et al.* (2017), where an increase in women's sexual pleasure is a motivating factor for the use of vaginal practices in Zambézia Province in Mozambique. Relationship maintenance in times of conflict and during threats of infidelity, as well as in the face of violence, also serve as motivating factors for some women (Scorgie *et al.*, 2009).

McDougall (2013) posits that some women engage in vaginal practices for aesthetic purposes, whereby the female genitalia, particularly the labia, are symmetrical and do not protrude. To achieve this symmetry, some women undergo cosmetic surgical procedures to achieve what they call a "clean slit" (McDougall, 2013). McDougall (2013) defines a slit as "a narrow, straight and long opening, an aperture". Western visual media and soft porn hubs perpetuate the creation of this ideal type of smooth appearance of the vagina, which is considered an aesthetic ideal that can be achieved through one having a slit. Braun and Wilkinson (2001) state that current trends, as well as cultural representations of the vagina as a smooth organ without any protruding and dangling characteristics, have been a driver behind some women in the West acquiring cosmetic surgery procedures for their vaginas. Additionally, McDougall (2013) notes that the latest fashion in the West has become skimpier, tighter, and more revealing, which necessitates some women to undergo cosmetic vaginal procedures as the visual representation of the vagina, particularly in the media, is "flat and smooth" and somehow invisible.

Considering the above, one may argue that motivations for the use of vaginal practices vary. The motivations are influenced by a wide range of factors, which include the context, socialisation, and cultural factors that women are exposed to. The motivations are not universal but contextual and, as such, exploring the different influences in different settings that women are exposed to, which influence their choice to adopt vaginal practices, is needed.

2.6 NOTIONS ON CLEANLINESS AND SEX

Women engage in vaginal practices to cleanse the vagina from perceived uncleanliness and dirt. Rahbari (2019) asserts that Iranian women are socialised from an early age into believing that the vagina is a dirty organ that is in constant need of cleaning. Religion, the family, and media are the main social institutions that play a huge role in influencing and reinforcing these notions, and these notions are taught to women from an early age through these social institutions (Rahbari, 2019). The cultural notions of "cleanliness" are mainly targeted at

women. It could be “bodily cleanliness” or cleanliness of the home. Such culturally rooted notions perpetuate stereotypes of cleanliness as the sole responsibility of women (Sivulka, 2001; Torresi, 2004). In addition, the globalisation of Western ideals of cleanliness have permeated African societies to the extent that cleanliness is now associated with affluence in countries such as Zimbabwe (Burke, 1996). Electronic media also exacerbate these notions through the images of “ideal” types of women that they show through different mediums. Braun and Wilkinson (2001) argue that the constant depiction of the vagina as disgusting, sexually inadequate, and passive fuels the constant need for women to strive for vaginal perfection. This therefore mounts pressure on women to do whatever it takes to reach that level of perfection, which in some cases leads to women engaging in practices that are detrimental to their wellbeing (Braun & Kitzinger, 2001a; Scorgie *et al.*, 2011).

Due to the influx of Western-perceived cleanliness advertising, cultural practices that African societies uphold have been labelled as unclean and uncivilised. Print and visual media outlets through advertising present an “ideal” type of woman, whose attributes are mainly biased towards the Western standards of female beauty. This “ideal” type of woman has fair(er) skin, a slim figure, and a body that smells good and she takes good care of her feminine hygiene using Western-inspired feminine hygiene products. Because of the so-called “approved by experts” status attached to Western feminine hygiene products, the advertised feminine hygiene products are deemed “safe” compared to the “unsafe” traditional products used in the vaginal practices of African women that they have always used (Sivulka, 2001). The traditional products are viewed as “unsafe”, unlike the Western products, because they are not produced in a laboratory (Sivulka, 2001). The influence of the media in the perpetuation of the creation of the “ideal woman” post apartheid is also brought to the fore by Gqola (2016) in her analysis of the rising phenomenon of the New South African Woman (NSAW) as portrayed in various media but particularly in Lebo Mashile’s column on True Love magazine. The media portrays the ideal woman as possessing particular characteristics which are manifested through her sexuality and femininity. This shows that the “ideal woman” is a creation of the environment and is moulded according to the setting in which they exist in.

Some scholars charge that women engage in vaginal practices for hygiene purposes, to have a clean vagina before sexual intercourse, as well as to eliminate post-coital fluids, which are perceived to lead to unwanted odours if not gotten rid of using vaginal practices (Van de Wijgert *et al.*, 2001; Rahbari, 2019). McKee *et al.* (2009) support the same views as they posit that women also engage in vaginal practices to eliminate menstrual residue, which is also believed

to cause unwanted odours in the vagina. In countries such as India, cleanliness and hygiene are closely linked with one's social status, where individuals who reside in areas with less access to water and other resources that enhance one's hygiene health are relegated to the lower class as they are considered dirty (Jack *et al.*, 2020). The pressure to always be clean, especially for women among the upper caste groups such as the Brahmin caste group members, is highly emphasised, with women expected to pay more attention to cleanliness especially when they are menstruating (Jack *et al.*, 2020). It can be said that the perception that the vagina is an unclean organ stems from socialisation; hence the need to interrogate the role of socialisation in shaping these perceptions. Social constructs on the state of the vagina are perpetuated by society through the gendered grooming of women and girls in their different life stages. The reviewed literature indicates the removal of odours, the removal of extra moisture, the prevention of diseases, relief of symptoms of diseases, as well as improvement of sex for their partners as reasons for the use of intravaginal practices (Esber *et al.*, 2016a). It should be noted that these findings are aligned with other studies and therefore not peculiar (Turner *et al.*, 2010).

Religion is one of the social institutions that plays a key role in the perpetuation of the narrative that the vagina is unclean because of some biological processes that women go through, such as childbirth and menstruation. Religion is used as a control mechanism over women, their sexuality, and their bodies (Ozerdogan *et al.*, 2018). Norms and beliefs regarding the uncleanliness of the vagina are reinforced through mothers and grandmothers who ensure that girls are taught about the importance of cleanliness of the vagina from a young age (Rahbari, 2019). In their study of vaginal douching among Latina women in the United States of America, McKee *et al.* (2009) found that women learned about vaginal douching from their family members and friends. In Turkey, Ozerdogan *et al.* (2018) found that women engage in vaginal practices as part of ritual cleansing after sexual intercourse and menstruation to clean their vaginas and eliminate odours, as informed by Muslim religious requirements for women. The practices are reportedly common among women of lower educational levels and lower social status (Ozerdogan *et al.*, 2018). There is a lack of knowledge of the health consequences that vaginal practices may cause for women who engage in them (Ozerdogan *et al.*, 2018). In Iran, women still engage in vaginal practices despite knowing the health consequences that these practices may have, and knowledge on vaginal practices is passed on by mothers and grandmothers from generation to generation (Rahbari, 2019). Considering this, it can be said that this knowledge of vaginal practices is ingrained into the girl child's psyche from a young age through socialisation. In communities where vaginal practices such as FGC are practised,

as in Sudan, it is believed that undergoing the practice is moral, beautiful, and Islamic (Gruenbaum, 2006). FGC is believed to protect a girl's virginity, which brings honour to her family and increases her marriageability, which is highly valued and highly regarded in the Muslim community (Gruenbaum, 2006). Perceptions of the unclean nature of the vagina are not only confined to internal uncleanliness but also to the external. In some North African countries, women undergo FGC as a means of enhancing external vaginal cleanliness, among other reasons (Msuya *et al.*, 2002; Gruenbaum, 2006; Gebremariam *et al.*, 2016; Ahmed *et al.*, 2018). FGC is illegal in most countries as it has been classified as a violation of human rights. It is performed on girls in most cases at a young age with the consent of the parents and it is highly entrenched in patriarchy, culture, and religion (Hernlund & Shell-Duncan, 2007; Shell-Duncan *et al.*, 2011; Gebremariam *et al.*, 2016; Yousef *et al.*, 2017; O'Sullivan, 2021). It can be said that vaginal practices such as FGC are used as weapons to control women's bodies and sexuality as in most cases the women who have undergone these practices did not have the power to decide whether they wanted to have the practices done to them. It is used to control women's sexual desire and to ensure their fidelity (Al-Hussaini, 2003).

The vagina is a means of production for some women, such as sex workers who rely on its use for income generation, where a perceived unclean vagina compromises income (Francis *et al.*, 2013). Perceptions of the vagina being unclean breed insecurities in some women, which results in them engaging in vaginal practices to "clean" their vaginas. These sentiments are echoed by Brody *et al.* (2021), who note that the notion of a clean vagina is perpetuated by peers in the sex work industry who stigmatise sex workers who do not engage in intravaginal practices as they deem them "unclean". One could say that there is a close link between sex work and the use of vaginal practices as sex workers rely on a "well-performing" vagina for their income and livelihood (Fonck *et al.*, 2001; Bui *et al.*, 2016; Bui *et al.*, 2018; Pines *et al.*, 2018). A study conducted in Uganda and Tanzania among sex workers noted that intravaginal practices are related to the frequency of sex for sex workers (Francis *et al.*, 2013). Sex workers use traditional herbs in vaginal practices for cleansing and to ensure male clients' satisfaction, which would guarantee them coming back for more sex in the future, which in turn will benefit their business (Francis *et al.*, 2013).

There is a common thread among the findings of extant studies that most women engage in vaginal practices mainly for hygiene purposes as they perceive the vagina as an organ in need of constant cleaning and washing with an undesirable odour from its natural secretions and menstrual residue (Braun & Kitzinger, 2001a; Allen *et al.*, 2010; Mairiga *et al.*, 2010; Hull

et al., 2011; François *et al.*, 2012; Humphries *et al.*, 2019; Jansen, 2020). In light of this evidence, there is a need for contextual commentary on these perceptions of the vagina as being “unclean” and assessing and determining why women have these perceptions, where they stem from, who reinforces them, and the meanings derived by women from having a clean vagina and the benefits thereof. The reviewed literature also shows that some women, despite the reported risks that are involved with the use of vaginal practice products, still continue using them in their pursuit of a clean vagina (Crann *et al.*, 2017; Crann *et al.*, 2018; Jenkins *et al.*, 2017; Jenkins & O’Doherty, 2021). This shows how deeply rooted these meanings are to some women as they would sacrifice their health in pursuit of a clean vagina.

It can therefore be said that notions of cleanliness and sex play a crucial role in influencing women’s decisions to engage in vaginal practices. The social constructs and labelling of the vagina as an unclean organ due to its unique smell has created different opinions on how it should be taken care of and cleaned (Alcaide *et al.*, 2013b; Jack *et al.*, 2020; Brody *et al.*, 2021; Jenkins & O’Doherty, 2021; Jenkins *et al.*, 2021). Arguably, these perceptions of the vagina as unclean also derive from views on the vagina’s natural way of cleaning, which produces an “undesirable” discharge (Hilber, Hull *et al.*, 2010; Hilber, Francis *et al.*, 2010; Scorgie *et al.*, 2010; Turner *et al.*, 2010), while at the same time it is the source of both male and female pleasure. Socialisation, the media, and religion have proven to be enforcers of these perceptions of the unclean state of the vagina because of biological processes that women go through such as menstruation, the production of discharge, and childbirth. Due to these factors, women resort to the use of vaginal practices to correct the perceived unclean nature of the vagina. It can be said that there is a need for more studies in order to understand the perceived state of uncleanliness of the vagina in different settings; hence the need for a study in Tsholotsho as a different setting.

2.7 VAGINAL PRACTICES THROUGH THE HEALTH LENS

Vaginal practices may lead to health implications for women in the long term as they may result in certain obstetric and gynaecological complications and some sexual reproductive infections (Chisembele *et al.*, 2018). A decrease in the use of these vaginal practices may consequently result in the reduction of susceptibility to health complications (Chisembele *et al.*, 2018). There has, however, been no conclusive consensus in the biomedical fraternity on whether it can be said with certainty that vaginal practices are the main cause of some health conditions that women who engage in them develop, but scholars charge that vaginal practices may increase

the chances of women suffering health complications in the future (Bagnol & Mariano, 2008b; Mairiga *et al.*, 2010).

Women in some cases use both traditional and medical innovations to care for their SRH, which, according to medical scientists, may not align and may result in some unpleasant health consequences (Hardon *et al.*, 2019). It emanated from other studies that women who engage in vaginal practices may increase their chances of contracting STIs and some cancers; however, there is no consensus on whether vaginal practices are exclusively responsible for these infections (Dallabetta *et al.*, 1995; Esber *et al.*, 2015). Similarly, Alcaide, Chisembele *et al.* (2017), in their study of intravaginal practices and bacterial vaginosis among HIV-infected Zambian women, found that there is a very close link between intravaginal practices and the development of bacterial vaginosis. Hilber *et al.* (2012) posit that there is a correlation between intravaginal practices and the acquisition of HIV, and a link between intravaginal practices and incidents of bacterial vaginosis. There have been assertions in the biomedical realm regarding the association between intravaginal practices and the acquisition of HIV, and vaginal infections and some cancers (Mairiga *et al.*, 2010; Lazarus *et al.*, 2019; Maje, 2019). Hilber *et al.* (2012) conducted a meta-analysis of relevant data to test the correlation between intravaginal practices and the acquisition of HIV and found that intravaginal cleansing, the insertion of dry substances into the vagina, and the ingestion of substances are believed to have an effect on the vagina and anatomic modifications, especially in sub-Saharan Africa and Asia. Similarly, recent studies have shown that vaginal practices such as douching affect the vaginal ecosystem and may result in ailments such as pelvic inflammatory disease, bacterial vaginosis, and STIs (Aslan & Bechelaghem, 2018). Aslan and Bechelaghem's (2018) analysis, however, did not consider the socio-cultural reasons why women still engage in these practices despite the associated health risks. The foregoing oversight points to the need for research that fills this gap, of which the findings could aid the implementation of future SRH programmes. Contrary to the findings of the abovementioned study, Van de Wijgert *et al.* (2000) found that there are no associations between intravaginal practices and colposcopic lesions, which proves that some negative assertions on vaginal practices are not entirely true as they have not been proven. Van de Wijgert *et al.* (2000), however, noted some potential effects that these practices may have on the cervical and vaginal mucosa and other infections. It can be argued that attributing STIs solely to vaginal practices is rather unfair as there are other factors that may also contribute to the contraction of these infections (Esber *et al.*, 2016a). There is a need to find out if women derive meaningful benefits from vaginal practices and if the women who use these practices

are aware of the health implications they cause and if they do, why women continue to use them.

It can be argued that the implications of vaginal practices for women's health cannot be ignored and, as such, interventions that could help raise awareness of these implications require a holistic approach that incorporates interrogating the core of these practices. There is a need to understand the meanings of these practices in the greater cultural context. One could say that in order to implement effective programmes that eradicate diseases, there is a need to adopt a human factor approach that explores the root causes or the source of the problems. While there is evidence that vaginal practices have some negative health implications for women's health, the reviewed literature points out that there are some health benefits that women derive from these practices, especially in treating ill-health (Bagnol & Mariano, 2012; François *et al.*, 2012; Esber *et al.*, 2016a). I argue that due to the otherisation of African IK systems, traditional ways of treating diseases have not been acknowledged in the globalised world and, as such, the role of treating some illnesses using vaginal practices has been relegated to the periphery and ignored.

A household survey was conducted in KwaZulu-Natal with the aim of investigating the prevalence of vaginal practices at the population level and their reported consequences for health (Smit *et al.*, 2011). The study was part of a World Health Organization multi-country study that was conducted in Indonesia, Thailand, and Mozambique as well. The focus of the study was ascertaining the prevalence of intravaginal practices, sexual behaviours, and vaginal practices in general, as well as the reasons for their use. The study found that women in these countries use vaginal practices mainly for vaginal cleanliness and tightness utilising traditional and modern products. Some women reported using vaginal practices for curative purposes and the prevention of vaginal health conditions that are the result of poor hygiene, such as vaginal odours and discharges (Smit *et al.*, 2011).

Vaginal practices are very common in KwaZulu-Natal. They vary according to need and they include substance insertions into the vagina, steaming, anatomic modification, and feminine hygiene products; among others (Smit *et al.*, 2011). Self-reported health problems in the study in KwaZulu-Natal by Smit *et al.* (2011) were very few. Smit *et al.* (2011), in their findings, argue that some vaginal practices, if done correctly, are less likely to cause harm to women as there were few self-reported health problems, which proves that there is a need for research that probes and explores vaginal practices from a social angle and how they can be incorporated

into modern health systems. The argument raised is that the findings of biomedical studies on vaginal practices show that vaginal practices cannot be fully attributed as the cause of some illnesses that women suffer from, as there has not been evidence of their direct cause. However, studies agree on the notion that vaginal practices may make women susceptible to some illnesses such as bacterial vaginosis and trichomoniasis; among others (Dallabetta *et al.*, 1995; Hilber, Hull *et al.*, 2010; Hilber, Francis *et al.*, 2010; Alcaide *et al.*, 2013a).

It should be noted that not all studies echo the sentiment that vaginal practices cause health complications for the women who use them. There is no consensus among scholars on whether vaginal practices are the root cause of some health complications that women suffer from. This raises questions; for example: Are all vaginal practices truly as bad as they have been portrayed in the scholarly work that has been done using the biomedical lens? Or have they been labelled as bad because they go against Western standards of feminine hygiene practices? A case in point is a study that was conducted in Malawi to find associations between intravaginal practices and the human papillomavirus (HPV), bacterial vaginosis, and the herpes simplex virus 2 (Esber *et al.*, 2016a). The study noted no association between intravaginal practices and the infections that were under investigation. These findings are similar to what Van de Wijgert *et al.* (2000) found in their study on the effects of intravaginal practices on the vaginal and cervical mucosa of Zimbabwean women, which found no association between intravaginal practices and colposcopic lesions. Additionally, a recent study on women's vaginal douching behaviours and practices concluded that vaginal practices cannot be solely attributed as the cause of SRH illnesses that women sometimes experience as it was found that there is little empirical agreement between vaginal douching use and health outcomes (Rael *et al.*, 2021). It can be said that these practices have always been demonised and that some infections have speculatively been attributed to them, while some scholars argue that these practices have been effectively used to cure illnesses such as womb infections (Van Andel *et al.*, 2008). Anthropological research that investigates the perceived benefits of these practices from the perspective of women and men who know and use these practices needs to be conducted. This is because most previous studies have shown bias towards the suspected health complications that women suffer from because of some vaginal practices being portrayed negatively.

I argue that in order to enable functional healthcare interventions and effective SRH programming, there is a need to incorporate and understand the socio-cultural narrative on vaginal practices, which has a huge influence on the uptake and sustainability of some SRH interventions. A study on this gap in scholarly anthropological research that seeks to understand

gendered societal norms and values, as well as socio-culturally embedded practices that affect women's health, is needed.

2.8 VAGINAL PRACTICES AS A SOURCE OF EMPOWERMENT?

Some women engage in vaginal practices for their own sexual pleasure, and pleasing their sexual partners is just one of the secondary benefits that they derive from vaginal practices. Audet *et al.* (2017), in a study in Zambézia Province in Mozambique, found that women made their own individual decisions to use intravaginal substances to increase their own sexual pleasure. Arguably, some women engage in vaginal practices as both males and females derive sexual pleasure from them, as is evident from the study of vaginal practice among adolescents by Moise *et al.* (2019). Contrary to the above, Scorgie *et al.* (2010) found that women in KwaZulu-Natal engage in vaginal practices mainly for the sexual pleasure of their partners, to ensure fidelity. This is mainly because of the rooted patriarchal nature of KwaZulu-Natal communities where women are not only viewed as minors but also as household property (Scorgie *et al.*, 2010). Some women engage in vaginal practices to increase lubrication in preparation for sexual intercourse for easy penetration as some women experience vaginal dryness (Lees *et al.*, 2014; Brown *et al.*, 2016).

Vaginal practices play a crucial role for sex workers who sleep with multiple partners as they use them shortly after sexual intercourse as a way of preventing acquiring HPV as sex workers are frequently exposed to sources of HPV infection with different genotypes (Bui *et al.*, 2018). This can be said to be an empowering use of vaginal practices for women in the sex industry as they use it for protection against acquiring diseases. Bui *et al.*'s (2018) findings challenge the dominant mainstream narrative that views vaginal practices in a negative light and shed light on issues around body autonomy as women are free to choose whether to engage in them or not.

It can be said that some women, particularly sex workers whose livelihood is derived from paid sexual intercourse, adopt the use of vaginal practices to get more clients for their business. This translates to higher income, which enables them to take care of their families, which, in a way, is empowering (Morar *et al.*, 2003; Lees *et al.*, 2014; Bui *et al.*, 2018).

2.9 THE ANTHROPOLOGY OF THE FEMALE BODY

Women's reproductive organs are viewed as sites in constant need of observation, preservation, and modification to conform to social norms and socially constructed notions on femininity, sexuality, and beauty, and this is a direct result of social norms and culture (Crann *et al.*, 2017). Oyěwùmí (2005) asserts that the body is the basis on which social order is formed and, as such, the body is always in view or for view, which invites a gendered gaze. Feminist anthropologists have noted a pattern of women's bodies being taken advantage of and controlled covertly by so-called cultural or traditional practices (Naidu, 2013; Phipps, 2014; O'Sullivan, 2021 Tamale, 2011). This has been done in ways that make the woman directly and indirectly lose her sense of self due to wanting to belong or fit in, thereby making women derive a sense of belonging through engaging in vaginal practices with the intention of needing to be a pleaser and a nurturer as expected by society.

The creation of an "ideal" type of woman while at the same time maintaining control over the woman's sexuality and sex is a result of the control of women's bodies, which emphasises that a woman needs to maintain a certain level of beauty to meet social standards (Lock, 1993). Michael Foucault coined the term "biopower" to express the notion that women's bodies are sites of oppression and that they participate in habitual daily routines and body practices that are socially constructed and culturally driven with the sole aim of dominating women's bodies and controlling them (Pylypa, 1998; Paechter, 2006). It can be said that culture has been used as a weapon to control women's bodies and sexuality for the benefit of men for centuries and that socialisation has played a pivotal role in ensuring the perpetuation of this. In the same vein, vaginal practices as socio-cultural constructs have been used as weapons to control women's bodies. However, one can argue that women can also yield some power from engaging in vaginal practices, especially in situations where they engage in vaginal practices for their own benefit. It should be noted that women are not passive recipients of information and knowledge; they have individual decision-making capacity to choose whether any knowledge or information given to them benefits them or not and whether to use it or not (Audet *et al.*, 2017).

Women have less of a voice in the negotiation of safe sex and they bear the responsibility of having to ensure male fidelity by sexually satisfying men (Naidu & Ngqila, 2013). Naidu and Ngqila (2013) note that masculine behaviours that are presented under the guise of tradition and culture are associated with different positions of power that work to extend different forms of sexual privilege to men over women. It should be noted that the lack of access to means of

production for women has further made them vulnerable and given men the upper hand in dominating women's bodies as economic deprivation has been used as a means of ensuring the docility of women (Phipps, 2014). The reviewed literature indicates that women are in constant need of economic support by men and in order to be guaranteed this support, some women resort to vaginal practices to be sexually desirable and to ensure the sexual fidelity of their sexual partners (Scorgie *et al.*, 2009; Scorgie *et al.*, 2010; Smit *et al.*, 2011; Esber *et al.*, 2016a; Humphries *et al.*, 2019). This is seen through the notion that a woman must have a "perfect" vagina and if the vagina is deemed loose, it must be perfected by tightening. These stereotypes are evident in Braun and Kitzinger's (2001a) study, which revealed that women reported some media influence in creating the perception of having a "perfect" vagina as being achievable for women. The same sentiment is echoed by Bagnol and Mariano (2008a; 2008b) as they note that the labelling attached to the vagina such as "closed/open", "dry/damp", and "heavy/light", among other labels, is deeply rooted as powerful indicators of gender. It can be said that gender and sexuality behaviour is learned over time in a cultural context and that representations of gender behaviour are associated with femininity and masculinity. One could argue that vaginal practices can be a source of control for women, especially if they use them for their own benefit, such as when they use them for financial benefit or manipulating the outcomes of the use of the vagina for their own advantage. It can therefore be said that attributing the use of vaginal practices by women as only benefitting men is rather narrow as women may also use these practices for their own gain.

Lees *et al.* (2014) argue that women also engage in vaginal practices to meet cultural expectations of womanhood. It should be noted that culture plays a crucial role in enforcing a sense of belonging and identity for humans and, as such, plays a huge role in the creation of people's world sense and reality. Infact, Tamale, (2011) argues that culture plays a crucial role in the creation and mantainance of power relations in societies. It can be be argued that through these power relations labelling of women's genitalia into "perfect" or "not perfect" emanates. It can be argued that the notion of a woman needing to have a "perfect" vagina is a socio-cultural construct. This is evident in the cultural groups that force women to undergo FGC, which is a practice that has been used for social and political cohesion, cultural initiation of girls to womanhood, and an increase of matrimonial opportunities into the upper class; among other reasons (Msuya *et al.*, 2002; Njue & Askew, 2004; Gruenbaum, 2006; El-Shawarby & Rymer, 2008; Yousef *et al.*, 2017).

2.10 SUMMARY OF THE REVIEWED LITERATURE

Extant studies show that some important biomedical work has been done to gain insight into vaginal practices in different countries; however, there are still some gaps in the study of vaginal practices; hence the need to continue studying them as they contribute to women's wellbeing. It should be noted that women are autonomous beings, with the capacity for individual decision-making agency and, as such, they have the ability to make individual decisions on whether to use vaginal practices or not. Additionally, women are not a homogenous group whose perceived meanings and benefits on vaginal practices can be generalised. There is therefore a need for contextual studies on vaginal practices to understand the gendered dynamics, the perceived meanings derived from vaginal practices, the perceived benefits, as well as the impacts of vaginal practices on womanhood and sexuality. Hilber *et al.* (2012) note that vaginal practices are not stagnant; they keep evolving with time and exposure to different experiences, among other factors, and, as such, it can be said that there is a need to continually research these practices to capture these continual and contextual changes. The notion that a woman needs to have a "perfect" and tight vagina still needs further exploration. The role of culture, gender dynamics, and socialisation also needs further interrogation using the anthropological lens rather than the current dominant biomedical narrative. I aimed to assess the gendered dynamics that shape women's vaginal practices in the context of Tsholotsho by probing the factors behind the use of vaginal practices and how these practices impact women's world sense, as well as their perceptions of womanhood and sexuality. Literature on vaginal practices from different parts of the world shows the scarcity of anthropological scholarship in the study of the subject at hand as the available literature does not exclusively delve deeper to address the role of socio-cultural influences in this area in the international context (Anderson *et al.*, 2008; Bagnol & Mariano, 2008a, 2008b; McKee *et al.*, 2009; Scorgie *et al.*, 2010; Scorgie *et al.*, 2011; François *et al.*, 2012; Alcaide *et al.*, 2013a, 2013b; Alcaide *et al.*, 2014; Lees *et al.*, 2014; Bui *et al.*, 2016; Crann *et al.*, 2017; Guy-Lee, 2017; Jenkins *et al.*, 2017; Jenkins & O'Doherty, 2021; Ozerdogan *et al.*, 2018). Most of the literature from Zimbabwe fails to address the biases that international studies have in them being more medically biased and providing a perspective on the safety and health implications of various vaginal practices (Runganga *et al.*, 1992; Van de Wijgert *et al.*, 2000; Van de Wijgert *et al.*, 2001; Turner *et al.*, 2010; Esber *et al.*, 2015; Sango *et al.*, 2015; Mawoza *et al.*, 2019). A few researchers, such as Venganai (2018), have attempted to interrogate these practices in Zimbabwe through the social anthropological lens but there is still a great deal of work to be

done. Previous studies (Van de Wijgert *et al.*, 2000; Braun & Kitzinger, 2001a; Bagnol & Mariano, 2008a; François *et al.*, 2012; Duby *et al.*, 2017; Rahbari, 2019) adopted both qualitative and quantitative approaches in their methodologies and used suitable data-collection methods; however, few qualitative ethnographic research studies have been conducted on the subject that allow the researchers to fully immerse themselves in a culture and living with the study participants to fully understand a people and their way of life. It is therefore of paramount importance to also understand if women are engaging in vaginal practices for their own ends or if their adoption and use are influenced by patriarchy.

CHAPTER 3:

RESEARCH METHODOLOGY AND THEORETICAL FRAMEWORK

3.1 INTRODUCTION

This chapter discusses the research methodology that I adopted, as well as the data-collection methods that were used. It starts by providing an overview of the study's research paradigm and the adopted theoretical frameworks. It discusses the research approach and design. It goes on to provide a brief background of the study population's characteristics and location, methods of data collection, as well as the sampling techniques and procedures used to select research participants. Data analysis, ensuring rigour, and the study's limitations are also discussed.

The study was guided by the basic tenets of social constructionist epistemology. It should be noted that there is a very close relationship between research epistemology and research methodology and, as such, the choice of research methodology for this study was greatly influenced by the social constructionist paradigm. Two theoretical frameworks guided the study, namely African feminism and social constructivism. Qualitative methodology and methods were used for the study and an ethnographic design was adopted; these are discussed in this chapter.

3.2 RESEARCH PARADIGM

3.2.1 Social constructionist epistemology

The social constructionist perspective alludes that humans are not homogenous; each person has their own peculiar view of the world and their own interpretation of reality, which are influenced by their perceptions of the world (Andrews, 2012). Social constructionist interpretive analysis was used and the focus was on understanding the meanings that women and men construct from the use of vaginal practices and the gendered dynamics around vaginal practices. Social research epistemology encompasses three main paradigms, namely constructionism, subjectivism, and objectivism. Crotty (1998:42) defines social constructionism as “[t]he view that all knowledge and therefore all meaningful reality as such, is contingent upon human practices being constructed in and out of interaction between human beings and their world, and developed and transmitted within an essentially social context”.

This suggests that meaning is not created but constructed by individuals through conscious interactions and interpretations rather than discovered. There is a very close relationship between research paradigm, ontology, theoretical perspective, methodology, and method. Research methodology is largely influenced by a researcher's adopted paradigm. For this study I adopted the social constructionist epistemology as it possesses some characteristics that would enable me to understand the constructed meanings of the use of vaginal practices among women in Tsholotsho for womanhood and sexuality, as well as the gendered dynamics that shape these practices. The social constructionist epistemology enabled me to:

- interpret what women perceive to be their realities in terms of vaginal practices as there is no single reality but a multiplicity of them;
- establish how I can know that reality; that is, how I can interpret that reality to discover the underlying meanings of vaginal practices; and
- inform how I could go about finding out the reality of women with regard to their use of vaginal practices through the use of ethnographic qualitative research methodology and techniques.

Social constructionist epistemology challenges the notion that knowledge, our present perceptions of the world, and experiences are a product of the objective observation of events, as well as what we discern to exist, as claimed by positivism (Burr, 2015). It posits that reality is a social construct that is the result of processes of interactions and negotiations. It is contextual as it differs from one socio-cultural setting to another (Galbin, 2014). The main thrust of social constructionist epistemology lies in the construction of knowledge and reality, which is not universal but a product of the immediate environment and setting within which actions are cultivated by the culture, history, and social norms of the setting (Andrews, 2012). It challenges the positivist epistemology, which charges the methodical monitoring, together with the recording of phenomena, and that through these observations objective or unbiased reality will be revealed as it argues that there is a single reality or truth taking a more realist stance. Social constructionist epistemology puts forward the idea of subjectivity in the study of social phenomena as there is no single reality but a multiplicity of realities (Burr, 2003; 2015). Burr (2015) argues that the social constructionist epistemology views human experiences as a product of social interactions between people in each environment and that the environment plays a very crucial role in informing what people perceive to be their reality in that setting. As such, reality cannot be said to be universal but is a consequence of context

and setting. Reality can be said to be shaped by the culture, history, and social norms within which they occur (Taylor, 2021). In the same vein, meaning is not universal but a subjective phenomenon that is informed by individual perception. Darlaston-Jones (2007) states that through the application of science, shared reality can be identified and observed through research. In my study of vaginal practices, I aimed to capture the multiple views of women on vaginal practices and to understand the gendered socio-cultural dynamics that shape vaginal practices in Tsholotsho. Through the guidance of the social constructionist epistemology, I explored the unique meanings of womanhood and sexuality.

Previous studies on vaginal practices show that women are not a homogenous group and, as such, their motivations for and derived benefits from vaginal practices are not the same (Hilber *et al.*, 2012). This echoes sentiments by social constructionists who argue that reality is contextual and can only be individually perceived through the influences of the environment (Galbin, 2014). Although some previous studies have identified almost similar traits when it comes to motivations for vaginal practices among women, especially in Africa, their realities are not always similar because of the different socio-cultural influences that women experience. As such, adopting social constructionist ideas, it can be argued that there was a need to investigate the motivations for vaginal practices among women in Tsholotsho as they are also exposed to different socio-cultural influences and their individually constructed meanings of these practices may not be the same. Social institutions such as family and religion, as well as socialisation, have proven to influence decisions on the use of vaginal practices for some women (Rahbari, 2019). Using the social constructionist epistemology, I explored the influence that the environment, through socialisation and culture, among other factors, has on women's decision making regarding the use of vaginal practices, as well as the meanings derived from them.

The social constructionist perspective emphasises the need for interactions among individuals and, which has a bearing on the research design and methodology adopted by a researcher. Scholars like Darlaston-Jones (2007) advocate for the use of qualitative research methods in research, such as face-to-face interviews and observations, among others, as they enable the researcher and the researched to have interactions and to both be involved in the construction of reality and knowledge. Drawing from the social constructionist epistemology, my study adopted an ethnographic design, with the use of qualitative research methodology and methods, which enabled me to interact with the study population and to explore the life stories of women who use vaginal practices.

3.3 THEORETICAL FRAMEWORK

Social constructivism and African feminist theories were the theoretical frameworks of choice for this study. These theories helped to explain how vaginal practices are infused into and are perpetuated by social beliefs that are formed and upheld by social institutions and people. Humans are a product of their social environments and their actions and behaviours are learned over time through interactions with one another (Kim, 2001).

3.3.1 African feminism(s)

The study was guided by African feminist perspectives whose central thesis is that African women's issues cannot be treated the same as those of Western women, as advocated by mainstream feminists (Goredema, 2009). The theory posits that in order to be able to tackle issues that affect African women, attention should be paid to the importance of context and diversity because women and African cultures are heterogeneous and, as such, the issues that affect women on the continent cannot be tackled using the same approaches (Mikell, 1995, 1997; Bayu, 2019). From an African feminist perspective, the study of vaginal practices cannot be conducted using the same Western perspective that has dominated the narrative. The dominant Western narrative has, to some extent, demonised these practices as they are painted in a negative light, while ignoring the possible benefits that women derive from engaging in them. African feminist scholars like Motsemme (2011) argue the need for the conceptualization of African knowledges through the incorporation of African women's voices and experiences. Motsemme (2011) notes that these experiences of women gives insight on African women's ways of knowing, agency and sexuality. As such, in the study of vaginal practices gives insight of the lived experiences of women's use of vaginal practices, illuminating on issue of the use of traditional knowledge use in traditional societies.

The African feminist perspective alludes that the discourse on the feminist movement should not be rigid and identical as advocated by Western radical feminists because of the heterogeneity of women. It criticises the relentless efforts by Western radical feminists to impose their own ideologies on Africans (Arndt, 2002; Goredema, 2009; Norwood, 2013). It opposes Western radical feminist theorising, which lacks understanding in attending to problems that women in the African setting experience, while ignoring important aspects of the non-homogeneity of these problems, which are influenced by factors such as education status, economic status, religious factors, as well as culture; among other factors (Chidammodzi, 1994;

Mikell, 1997). It recognises the uniqueness and multiplicity of issues facing women on different parts of the continent such that what can be viewed as problematic using the radical feminist lens in a particular society may not be an issue of concern for women in that society. An example is that of the Tunisian feminist movement where educated Tunisian men played a critical role as advocates by bringing to the fore issues that affect women and playing a key role in advocating the amendment of laws for women to enjoy the same rights and privileges as men (Bayu, 2019). It is therefore important to contextualise women's issues and not adopt a one-size-fits-all approach, which in this case is the Western approach, when tackling issues that affect women.

Additionally, African Feminist theorizing recognises the differences that exist within groups of women regardless of the commonalities that they may have. Salo (2001) in their work on South African women charges that women's struggles can not be universalised based on sex even during times of common struggles. Salo (2001) puts forward that patriarchy as a phenomenon is also differentiated as power is not equally shared amongst men hence the need to context when dealing with women's issues in societies. It can be said that African feminist theory also emphasises the importance of collective public participation in the day-to-day affairs and way of life of women who form part of society, unlike the Western feminist theorising that focuses on the individualism in female autonomy (Mikell, 1997). It recognises the important role that women play in the day-to-day affairs of society and notes that African societies have roles and responsibilities for women and men; however, in the assumption of roles in society, no sex is superior to the other but each sex plays a key role in the day-to-day affairs of society (Mikell, 1997). Using issues of superiority and inferiority in sexes, using observations from the past decade on gender and class to illustrate how these affect access to the means of production, as well as gender relations in Africa, can be problematic (Mikell, 1995; 1997). Scholars like Amadiume (1987) charge that some African societies like the Igbo in Nigeria have always had the duality of sexes where no sex is superior to the other and both sexes are equal, which disqualifies the assertion by Western feminist social anthropologists who hold a rigid gender ideology. The Igbo duality is mediated by the flexibility of gender constructions in the Igbo language and culture. African feminism does not ignore the existence of inequalities and patriarchal structures in African societies but highly criticises those with the aim of recognising commonly accepted new opportunities and options for women that would be very important in defeating the domination of men over women (Arndt, 2002). It can be said that women, because of their socialisation, reproduce the very gender relations that

discriminate against women and in order to redress the discrimination there is a need for the involvement of men and not their elimination. Additionally, it can be said that if gender is a social construct, then there is a need for the examination of various cultural sites where it is constructed and there is a need for the acknowledgement of the variously located groups and actors who are part of the construction (Oyěwùmí, 2005).

Issues that African women face cannot be solved without including men, whose role is critical as co-stakeholders in African societies in which women live. African feminist theorising is highly critical of the anti-male stance of radical feminist theorising and, as such, the notion that men are viewed as the enemy rather than co-stakeholders in solving women's issues is regressive rather than progressive (Chidammodzi, 1994; Oyekan, 2014). It can be said that vaginal practices have previously been viewed with a Western gaze, which views African societies as highly patriarchal and, as such, some of the practices found in African societies, such as vaginal practices, have been viewed as a product of mainly patriarchy to the extent that most of the extant literature has presented them in a negative light and as practices that are forced upon women, which paints women as passive users of these practices (Runganga *et al.*, 1992; Van de Wijgert *et al.*, 2000; Van de Wijgert *et al.*, 2001; Hull *et al.*, 2011; Scorgie *et al.*, 2011). It ignores the fact that women are humans with agency and the ability to make choices and, as such, they may choose to use vaginal practices as a tool for their own benefit and empowerment that may yield positive outcomes. The African feminist perspective recognises the agency that women have; it notes that women are not just victims of patriarchy, as has been purported by mainstream feminists, but also recognises the power that women yield within cultures as women play a crucial role in the day-to-day running of family affairs and society in general (Norwood, 2013).

3.3.2 Social constructivism

The study also adopted the social constructivist theory. The social constructivist theory posits that perceptions and meaning are created collectively through cooperation with other human beings; it puts into context the actions, beliefs, and interests of actors and is aware that the world they live in has been created by them and has an influence on them (Burr, 2003, 2015; Amineh & Asl, 2015; Agius, 2016). According to Agius (2016), the social constructivist theory has the following three basic ontological positions:

- Normative or ideational structures play a crucial role in the construction of realities.

- Identity is crucial as it gives actors interest, which informs us of the actors' actions and goals that they pursue. In other words, actors can only act with identity attached to them; therefore showing that identity plays a crucial role for actors.
- Agents and structures are mutually constituted; they feed off each other, which means that humans influence the world they live in and the world also has an influence on humans and, as such, one cannot live in isolation of the other.

One could argue that under the social constructivist theory, identity and interests are not fixed but adapt to environmental changes over time and there is an endeavour to re-establish society from time to time out of diverse and dynamic viewpoints (Hollinshead, 2006). The argument raised is that issues that affect women are also not stagnant and they are not universal and because of that there is a need for contextual studies that pay particular attention to place as well as time. Identity, beliefs, and norms are critical constructs of the social constructivist perspective.

In addition, social constructivists advocate for a micro-approach to the study of knowledge construction and analysing observable behaviour, which includes verbal behaviour and conversations (Chompalov & Popov, 2014). The approach acknowledges the fact that despite the seemingly similar broad characteristics of humans, such as sex, race, and ethnicity, among others, those characteristics do not guarantee that humans are the same with the same world sense as the localised interpretation of things should be emphasised over generalised arbitrary perceptions (Hollinshead, 2006). It would therefore require a micro-approach to study knowledge construction in each setting, paying particular attention to context, and also not ignoring the fact that the same humans who may belong to the same group receive and process that knowledge as individuals and they create unique meanings from that knowledge and have different perceptions of it.

Scholars such as Sivan (1986) postulate that the social constructivist theory acknowledges the importance of socialisation as it comprises mutual communications together with shared individual interpretations of the social setting. The reciprocal relationship between individuals and the environment acknowledges that humans and, in the context of this study, women, do not have a passive relationship with the environment in which they live but are active players who also play a crucial role and they have individual decision-making agency in interacting with the environment in as much as they are part of a collective society. Importantly, the social constructivist theory emphasises the importance of individual interpretation of existing

knowledge in new ways, depending on needs and time (Taylor, 2021). The social constructivist perspective is therefore a suitable framework to consider when looking at issues around motivation as it permits discourse on culture, together with the setting and how these influence motives (Sivan, 1986). This therefore makes it suitable in the understanding of the motivations for using vaginal practices among women because motivation is contingent on context and ultimately leads researchers to examine how cultural norms and values build and transfer human thoughts, feelings, and actions at a particular time. Scholars like Mfecane (2018, 2020) however caution against the over emphasis of the influence of the environment in the creation of reality as social constructivism charges. Mfecane argues that there is need for the acknowledgement of the symbiotic relationship between the environment and personhood in the creation of the reality of women. This is of paramount importance to note as it puts to the fore the power of the inner personhood in decision making and issues of agency in the adoption and use of vaginal practices by women.

Social constructivists uphold the perspective that social inquiry is naturally influenced by one's values and, as such, emphasises the deep responsibility that the researcher must be aware and reflexive of that reality or fact (Hollinshead, 2006). They emphasise the need for the researcher to pay attention to and focus specifically on the events occurring in the field of research, while being conscious of the fact that the researcher has a role in the events and therefore should continually be reflexive, follow factual happenings, attend interactions and meanings, and pay attention to the moral responsibilities that arise through their research work (Charmaz, 2020). It can be argued that this notion plays a crucial role in guiding a researcher's research design and methods. For a researcher to have a better understanding of social phenomena that involve perceptions and meanings, an interactive approach to data collection is required, as advocated by the social constructivist theory. It can be said that in the process of acquiring data, the researcher should always pay attention to inherent reflexivity, which prompts researchers to assess their role in research vis-à-vis their need to maintain reflexivity on the strategies they use in data collection that have a bearing on the claims they make in their findings (Charmaz, 2020).

Social constructivists posit that the researcher and the researched are one combined entity and because of that, the findings of the research are a product of the interaction between the researcher and the researched, which brings about the importance of perspective (Hollinshead, 2006). Social constructivists further state that individual constructions of reality are obtained

and purified interpretively and then analysed; ultimately with the objective of creating a single or a handful of agreements and standpoints.

Vaginal practices can therefore be said to be a product of collective coordination of the gendered socio-cultural beliefs and norms in Tsholotsho. They are learned through social interactions; however, it can be said that there is no universal meaning of them for women. The contextual study of vaginal practices is crucial as it illuminates the different motivations and meanings that women derive from their use at a particular time. Meanings derived from their use are context specific and, as such, generalising women's experiences and perceptions may be problematic. There is a need to fully understand the processes around the reciprocal generation and passing of this knowledge, as well as the motivations for vaginal practices, vis-à-vis issues of individual women's agency.

3.4 RESEARCH APPROACH AND DESIGN

Sexuality issues (vaginal practices included) are not openly discussed in most societies, which poses a challenge for most researchers. The nature of the sexuality issues of research communities influences the research design and methodology of choice. This study adopted a descriptive qualitative ethnographic design anchored in a social constructionist paradigm, as described above. Ethnography was chosen as it aided the study in its main purpose, which was probing the gendered dynamics that shape vaginal practices in Tsholotsho and exploring the role of these dynamics in shaping women's perceptions of womanhood and sexuality. Ethnography allowed a comprehensive understanding of the community under investigation as I lived with the community and observed their behavioural traits in their natural setting. Genzuk (2003) posits that standard ethnographic research makes use of three data-collection methods, namely observations, interviews, and documents, which ultimately extract illustrations that culminate in a storytelling account of phenomena under study. Together with ethnography, the study adopted a qualitative approach characterised by an analytical, descriptive, and explanatory approach.

Kothari (2004) argues that the main thrust of the qualitative approach is the individual evaluation of viewpoints, beliefs, and conduct. The qualitative approach enabled the exploration of women's and men's views on vaginal practices with the use of qualitative research methods such as in-depth interviews, partial observations, and key participant interviews.

3.5 STUDY SITE

The study was conducted in a rural village called Tshitatshawa in the Tsholotsho district. Tshitatshawa is situated 35 km from the Tsholotsho district business centre in Matabeleland North Province of Zimbabwe, 133 km west of Bulawayo, which is the second largest city in Zimbabwe. It is a small village with a total of 172 households and a total population of 480 men, women, and children. I gathered this information through the village head's records as of January 2022. This village is highly characterised by male migration, mainly to South Africa, in search of employment and most households are female-headed as a result. Tshitatshawa village was selected for the study because it is the central business district of ward 8 and its population characteristics. The population of this village consists mainly of Kalanga and Ndebele descendants and the most commonly spoken language is Ndebele, which has influences of the Kalanga language and this is evident in the day-to-day language dialect and tone that are used in the village. Vaginal practices are commonly practised in the village and their influence mainly stems from the Kalanga culture and traditions. The use of vaginal practices by women is normalised and is part of the cultural and hygienic practices that women engage in. The community has evolved and has embraced some changes that modernisation has brought. The influence of migration is evident, particularly among young people, with the influence of the migration of both men and women to South Africa in search of employment being witnessed in the language. Zimbabwe is a multi-currency economy that uses mainly the United States dollar, the South African rand, and the Zimbabwean dollar bond. In Tshitatshawa and the surrounding villages, the South African rand is the commonly used currency due to the high levels of employment in South Africa of both men and women where their cash remittances are in rands. Most households rely on their relatives in South Africa for food, clothes, and household supplies, which are sent to them using Zimbabwe-South Africa cross-border transporters commonly known as *Malayitsha*. There is limited employment opportunities in the village and most people rely on casual jobs to earn an income.

Tshitatshawa village is the central village in Ward 8 of Tsholotsho through which most routes when going to other villages pass through. This makes it a business centre and a hive of activity. It has eight general dealer stores and five liquor stores, some of which are owned by locals and others by people from other surrounding villages. There is one primary school and one secondary school in the village and both are run by the Seventh Day Adventist Church. These schools cater for both the local children and children from other villages. The village also has

a clinic that is run by the Ministry of Health and Child Care (MOHCC), which caters for the locals and people from surrounding villages.

Tshitatshawa has a challenge with access to water. There are two boreholes in the village, of which only one was working during the time the study was conducted. Because the village receives low rainfall, the local dam that is used for livestock drinking usually dries up before the next rain season and when this happens, people have to collect water from the borehole for their livestock. The village typically receives very low rainfall and people mainly grow drought-resistant crops like millet and sorghum. When it comes to the processing of these crops for food, people still resort to the traditional pounding method called *ukugiga*. The reason for this is that the traditional way is believed to preserve the rich taste and texture of the grains compared to modern milling methods. The field where people grow their crops is situated far away from the village and people walk between 3 and 8 km to the fields. Some have to cross a river called Kanana to reach the fields. Traditional marriages are common in this village and they are characterised by the payment of a bride price known as *amalolobo*, which is typically paid in cows and cash.

Access to the study site was gained through the traditional village head, to whom the study and its aim were explained. Permission from the University of South Africa's (UNISA) College of Human Sciences Ethics Committee to conduct the study (see Appendix B) was shared with the traditional village head, who in turn gave written permission authorising the study to be conducted in Tshitatshawa village (see Appendix A). Thereafter, access to study participants was sought through identified gatekeepers such as herbalists and elderly women of the community, who gave references to female users of vaginal practices, as well as men who were knowledgeable about vaginal practices. The snowballing technique was used for further identification of other participants who fit the study inclusion criteria. A notebook was used to record field notes.

A male research assistant, Ilizwelithini Hlabangana, assisted in conducting the interviews with male interviewees considering the potential challenges that could be faced in males opening up due to the sensitivity of the subject under study. The male research assistant's experience and skills in social research were of great help to the study. He has vast experience in both qualitative and quantitative research in the development of data-collection tools, data collection, data cleaning and analysis, and has been part of different studies in different capacities with his main focus being rural communities. Research data was collected over a a

period of a year from January 2022-January 2023. I was 35 years old at the time and my male research assistant was 37 years old at the time. For the duration of the study, my research assistant and I had the privilege of periodically for four to 6 weeks at a given time living with a family in the village. The head of the household of this family is a herbalist. The fact that we were outsiders who would periodically live in the village could potentially have an effect on the study outcomes. This is because our perceptions on vaginal practices and behaviours of the people in the village could be biased as we were outsiders in the village

Figure 3.1 illustrates the study site.

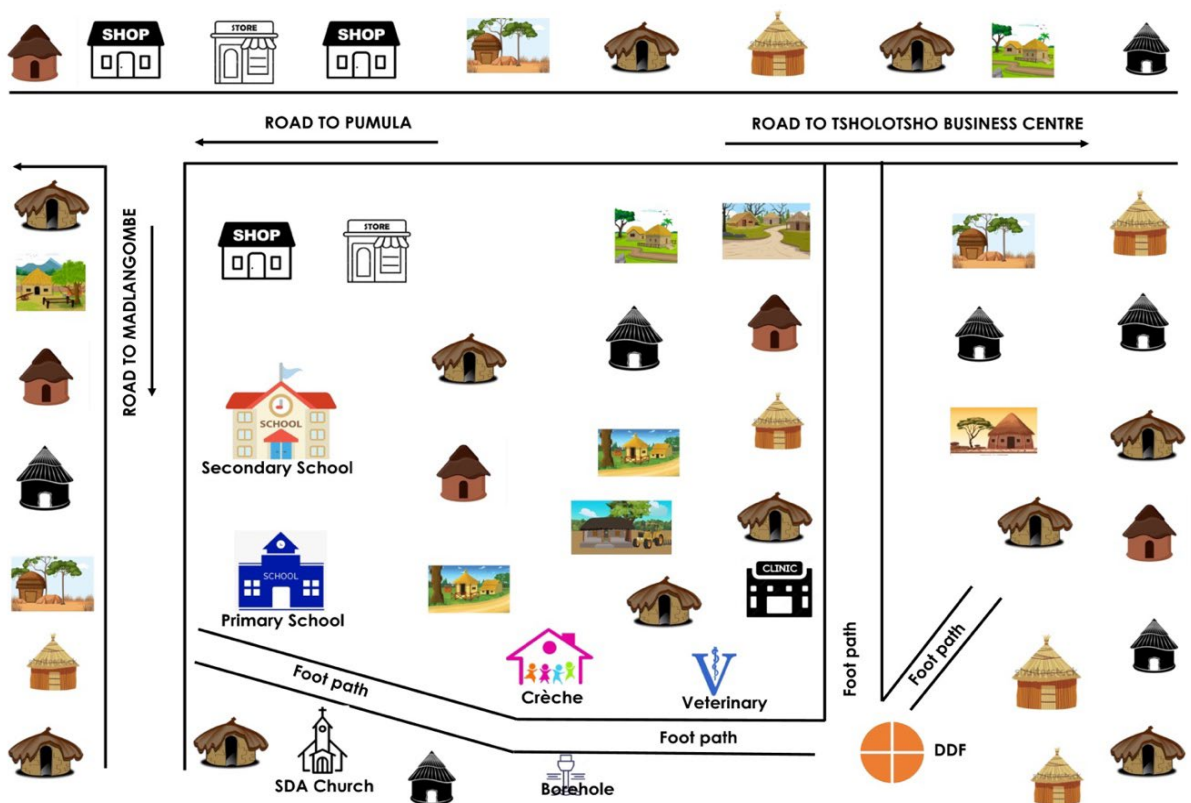


Figure 3.1: Study site sketch map

Source: Author (2023)

3.6 DESCRIPTION OF THE STUDY POPULATION

A total number of 23 women and 20 men who were above the age of 18 years, sexually active, and knowledgeable about vaginal practices participated in the study. Field work for the study started in February 2021 and ended in April 2022.

3.6.1.1 Female study participants

Twenty female participants volunteered to enrol in the study as participants (three additional women participated in the key participant interviews). As a way of identifying the females who enrolled in the study, yet protecting their identities, pseudonyms were used.

Table 3.1 summarises the demographic details of the female study participants and provides their pseudonyms.

Table 3.1: Female participants

Pseudonym	Brief background	Age	Date of interview
Dolly	Married and has lived in the village for 27 years.	45 years	22/02/2022
Faith	Married and has lived in the village since she was 10 years old.	46 years	04/03/2022
Fezile	Married and was born in the village.	38 years	17/03/2022
Kholiwe	Moved to the village when she got married at 22 years of age and has six children.	53 years	23/03/2022
Litha	Married and has lived in the village for the past 21 years.	44 years	14/04/2022
Lulu	Married, came to the village through marriage, and has been married for 15 years.	40 years	19/04/2022
Magi	Born in the village and is married.	37 years	28/04/2022
MaMbambo	Born in the village and is married.	38 years	09/05/2022
Mamo	Family relocated to the village when she was 10 years old, has three children, and is married.	28 years	16/05/2022
MaMpofu	Born in the village and has been married for 36 years.	54 years	21/05/2022
Mara	Born in the village and is married.	29 years	18/06/2022
Matilda	Has lived in the village since she was five years old, is married, and is a healer.	55 years	24/06/2022
Nomsa	Born in the village and is married.	30 years	03/07/2022
Nothando	Came to the village through marriage 20 years ago and is married.	42 years	10/07/2022
Ntombi	Born in the village, has one child, and is married.	37 years	18/07/2022
Sisa	In a relationship, has one child, and was born in the village.	23 years	19/07/2022
Sithandile	Born in the village and is married.	26 years	24/07/2022
Thando	Born in the village and is married.	28 years	08/08/2022
Venezia	Born in the village and is not married.	35 years	12/08/2022
Zamangwane	Has lived in the village for 36 years and is married.	54 years	18/08/2022

3.6.1.2 Male participants

A total of 19 males volunteered to participate in the in-depth interviews (one additional male participated in the key participant interviews). These were men who knew about vaginal practices. Pseudonyms were used to identify the males who enrolled in study and to protect their identity.

Table 3.2 summarises the demographic details of the male study participants and lists the pseudonyms that were used to identify them.

Table 3.2: Male participants

Pseudonym	Brief background	Age	Date of interview
Nkosi	Born in the village, is married, and has four children.	37 years	04/04/2022
Mbonisi	Born in the village, is married, and has one child.	24 years	10/04/2022
Luvo	Born in the village, is widowed but has a girlfriend.	46 years	20/04/2022
Khulekani	Born in the village, is married, and has two children.	38 years	05/05/2022
Mthunzi	Born in the village and has eight children.	60 years	10/05/2022
Benji	Born in the village, is married, and has seven children.	51 years	14/06/2022
Songe	Born in the village, divorced, and has a girlfriend.	56 years	18/06/2022
Muzi	Born in the village, is married, and has no children.	35 years	20/07/2022
Lazaro	Born in the village, is married, and has three children.	27 years	22/07/2022
Mlevu	Born in the village, is married, and has three children.	36 years	30/07/2022
Mphathisi	Born in the village, married, and has one child.	28 years	18/04/2022
Geroge	Born in the village, is married, and has three children.	39 years	04/08/2022
Dingani	Born in the village, is married, and has four children.	48 years	03/06/2022
Mikha	Born in the village, is married, and has four children.	25 years	11/06/2022
Dakamela	Born in the village, is married, and has six children.	58 years	10/08/2022
Zweli	Born in the village, is married, and has nine children.	70 years	04/05/2022
Mkhaliphi	Born in the village, is married, and has five children.	55 years	13/07/2022
Vusi	Born in the village, is married, and has four children.	40 years	18/03/2022
Khethani	Born in the village, is married, and has three children.	55 years	19/08/2022

3.7 METHODS OF DATA COLLECTION

Data collection is a methodical process of gathering and analysing specific information and evaluating the results. It focuses on finding out all there is about particular subject matter. Data are collected to be further subjected to hypothesis testing or to answer research questions that seek to explain a phenomenon (Showkat & Parveveen, 2017). In this study, in-depth interviews, key participant interviews, and partial observations were used as data-collection methods. These methods were triangulated to ensure the rigour and trustworthiness of the study findings, as well as to increase validity and reliability. A total of 23 female and 20 male participants who were 18 years old and above were requested to participate in key participant interviews and in-depth interviews. This brought the total number of all study participants to 43. Recruitment and data collection in the field took one year. Observations were made at one of the gatekeepers' residence, who is a herbalist. Field notes were made during the field work. Key participant interviews and in-depth interviews were conducted in Ndebele. The use of a local language enabled the participants to express themselves freely in the process of our deliberations. Given that the interviews were conducted in the native language, I had to translate both the recorded information and field notes to English. Data collection was primarily conducted by myself for

female participants. A male research assistant assisted in the collection of data that involved male participants.

3.7.1 In-depth interviews

An in-depth interview can be described as a real-life conversation with a purpose between the interviewer and the study participant (Legard *et al.*, 2003). It entails asking questions, coupled with the systematic writing down of answers and probing to gain a sound comprehension of the interviewee's views on the topic at hand (Guion *et al.*, 2006). This type of data collection is flexible as it allows and gives the participant the opportunity to answer questions in whichever way they prefer (Ritchie & Lewis, 2003). When conducting in-depth interviews, the interviewer follows a list of pre-planned topics and areas, which gives direction to the interview, and participants are encouraged to talk in greater depth about the area under study (Showkat & Parveveen, 2017). In-depth interviews were conducted with both individual male and female participants (see Appendices G, H, I and J). The interviews were held at scheduled times and suitable venues that allowed deliberation of such a delicate issue. Written informed consent was obtained from the participants to participate in the study and permission to audio record them was also sought. The participants' right to stop the interview at any time during the discussion or to withdraw from the study was explained to them (see Appendices C and D). The interviews were audio recorded, and I also used my field notes diary to capture the interviewees' nonverbal and verbal behaviours, as well as immediate personal reflections on the interviews. In-depth interviews were chosen because they are more suitable than other types of interviews as they allow and help uncovering more detailed information, which, ordinarily, other interview types like a simple questionnaire would not be able to uncover (Showkat & Parveveen, 2017). The researcher and the male assistant created good rapport with the interviewees to ensure that both the researchers and the study participants had a sound understanding and trust in each other. Having trust and understanding, communication became more open and in-depth and yielded rich and meaningful data (Showkat & Parveveen, 2017). Each interviewee was identified using a pseudonym and after the interviews, the interview forms were transcribed individually. The purpose of using pseudonyms was to anonymise the participants and other people and places mentioned in the interviews, as well as other textual data collected for research purposes.

3.7.2 Key participant interviews

This type of interview is characterised by an interview or dialogue with a selected group of people who are identified as information rich and who can provide essential details and points on a specific topic (Kumar, 1989). For this type of interview, the interviewer formulates questions as the interview proceeds and in this setting, the interview is not formal but a conversation that resembles a talk between people who are familiar with and know each other. It is not structured in nature and topics under discussion may be covered in one meeting or more. Key participant interviews were conducted with gatekeepers and female village elders (see Appendices E and F), who in turn referred me to other study participants who use vaginal practices and know about them. These key participants were information-rich individuals who are highly knowledgeable about the subject matter under study. Through the key participant interviews, the snowballing technique was used to identify research participants.

A total of four key participants volunteered to participate in the study. Their written informed consent was obtained and their right to stop the interview at any time or to withdraw from the study was explained to them. They included three female elders of the community and one male who is a traditional healer. The key participants were information-rich individuals who are well versed and knowledgeable about vaginal practices. Pseudonyms were used to protect the key participants' identity. Table 3.3 lists the key participants, their pseudonyms, their demographic details, and a brief background.

Table 3.3: Key participants

Pseudonym	Brief background	Age	Date of interview
Ayida	Female, born in the village, married, and has seven children.	70 years	12/02/2022
Ngada	Male, born in the village, and is a traditional healer.	67 years	21/02/2022
Gogo Mbiba	Female, born in the village, married, and has four children.	59 years	24/02/2022
Gogo Mpofu	Female, in a polygamous marriage, and has seven children.	54 years	04/03/2022

3.7.3 Observation

The study adopted an ethnographic design, which involved living with the participant community. I lived in the participant community to observe nuances in the community setting that are important to my study. Observing, together with recording behaviour, was done with the practice of active looking taking centre stage (Varkevisser, 1991). It entails understanding and describing social relationships and their various phenomena and cultural perspectives.

Observations allowed for obtaining deeper insight into the environment in which vaginal practices happen, as well as the gendered dynamics that influence the use of vaginal practices. Possible sites for observation of vaginal practices teaching were at the gatekeeper's residence, who is a herbalist to whom some women go to obtain the agents that they use for vaginal practices and are taught how to use them, while some women also engage in those vaginal practices there. During my data collection using observations, I used a notebook to write some field notes, which I transcribed thereafter.

3.8 SAMPLING TECHNIQUES

Non-probability sampling methods were adopted for the study as it was qualitative in nature. The study participants were selected based on their knowledge and use of vaginal practices. Purposive sampling and snowball sampling were used. Purposive sampling involves the selection of samples based on specific and unique features that the sample has and these features allow for a detailed exploration of the subject under study (Ritchie & Lewis, 2003). For this study, key participants who were also gatekeepers formed part of the core group of the purposively selected participants as they were seen as information rich and highly knowledgeable about vaginal practices.

Snowball sampling was used for the study as referrals from the key participants were used to identify study participants, and other study participants in turn referred me to further participants who were knowledgeable about the subject at hand. Snowballing is characterised by a referral model that involves deep-seated interfacing, which is usually catalysed by contact with one or more initial contacts who then refer the researcher to other contacts who are knowledgeable about the topic under study (Geddes et al., 2018). It is of paramount importance to note that the majority of the study participants; both males and females are married. This highlights one of the shortcomings of the snowballing sampling techniques where study participants are more inclined to refer the researcher to people who have similar characteristics as them.

3.9 DATA ANALYSIS

The analysis and interpretation of the research findings were done through qualitative data-analysis methods. All field notes and data collected through the different qualitative data-collection methods were transcribed from Ndebele to English and analysed manually using

thematic analysis and content analysis. ATLAS.ti was also used for data analysis as a scientific data tool to enhance the quality of the data-analysis process. There is unfortunately no recorded documentation on vaginal practices in Tsholotsho and, as such, there are no supporting documents that I was able to analyse or review on the practice.

3.9.1 Thematic analysis

Thematic analysis is a method of establishing, examining, and outlining themes produced from collected data (Braun & Clarke, 2006). Castleberry and Nolen (2018) state that it involves establishing, methodically examining, and producing patterns in data to address a variety of research questions and topics. This method of data analysis was chosen due to the descriptive nature of the study to allow for building a complex and holistic picture in a natural setting while it arranges and narrates one's data in a much more comprehensive way.

The social constructionist epistemology guided thematic analysis as the choice for data-analysis method as the social constructionist epistemology posits that the interpretation of the world and formation of reality are a product of social interactions; as such, thematic analysis pursues theorising the social and cultural environment together with systematic surroundings that allow for personal narratives to be explored, as well as the conditions that enable the individual accounts that are provided to be brought to the fore (Braun & Clarke, 2006). Transcription and translation of the audio recordings of the interviews from Ndebele to English were done. The six phases of Braun and Clarke's (2006) thematic analysis were adopted for data analysis as follows:

- 1) **Data familiarisation:** This stage involved the transcription of data from the qualitative data-collection methods that I adopted, which are key participant interviews, in-depth interviews, audio recordings, and field notes, studying them, and noting the initial ideas. The audio recordings of the interviews were listened to for easier reference to individual cases and accounts.
- 2) **Generating initial codes:** This stage involved the methodical coding of peculiar data that were relevant to the study throughout the dataset and putting together data that are applicable to each code through the guidance of the study objectives and questions.
- 3) **Searching for themes:** At this stage, checking of the themes is done to examine if they are applicable in reference to the extracts that are coded together with the whole dataset to build a thematic plot for data scrutiny.

- 4) **Reviewing themes:** Identification of the themes that were generated from the data is done, assessing whether those themes are within the study objectives parameters, and analysing if they answer the research questions.
- 5) **Defining and naming the themes:** This stage involves writing up the findings and putting together a detailed academic report of the investigation.
- 6) **Producing the report:** An academic report based on the research findings is produced in this final stage.

3.9.2 Content analysis

This method uses a set of actions to draw sound conclusions from texts and phrases that fall in the same group and are presumed to have similar meanings (Mayring, 2000). Textual material is narrowed down to reasonable portions of data. Recurring behaviours and themes that address the study objectives and the common themes that emerged were analysed for content. Content analysis enabled me to position my research findings and compare them to the findings of previous studies, which allowed determining whether my findings confirmed or nullified previous findings. Content analysis is notably convenient and fitting for multidimensional studies that are characterised by sensitive experiences, which are characteristic of the study of vaginal practices and it was well suited for the theoretical framework that I chose. It also allows easier analysis of substantial data amounts and is used to confirm findings (Elo & Kyngäs, 2008).

3.10 ENSURING RIGOUR

Rigour plays a very central role in research, and the basic strategy to ensure rigour in qualitative research is the employment of a systematic and self-conscious research design, the collection of data, as well as data interpretation (Mays & Pope, 1995). Rigour denotes the structured approach and systems in research that are employed to guarantee the truthfulness and soundness of a study (Moorley & Cathala, 2019). Rigour plays a critical role in ethnographic studies and other studies that require the researcher to spend more time in the field and it helps in ensuring consciousness of cultural nuances and language (Von Koskull, 2020).

It can be argued that ensuring rigour and trustworthiness in research is a measure for achieving quality in qualitative research (Nyathi, 2018). Scholars like Seale and Silverman (1997) argue that authenticity, rather than reliability, is the most important component in qualitative research.

To ensure rigour and trustworthiness in my study, I adopted the following steps by Nyathi (2018): (1) ethical considerations, (2) reflection and reflexivity, (3) the principle of saturation, (4) member checking, and (5) triangulation.

3.10.1 Ethical considerations

For my research, the first step in guaranteeing research rigour and trustworthiness was ensuring the upholding of research ethics. The research proposal was submitted to the UNISA College of Human Science Ethics Committee for ethical approval to ensure that the study was in accordance with the university's rules and regulations on research. Appropriate protocols on gaining access and entry to the study site were followed, which started with obtaining written permission from the village head to authorise entry into the village, which I always had with me during the data-collection processes to show to the study participants during the enrolment stage. Participation in the study was purely voluntary and written informed consent was obtained from all the participants. Written informed consent for interviews and audio recordings during data collection was sought as stipulated by the Belmont Report of 1979 (Department of Health, Education, and Welfare, National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 2014). No study participant was coerced to participate in the study.

Research principles, according to the Second World Conference on Research Integrity (2010), were upheld. The National Committees for Research Ethics in Norway (2006) emphasises respect for the privacy of study participants and protecting individuals against any violations and harm. The participants were made aware of their right to refuse to answer questions that they were not comfortable answering. They were also informed of their right to withdraw from the research at any phase of the study without consequence. During the course of the study, I always checked with the study participants if they were still comfortable continuing being part of the study. Additionally, as part of ethical considerations, all data were treated with confidentiality.

Safeguarding people's identities is of great importance under the code of ethics as all personal data must be secured and only made public with high levels of anonymity (Denzin & Lincoln, 2011). Due to the nature of the study, pseudonyms were utilised to safeguard the identification of the study participants. Research data were kept under strict security and protected with

passwords to ensure the protection of the participants' information. All collected data were handed over to my research supervisor.

3.10.2 Reflection and reflexivity

Reflection and reflexivity are important aspects of the self-recognition of the researcher of how their personal views and assumptions may affect the direction of the research and its outcomes, as well as how their relationship with the participants may influence their answers (Moorley & Cathala, 2019). Reflection involves the researcher taking a step back in order to make meaning (Nyathi, 2018). Reflection and reflexivity are employed to minimise bias. Reflexivity and reflection on one's own perspectives form a critical part of research (Darawsheh, 2014). Reflexivity denotes the practice by researchers pertaining to the continuous mirroring of their values in line with their study (Palaganas *et al.*, 2017). Through the reflexivity process, researchers take cognisance of their contribution to the constructions of the participants' realities for the duration of the research and its processes (Palaganas *et al.*, 2017). To achieve reflexivity and reflection, I kept a reflection journal to document all the decisions that I needed to make during the data-collection and -analysis processes in order to pay analytical attention to my role in the research. It should highlight that in some instances I had to take a conscious decision to be non judgemental of the participants views as some of the them when against what I belief. Also, having created relationships with some of the participants might have created biases in the information that they gave.

3.10.3 The principle of saturation

Saturation is a point of diminishing returns in data collection; the point at which the collection of new data sheds no further light on the research (Dworkin, 2012; Charmaz, 2020). Saturation is mostly considered to play a critical role in qualitative research, especially in the sample size decision phase. My sample size for women was 23 and 20 for men to make a total of 43 study participants. A total of 43 enrolled participants was sufficient to stop data collection because I had reached data saturation, whereby further data collection would not bring about any changes to the emerging themes and conceptual framework (Mason, 2010; Dworkin, 2012).

3.10.4 Member checking

This process involves allowing research participants to appraise their audio recordings or to review their transcripts in order to ascertain if their responses and views were captured correctly (Nyathi, 2018). Creswell (2009) charges that member checking is one of the tools that a researcher can employ to bolster a study's credibility. The study participants were afforded the opportunity to review their audio recordings and interview manuscripts before the data were analysed to ensure rigour and to minimise bias; however, only three participants were interested in participating in this exercise and they were satisfied with what had been recorded and the contents of the discussions.

3.10.5 Triangulation

Moorley and Cathala (2019) put forward that triangulation is the use of different methods of data collection or analysis to determine if the findings from these different methods of collection and analysis show similar findings. It is the use of more than one approach to understand a phenomenon under study and is typically associated with the chosen research methods and designs (Heale & Forbes, 2013). It is the employment of various methods of data collection and analysis to enable the development of a comprehensive understanding of the phenomenon under study (Hartley & Sturm, 1997; Patton, 1999; Thurmond, 2001; Turner & Turner, 2009; Heale & Forbes, 2013). Triangulation is a means of adding richness and depth to inquiry and it can be used in different variations (Hartley & Sturm, 1997). In my study, I used triangulation in my data-collection and data-analysis methods. I employed triangulation in data gathering in the form of in-depth interviews, key participant interviews, and partial observation, as well as in my data analysis through the use of ATLAS.ti data-analysis software and thematic and content analyses to establish either convergence or divergence; thus ensuring the rigour and trustworthiness of the findings. I used triangulation to obviate bias that could potentially have been brought about by the multiple data-collection methods that I used, as posited by Turner and Turner (2009).

3.11 STUDY LIMITATIONS

Issues dealing with sexual intercourse and private parts are not easily and openly talked about in the African context. Considering the topic at hand, finding willing study participants was met with some challenges because vaginal practices are not a topic that is openly talked about

in Tshitatshawa village and most people feel general discomfort in talking about the use of vaginal practices, although known and generally accepted. The absence of their husbands in some situations made it difficult for some of the women to be able to consent to participating in the study as they could not get permission to participate in the study. The patriarchal nature of the community saw some women needing to first get consent from their husbands to enrol and participate in the study because in Tshitatshawa village, men are considered to be the owners of the home and, as such, they would need to be notified of any activities or people who come into their home, even in their absence. This saw some women who initially indicated willingness to participate in the study withdrawing as they were not able to get their husbands' permission. In other cases, some women withdrew because their partners indicated that they wanted to be present during the in-depth interviews. Some women did not want it to be known that they used vaginal practices. Some study participants declined to make referrals to other female users of vaginal practices because they were afraid that they would be perceived as having disclosed other women's private practices.

I spent time living with the community under study, which enabled me to create relationships with the women so that it became easier with time to gain their trust and for them to allow me into their private spaces to discuss the topic under study. There were, however, some practices that I was not allowed to fully observe through to the end due to their sacredness and me not being a family member. A case in point was when a woman was having a perineal incision (the cutting off of the unwanted growth from the vagina) (*ukukhipha amasala*). I was not allowed to observe the actual process of cutting as it is believed that the presence of other people during the process, especially the presence of a non-family member, compromises the success of the procedure.

Each interview was conducted at a date, time, and venue that suited the study participants' needs. Being a female researcher helped in interviewing the female participants as it aided in more discussion and openness considering the sensitivity of the topic under study. For the men, the fact that the research assistant was male was advantageous as it allowed the men to open up and speak freely. As much as a male interviewer conducted the interviews, the fact that I could not be physically present to observe the non verbal cues of the participants during the data collection process might have affected my interpretations of the data as I could not observe the non-verbal cues of the research participants.

3.12 CHAPTER SUMMARY

This chapter outlined the research methodology and the theoretical framework that I utilised in this study. It highlighted and demonstrated how the social constructionist paradigm informed the theoretical and methodological foundations of the study. Specifically, the chapter discussed and justified the ethnographic qualitative design that informed the process. The interconnectedness of qualitative research methodology and social constructionism was demonstrated and the use of the chosen research methodology was justified.

The chapter also provided an overview of the research methods that were adopted for the study and the merits of their use. It also detailed the methods of data analysis that were used to interpret the data, as well as the measures that were adopted to ensure rigour. The limitations of the study and the ethical considerations were also discussed.

CHAPTER 4:

INGUDULA: INTRODUCING VAGINAL PRACTICES IN TSHOLOTSHO

4.1 INTRODUCTION

This chapter focuses on the nature of vaginal practices in the village of Tshitatshawa by dwelling on the types of vaginal practices that are commonly used, the processes of knowledge acquisition on vaginal practices, the reasons why women engage in vaginal practices, and the impact of vaginal practices on the construction of womanhood. Women's perceptions and lived experiences in terms of the role that vaginal practices play in the creation of an "ideal woman" are discussed. Furthermore, the influences at play in the creation of these perceptions are explored. The influence of socialisation is discussed both at the primary level (young age / puberty, 13-16 years) and the secondary level (adulthood, when women are sexually active). Using the social constructionist paradigm, the study delves into the lived experiences of women's use of vaginal practices and looks into the different mediums of knowledge acquisition that women are exposed to in the context of vaginal practices. The issue of women's agency and its influence on the decision to practise or use vaginal practices and the actual use of vaginal practices are also interrogated.

4.2 TYPES OF VAGINAL PRACTICES

Vaginal practices are broadly practised in this village and they mean different things to different women and men. Unlike in the English language, the Ndebele language has no term for vaginal practices; however, it has a descriptive definition of what vaginal practices are to the local people, which is *ukuphathwaphathwa kwesitho sabomama sangasese*, which refers to the altering of the vagina to a desired state. Women in Tshitatshawa village engage in vaginal practices for a number of reasons, which include postpartum healing (*ukubuyisa izinyama*); beauty and identity; to enhance their womanhood, femininity, and sexuality; for the elimination of excess vaginal fluid (*ukukhipha amanzi*); to tighten the vagina (*ukubopha isitho*); for sexual and spiritual cleansing (*ukukhipha isidina / ukukhipha isinyama / ukukhipha isagweba*); for sexual pleasure; healing of physical ailments and vaginal dryness; for pre- and post-coital cleaning; for post-menstrual cleaning; and for witchcraft and sorcery; among other reasons.

The most common types of vaginal practices are labia minora pulling (*ukudonsa amalebe*), washing the vagina with plain, cold water, douching, inserting herbs inside the vagina (*ukutshuna*), vaginal sit baths (*ukuhlala izihlahla*), inserting cloth inside the vagina, washing the vagina with water mixed with herbs (*ukugeza ngezihlahla*), and cutting/perineal incisions (*amasale*); among others. In this village, vaginal practices are considered to be women's private practices (*izinto zabomama*) and they are not openly talked about. They are viewed as an important practice for women with a shared view of the positive benefits that women gain from their use. They are viewed as an important aspect, particularly in the preservation of the health and physical wellbeing of women in the village by both men and women.

The study findings show a recurring pattern in the emphasis on vaginal practices being either good and acceptable or bad and unacceptable, as shown by MaMpofu's comment:

“Zinengi izinto ezenziwa ngabo mama lapha kithi ukuzincedisa ekuphileni ezithweni zabo zangasese, ngama tshuni wonawa nje asetshenziswayo. Amanye amatshuni abawasebenzisayo alungile amanye awalunganga.”

[There are so many things that women do in our village in their day-to-day living in their private parts; some of the things they do are good and some are bad] (MaMpofu, 54).

This categorising of vaginal practices into these two groups in a way influences their “private” use as women do not want it to be public knowledge under which category their vaginal practices fall. Vaginal practices that are categorised as “good” are those that are perceived as contributing positively to women's health and physical wellbeing, while those that are categorised as “bad” are those that women use for reasons that are viewed as unacceptable – those that particularly benefit female users while causing harm to other people, like witchcraft and sorcery. As much as it is known that women engage in vaginal practices in the village, it should be emphasised that the choice of a particular vaginal practice is an individual and private affair. I found this interesting; women, as the users of these practices, have the power to personally and privately choose their own vaginal practices. This illuminates the power and autonomy that women have – to choose what they want and how they want to use the chosen agents on their bodies – be it the vaginal practices that are perceived as “good” or those that are perceived as “bad” in the village. This concurs with Black feminist theorising, which advocates women's autonomy and charges that women have the power to make autonomous decisions pertaining to their lives and bodies (Amadiume 1987). As much as the social

constructionist theory charges that people are a product of their environment – in this case, women learn about vaginal practices through socialisation in their environment – one can argue that, as shown in Tshitatshawa, they still wield autonomy and power to choose which practices they want to engage in regardless of those practices being labelled good or bad because they engage in these practices in the private sphere.

4.3 ACQUISITION OF KNOWLEDGE ON VAGINAL PRACTICES

Socialisation plays a crucial role in learning about vaginal practices in this village. Women learn about vaginal practices in this village at different stages of their lives; at a young age when girls reach puberty (around 13 years) and for some women when they get married or have children. This knowledge acquisition can be classified into two categories, namely primary learning and secondary learning.

4.3.1 Primary learning

Primary learning is learning about vaginal practices at a young age, which starts at puberty (around 13 years) when a girl starts menstruating. Learning about vaginal practices at this level is at the surface level as vaginal practices are incorporated into the day-to-day body grooming and hygiene practices of young women. At the puberty level, girls are taught how they should take care of their bodies, how they should wash their vaginas when bathing, how they should take particular care when washing it during their menstrual cycle, the importance of using cold water when washing their vaginas, and how they should pass urine (i.e., letting out their urine slowly with small intervals in between, which is believed to be important in strengthening pelvic muscles and ensuring that the vagina stays tight), as well as labia minora pulling.

The puberty stage marks the beginning of the journey of womanhood and is believed to be the best time for girls to engage in the vaginal practice of labia minora pulling. The vaginal practice of labia minora pulling is very common in this village and this practice plays a crucial role in the creation of the cultural body of a woman. It is tied to the ethnic identity of women in this village. Labia minora pulling involves the massaging and stretching of the labia minora with the intention of altering it to make it longer and more protruding when a woman stands or bends. Young women are especially encouraged to pull their labia minora on days when they are menstruating as it is believed that at this time of the month the labia minora is tender and has the ability to stretch easily.

Kholiwe described it as follows:

“Nxa inkazana isanda kuthomba yiso isikhathi esiqakathekileyo ukuthi nxa ezafuna ukuba lamalebe adonsiweyo ahle adonse ikakhulu nxa esesikhathini ngoba ngaleso sikhathi izinyama ziyabe zisabuthakathaka.”

[When a girl reaches puberty, that is the best time for them if they would want to have pulled labia minora, to pull it especially during their menstrual period as their vaginal flesh is very tender then] (Kholiwe, 53).

In Tshitatshawa village, puberty is a critical stage in a woman's life as it is during this stage that the journey into womanhood begins; labia minora pulling symbolises this transitioning of a young girl becoming a woman. A similar finding was made by Bagnol and Mariano (2012) in their study in Tete, Mozambique, where young women are introduced to labia minora elongation when they start growing breasts. It should be noted that in Tshitatshawa village, these teachings are solely given to girls by the members of their immediate family where grandmothers and aunts are responsible for imparting these teachings to young girls, unlike in Tete village, where Bagnol and Mariano (2012) found that this responsibility can be performed by any woman in the village who is chosen by the girl's grandmother or aunt and they are paid to offer the service of teaching. A key participant interviewee highlighted that the reason why young women start being taught about vaginal practices when they start puberty is because at this stage some young girls are able to get pregnant; thus the need to start grooming them for womanhood. She mentioned that as soon as a girl starts developing breasts, she starts transitioning from being a girl to a woman and, as such, they need to start being taught and groomed on how to be a woman, and vaginal practices are a part of the things that a girl is taught. This grooming is a process that happens over a period of time and is done gradually as the young woman progresses into adulthood. It is important to note that there is a method to the pulling of the labia minora and young girls are taught how and when they should pull the labia, the length that they should be, and what to use when pulling. The study found that teaching labia minora pulling is usually done at night during bedtime to ensure privacy. In most families, young girls sleep with their grandmothers and at bedtime, the grandmothers demonstrate how the young girls should go about the process of pulling their labia minora. I learned that in Tshitatshawa, the intimate process of labia minora pulling is mainly taught by immediate family members because of issues around trust and respect, as well as because of fear of witchcraft if it is taught by non-family members who are believed to have the potential to cast spells on the girl's womb during the process of teaching. This, it is believed, could affect

the girl's fertility in the future, as well as her sexual desirability, and may cause misfortune and gynaecological-related ailments.

The findings of the study indicated that plain petroleum jelly or the powder of a roasted and crushed bat mixed with petroleum jelly is applied onto the labia minora when pulling. It is said that pulled labia minora should resemble the wings of a bat when it reaches the correct length and the use of the crushed bat powder when pulling helps to achieve the desired outcome.



Figure 4.1: *Umalulwame* (bat) used in labia minora pulling

Source: Author (2023)

The bat is killed, burned, and ground with a stone to form a smooth powder. The powder is then mixed with petroleum jelly, which is applied onto the *amalebe* (labia minora) when pulling in a process called *ukudonsa amalebe*.

The grandmother or aunt, who is responsible for ensuring that the young girl is correctly pulling the labia minora, will let them know when it is time to stop pulling when they have stretched to the expected length – the length of a matchstick, which is approximately 4 cm.



Figure 4.2: Isitiki somentshisi (matchstick), the length that pulled labia minora are expected to be
 Source: Author 2023

As much as it is done for future sexual needs, labia minora pulling is believed to also play a critical role in childbirth. It is believed that by pulling the labia minora, a woman opens up the vaginal childbirth pathway in a process referred to as *ukuvula indlela*, which is believed to be one of the ways a woman can achieve having an easier childbirth process, as indicated by Sisa’s narrative:

“Ngesikhathi ngifundiswa ngokudonsa ngangisamncane okokuthi ngaleso sikhathi nganginqaqedisisi ukuthi vele ngikwenzelani. Ngatshelwa kwathwa kwenzelwa ukuthi ngibe lendlela nxa sengibeletha. Kwakuyinto vele ejwayelekileyo vele ngekhaya ukuthi inkazana ibe lamalebe so akungimangalisanga sekuthiwa ngikwenze ngoba ngekhaya bonke abafazi babelendlebe ezinde.”

[During the time that I was taught about pulling the labia minora, I was a bit young to fully understand why I was doing it. I was only told that I had to do it in order for me to have smooth delivery when I give birth. It’s actually a norm in my family for a woman to have pulled labia minora, so it did not come as a surprise when the time came and I was taught to do it because every older woman in my family had longer ears] (Sisa, 23).

The goal of pulling is also to have softer labia minora, which can easily stretch during childbirth to enable easier and smoother delivery during childbirth. This can prevent or minimise the chances of women experiencing vaginal tearing (*ukudabuka*) when giving birth. Most of the young girls in Tshitatshawa engage in labia minora pulling because it is the norm. It is done as a way of conforming, as well as out of respect, and it is important to note that the young girls are encouraged to pull their labia minora and are not forced, as Zamangwane stated:

“Amankazana siyawakhuthaza ukuthi adonse indlebe zangaphansi nxa besesebancane ngesikhathi bethomba ikakhulu nxa sebeqalise ukugeza. Abafoswa ukuthi bakwenze bayakhuthazwa nje ngoba lomthetho awukuvumeli ukuthi sibafose.”

[We teach young girls about the importance of pulling their labia when they start puberty, particularly when they start menstruating. They are not forced to do it but we encourage them; the law also does not allow us to force them to do it] (Zamangwane, 54).

There is, however, a minority of women who did not pull their labia minora during puberty who decided to do the process when they were older and sexually active. These women revealed that they preferred using a herbal powder called *amacici* when pulling their labia minora instead of the bat powder (*umalulwame*). *Amacici* is mainly preferred by women who pull their labia minora at an older age because it is believed to not only assist in pulling the labia minora more easily for older women but also for its sex-enhancing properties as it enhances stimulation for both the man and woman when used by a woman pre-coitus. The sexually stimulating properties in it result in some sexually active women who want to pull their labia minora having a preference for its use. Labia minora pulling is believed to make the labia softer, which makes it highly sensitive to sexual stimulation for the woman and also highly stimulating for the men during sexual intercourse.



Figure 4.3: *Amacici*: A herbal concoction powder that is used for labia minora pulling

Source: Author (2023)

It should be noted that in this village, there are no traditional rites of passage into adulthood or rituals that are performed to symbolise the transition from a girl to a young woman/adulthood. In Tshitatshawa village, teachings and knowledge on vaginal cleanliness, self-respect, valuing the self, and respect for their bodies are imparted gradually on a day-to-day basis to young girls in their daily lives.

4.3.2 Secondary learning

Secondary learning entails vaginal practices that are learned when women are older, for hygiene purposes, witchcraft, sexual reasons, spiritual reasons, and health reasons. Women learn about vaginal practices in different ways and spaces such as through social interactions with family and friends, through social media, and also through their own personal research. Observations from the field revealed that women in the village have spaces that present opportunities for them to interact and discuss different issues that affect them. In some cases, vaginal practices become a subject of discussion in those spaces and vaginal practices are presented as solutions to some of the problems that women face. These spaces include *elimeni* (a gathering hosted by an individual or family who needs help in fulfilling a certain task in the fields or in their home), *enkunini* (when women go to collect firewood in the bush), *emgodini* (when women go to fetch water from the borehole), and interactions between women on their way home from the fields. At the secondary level, women are very clear about the reasons why they engage in vaginal practices and the types that they prefer, as well as the perceived benefits of the chosen practice(s). Even at this stage in the village, women are not coerced into engaging in vaginal practices.

It should be highlighted that there has been an evolution in the sources of secondary learning on vaginal practices from which women acquire knowledge because of developments in technology, mainly the access to mobile smartphones in the village. Research findings on the village showed the evolution from family and friends as the main source of secondary learning on vaginal practices to social media also now being highlighted as a source, particularly WhatsApp and especially among younger women (45 years and below). This can be attributed to access to social media and information, and literacy. Most female study participants who were over the age of 45 did not have a smartphone and, as such, did not have access to different forms of social media.

Some women revealed that they were part of WhatsApp groups that comprise women from the village and others from nearby villages. In these WhatsApp groups, different things are discussed, from business ideas, religious issues, political issues, to matters that affect women's health and wellness, depending on what is topical at the time, and at times vaginal practices are discussed and are suggested as solutions to some of the problems that some women may be facing, as indicated by Ntombi's narrative:

“Mina ngikweyinye igroup ye WhatsApp engayijoyiniswa ngomunye umngane wami. Yona nje ngeyehlupho zanamuhla. Kulapho engaqala khona ukuzwa ngokuthi kulemithi owesifazana angayisebenzisa ukuthi abophe ngaphansi ukuze umuntu engabi ligabha.”

[I am in a WhatsApp group that my friend helped me join. It is a women's group where women discuss a lot of things. That is where I first learned that there are herbs that a woman can use to tighten down there so that one does not be like a tin] (Ntombi, 37).

It can be said that the impact of the social environment on human learning of vaginal practices has evolved and gone beyond the physical environment, which also extends to the virtual environment where women interact on social media platforms to share information and knowledge, sometimes without even knowing each other. The study, however, noted that as much as there has been an infiltration of external influences through social media, women in the village were more likely to use and engage in locally trusted and familiar vaginal practices that they learn from people they know and were familiar with than the ones that they learn from outsiders.

They had an inclination towards what they knew or what was similar to what they knew, as indicated by Nothando's narrative:

“Mina vele ngiyazizwa izinto ezinengi ezikhulunywa ngabantu ngamatshuni ayehlukehlukeneyo okusebenzisa eheadquarters nxa ulungiselela ukulala lendoda. Okunye sikubona emafonini kodwa engingakwaziyo angize ngakusebenzisa ngoba uyalimala ngokuthanda izinto. Inengi lezinto esizizwayo kuWhatsApp kuthiwa ziyathengiswa ematown emakhemesti asizazi njalo asizithenbi thina sithanda okwethu nje esikhule sikuzwa lapha.”

[I usually hear a lot of things that are said by people about different herbs that one can use at the headquarters when preparing to sleep with a man. Some things we see on

phones but what I do not know, I do not use [it] because you may get hurt by being a liker of things. Most of the things that we hear about on WhatsApp that are sold in towns in pharmacies we do not know and do not trust; we love our own stuff that we grew up hearing about] (Nothando, 42).

The above narrative shows a preference for what women are familiar with when it comes to products they can use for vaginal practices. They indicated that they were sceptical of some of the “new” feminine hygiene products that are sold in pharmacies and other shops in town that they learn about on WhatsApp; they preferred what they knew has worked for people they knew. Some women questioned the efficacy of these new feminine hygiene products that can be used for vaginal practices and argued that they did not match the local traditional ones that they knew.

4.4 THE LINGUISTICS OF VAGINAL PRACTICES

People use different linguistic articulations in expressing their descriptions of vaginal practices. Some people use terms such as *amatshuni* (herbal concoctions), *ukubopha* (tightening), *ukunciphisa isitho* (reducing the size of the vagina), *ukwelapha ngaphansi* (healing the vagina), and *amaproosi* (slang word used to refer to vaginal practices), among other terms, when referring to vaginal practices. Some people use descriptive terms when referring to vaginal practices, such as *izinto zabomama zangasese* (women’s private issues), *imgqozo yabo mama yangaphansi* (women’s concoctions that are applied to the vagina), *izinto zabomama zocansi* (women’s sex issues), and *izinto zabomama zokubopha* (things that women use to tighten the vagina); among other descriptions. These terms and descriptions are locally understood and used to describe a vaginal practice that one may be alluding to. They mainly refer to and describe the different types of vaginal practices that women in this village engage in.

It should be noted that people in the village use different words to refer to the vagina, such as *igwayi*, *imbumbu*, *ikuku*, *into*, *isitho*, *inyoni*, *ikatari kababa*, *inzemu*, *isitho sangasese*, and *igloo*; among other names. In this village, matters relating to private parts and in this case the vagina are labelled as *izinto ezihloniphisayo* (things that one can be shy to talk about) or *indaba zabo mama* (women’s issues), which means that they are women’s issues that are of a private nature and, as such, cannot be openly and casually discussed. This means that such issues cannot be discussed everywhere with anyone and it is not the norm for people in this village to go around discussing such private matters. Unlike in Scorgie *et al.*’s (2010) study in KwaZulu-Natal, where it was noted that vaginal practices are highly characterised by clandestineness,

the findings in Tshitatshawa revealed that the use of vaginal practices by women in this village are highly characterised by privacy and concealment as it is known that women engage in the practices and it is acceptable but engaging in them is more of a private and personal matter than a secret.

Conformity and identity play a key role in the adoption of the vaginal practice of labia minora pulling for most young women. They see older women around them having a protruding labia minora and this influences their perceptions of issues of identity and body image, as highlighted by the following narrative:

“Thina sakhula silala logogo. Sikhule nje simbona laye elendlebe ezidonsiweyo kuvele kuyinto ejwayelekileyo ukuthi uyibone ikakhulu kubomama emulini yangakithi ukuthi babe njalo. So ugogo nguye owayesifundisa izinto ezinengi, ukuthi umuntu uziphatha njani njengenkazana, ukuqakatheka kokuzigcina ukhangeleka lokugeza ukuthi umzimba ugezwa njani njengoba ngasengiqalisile ukuya esikhathini lokuthi ngidonsa njani indlebe zangaphansi. That time sasiphongukutshelwa ukuthi kumele sidonse ukuze kukhanye ukuthi sukhulile singazi ukuthi sidonsa ngoba esinye sezizatho kuyikuthi indlebe lezi yikatali kababa nxa sesidlala emacansini.”

[When we were growing up, we used to sleep with my grandmother and she herself had labia minora that were pulled. It was normal to see other older women in our family looking like that. She is the one that taught us many things about how to take care of our bodies, how to bath and clean our private parts, seeing that I had started menstruating. At this point she taught me that I needed to start pulling the ears on my private area to show that I was now a young woman, not knowing that part of the reason why I had to pull these ears was their purpose as a man’s guitar during foreplay] (Nomsa, 30).

The comparison of a vagina with pulled labia minora to *ikatari kababa* (a man’s guitar) in the above narrative is quite interesting. A guitar comprises different components, including the strings, tuners, and pick guard; among other parts. Pulled labia minora are compared to guitar strings, which can be tuned and played according to the musician’s tune and song. Similarly, Bagnol and Mariano (2012) found that in Tete the labia minora are referred to as “the man’s toy”. This echoes Foucault’s views on feminist theorising where he states that women’s reproductive organs and bodies are sites that are used and are constantly manipulated to conform to societal norms Foucault (1990) . Additionally, women’s genitalia are sites which

are under constant surveillance with a constant need for modification to conform to the norms of society (Crann *et al.*, 2017). The term *ikatari kababa* on its own is somewhat controversial as it portrays the vagina to be an organ that belongs to a man. This reference indirectly ensures docility in women as it insinuates that the vagina is an organ that is on a woman but can be controlled and used by the man for their own pleasure. An interesting observation from the interviews with both men and women was that the man's penis was not referred to in terms that takes ownership of it away from the man, makes it come across as something less, or that gives it less value compared to the vagina. Terms such as *umtshina kababa* (the man's machine), *induku kababa* (the man's knobkerry), and *injini kababa* (the man's engine) are terms that retain ownership of the penis to the man and in a way give more value and stature to the penis. However, as much as the language used in describing the vagina portrays it in a lesser light, the findings of the study indicated the agency that the women in Tshitatshawa have in choosing to pull their labia minora. However, the man indirectly has control as the name itself refers to it as the "guitar of the man", who can use and manipulate it any way he wants to.

Other words and expressions for vaginal practices have negative connotations. For example, the word *amatshuni* is derived from the slang word *ukutshuna* (tuning), which means to make something, or to correct or sort something out. This highlights that the objective of using *amatshuni* is to correct something in the vagina that needs correction. This correction may be vaginal size alteration through tightening, issues around vaginal odour, sexual satisfaction for either the woman or their partner, or to address issues of sexual partner infidelity; among other issues.

"Kunengi vele sisi okusetshenziswa ngabo mama, amatshuni yiwo avamileyo lapha kusiya ngokuthi wena kahle kahle ufuna akusize ngani."

[There are a number of things, sister, that women use here. Amatshuni are very common here depending on what exactly it is that you want them to help you with] (Thando, 28).

"Kuyaziwa nje ukuthi lapha esigabeni njengabo mama kukhona izinto esizenzayo ukuzisiza ngaphansi, ukwelapha amaqolo njenogba sisebenza kangaka. So, sisesenzisa umganu abanye basenzisa lamatshuni noma nje mina ngisebenzisa umganu kuphela."

[It's common knowledge around here that as women there are certain things that we have to do to help us down there, as well as to heal our backs because we work a lot

here. Therefore, we use *umganu* and some women use *amatshuni*, though I only use *umganu myself* (Lulu, 40).

The use of belittling language and the negative labelling of a woman who does not have pulled labia minora are evident in the use of the word *ingudula*. In the Ndebele language, *ingudula* is a cow that has no horns. The cow may have been born without the horns or may have had its horns cut off for different reasons. When paying *amalobolo* (bride price) in the village, *ingudula* is usually not used for *amalobolo*. In fact, it is highly unusual for the groom's family to send such a cow to the bride's family, except in very rare circumstances if they wish to indirectly communicate a message of dissatisfaction to the bride's family. Such situations happen when the groom expected the bride to have pulled labia minora, and if she did not, he would send an indirect message to the bride's family about the bride being an "incomplete woman" (*umfazi ongaphelanga*). Being referred to as *ingudula*, especially as an adult woman, is not something that most women in the village would like. There is stigma attached to being labelled *ingudula*. As such, some families also encourage their young girls to pull their labia minora to avoid future embarrassment of receiving a cow with no horns when the groom pays the bride price. This shows that having pulled labia has social desirability benefits linked to it, and in a way shows the social function of family prestige that the vaginal practice of labia minora pulling brings to the family.

Women choose to engage in vaginal practices and are not forced; however, the non-use of some vaginal practices by some women, like not having pulled labia minora, has negative associations attached to it. The descriptions used when referring to a woman without pulled labia show the negative and patriarchal references to such women.

4.5 PATRIARCHY, GENDER STEREOTYPES, AND WOMANHOOD

Tshitatshawa village is patriarchal in nature. There are clearly defined roles for men and women in the home. The expectation of women to cater for the sexual needs of the men remains. As much as Tshitatshawa is patriarchal in nature, women in the village are not passive recipients of cultural practices and norms that define what femininity, womanhood, and sexuality are about. I define womanhood as the condition of being a woman, which is characterised by the contextual qualities that a group of people or community upholds to regard one as being a woman. Women in Tshitatshawa have a high level of control over what is done to their bodies, choices of vaginal practices to engage in, as well as the extent of engaging in vaginal practices,

and they especially have autonomy over their vaginas. In the same vein, Audet *et al.* (2017) state that women are not passive recipients of knowledge; they have the individual decision-making capacity to use any knowledge given to them as they can choose what benefits them and whether to use that knowledge or not. The choice, adoption, and use of vaginal practices allow women in Tshitatshawa to exercise agency and autonomy as they use these practices to enhance their sexuality, femininity, and womanhood.

Traditional marriage processes like the payment of *amalobolo* set the stage for what an ideal woman should be in marriage or in sexual relationships, as well as the expectations of her in fulfilling her marital obligations, especially regarding her husband's needs. Because the husband pays *amalobolo* to the wife's family in the form of cattle, money, and other gifts, a perception that she is "owned" by the husband is created. The findings from this village indicated that the paying of *amalobolo* for women by men reinforces the gender dynamics between men and women and, as such, the positioning of the woman in the home as the support of the head of the home is made clear.

In Tshitatshawa, an ideal woman encompasses several attributes which include bearing children and catering to the sexual needs of her sexual partner. This implies that a woman should have a vagina that is in a state that can channel the birth of children and also cater to the sexual needs of her husband. The ability to satisfy the sexual needs of one's partner can be said to be one of the attributes of womanhood and femininities that are socially constructed and are highly influenced by socio-cultural factors. Women do acknowledge the expectations that are cast upon them pertaining to issues of maintaining sexual relationships and how these intertwine with their femininity and womanhood.

"Siyakwazi ukuthi kuvele kuyinto ekhangelelweyo ukuthi umama enze okufanele akwenze ukuthi umtshado ungachitheki kodwa vele lokho kuyignxenye yezinto ezenza umuntu wesifazane abe ngumfazi."

[We know that it is expected that a woman should do what they have to do in order for the marriage not to end but that is part of the things that women have to do in order to be a whole woman] (MaMbambo, 38).

Women are also aware of their socially constructed role of satisfying their sexual partners' sexual needs. They do not perceive this role as a burden but as a mutual expectation that also

requires equal reciprocation from men. The women pointed out that in some circumstances the need to fulfil their sexual obligations requires the use of vaginal practices.

The women also pointed out the influence of learning through observing other women they live with, particularly their older family members, as also playing a role in their decision to engage in vaginal practices when they are young as a form of conformity. These observations play a role in shaping how women perceive their bodies and what it means to be a woman, as shown by the following narrative:

“Ukudonsa amalebe kuqakathekile kakhulu, ikakhulu ngoba ma udonsile amalebe uba ngumfazi opheleleyo. Phela kuqakathekile ukuthi kube lomehlukp pghakathi komntwana lomfazi. Kumele ma ngimile ekhanye elunguza amalebe nxa ungumfazi opheleleyo.”

[Pulling the labia minora is very important, especially because it makes you look like and become a wholesome woman. You know, it is important that there be a difference between a young girl and a woman. When I am standing there naked next to a young girl, there has to be a difference between the two of us; my labia should be protruding to show that I am a grown woman] (Fezile, 38).

The above narrative shows that the vaginal practice of labia minora pulling plays a role in the creation of a woman’s identity, as well as issues around her self-worth and confidence. To shed light on that, Fezile further said:

“Ukudonsa kwami engakwenzayo kungenza ngizizwe ngingumfazi kwabanye abafazi. Ngizizwa ngingumfazi opheleleyo. Lami nginyathela kuzwakale kwabanye abafazi, even lanxa nje ngisemzini wami ngiyazizwa sibili ukuthi ya ngingumama.”

[Having pulled labia minora makes me feel like I can stand shoulder to shoulder with other women. It makes me feel like a real confident woman among other women. I walk on the ground with confidence and everyone notices. Even at my home I have that feeling of a complete woman] (Fezile, 38).

This shows that vaginal practices are tied to and are part of the creation of a woman’s body image and identity, and that some self-worth can be derived from them. Value is placed on having pulled labia minora as it contributes to the creation of the body image and identity package of what is perceived as *umfazi opheleleyo* (a “whole” woman).

Sithandile, a younger woman, had this to say:

“Thina sikhula ugogo wayesifundisa ukuthi umfazi sibili ngothi nxa efulathele engakhothama indlebe zesitho sangasese sithutshe nje kuhle ngoba edonsile. Kumele nje zibe khona, zibe ngangesitiki somentshisi zingadluli nje khonapho ngoba zingaba zinde kakhulu lakho zicina zingasenzi.”

[When we were growing up, my grandmother taught us that a real woman should have long enough ears that can protrude when she bends. They need to be pulled to be as long as a matchstick, not bigger than that; if they are bigger than that, they will not be good] (Sithandile, 26).

She further said:

“Ungabeletha lakho zivame ukuncipha ngakho kuqakathekile ukuthi umuntu adonse njalo nxa engabeletha laphana inyama zisabuthakathaka, ngeke ubuyele ekubeni yingudula subelethile.”

[When you give birth, the pulled labia minora usually shrink, so it is important to pull again soon after delivery when you are still tender; you cannot go back to being a cow with no horns] (Sithandile, 26).

4.5.1 The superiority complex

Women in the village who have engaged in the vaginal practice of labia minora elongation viewed themselves as superior to women who have not elongated their labia.

This is shown by Sithandile’s narrative:

“Mina eqinisweni ngizibona ngingcono kakhulu kulabomama abangadonsanga ngoba lapha kithi vele umfazi mfazi waziwa engodonsileyo. Nxa udonsile uba lesithunzi njalo uba ngumfazi fazi sibili owehlukaniseka lula abantwana. Thina esadonsayo asivamanga ukuba lohlupho ekubeletheni ngoba vele indlela iyabe seyalungiswa kudala njalo awubi lenkinga yokubizwa ngokuba yingudula, kambe vele uyabe ungumfazi bani sibili ongala malebe?”

[I honestly see myself as being much better than those women who have no pulled labia because here in our village a real woman is known to be someone who has pulled. If

you have some pulled labia, you command respect; you are an ideal woman who can be differentiated from children. As for us who pulled their labia, we hardly face challenges during childbirth because the path would have been prepared way back and you are also not labelled as a cow without horns. What kind of woman would you be actually without pulled labia?] (Sithandile, 26).

Fezile also said:

“Singafuni ukuqambelana amanga, nxa ungadonsanga vele awusi lutho. Mina ngizizwa njalo ngizibone ngingcono kakhulukazana kulabanye abafazi abangadonsanga ngoba mina ngadonsa. Kufana lokuqathanisa umuntu olondorindori lomuntu olephone ezingena ku WhatsApp, akufani vele. Umfazi olamalebe adonsiweyo uyahlonitshwa ngabanye omama njalo lendoda yakhe iyamhlonipha.”

[Let us not lie to each other. If you have labia that are not pulled, you are good for nothing. I feel and see myself way better compared to women who do not have pulled labia because I pulled. It's like comparing the old ndorindori (street lingo used to refer to an old-fashioned small cell phone) to a smartphone that can have WhatsApp. It is not the same. A woman with pulled labia commands respect from other women and even from her own husband] (Fezile, 38).

The above narratives indicate that vaginal practices are also done for ego purposes. It emerged from the findings that women who engage in these practices have a superiority complex over those who do not as it gives a woman a sense of self. It denotes the same tone of superiority that is evident in communities where women engage in rites of passages to symbolise a transition into womanhood, such as the Mahenye community in Chipinge, where Muchono (2018) found that there is superiority, respect, and prestige associated with going through the *Chinamwali* initiation for women.

I also found that there is a beauty standard attached to labia minora pulling in Tshitatshawa village. A woman's vagina with pulled labia minora is perceived as beautiful and attractive, especially to their sexual partner. This finding shows that vaginal beauty is a social construct and is a consequence of context in the social setting of Tshitatshawa, which concurs with Burr's (2003; 2015) statement that social norms and culture play a very crucial role in shaping human actions. In understanding the notions of the beauty attached to pulled labia in Tshitatshawa,

parallels can be drawn with Bagnol and Mariano's (2012) finding in Tete where a woman with elongated labia minora is referred to as "rich" and is highly valued.

"Uzananzelela njalo ukuthi izitho zabomama zitshiyene. Siyasizwe ukuthi bakhona abanye omama ababhoboza bafake amacici ngaphansi ukuze benze izitho zabo zikhangeleke zizinhle. Thina lapha siyadonsa amalebe abe ngasesitiki somentshisi. Amalebe adonsiweyo enza izitho sikamama sibonakale sisihle ikakhulu kwabesilisa. Mina ngadonsa ngisesemncane and ngibona ngathi isitho sami sihle njalo siyabukeka ngenxa yokudonsa engakwenzayo and lokhu kungenza lami ngizizwe ngi confident. Akusinto oyifoswayo uyazikhethela wedwa ukuthi ukwenze kumbe wekele."

[You will notice that women's vaginas do not look the same. We sometimes hear that some women actually pierce their vaginas and put earrings on them in some cultures to enhance the beauty of their vaginas. In our village we pull our labia up until they are the length of a matchstick. Pulled labia minora make the woman's vagina look beautiful and enticing, especially to men. When I was young, I pulled my labia minora and now as an adult I can see and appreciate that my vagina looks good and that gives me confidence in myself. It's not something that you are forced to do; you choose to do it or not] (MaMbambo, 38).

The above narrative reinforces the notion that beauty and its standards are not a universal phenomenon. Similar to a women's beauty, vaginal beauty standards are also not universal and vary according to place and time. These standards are socially constructed and are greatly influenced by the environment; however, women still have the choice to conform to those standards or not.

In Tshitatshawa, women take pride in having pulled labia minora as it is one of the key attributes of an ideal woman. It can therefore be said that the notion of ideal womanhood being associated with pulled labia minora plays a role in the use of this vaginal practice. The notion of pulled labia minora being an attribute of women's beauty and femininity in Tshitatshawa is in direct contrast to what the beauty standard is in the West, where the female genitalia, particularly the labia, are preferred to be symmetrical and non-protruding, which creates a flat and smooth vaginal aesthetic, which results in some women undergoing vaginal cosmetic procedures so as to have a clean slit (McDougall 2013). The sharp contrast between the beauty aesthetic of the vagina in the West and in the African context shows the importance of noting the setting and its influences on women's perceptions of vaginal beauty, which influence the

differences in choices of vaginal practices and their perceived usage outcomes. The findings from the village of Tshitatshawa illustrate the importance of contextual studies on vaginal practices because women are a non-homogenous group and the settings in which they live differ.

It is a norm and routine for sexually active women in Tshitatshawa to mix water with some herbs when washing their vaginas as a way of ensuring the removal of all “dirt” after menstruating. In Tshitatshawa village, it is believed that a man can get sick if they have sexual intercourse with a woman who did not clean their vagina of menstrual residue after their menstrual cycle. This finding is similar to the findings by McKee *et al.* (2009) in their study of vaginal douching among Latinas. The perceived potential illness that a woman may cause by not eliminating menstrual residue acts as a motivator for some women in the village to engage in vaginal practices, as shown by Litha’s narrative:

“Ingcekeza ephuma kumama nxa esikhathini iyagulisa ubaba, so kuqakathekile ukuthi nxa usuqedile ukuya esikhathini ukhiphe yonke ingcekeza engabe isalele ukuze ohlangana laye emacansini engaguli. Phela ingcekeza leyana iyagulisa obaba enkabeni.”

[The dirt that comes out of a woman during their period can make a man sick, therefore it is important that a woman ensures that they get rid of the menstrual residue to avoid having the man that they sleep with getting sick on their abdomen and naval area]
(Litha, 44).

It can be said that the vaginal practices in the village are influenced by issues around women’s worth and belonging. Some women who engage in vaginal practices derive self-worth, self-confidence, and power from these practices. Women voluntarily accept and use these practices as they believe that they add value to their being. Vaginal practices are social constructs that are believed to add to the value of women and, as such, they play a key role in shaping women’s sexuality and womanhood. As much as they are not forced upon women, I noted that women gain a sense of superiority from their usage, particularly those who have pulled labia over those who do not have pulled labia. This is because the men in the village generally expect a woman to have pulled labia and, as such, not having pulled labia is viewed as an anomaly. Women in Tshitatshawa village are not compelled to engage in vaginal practices, unlike in Mahenye village in Chipinge where Muchono (2018) studied the cultural practice of *Chinamwali*, where women are compelled to be initiated even if they are not interested. There is no control over

what Muchono (2018) coined the “cultural body” of women in Tshitatshawa village, which makes engaging in vaginal practices an issue of individual decision and highlights women’s agency in the village. Women are not coerced to conform to the use of vaginal practices; however, they are encouraged to use them.

4.5.2 Hot and tight

Factors like childbirth, frequent sexual intercourse, physical work, and old age were highlighted as contributing factors to the vagina becoming loose and needing tightening. As much as a woman goes through all these physical processes in her life, which are believed to play a part in the loosening of the vagina, there is still an expectation to ensure that she has a “tight” vagina, which she can achieve through engaging in vaginal practices.

Women go through different phases and physical changes in their lives and an ideal woman is perceived as one who can keep her body and vagina “hot” and “tight”, as indicated by Gogo Mpofo’s narrative:

“Umfazi oqotho njalo ngozicina kakuhle enanzelela izindingeko aba lazo ngenxa yokuzala, nje lokukhula. Phela ukuzala lakho kulendima okuyidlalayo ekudambiseni isitho sikamama lokuluphala nje. So wena nxa ungumama lawe akumelanga uzekelele ungatshisi or ube ligabha nje, kumele wenze okusemandleni akho ukuthi lawe uhlale nje kubophekile ngaphansi, sasizwe abanye omama sebefanani swa lamagabha kusiotsho ukuthi kuvuleke kakhulungaphansi, umfazi ngothi nxa ehlangana lowesilisa emacansini ngaphansi kubophekile uthi lanxa lilalana uyibambe into kababa ingaphumi laye aze avume ukuthi ya lapha ngathatha sibili. Ungazithola sulenkinga zokuvuleka kakhulu suligabha kumele uthathe amanyathelo okukuqondisa lokho, njalo lawo manyathelo alula silazo lapha thina izihlahla lemithi encedayo sibili.”

[An ideal woman is one who takes good care of herself, paying attention to her needs that come with childbirth and old age. Childbirth plays a role in loosening the vagina, as well as old age. So, if you are a woman, you are not supposed to let yourself go and feel like an empty tin. You have to do everything within your power to maintain tightness in your vagina. We hear some women being likened to tins, meaning they are too open down there. A real woman is one who can hold the penis in a tight grip during sexual intercourse, such that the man can also attest that they really married well. If you find yourself with the challenge of being too open like an empty tin, you have to take

measures to correct that and those things are easy to correct as we have our herbs that can solve those problems] (Gogo Mpofu, 54).

Kholiwe also said:

“Angitsho ukuthi abafazi bafanele babe yizichaka zabo baba no, kodwa nxa usiya kwenda usuka ngakini eqinisweni siyazi sonke ukuthi ezinye yezinto ezomqoka ozilandayo licansi. Sithi nxa sesisiya kwenda lapha emakhayo umuntu afundiswe ngokugcina umuzi wakhe, indaba zamacansini ngezinye zendaba ezimqoka esizifundisa abaya kwenda. Umfazi ngoba kwazi ukwenza okufanele kwenzeke ngesikhathi secansi kiusitsho ukuthi kumele abekwazi ukusebenzisa isitho sakhe kakhuhle. Isitho lesi kumele sihlale sikhwabitheka nje sisemieni esihle akumelanga ukumuntu azekelele uthole sesidambile ubaba sephongukungena aphume nje ngathi ungena obhalwini. Umuntu ngothi lapha lalapha ahlalele izihlahla ahlafune lempandei ukuze aqinise iqolo lomzimba nje lokuthi abophe ngaphansi. Nxa yonke into nje ihlangene imzimbeni lawe njengomama unyathela kuzwakale egumeni lakho.”

[I am not saying a woman should be a slave to the man, no, but when you decide to get married, you leave your parents' house, truthfully knowing that one of the most important things that you are going to do is sex. When you decide to get married here in the rural areas, you are taught about keeping your home. Issues of sexual intercourse are part of the important things that are taught. A woman should know how to use her organ well. This organ should always be well kept in a good condition, you should not let yourself go and have a loose vagina and find the man easily getting in and out like he is getting into a cave. One should here and there sit on herbs and chew on some roots so as to strengthen your back and your body and also to tighten down there. When everything is intact on your body, as a woman you walk with confidence in your home] (Kholiwe, 53).

The above narratives illuminate one of the important aspects of womanhood in Tshitatshawa and the curating of a woman's body, particularly the vagina, which must be hot and tight with the ability to fulfil sexual obligations, especially for married women. The ability to perform in bed and fulfil the sexual needs of one's partner are emphasised. It is important to note the language used in describing vaginal looseness, with words like *igabha* (tin) and *ukukhamisa* (open) referring to the openness of a “loose” vagina and the word “hot” referring to a vagina that is highly enticing and that provides a great deal of pleasure to the man during sexual

intercourse. The avoidance of having a “cold”, “tin”-like, or “open” vagina acts as a reason for the use of vaginal practices for some women because having a “tight” and “closed” vagina constitutes some of the qualities that an ideal woman should possess and ensure. This finding concurs with what Lees *et al.* (2014) found in their study of intravaginal practices in Tanzania and Uganda, where vaginal tightness is taught and emphasised to women. Similarities can be drawn between the findings in Tshitatshawa and Lees *et al.*'s (2014) findings in Tanzania and Uganda in that socialisation plays a crucial role in the grooming of women, with the characteristics of what a wholesome woman should be like being emphasised especially to married women. Bagnol and Mariano (2008b; 2012) point to the need to understand the labelling of the vagina as, for example, “open/closed” and “sweet / not sweet” as potent markers of gender that are learned, and they are the basis of the sexed body of the “man” and the “woman”. Women in Tshitatshawa view vaginal tightening as part of routine hygiene grooming that they have to do and, as such, they do not feel pressured to do it. In fact, they feel empowered to be able to do it themselves to the extent that they feel is ideal for them. They mentioned that it also helped them with their confidence.

The women also highlighted that vaginal tightening also helps in getting rid of excess air, which causes what is called *ingubhane*, which is a state whereby one has excess air in their gut, and for some women in their vagina, which results in some of the air being expelled involuntarily through the vagina during sexual intercourse, where the vagina for some women makes unpleasant noises when this air is expelled. The use of vaginal practices for vaginal tightening illuminates women's agency in Tshitatshawa as women employ this mechanism to manipulate their bodies, which in turn helps them to attend to their womanhood needs. As much as there has been a created ideal of a cultural body with a tight vagina for women in Tshitatshawa, women are ultimately in control of what they use to achieve their desired individual vaginal tightness. Vaginal tightness plays a role in ensuring that women also enjoy sexual intercourse with their partners. It is believed to play a crucial role in the sexual pleasure of both the man and the woman. Having a tight vagina is part of the feminine sexual attributes expected of a woman and most women would like to always have a vagina that feels like that of a virgin (*ukuba njengentombi*). It is believed that a virgin-like vagina is the most sexually desirable vagina and some women who engage in vaginal practices in the village aim to have such. It should be noted that having a tight vagina does not work in isolation in providing sexual pleasure for the man; it works as part of sexual etiquette, which includes the circular movement of the waist and hips during sexual intercourse, the suspension of the hips from the floor while

performing the circular movements, the periodic tightening and loosening of the anus and vagina, as well as the tightening of the pelvic muscles during sexual intercourse. This whole routine or performance during sexual intercourse is referred to as *ukuvekuza*. Having a tight vagina or virgin-like vagina is believed to enable what is called *ukubopha isitho sikababa* (vaginal grip on the penis), which is believed to result in the sexual pleasure of both the man and woman. This is a skill that most women in Tshitatshawa have. It is believed that if a woman has a tight vagina, they can have a “good grip” on the penis, which provides sexual pleasure for the man and the man can only remove his penis when the woman relaxes her vaginal muscles, as indicated by Nomsa’s narrative:

“Nxa kubopheke kuhle ngaphansi, kuyanceda ukuthi lawe uvekuze kuhle. Unganatha izihlahla usebenzise lamatshuni kahle sibili kuyabopheka ngaphansi lapha uyilume ngegwayi indoda, ithi nxa ifuna ukuthi iphuma ulibambe igwayi lale ukuphuma aze akhale ngobunandi umntanabantu, uphuma nxa wena suthwa wa relaxer isinye hatshi mangamanga. Ma ubophile khonaphana lawe uyakholisa sibili angifuni kuqamba amanga, yikho ngisithi mina abangasebenzisi amatshuni ngeke bakwenze njalo bakuzwe thina lathi esikuzwayo. Uyezwa indoda endala ibubula ngoba thina siyabopha ngaphansi.”

[If it’s properly tightened down there, it helps you to be able to perform in bed. If you drink your traditional medicines and use your herbs down there properly you get tight; you can bite the penis with your vagina, when he wants to remove the penis, the vagina holds it and it cannot get out until then man cries with enjoyment. He cannot remove his penis easily; he can only remove it when you relax your vaginal muscles. When you have a tight vagina, you also enjoy sex, I do not want to lie. That is why I say that those who do not use herbs cannot do the things that we do and experience what we experience. You hear a grown man crying when they are having sex with you because of pleasure because we tighten things down there] (Nomsa, 30).

The above narrative illuminates the notion that sexual intercourse is not just an act but also a performance in which women love to showcase their sexual skills to their partners. Women are taught the importance of *ukuvekuza* during sexual intercourse, which is something that is normal and expected for women to do well during sexual intercourse in Tshitatshawa. Having a tight vagina is perceived to enable the woman to perform better and a woman who cannot perform *ukuvekuza* in bed is labelled as *itanda* (log), which means they are as good as a non-

responsive log during sexual intercourse. *Amatshuni* (traditional herbal concoctions) are regularly used by women for vaginal tightening, coupled with the regular contraction and loosening of the pelvic muscles as they go about their daily business during the day, which is known as Kegel exercises in conventional language. Women engage in these exercises whenever they can during the day but more importantly when they urinate. From a young age women are taught that when they are passing urine, they have to constantly contract and loosen their pelvic and vaginal muscles until they finish passing the urine. This is believed to assist in vaginal tightening, as well as the strengthening of the pelvic muscles, which are believed to be loosened especially by childbirth. It should be pointed out that vaginal tightness is a social construct in which a perceived state of tightness is dependent on each individual woman.

Vaginal tightness in Tshitatshawa is an important component of women's sexuality and femininity. As stated by Bagnol and Mariano (2012), sexuality is not a universal phenomenon that can be imposed on people but an individual one that is subject to change, depending on the stage in a woman's life. There is no yardstick for the perceived ideal tight state of the vagina as the level of tightness of the vagina is an individual preference. There is no clear barometer to measure the perceived "right" levels of vaginal tightness; however, women who use vaginal practices to achieve vaginal tightness have their own levels of tightness that they want to achieve. Levels of tightness are not universal.

While a woman is expected to keep and maintain her feminine attributes like gentleness, cleanliness, and body and vaginal warmth, she is also expected to be physically strong. Coupled with body warmth is the need for the woman to have physical strength and stamina for the purposes of sexual intercourse. This is one of the important attributes of a woman pertaining to sexual activity. As mentioned earlier, the process of sexual intercourse is characterised by what is called *ukuvekuza*. This is the circular, downwards, and upwards motions of the waist that a woman does when having sexual intercourse with her partner. *Ukuvekuza* also involves the suspension of the buttocks from the ground and balancing the body with the shoulders, which require strength and stamina, especially for a woman who has a partner who ingests traditional sex-enhancing herbal concoctions such as *isigubhu*, *umvusankunzi*, and *umbhebbhasuze*, among other traditional herbal concoctions that are used to boost sexual activity, stamina, and performance for men.

To boost physical and sexual stamina, women engage in some physical cleansing practices, which include *ukugabha* (cleansing of the body through induced vomiting), as well as the use

of vaginal practices such as vaginal sit baths with cold water mixed with traditional herbs, vaginal steaming, vaginal cutting, and using traditional medicine on the pelvic area and thighs known as *ukucaba*, as indicated in the following narrative:

“Thina njengabantu abaziyo izinto zesintu sivame njalo ukuncedisa omama ekuqiniseni imizimba. Imizi eminegi iyabhidlika ngenxa yemizimba yabomama labobaba exegaxegayo. Umzimba womfazi kumele ube uqinile ungabi lula nje ngoba nxa uphongukuba lula kuba nzima ukuthi wenze kahle kwezocansi lemisebenzi nje yangekhaya. Inengi labafazi engibaziyo mina liyasebenzisa imithi ukuze baqinise imizimba, angithi uyazi ukuthi obaba labo vele bayadla izihlahla lemithi ukuze baqinise imizimba ngokunjalo labo mama kumele baqinise imizimba ngoba uzamelana njani lendoda yakho nxa yona isidla izihlahla. Ake ngithi umfazi kumele ake afuthe, agabhe ukukhipha inyongo lengcekeza emzimbeni okwenza umzimba wakhe uqine, aphinde njalo acatshwe emathebeni lemilenzeni lasemlonyeni wesitho afakwe imithi abe sehlalela lemithi aminye ageze ngayo ngaphansi. Lokhu kuyawuqinisa umzimba kamama. Yizinto umama engazenza ikakhulu lapho okuntshintsha khona ama seasons omnyaka eziqinisa. Abanengi lapha abangahlali labomkabo abahlala egoli kumbe kwezinye izindawo bavame ukwenza lokhu lapho omkabo sebezabuya ukuzavakatsha ekhaya.”

[As people who know traditional things, we usually help women with issues to strengthen the body. Most marriages are destroyed because of the bodies of women and men that are weak. A woman’s body should be strong and not weak because if the body is weak, it becomes difficult to perform well in bed, as well as to perform general daily home chores. Most women that I know use traditional medicine to strengthen their bodies; likewise, you do know that men also use traditional medicines to strengthen their bodies and in the same vein women should also do the same because how will you be a match to your husband if he ingests traditional medicines? Let me say, a woman should steam, induce vomiting to cleanse, and remove bile and dirt from the body so that it’s strong. They can also undergo some cutting on their pelvic area and inner thighs and vaginal opening and then also sit on traditional medicines, as well as wash their vagina with some traditional medicines. This strengthens the body. These are things that a woman can do, especially during the change of the seasons of the year to strengthen her body. Most women who do not stay with their husbands, who stay in

South Africa or other places, usually do this when their husbands are about to come home] (Gogo Mpofu, 54).

It should be noted that the issue of the use of vaginal practices for strength and stamina is not only for the purposes of sexual intercourse but also for the woman's ability to perform physical work on a day-to-day basis. Women in Tshitatshawa engage in physically demanding food-production activities such as farming, processing, and other subsistence work. Tshitatshawa village falls within the dry region of the country and thus receives little rainfall. Most people in the village grow drought-resistant crops such as sorghum and millet. The processing of these crops for food is done by hand through pounding. This process of pounding called *ukugiga* is usually done by women and it is physically demanding. During the dry season, drinking water is mainly drawn from the local borehole as the village dams quickly dry up. The process of drawing the water from the borehole, which is called *ukukotshoza* (pumping), is also physically demanding. These processes that they engage in, for the processing of food and water provision, are said to have a negative effect on the body as they are contributing factors to back pain and other physical challenges for some women in the village. To be able to perform their physical tasks and work without facing challenges or with minimal challenges, some women engage in vaginal practices that help them to strengthen their bodies. Occasional vaginal sit baths with *umganu*, *umgugudu* and other traditional herbs are said to help to strengthen women's bodies and to cure some physical ailments that women in the village experience. It can therefore be argued that physical body strength is an important attribute that women in Tshitatshawa are expected to possess. This is because of the physically demanding routine work that they perform in the village. The employment of vaginal practices that are believed to assist in strengthening women's bodies becomes the familiar and readily available solution for women.

4.6 VAGINAL BEAUTY AND HYGIENE

Vaginal practices cannot be viewed in isolation; they are part of the beauty package for women in the village. Body cleanliness and hygiene characterise womanhood in Tshitatshawa. Women in the village engage in different routines and practices of body grooming and beauty-enhancing processes. They engage in skin bleaching, body piercing, hair care, as well as routine vaginal practices to enhance their beauty. The washing and care of the vagina are also viewed as important because inadequate washing and cleaning of the vagina are believed to result in a woman losing "substance". The findings of the study revealed that the perceived "dirt"

associated with the vagina motivates women to adopt vaginal practices for hygiene purposes. It should be noted that women do not wash their vaginas with herbs and traditional medicine concoctions on a daily basis but when there is a need to do so. Daily, the emphasis is on the need for women to always wash the vagina with cold, plain water. It is believed that washing the vagina with hot water results in it losing its elasticity and also results in it producing a foul odour. Vaginal practices play a very crucial role in women's personal hygiene as they are in some cases used to eliminate unwanted odours and discharges from the vagina, as well as for pre- and post-coital washing.

“Njengomuntu wesifazana kumele uhlale uhlanzekile ukuze unganukeli abantu. Uyake ubone ukuthi kuyakwenzeka ukuthi abanye omama angadlula phambikwakho kuyathi hatsha iphuma elingachaziyo ngoba abagezi kuhle ngaphans? So ngijwayele ukuzwa abanye besithi basenzisa izihlahla ukugeza ngaphansi ukuze umuntu enganuki lokuthi ukhiphe engcekeza engabe ikhona ngaphansi. Mina ngisebenzisa amanzi aqandayo lomganu ekugezeni ngaphansi ngezikhathi ezithile.”

[As a woman, one has to always ensure that one practises good hygiene to avoid smelling. Have you noticed that it sometimes happens that when some women pass in front of you there is a smell that they leave behind? So, I sometimes hear some women say that they use some herbs and concoctions mixed with the water they use when they wash down there so that they don't smell and they remove dirt that may be down there. I use cold water mixed with umganu to wash my vagina regularly] (Mara, 29).

“Ukuzithanda lokuzinakekela yinto vele ehleli ikhona nje kubomama okumele bayenze whether uthethwe kumbe awuthathwanga. Umama kumele ageze, uxubhe, ukhangeleke kuhle nje ikhanda lakho libe lihle. Abanye bayagcoba ukuze ubuso babo bube bomvu, abanye bathi ukugcobe kwenza ijwabu labo libe butshelezi. Mina ngiyagcona angisoze ngiqambe amanga, ngizigcobela iCarolite. So ngemva kokuba muhle kangako awungezake ube susiba legwayi elinukayo, kumele yomke into nje ihambelane ngoba uhetsheza uluba sesithweni sabomama luyakuxotshela indoda. Kufana lokunuka umlomo akula ndoda efuna umfazi onuka umlomo ngokunjalo legwayi elinukayo alenzi ngakhoke sisebenzisa izinto ekugezeni ngaphansi ukuze umuntu enganuki.”

[Loving myself and taking good care of myself is one thing that is very typical and common with women. A woman should bath, brush their teeth, look good, and have a nicely groomed hair style. Some women bleach their skin in this village to be lighter and have smooth skin. I bleach my skin using Carolite. So, after doing all these things

to enhance one's beauty, it would be a shame to have a smelly vagina; everything should just be on point. You do not want to have that weird smell as it has the potential to turn off your sexual partner. It's like having bad breath; no man wants a woman with bad breath, and the same goes with having a smelly vagina. No man wants that. Therefore, we use vaginal practices to help us achieve that goal] (Magi, 37).

“Thina abanye sihlala labobaba njalo sihlalana labo emacansini izikhathi ezinengi. Kumele uhlale ukhangeleka uhlanzekile umuhle. Yikho kuqakathekile ukuthi kabili kathathu ngeviki njengomama uhlalele umganu ukuthi ukhiphe ingcekeza ngaphansi, even nje ugeza nsukuzonke kumeleke unanzelele ukuthi uyageza kuhle sibili ngaphansi, phela thina asisebenzisi ama condom so inhaknyelo kababa uyichithela phakathi kwakho. Ungekela ukuthi ugeze kuhle njalo ugeze ngamanzi aqandayo lezihlala uyanuka. Isepa abaziyo bathi ayilungelanya ukusetshenziswa ngaphansi. Yikho kuqakathekile ukuthi umama abe lokuyipheyili ahlala lakho ekamelweni lakhe lokulala lokuyithawulo ukuze ungahlalana lobaba uhle uthi khaphukhaphu kuhlale kuhlanzekile. Lezi ngezinye zezinto ozifundiswa nxa susiya kwenda njengezinye zendlela sokuzigcina lokuzinakekela emtshadweni.”

[Some of us stay with our husbands and we have regular sexual intercourse with them. A woman has to ensure that she is always clean. That is why it is important that once or twice per week, using whatever works for you, like umganu, to eliminate the dirt that comes out of the vagina. Even if you bathe every day, one has to be careful that one properly washes the vagina. Some of us do not use condoms and the men's semen remains inside the vagina. So if you do not properly wash with cold water mixed with whatever concoction you use, you will have an unpleasant odour. Some say that using soap is highly inadvisable as it can cause problems. That is why it is important for a woman to have a small bucket and towel in her bedroom so that they can freshen up after having sexual intercourse. These are things that you are taught when you decide to get married as part of how you have to take care of yourself in marriage] (Litha, 44).

The above narratives highlight that women engage in various vaginal practices for not only cultural but also hygiene reasons. This finding concurs with the notion of vaginal cleanliness and the importance of grooming, which were also found by Turner *et al.* (2010) and Van de Wijgert *et al.* (2000) when they noted that vaginal cleanliness is a motivator for some women to engage in vaginal practices. In Tshitatshawa, women are taught the importance of hygiene and self-care when they begin menstruating to avoid having a foul smell, as well as to avoid

vaginal thrush. They are taught the importance of always washing with cold water as that is said to help in avoiding vaginal thrush. It is important to note that in Tshitatshawa village, young girls are taught to use only plain, cold water when washing their vaginas. The use of herbs and other traditional medicine concoctions is highly discouraged at this stage as they are not expected to be having sexual intercourse yet.

Post-coital vaginal cleansing is a common practice for sexually active women in the village to eliminate sexual fluids that may cause vaginal odour. It should be noted that vaginal cleaning or washing after sexual intercourse is highly emphasised; hence the emphasis on married women having a small bucket in their bedroom that is specifically dedicated to vaginal washing and that always has clean cold water and a small towel/cloth for wiping. To ensure that the vagina is thoroughly cleaned after coitus, some women insert their fingers inside the vagina when washing. This is done to ensure that they get rid of vaginal secretions and semen that may still be inside the vagina.

During the ploughing season, when people wake up very early in the morning to go to the fields, the women ensure that they wash their vaginas with cold water before they leave for the fields to guard against foul odours.

“Umuntu ongumama kumele ahlanzeke nje, kumele uhlale ulokuligajana kwakho okulamanzi aqandayo ekamweleni lokulala ukuze nxa suzizwa ngathi akusamanga kuhle uyekuthi khaphukhaphu langemva kwecansi kumele umuntu ageze ngamazi aqandayo ungenise umunwe unkiphe ingcekeza yonke. Thina lapha ngesikhathi samasimu kuyavukwa sibili kodwa owesifazana kaphongukuvuka njengomvundla uphuma esikhundleni kumela ugeze Amahlo langaphansi ngoba siyagingqa kakhulu emsebenzini esiyenzayo so nxa ungasagezanga uyacina sunukela abantu, uthi nxa udlula kuthi hatsha.”

[A woman should be clean and she should always have a small bucket with cold water that she keeps in her bedroom so that when there is need to freshen up, you go and do so. After sexual intercourse a woman will also use this small bucket with cold water to wash her vagina; you insert your finger to get rid of all the dirt that may be inside. In our village during the ploughing season, we wake up very early in the morning and a woman does not just wake up and leave; they have to wash their face and vagina. We sweat a lot in the fields so if you do not wash your vagina when you wake up, you end up smelling, and when you pass in front of people you leave a smell] (Nomsa, 30).

The above narrative shows the importance of the vaginal practice of washing with cold water as a hygiene and cleanliness practice in the village. It helps to mitigate the problem of having an unpleasant smell that is associated with lack of cleanliness, which is not expected of women in the village. Some women regularly use herbs mixed with water to wash their vaginas to eliminate any foul odours and to maintain the natural smell of the vagina.

Ukuhlanzeka (cleanliness) is prioritised by women and vaginal cleanliness especially forms part of the feminine attributes of women in this village, as shown by the following narrative:

“Thina lapha siyakotshozela inkomo ngoba kulohlupho lwamanzi, nxa ngisemgodini akumelanga kube lokwaziyo ukuthi izolo ngihlangane lobaba. Nxa ungagezi kahle ikakhulu ngaphansi kumbe vele ungagezi totally sihle sibe kwazi nje sikotshoza ukuthi lapha izolo bekukhala isende, uzwe iphunga elingathi ngelenhlanzi esibola khona nje kungumuntu ongageziyo. Yikho kuqakathekile ukuthi umuntu athathe isikhathi sakhe egeza sibili ikakhulu ngaphansi to avoid ukuba susenza abanye abantu bathwale nzima ngenxa yakho. Kuyakwehlisa isithunzi njengomfazi ukuba kuthiwa unaka zibani sefikile simuzwa ngephunga. Kwesinye isikhathi nxa umama engazinakekeli kahle ngokokuhlazeka ngaphansi kuyaphambaisa ezemacansini ngoba balutshwane anafuna ukulala lomuntu olitshapha, njengoba labo omama bengafuni ukulala lomuntu onganakekeli ukuhlanzeka kwepipi.”

[In our village we go to the borehole to get some water for the cows. When I am at the borehole, no one should know that yesterday I was having sexual intercourse with my husband. If you don't bathe and especially if you do not wash your vagina properly, we can tell while we are fetching water that yesterday here the testicle was crying; you can smell a foul smell that is like a fish that is going bad when it's a person who does not wash. That is why it is important for a person to take their time when bathing, and more importantly when washing their vagina to avoid making other people feeling uncomfortable because of you. It lowers your dignity as a woman to be said of 'so and so's mother has arrived' and we know this because of her smell. In some cases, when a woman has bad vaginal hygiene practices, it compromises your sex life as very few people would want to be intimate with an unhygienic partner, just the same as women would not want to have sex with a partner who has bad penis hygiene] (Litha, 44).

Litha's narrative shows that lack of adequate hygiene practices, especially that of vaginal cleanliness, can be a source of the loss of dignity for some women, not only with other women but men as well. The in-depth individual female interviews revealed that lack of good vaginal

hygiene practices can also result in conflict in relationships as some women reported that poor vaginal hygiene practices led to a compromised sex life with partners and could be grounds for cheating. The notion of vaginal cleanliness being one of the reasons why women engage in vaginal practices is echoed by Rahbari (2019), who charges that there is emphasis on vaginal cleanliness for women in Iran and the washing of the vagina to ensure that the maintenance of vaginal cleanliness is prioritised. In Iran it is expected that a woman has a clean vagina, which stems from the religious influence of Islam, while in Tshitatshawa women derive a sense of dignity from having a clean vagina. There is no religious influence on the expectation of vaginal cleanliness; it is a cultural expectation and a characteristic of womanhood for a woman to have a clean vagina.

4.6.1 Sex and vaginal etiquette

The women also revealed that the adoption and use of some vaginal practices are motivated by the perceived need to create a “perfect”-looking and -feeling vagina that makes for an ideal woman. Some women in Tshitatshawa engage in vaginal practices in a quest for wholesomeness as a woman. The findings of the study showed that good vaginal etiquette is one of the feminine characteristics that constitute a wholesome woman. Good vaginal etiquette entails a “perfect” vagina that does not make some abnormal noises during sexual intercourse. It should be noted that this phenomenon of a “perfect” vagina is an individual perception; however, there are some commonly shared perceptions that women in this village have of what a “perfect” vagina should be, as shown by the following narrative:

“Nxa ungumama akumelanga ukuthi uzekelele, kumele lawe wenze konke okusemandleni akho ukuthi lawe uzigcine kahle. Siyakwazi sonke lapha ukuthi nxa lisemacansini lobaba ungezwa igwayi lakho selisenza ngathi liyahlafuna, lisenza umsino omunye lawo ongathi awujwayelekanga kuyabe kulenkinga so kuyabe sekufanele ubone okokwenza, okhuna amatshuni ongawasenzisa ukuqeda imisindo engabe idalwa ligwayi ngesikhathi semacansini. Umfazi akumelanga abe le gwayi elihlafunayo ngesikhathi segame.”

[As a woman you are not supposed to let yourself go; you have to do all that is within your power to take care of yourself. We all know that when you are having sexual intercourse with your husband, if you hear your vagina making a chewing-like noise, making a noise that is abnormal, there is a problem, so when this happens you need to see what you can do. There are some herbs that a woman can use to stop these noises

that a vagina makes during sexual intercourse. A woman should have a vagina that does not make those chewing noises during sexual intercourse] (Magi, 37).

Matilda also said:

“Uyazi njengabomama lapha ekhaya njengoba sisebenza kangaka sicina singenwa ngumoya omnengi besekuhlangana lokuthi abanya baba lamanzi amanengi ngaphansi nxa sekuyisikhathi secansi uzwe igwayi selingathiliyahlafuna. Uzwe ngathi ngumuntu ohlafuna uxakuxaku khona kuligwayi elenza lowo msindo. Mina ngike ngahlangana lakho kakhulu and kwasekungenza ngibe lenhloni. Ngasebenzisa amaxolo omganu nje kwalunga, phela umsindo wakhona ucina usukukhipha entweni oyenzayo ngoba kuyabe sekuyixapaxapa ngathi kuhlafunwa uxakuxaku.”

[You know, as women we work a lot here and while we do most of our work, a lot of air gets inside of us, combined with the fact that some of us produce a lot of excess water down there. During sexual intercourse you hear this chewing-like noise being produced by the vagina. It will be like someone is chewing a snot apple when it will be the vagina making noises. I once had this problem and it made me feel very shy. I used the bark of the umganu tree and it was okay. The noise distracts you and makes you very self-conscious and I will be like xapaxapa (making a noise that sounds like the chewing of a snot apple)] (Matilda, 55).

The above narratives indicate that women engage in vaginal practices to eliminate the unwanted noises that the vagina makes during sexual intercourse. The ability to perform during sexual intercourse and having good sexual etiquette are viewed as desirable feminine attributes. Most women who engage in vaginal practices see their ability to have sex without the vagina making noises as a characteristic that sets them apart from women who do not engage in vaginal practices. It is believed that the combination of accumulated air, the lack of vaginal tightness, and excess vaginal fluid in the vagina result in some women producing these unwanted noises during sexual intercourse, which Matilda compared to the noise of a person chewing a snot apple (*uxakuxaku*).

In Tshitatshawa, one of the feminine attributes of an ideal woman that contributes to vaginal etiquette is having a vagina that does not produce excess vaginal fluid. A vagina that secretes excess fluids is labelled as *ixhaphozi* (swamp/wetland). This is perceived to be a hindrance for a good sexual experience for both the man and the woman. The production of excess vaginal

fluid by some women is perceived to eliminate the desired friction during sexual intercourse. A woman whose vagina secretes excess vaginal fluids is labelled as *umfazi ongamanzi* (a watery woman), which depicts the conditions of a swampy area. Some women engage in vaginal practices so that they can get rid of these excess fluids, whereby they insert cloths into the vagina and others insert herbs to create a perceived “ideal” ecosystem in the vagina. Some women highlighted that the excess fluids that the vagina secretes can cause what is called *isidina* (when a sexual partner easily gets tired of you) and, as such, using vaginal practices ensures that they eliminate or avoid having these excess fluids that women who do not engage in vaginal practices may have, as shown by Sithandile’s narrative:

“Okunye okungenza ngizibone ngingcono kulalaba abangasebenzisi izinto zokuophathaphatha isitho sangasese yikuthi iproblem yamanzi angibi layo. Abafazi abangala abakwenzayo sivame ukuzwa kuthiwa bangaxhaphozi ngoba besiba lamanzi amanengi kakhulu. Kukantike thina amatshuni ayasisiza ukuthi singahlangani lohlupho lolu.”

[Another thing that makes me see myself better than those who do not use vaginal practices is that I don’t experience the problem of water (excess fluids). We usually hear that women who do not do anything are said to be ‘swamps’ because they have excess water; whereas for some of us, the herbs that we use down there help us not face such problems] (Sithandile, 26).

Lona’s narrative shows the importance of vaginal practices in creating the image of an “ideal” woman whose vagina is perceived as better than that of a woman who does not use vaginal practices as it ensures that the excess fluid that is perceived as repulsive to men is eliminated. The adoption and use of vaginal practices empower women as they provide them with solutions to problems such as the production of excess vaginal fluids, which result in labelling, as well as the use of vaginal practices for the avoidance or elimination of vaginal noises during sexual intercourse.

4.7 CONCLUSION

This chapter highlighted the reasons why women engage in vaginal practices and the types that are commonly used in Tshitatshawa village. It explored the crucial role that vaginal practices play in the construction of a cultural body, the identity of women, and the part they play in the construction of womanhood. It showed how they are highly embedded in the socio-cultural

fabric of the community. It is important to highlight that women choose to engage in these practices without cohesion. However, there are some blurred lines when it comes to practices such as labia minora elongation, which most women engage in when they are younger without fully understanding why they need to engage in this practice.

The chapter interrogated the role that socialisation plays, as well as the role of the social institution of the family and other mediums of socialisation outside the family, in influencing the adoption and use of these practices. The study's positioning in the broader feminist spectrum is highlighted as women show agency and autonomy in their choice to engage in vaginal practices, as well as the types they choose to engage in. It was, however, also highlighted that there are issues around conformity in determining engaging in vaginal practices, especially vaginal practices that are adopted during primary socialisation. All these are thrust on the social constructivism backdrop, which shows that the environment (i.e., the physical environment through the different social institutions), as well as the virtual environment, plays a crucial role in the learning and adoption of these practices.

CHAPTER 5:

ULWAZI LWETHU LWESINTU: INDIGENOUS KNOWLEDGE (IK)

AND VAGINAL PRACTICES

5.1 INTRODUCTION

This chapter discusses vaginal practices as a component of IK. It explores the important role that IK plays in the perpetuation of norms and practices that influence the day-to-day lives of the women in the village. It highlights the importance of vaginal practices as IK that has been preserved by the women in the village and how they rely on it, especially for their gynaecological and sexual reproductive wellness and health. Informed by the social constructionist paradigm, a discussion of the lived experiences of women in their use of IK on vaginal practices is done, particularly its use as a trusted method of mitigating body ailments and gynaecological and SRH issues that women may be facing. The chapter discusses the role that socio-cultural processes and IK play to influence decision making regarding the adoption and use of vaginal practices. Issues regarding the trust, accessibility, and familiarity with IK are also explored.

5.2 IK IS POWER

IK plays a very critical role in the social fabric of different indigenous African societies, and Tshitatshawa village is no exception. Scholars like Muchenje and Goronga (2015) posit that IK is a key part of a people's identity and can be defined as confined forms of knowledge practices that are unique to a group of people. IK is local and community based and, as such, is unique to every community. It is also constantly changing and adapting to new innovations within the community, but without losing its essence. It can be said that by using IK, different phenomena in African societies get to have meaning and preservation. Hlatshwayo (2017) posits that IK is preserved through oral tradition, taboos, and family history; among other methods.

IK has often been ignored, relegated to the periphery, and labelled as "primitive" because of colonialism and modernity, which brought to the fore and prominence International Scientific Knowledge (ISK). ISK entails the conventional modern technologies and methods of mitigating human problems. Tharakan (2015) argues the need for study, documentation, and assessment of IK in order to understand and fully benefit from it. There is a need for the decolonisation of knowledge systems and spaces that for so long have been biased towards acknowledging conventional Western medicines and practices as the more acceptable methods of eradicating diseases at the expense of traditional medicine.

Colonisation brought with it new ideas on modernity and civility, which sought to replace the traditional ways of living and processes in different contexts, while eliminating the spiritual, cultural, and traditional ways of dealing with gynaecological, SRH, and wellness issues that have been in existence in indigenous communities for a long time (Mohlalane, 2022). There has been the tendency of labelling the use of traditional practices and medicine as primitive and in some cases witchcraft because of colonialism as the use of such medicines has been viewed as barbaric and in some cases labelled as “unacceptable” indigenous practices. Mohlalane (2022) highlights the notion that the labelling of traditional practices as witchcraft has in a way cast aspersions on these practices and medicines and their custodians; for example, traditional healers have been viewed as evil due to the advent of Christianity.

It is of paramount importance to note that IK has no physical, tangible structures; it is invisible and is weaved into the economic and socio-political systems of communities. IK influences the day-to-day affairs of communities and is used in most cases as the point of reference and guidance in the day-to-day living of a people. Scholars like Katsinde & Musemesi (2023) charge that IK is part deep rooted and grounded in the culture of a people. The study’s findings on Tshitatshawa village revealed the non-documentation of IK. This non-documentation has seen some of the younger generation forgetting or not learning some of this IK. More so, modernisation and migration have seen the dilution of IK with modern technologies and knowledge to the extent that IK is slowly losing its authenticity. Hlatshwayo (2017) advocates for the need to document IK to ensure its preservation for posterity.

Observations from the field revealed that for every problem that the people of Tshitatshawa faced, there was first a local solution to be explored before seeking external conventional/modern solutions; be it agricultural, social, health-related, or other problems. Observations from the study showed that people in Tshitatshawa still maintain some traditional ways of living and practices. These range from the production, preservation, and processing of food, the prevention and treatment of illness, animal husbandry, politics, forestry conservation, to soil and water conservation; among others.

In as much as there has been an evolution of some ways of living, the study findings revealed that there have been very slight changes in the village when it comes to knowledge systems around food processing, as well as issues around health and wellness, as highlighted by Gogo Mpofo’s narrative:

“Mntanami kulolwazi esilalo lapha kithi esesiphile lalo silusebenzisa esaluthola lathi lukhona saufundiswa ngokhokho bethu. Njengoba ubona lokhe sizidlela inyawuthi

yethu esizilimela yona siphinde siyigige ibe yimpuphu. Yona iyakha umzimba kakhulu njalo innandi. Siphinde sibe lezindlela eselapha ngayo imkhuhlane nje eyesintu, imkhuhlane yabadala labancane. Sikhangele kuluhlu lwabomama labo futhi silendlela esizisebenzisayo ukwelapha okunenginengi abahlangana lakho ekuphileni sikhangele ikakhulu indaba eziphathelane lokugcina imizi yabo, indaba zenzalo lokubeletha. Lezi asizinto eziqaliswe khathesi zisuka kudala le lathi sazifundiswa ngabokhokho bethu siyazifundisa njalo ulutsha kusiya ngezimuli.”

[My child, there is knowledge that we have here in our village that we have lived with and used that we also found and was passed on to us by our forefathers. As you can see, we still eat our millet, which we grow and pound ourselves. It is very healthy for the body and it is delicious. We also have our own traditional ways of dealing with illness of adults and children. When we are looking at issues that affect women, we also have our methods that we use to cure the different health issues that they face in their lives, especially issues pertaining to them keeping their homes, and issues to do with fertility and childbirth. These things were not invented now; they have come from way back. We were also taught about them by our forefathers and we are also teaching them to the younger generation, depending on families] (Gogo Mpofo, 54).

The above narrative illuminates the influence of IK on the day-to-day living of the people of Tshitatshawa village. It highlights the importance that knowledge systems, such as vaginal practices, have, especially when it comes to tackling issues regarding the SRH of women as they are used as methods to cure some illnesses that women face. It also shows the importance of the family as an important stakeholder in passing down and maintaining these knowledge systems, which much of the village still value. The influence of IK is not limited to health and wellness, but cuts across most facets of people’s lives to the extent that this influence cannot be ignored.

5.3 HEALTH AND WELLNESS

The study findings show that vaginal practices are deeply rooted in IK in Tshitatshawa. The IK on vaginal practices plays a crucial role in the day-to-day hygiene, sexual health, and the general wellness of women in the village. The key participants continuously alluded to the correlation between vaginal practices and IK in what they referred to as *ulwazi lwethu lwesintu* (our IK). They highlighted the deep-rooted history of vaginal practices in IK as they put forward that knowledge on vaginal practices have existed in the village for a long time.

They pointed out that vaginal practices are a critical product of IK, especially those that are related to women's SRH, wellness, and healing.

The key participant interviewees revealed that vaginal practices have been used in the health and social ecosystem of the people of Tshitatshawa since time immemorial. Vaginal practices are used for postpartum recovery, SRH ailments, vaginal atrophy, spiritual ailments, and other health-related issues. This treasure trove of knowledge that the people in Tshitatshawa possess has been passed down from one generation to the next in families and is highly valued. Knowledgeable elderly women in families play a critical role in the preservation of this knowledge and they ensure that the younger generation learns this knowledge even if they choose not to use it. IK on vaginal practices is essentially passed down through oral tradition as there is no formal way of teaching or learning about them in the village. This is similar to Venganai's (2018) findings, as she also noted the important role that oral tradition plays in the preservation of vaginal practice knowledge in her study context. To illuminate the importance of IK on vaginal practices as an important healing component of different SRH issues, one key participant interviewee said:

“Sihlezi silezindlela zethu zesintu zokuphila, zokuvikela lokwelapha imikhuhlane ngengoluntu, iklonika labo paracetamol kwabuya lamakhiwa. Silayo lathi iparacetamol yethu yesintu leminywe imithi yokwelapha izinhlungu lemikhuhlane esihlangana layo kwezempilakahle. Abesifazane bahlangana lezinto ezehlukeluhleneyo ezithinta ubufazi babo ngakhoke silendlela zethu esizisebenzisayo ukuthi sincipise kuluhlu lolo, so ezinye izindlela zokwelapha lokulungisisa lezo nkinga ezihlangana labomama zigoqela ukuphathwaphathwa kwesitho sabo mama sangasese ngendlela ezehlukeluhleneyo esezisebenzele okwesikhathi eside.”

[We have always had our own traditional ways of living and dealing with illnesses as a people. The clinic and paracetamol came with the white man. We have our own traditional paracetamol and the likes that we use in dealing with health-related problems. Women face different health needs that pertain to their womanhood and, as such, we have our own ways of dealing with those problems. Some of the interventions involve the use of vaginal practices, which have proven to work for many years] (Gogo Mbiba, 59).

Gogo Mbiba's narrative reveals the trust in and reliance on the local knowledge of the people in the village. This knowledge is part of a holistic approach that is taken to the prevention and cure of diseases in the village.

The study findings in Tshitatshawa point to the fact that there is acknowledgement of the importance of conventional modern medicine. However, traditional medicine is viewed as equally important. Individual interviews with women revealed that most women use a combination of conventional modern medicine and traditional medicine. However, women have the propensity of adopting traditional practices because of their low or no costs, familiarity, and trust. Some women highlighted that they preferred engaging in vaginal practices to attend to their health needs because they have seen their family members use them before with no problems; they thus prefer their use for vaginal problems. They highlighted the fact that modern medicines are made from plants and trees and, as such, they believe that the trees, plants, and herbs they use as medicine in vaginal practices are equally as good as, if not better than, modern medicine, whose production knowledge and ingredients they have no knowledge of. This was illuminated by one key participant interviewee, who said:

“Imithi yesikhiwa sizwa kuthwa yenziwa nge zihlahlahla, kukanti thina lathi eyethu imithi yenziwa ngezihlahla. Umehluko yilithi eyesikhiwa yenziwa emadolobheni kodwa asibi lolwazi lokuthi yenziwe ngaziphi izihlahla kahle kahle. Sibona kusiba lula ukuthi esenze esikwaziyo njalo esikujwayeleyo, sisebenzise imithi yesintu esiyaziyo ukuthi lesi yisihlahla bani njalo selaphani. Phela azithengiswa futhi lezi zihlahla sizithola mahala njalo vele uthi ukhula usazi nje ukuthi ungaba lohlupho lwalokhu unathani ngoba nje sikhula lakho ukwazi izihlahla hanti ziphila phakathi kwazo nje. Uhle vele abe kwazi umuntu wesifazana ukuthi nxa esethe waba lohlupho lwesinye ahlale umganu lesizinye nje izihlahla ngoba lolu lulwazi vele othi usenda uhle ulufundiswe.”

[We hear that English medicine is made from trees and plants, while also our traditional medicines are made from trees. The difference is that the Western medicine is made in towns; however, we do not have the knowledge of what specific trees it is made from. We find it easier for us to do what we know and are familiar with. We use our traditional medicines that we know; we know what this tree is and what the trees cure. These trees that we have are also not sold; we get them for free. Also, you grow up knowing about them as they grow where we live. When you get married, you are taught, for example, that if you start experiencing cervical pain, you use marula tree bark and other related

trees because this is knowledge that you are given when you get married] (Gogo Mpfu, 54).

The above narrative points out the importance of the socialisation process, particularly secondary socialisation (as discussed in Chapter 4) in the preservation and learning of the IK on vaginal practices. It brings to the fore the critical role that familiarity plays in the choice that women must make when it comes to choosing facilities of care when they are faced with SRH illnesses. The important role that familiarity and easy access play is also unveiled.

As discussed previously, women's ailments and issues that are related to their womanhood and SRH have always been dealt with by knowledgeable elderly women in their families or community. This is because issues dealing with women's reproductive health are deemed as "private" issues and, as such, for some women, before they can consider getting help from the clinic, they will first consult with their immediate circle in the family and if they cannot get the help that they need from their immediate family, they go on to consult a traditional herbalist or an elder who is knowledgeable about the issue at hand. Some women seek both traditional and conventional medical care in addressing SRH issues. Using IK, specialist knowledgeable elders of the community such as herbalists and spiritual and traditional healers prescribe solutions through using *umuthi* (traditional herbs and medicines), which are used to treat these health issues. This highlights the power and influence of IK through the use of vaginal practices to treat ailments.

Observations from the field highlight the influence of IK in this village as it informs most of the day-to-day affairs of the people, and socialisation plays a critical role in passing down knowledge systems from one generation to the next. This aligns with social constructionist thought, which emphasises that humans are a product of their environment and in this case the environment in Tshitatshawa village consists of IK, which influences people's daily life, as well as their decision to adopt vaginal practices for different reasons. Interactions with women in the community revealed the agency that women in the village have in the choice to use the local knowledge on vaginal practices in attending to their reproductive health needs, as shown by Faith's narrative:

“Ngemva kokulahlekelwa ngabantwana kabili, ngabona ukuthi kungcono ngiyevakatshela omunye ugoto khonapha ukuze kuhlaziywe ukuthi kungabe kubangelwa yini ukuthi ngibe ngibe letha abantwana besebedlula ngoba eklinika labo babengela answer yokuthi kungabe kubangelwa yini. Ngasengike ngezwa ukuthi ugoto

lo vele uyancedisa omama ngezinto ezipohathelane lalezo. Ngafika ngahlolwa ngugogo wasenanzelela ukuthi ngilalamasale ayiwo abangela ukuthi abantwana ngingabeletha badlule besanda kuzalwa. Wangingceda ugogo lwana ngoba wawaquma lawo masala wasengipha umuthi wokufaka ngaphansi ukuze kuphole. Wasegcizelelela ukuthi kuqakathekile ukuthi nginathe izihlahla angipha zona lokuhlalela imithi angipha yona ukuthi ngiyifake emanzini ngigeze ngayo ngaphansi okuyimithi okuthiwa yenza lawo masala engamili futhi. Sikhuluma nje so lokhe aqunywayo amasala sengazala kwaba kathathu ngingela hlupho.”

[After losing two kids after giving birth, I decided to consult with an elderly woman in the village so that she could ascertain what was causing the death of my children after they had been born. I had consulted with the local clinic but they did not have answers. The elderly lady did a physical examination on me (private parts), then she noted that I had amasala (abnormal growths in or on the vagina). These abnormal growths are believed to be the cause of the death of children soon after delivery as encountering the skin is the one that causes these deaths. She cut the skin off and put some traditional medicine on the wound for healing. She then gave me some medicine to drink and some to wash with until I was healed. The medicine that she gave me to wash my vagina with is said to prevent these growths from regrowing. Ever since I had the growths cut, I have given birth three times with no problems] (Faith, 46).

I found that IK plays a critical role in treating illness, as well as correcting what can be viewed as anomalies in people's health, and, as such, vaginal practices go beyond the notion of their purpose of the reduction of the vaginal size and mitigation of bleeding postpartum, as noted by Mawoza *et al.* (2019). I found that they also play a critical role in healing vaginal tenderness and tearing that may be incurred during child delivery, expelling residual blood clots from the uterus, as well as healing the lower abdomen and back postpartum. While Mawoza *et al.* (2019) did some commendable work in bringing to the fore issues on the prevalence of the use of traditional medicine during and after pregnancy in rural areas in Zimbabwe from a biomedical perspective, their study did not consider the importance of locality and socio-cultural influences in the use of vaginal practices. This component is very important, especially when studying human beings whose environment plays a critical role in influencing their day-to-day decisions; in this case the adoption of the use of vaginal practices by women and the choice of the types they use being highly informed by IK, which is known and familiar to the locals.

Due to the physical nature of most of the work that women engage in, such as tilling the fields, processing food through pounding millet and other grain foods through a process known as *ukugiga*, and fetching water from the local borehole, among others, some women end up having back problems. As a way of treating the back problems that the women in the village face, they ingest traditional remedies such as *intolwane* (*Elephantorrhiza elephantina* /elephant's root). They also use vaginal practices to heal and strengthen their backs through herbal vaginal sit baths using water and the bark of *umganu* (*Sclerocarya caffra* / marula) tree. These traditional ways of healing and preventing back ailments are part of the local methods of healing women. They are part of knowledge systems on healing, which play a pivotal role in women's welfare in the village. This was highlighted by a key participant:

“Lapha emakhaya kuyasetshenzwa, yiyo indlela yokuthi sithole ukudla. Siyalima, sivune, ebusika siyabiya. Kunengi nje esikwenzayo lapha emakahaya. Njengoba usazi amanzi akhiwa emgodini, ukudla siyagiga, ngingathi konke nje kudinga ukusebenza. Ngenxa yendlela esisebenza ngayo uthola ukuthi omama bacina bebulawa ngamaqolo konke labobaba. Ukuze siqinise amaqolo lokwelapha kulesikunathayo lesikuhlalelayo njengabo mama. Siyanatha intolwane siphinde sihlale umganu ekuseni. Lokhu kuyasiza kakhulu, kululwazi lathi esaluthola lukhona. Umganu uyasiza kakhulu ekwelapheni lekuqiniseni iqolo. Yikho kuqakathekile ukuthi omama bathi bangahlalahlala bawusebenzise.”

[Here in the rural areas, we work a lot as it is part of our means of getting food. We farm in the fields, till the land, and work on our field gardens' fence. There is a lot that we do. As you know, we fetch our water from the borehole and we make our own mealie meal through pounding grains and, as such, due to the manner in which we work, both men and women end up having back problems. In order to strengthen our backs and to heal them, we ingest some herbal remedies like intolwane, as well as doing sit baths using umganu for women. This truly helps a lot and it is knowledge that we inherited from our forefathers, which they also used. Umganu helps a lot in healing of the lower back, that is why it is important for women to regularly have those vaginal sit baths] (Ayida, 70).

Ayida's narrative shows that knowledge systems in the village for healing have been passed on from one generation to the next and that the women in the village trust them for their health. They believe that they are effective; the women therefore trust their use for the prevention and

healing of illness. Scholars such as Tharakan (2015) argue that there is need for interaction and assessment of both IK and ISK systems to find common ground and how synergies can be created among the two for maximum benefits.

As shown in Figure 5.1, the tree bark of the *umganu*/marula tree is soaked in water overnight and the mixed water is used for early morning vaginal sit baths for healing the lower back, vaginal tightening, vaginal cleansing, and expelling excess air from the vagina; among other reasons.



Figure 5.1: Umganu/marula tree (*Sclerocarya caffra*) and bark

Source: Author (2023)

Interactions with women in the village revealed that they believed in the efficacy of vaginal practices, which are a component of IK, as they have seen those that are close to them use them without any problems, as shown by MaMpofu's narrative:

“Mina vele ugogo wami, umama wami lezinye izihlobo zami ziyawusebenzisa umganu ukwelapha amaqolo. Ngikhule vele kuyikho okwenziwayo njalo kuyasebenza lami ngiyakusebenzisa, so vele kukalutshwane ukubona umuntu esiya eklinika esithi uyalatshwa amaqolo wonawa ngoba kulemithi ekhona esebenzayo.”

[I grew up seeing my grandmother, my mother, and other relatives using umganu to heal their lower backs. I grew up seeing these things done and seeing the good results that they bring and I also adopted the use of these things. Hardly do you see women going to the clinic for the healing of their lower back because we already have our own traditional medicine that we use, and they work] (MaMpofu, 50).

MaMpofu's narrative shows that women in the village trust the use of vaginal practices for healing their lower back ailments. The fact that she put forward that some women hardly

consulted the local clinic for their lower back problems as there is a propensity to use IK on vaginal practices shows the critical role that IK plays in the day-to-day lives of women in the village. The perceived tangible results that women yield from the use of vaginal practices for healing plays a key role in their perpetual use.

5.4 LOCAL PROBLEMS REQUIRE LOCAL SOLUTIONS

The study findings also revealed the parallel use of modern knowledge systems and IK systems where in some cases some of the villagers use both systems in attending to their needs. Pertaining to issues of women's SRH, some women highlighted that in most cases they first explore their local knowledge systems to heal illnesses and when the local systems of knowledge fail, only then will they consult the "modern" knowledge systems through the clinic. The study participants illuminated that due to easy access and familiarity, IK such as vaginal practices are easier to adopt because of the trust element. Matilda said:

"Eqinisweni, kulula kimi ukuthi ngingaba gula ngithathe impande lezihlala ngelatshwe ngazo ngoba yisintu sethu vele yikho esikwaziyo. Nxa sekwehlule yikho engingaya khona eklinika kodwa izikhathi ezinengi akuvamanga ukwehlula. Izinhlungu eziophathelane lathi omama ezigoqela indaba zokwelapha okuphathelane lesitho sangasese sabomama zivame ukwelatshwa nje ngesintu. Phela imithi yesintu ilula ukuyithola njalo siyijwayele, okwezibhedlela lemaklinika kudinga imali ngoba uzakuya eklinika khonapha bekutshela ukuthi akula mithi vele uzaphenduka uyidinge kuphela imithi yesintu."

[Honestly, it's easier for me when I am sick to take some herbs and roots to be cured with because traditional medicine is what I am familiar with. If traditional medicines fail, that is when I can go to the clinic but usually it is rare for them to fail. Illnesses pertaining to us women, including issues of treating illnesses related to the vagina, are treated with traditional medicine. Traditional medicines are easy to get and we are used to them because you can also go to the clinic and they tell you that there are no drugs and still you will come back and look for the traditional medicine] (Matilda, 55).

The easier access and low or no cost of traditional medicines used in vaginal practices have seen their persistent use in the village regardless of some campaigns and health education initiatives by the local clinic. The study participants highlighted that efforts to discourage women from using vaginal practices through cervical cancer awareness programmes that have

been conducted by the MOHCC (Ministry of Health and Child Care) have seen some women modifying certain vaginal practices in a bid to align them to modern health standards. Some study participants highlighted that they had been taught at the local clinic that inserting *itshuni* (herbs) directly into their vagina may result in them getting illnesses such as cancer and vaginal thrush, and some discharges. They pointed out that instead of directly inserting *itshuni* inside the vagina, women have modified this vaginal practice by using a clean white cloth that they fill with herbs and insert into the vagina. The women believe that this method reduces the chances of getting cancer and other infections and is also very effective in drawing excess fluids from the vagina. Matilda had this to say on the issue:

“Kulezi nsuku kuthwa sekule cancer yomlomo wesibeletho sabomama, so eklinika bayasifundisa ukuthi ukugqiba imithi lezihlahla ngaphansi esikwenzayo njengabo mama kuyabangela imvukuzane. So ukuze sizivikele abanye bethu sesigoqela imithi ngelembu elimhlophe njalo elihlanzekileyo ukuze imithi ingathintani live lesitho phakathi. Siyakugoqela nge kube kuncane ngathi litampoon besisigqiba ngaphansi okuyitshuni kwakhona, lokhu okuyitshuni kuyanceda ukumunya amanzi lawana aophuma ngaphansi abangela isidina. Uthi ungayifaka itshuni leyo uyigoqela amanzi ayaphuma kuhle sibili njalo lanxa suyikhiphile vele usala uhlanzekile ngoba ingcekeza yonke imunywa lilembu.”

[These days they say there is cancer of the mouth of the cervix, so at the clinic they teach us that inserting traditional medicines and herbs causes cancer. So, in order for us to protect ourselves, some of us now wrap the medicines and herbs in a clean white cloth, which we then insert to avoid the direct contact of the herbs with the inside of the vagina. They make a small pouch like a tampon, then insert it inside the vagina and this sucks all the excess fluid that causes isidina (a woman’s sexual unattractiveness). When you insert that cloth, all the excess water comes out and when you remove, it you will be very clean because all the dirt will have been sucked up by the cloth] (Matilda, 55).

The above narrative illuminates the evolution of vaginal practices, which can be said to be non-stagnant as they keep evolving as a knowledge system to suit the context and time. This non-stagnation of IK systems was also highlighted by Muchenje and Goronga (2015), who posit that IK is adaptive to local conditions. An interesting finding was that most younger women, particularly 40 years and younger, expressed concern with protecting themselves from cervical cancer; hence the use of a clean white cloth when douching. These young women expressed

that they had been exposed to some of the information on the dangers of cervical cancer through different social media outlets that they have access to and some of these solutions to use the cloth had been talked about in WhatsApp groups, as shown by Nothando's narrative:

“Into ye cancer leyi sesihlala siyizwa, ema groupini aku WhatsApp kuyake kuxoxwe nje ngazindaba zonezi kukhulunywa ngokuthi icancer isigcwele. Ngake ngabona kweyinye igroup yabomama abatsha besigabeni kukhulunywa ngokuqakatheka kokusebenzisa ilembu elimhlophe nxa ufaka itshuni ngabaphansi ukuze uzivikele ku cancer.”

[This thing of cancer, we always hear about it. In our WhatsApp groups, people sometimes discuss these issues, talking about how there is now a lot of cancer. I once saw in our local WhatsApp group some young women discussing the importance of the use of a white cloth when you are inserting herbs in your vagina to protect yourself from cancer] (Nothando, 42).

Of particular interest is the fact that despite the health education from different platforms that women from the village are exposed to, the knowledge system of vaginal practices remains useful as women have found ways of maintaining the use of vaginal practices to address different sexual health needs that they have regardless of the potential pitfalls that the use of these practices may have. This shows the power that women have in the village in decision making, particularly that which pertains to their bodies, in this case the vagina. They have the agency to choose what information they take from modern health education and how they can weave that information into the practices they believe are of help to their womanhood. They have the power to control how and what they do with their vaginas, regardless of what the modern patriarchal knowledge system tells them.



Figure 5.2: *Itshuni* (herbs), wrapped in a white cloth and shaped like a tampon, are inserted into the vagina to draw excess fluid from the vagina

Source : Author (2023)

5.5 SEXUAL MATTERS

IK plays a key role in ways that sexual partners can explore and enjoy sexual relationships. The interviews with the key participants highlighted the importance of IK in overcoming problems related to sexual intimacy and, since vaginal practices are a key component of IK, they are employed to attend to these issues.

Another woman said:

“Angeke siyale ukuthi singabantu benyama ezocansi ziyingxenywe yethu, ngakhoke izinkinga zocansi esihlangana lazo zidinga ukuthi siziqondise ngesintu. Ezocansi zidlala indima enkulu ebudlelwaneni bowesifazana lowesilisa, ngakhoke kukhona okuthize okufanele bonke abesilisa labesifazana bakwenze ukwensela ukuthi bonke bobabili basuthiseke kwezocansi. Omama kulemgcozo abayisebenzisayo ngaphansi ukuze bazincele ngenhlupho abahlangana lazo nsuku zonke. Kwezinye izikhathi omama baza kimi bebulawa ngamaqolo lezinye izinto eziphathelane langasese, so lezo zinto sizelapha ngemithi yesintu esibapha yona ukuthi bayinathe eminye bayayihlala njalo eminye bayifaka ngaphansi. Konke lokhu kusukela elwazini olujulileyo esilalo njalo esilwaziyo lathi njengoluntu lapha. Isintu sethu siqakathekile ngoba siyinjulabuchopho ekucazululeni izinkinga zonke esingabe singahalangana lazo ekuphileni.”

[We cannot deny that we are sexual beings and because of that, some sexual problems that we face need to be corrected using our traditional methods. Sex plays a key role in relationships and, as such, it is known that there are certain things that both men and women must do to ensure the satisfaction of each other and I know that women have to use some herbs down there to attend to different issues that they may potentially face or may be facing. Sometimes women come to me suffering from back problems, as well as vaginal issues, and my interventions involve the use of vaginal practices for them to be healed from what is bothering them. All these solutions that we provide come from our own knowledge that we have as a people here. Our traditions are important as in them we have a treasure trove of ways of dealing with problems that our people face as they live] (Matilda, 55).

The above narrative shows that sexual intercourse and intimacy play a crucial role in relationships. The individual interviews revealed that sexual competence and prowess play a critical role in keeping sexual relationships together. The ability to satisfy one's partner's sexual

needs is viewed as an expression of love, as well as a means of keeping one's partner from cheating. In situations where a woman has a problem such as vaginal dryness, some vaginal practices are employed to eradicate the problem. The study findings from the individual interviews, especially with the older participants, indicated that some vaginal practices such as vaginal lubrication before sexual intercourse using *amatshuni* (herbal concoction) helps to overcome vaginal dryness, which causes discomfort and pain during sexual intercourse. This vaginal dryness can be attributed to menopause and hormonal changes. Some women pointed out that vaginal dryness is also experienced by younger women. The use of IK through vaginal practices and traditional medicine in overcoming these gynaecological problems is very common in the village, as shown by the Zamangwane's narrative:

“Njengoba siluphala sinje sihlangana lezinto ezithize emzimbeni, uthole ukuthi ngaphansi uyabe uwoma okwenza ukuthi ungabi manzi kucine kubangela ukungaphatheki kuhle ngesikhathi senkozo yebusuku. Thina lapha siletshuni ongayisebenzisa ukuze uqede ukoma lokho.”

[As we grow older, we face a few challenges in our bodies. You find that you become dry down there, which makes you not wet enough, causing discomfort during the evening service. Here we have a herbal concoction to address this dryness] (Zamangwane, 54).

Figure 5.3 shows *itshuni yokuthambisa ngaphansi*, which is a concoction of herbs mixed with petroleum jelly. This mixture is used to lubricate the vagina to get rid of vaginal dryness. It is also believed to help in producing vaginal warmth during sexual intercourse.



Figure 5.3: *Itshuni yokuthambisa ngaphansi* (herbal and petroleum jelly concoction)

Source: Author (2023)

5.6 FERTILITY AND SPIRITUAL ISSUES

The study findings also illuminated the critical role that IK plays in dealing with issues of infertility and foetal death. IK has been used in the community to address infertility problems, as well as the premature death of children during childbirth or pregnancy. The death of a child is not something that is easily accepted in the village and measures to protect children from premature deaths are taken. Particularly, miscarriages and stillbirths are viewed as the results of a bad omen. If a pregnant woman loses a child prematurely during pregnancy or during delivery, an investigation is conducted by the family to ascertain the cause of such an occurrence. In some cases, the investigation may need the consultation of a religious or traditional healer, depending on the family's belief system(s). In some cases, it may just need the physical examination of the woman's vagina by an elderly member of the family. Losing a child prematurely during pregnancy is believed to be the result of a bad omen and a woman who lost a child in such circumstances is believed to need spiritual cleansing in order to avoid the same thing happening again, as shown by the following narrative:

“Kuyake kwenzeka ukuthi owesifazana ngeshwa athwale nzima ukuthi abe lenzalo kumbe abe lenzalo echithekayo. Kuvamile ukuthi abanye omama nxa sebelenyanga ezithile balahlekelwe ngabantwana, nxa sekuthe kwaba njalo kulokuthile okufanele kwenziwe ukuze umama agezwe kukhitshwe isinyama ukwenzela ukuthi kungaphindi kwenzeka. Lokhu kugoqelwa ukugeziswa ngemithi ethile eminye ugeza ngayo emzimbeni eminye njalo ageze ngayo esithweni sakhe sangasese. Lokhu kuyindlela yethu yesintu yokuhlaza owesifazana ukuze kungaphindi kwenzeka njalo ukuthi achithekelwe yizisu ezingalandela. Lezi ngezinye zezindlela zezinto esizenzayo ezivela olwazini lathi esaluphiwa ngobaphila phambikwethu.”

[It sometimes happens that a woman loses their child through a miscarriage when they are pregnant. When this happens, a woman needs cleansing to remove the bad luck that she might have so that it does not happen again. They will need to be cleansed with traditional herbal remedies, which some use to wash their body in general and some are specifically used in their private parts as a way of cleansing. This is some of the knowledge that we also were given by those who lived before us] (Ngada, 67).

The findings of the study showed that some cleansing rituals are performed to rid the woman of the bad spirits that caused the loss of a child during pregnancy. Part of the rituals include the use of vaginal practices for cleansing. This cleansing includes vaginal sit baths in water that is

mixed with traditional cleansing herbs, as well as the insertion of certain traditional herbs to get rid of what is referred to as *isinyama* (bad omen). It is believed that if this *isinyama* is not gotten rid of, the woman will experience premature foetal death again in the future. The critical role of IK portrayed here as the adoption of vaginal practices for cleansing is believed as preventing foetal deaths in the family. This vaginal cleansing is done as part of the broader cleansing rituals, which include the cleansing of the home where the woman stays, as well as the cleansing of other relevant family members.

The findings of the study in Tshitatshawa village also revealed that IK on vaginal practices are in some cases employed if women lose their children to death soon after delivery because of *amasala*, which refers to abnormal growths that some women develop inside the vagina, on the perineal area and on the vulva. These abnormal growths may be warts or other abnormal growths. The findings from the key participant interviews revealed that *amasala* are very dangerous as they are believed to be the cause of stillbirths, especially those that grow inside the vagina and in some cases babies that are born of women with *amasala* die a few days after delivery. The study findings revealed that a woman who has *amasala* needs to have them cut and treated to avoid stillbirths and the death of children in the future. Because of their easy accessibility, as well as familiarity, vaginal practices have become the first option for some women, as shown by Ngada's narrative:

“Kuyatholakala njalo ukuthi abanye omama bathi nxa bengazithwa besebethi ngesikhathi bebeletha babelethe abantwana sebedlulile. Izikhathi ezinenegi kuvame ukuthi omama abanjalo babe belamasale, okuzinyama ezisesithweni sangasese ezifanele ziqunywe ngoba nxa engathi esebeletha lezo nyama zithinte umntwana uyafa. Amasala siyawaquma besesisebenzisa indlela zethu esizaziyo njalo sizijwayele sisebenzisa imithi ukwelapha lapho esiyabe siqume khona, umama besesimlayela izinto zokuthi azenze lemithi afanele ayihlalele ukuze amasala lawa angaphi amile futhi, engenza zonezo izinto kabinlenkinga kusiya phambile. Lesi yisintu sethu, njalo aso wonke wonke nje olobuciko bokwenza lezi zinto kulabo gogo abayibo abakwaziyo ukukwenza lokhu.”

[It may also happen that a woman has some stillbirths each time she delivers. In some cases, these stillbirths are caused by what is called amasala (overgrown skin that protrudes from the vulva). In such a case, we have our own traditional ways that we know and that we are used to in dealing with such situations, where we must remove or

cut the protruding skin as it is causes stillbirths. After cutting that skin, there are traditional medicines and herbs that are used on the wound to heal, as well as other herbs, that the woman has to use in her sit baths to ensure that the excess skin does not grow back again. These are some of our own traditional methods of treating and healing and not everyone can conduct these but there are elderly women in the village who are skilled enough to do these procedures] (Ngada, 67).

Treatments for *amasala* are not conducted by just anyone in the village but by specialist elderly women who are highly knowledgeable about them and know how to identify and treat them. Interactions with the key participant interviewees revealed the need for an experienced and knowledgeable individual to conduct these treatments because the process of treating them is an intricate one. It is believed that women who undergo these treatments will not have stillbirths in the future as there is evidence of some women in the village who, after undergoing the treatments, have not had challenges conceiving and delivering. This finding concurs with what Muchenje and Goronga (2015) put forward on the important role that IK on medicine plays in alleviating some health challenges that traditional societies face, as they are easily accessible and familiar to members of certain communities.

Vaginal practices are also used as a means of treating the spiritual problems that some women face. These spiritual problems may be inherited, some may have been acquired through their past sexual history, and for some women a bad omen may be the cause. One such problem that requires the use of physical and spiritual cleansing using vaginal practices is what is called *isagweba*, which is a condition where a woman experiences an “abnormal” urge to have sexual intercourse. She would have an abnormal sex drive and a high libido to the extent that it becomes a physically debilitating problem for her. In some cases, she would resort to having sexual intercourse with many men to feel sexually satisfied. In order to attend to this problem, some women seek the services of a religious healer, traditional healer, or herbalist who is knowledgeable about treating this condition. A woman with this condition goes through physical and spiritual cleansing, and vaginal practices are employed as one of the processes of treatment. The treatment involves, in some cases, *ukucaba* (incision). *Ukucaba* refers to small cuts that are made on the vaginal opening, as well as on the thighs, and traditional medicine is put on the cuts. The cleansing process also involves vaginal herbal sit baths that the woman must use for a specific period of time until the cleansing and healing process is finished, as prescribed by the traditional healer. These treatments are usually done at the traditional healer’s

or herbalist's residence. The diagnosis and treatment of conditions such as *isagweba* are part of traditional knowledge to which women and men in this village turn when in need.

5.7 THE PREGNANCY AND POSTPARTUM PROCESS

IK on health and wellness also plays a key role during pregnancy and in postpartum healing and care in Tshitatshawa village. The pregnancy period for a woman in the village is not only important for her but also for the family. The findings from the female interviews revealed that IK plays a crucial role in ensuring that the pregnant woman has a full-term pregnancy and that she delivers safely. Through IK, there are some vaginal practices that women engage in when they are pregnant that are believed to help facilitate a smooth and bearable delivery for the woman. This IK involves the ingestion of certain herbal concoctions such as elephant dung mixed with water, which is believed to alleviate labour pains and help in opening the birth canal during pregnancy. Hand in glove with that, the woman must also engage in a vaginal practice that involves the use of a local plant called *inkunzane* (devil's claw), which, when pounded and sprinkled with water, produces a soap-like foam. This pounded *inkunzane* is then wrapped around the woman's hand. She would then squat and insert the hand inside the vagina. She would form a fist and slowly and gently remove the fist from the vagina. This process is repeated for several times at a given interval. It is believed that the use of the fist with *inkunzane* helps in opening the woman's birth canal, which helps to reduce complications during delivery and also assists the woman in having a smooth delivery. The woman starts engaging in this vaginal practice when she starts her last trimester. If the woman's hands can no longer reach her vagina because of the growing baby, a close relative would assist her with their hands. Pregnant women in the village are not forced to engage in these practices; they choose out of their own free will to engage in them. Older family members are the custodians of this IK and in most cases the mother-in-law of the pregnant woman is the one who teaches the daughter-in-law about this practice. This finding concurs with Hlatshwayo's (2017) finding on IK on pregnancy and birth among the Ndaue people, where elderly women also assume the role of teaching young pregnant women about IK rituals that should be done when a woman is pregnant. Figure 5.4 shows *inkunzane* (devil's claw), which is a naturally growing plant that is used for different purposes. It is used as a nourishing shampoo by some people and is also used by some women during pregnancy in vaginal practices to open up the birth canal.



Figure 5.4: *Inkunzane* (devil's claw)

Source: Author 2023

When a woman gives birth in the village, there are certain practices that she must engage in for her postpartum healing. Vaginal practices play a key role in the healing process soon after giving birth (a period called *ubudlezane*). From the time that a woman gives birth to around two months thereafter, the nursing mother is referred to as *umdlezane*. In this two-month period, the nursing mother does not do any physical work and is cared for. She does not leave the house and is usually not seen by outsiders; only by immediate family members. During this period of “hiding”, the woman’s physical healing process is taken care of as it is believed that pregnancy and childbirth bring about trauma to the woman’s body, particularly her sexual reproductive system. Some women in the village give birth in their homes and others at the local clinic.

From the day that the woman gives birth, a process called *ukubuyisa izinyama* begins. This is a process of tightening loose body parts, especially the vagina, to its pre-pregnancy or pre-delivery form. During this time, vaginal practices are intensely used in two ways. The first stage is to cleanse the sexual reproductive system to eliminate all “impurities” that might remain in the uterus. These impurities are believed to be dangerous not only to the women who gave birth but also to their husbands when they resume sexual intercourse post-delivery. According to the local IK, the perceived impurities are believed to result in compromising the man’s sexual potency should the woman they sleep with have not fully gotten rid of them post-delivery. In other words, the impurities compromise the man’s manhood. Therefore, post-delivery, in the early hours of the morning, an elderly woman in the family assists the new mother to bathe using warm water. Thereafter, the woman sits on a bucket with hot water in it with their legs open to steam the vagina. The woman then lies down with her legs open while hot water is poured on her vagina to loosen it up and a hot towel is pressed hard on her abdomen to remove any blood clots and other impurities that could be in the uterus.

This process was explained by Ntombi as follows:

“Lapha kithi ungabeletha ungumdezane kulezinto okumelele uzenze ukuzeumzimba uphole njalo ubuyele esimeni sawo sakuqala. Ngathi sengibelethile umama wa evuka ekuseni engithoba ngamanzi atshisayo eqolo, emhalne lasesiswini. Wa engothoba esebenzisa ithawulo etshisayo kakhulu efithizela ukuze amahlwili wonke aphume. Ebesesithi ngivule inyawo athele amanzi asthisayo futhi ngaphansikusenzelwa ukukhipha ingcekeza yonke engabe ikhona. Ngemva kwalokho ngangihlaliswa epheyilini elamanzi atshisayo aphuma intuthu ehlanganiswe lezihlahla ngivule inyawo okwemizuzwana. Lokhu kwenziwa ngensuku zakuqala usanda kubeletha usawopha igazi. Kuthwa kwenzelwa ukukhipha ingcekeza yonke engabe ikhona ngaphansi ukuze ungabi lephunga elingaletha isidina.”

[In our village, when a woman gives birth, there are certain things that they must do to heal their bodies and also to restore the body to its previous form. After giving birth, my mother would wake up in the morning and help me bathe. She would also take a towel and put it in very hot water and press the towel on my back and abdomen, pressing on my uterus. This is done to remove all blood clots that could be remaining in the uterus. She would also pour some hot water on my vagina to open it up so that all the dirt comes out to avoid having an unpleasant odour. After that I would sit on top of an open bucket with hot water and herbs to steam my vagina for a few minutes. This process is done during the first few days after childbirth when the woman is still bleeding. It is said that it is done to get rid of all the dirt that comes along with childbirth so that you don't smell in the future and have what is called isidina (a bad aura that causes one to be undesirable)] (Ntombi, 35).

Ntombi's narrative highlights the role that vaginal practices play in the healing processes that women undergo after childbirth. Vaginal practices in this village are part of the IK that is adopted during postpartum care and it should be noted that the abovementioned process, particularly the pouring of hot water on the vagina, is only applicable to women who had a natural vaginal delivery, with no episiotomy or caesarean section.

The second stage of postpartum healing includes the use of vaginal practices in taking care of the tears and lesions that sometimes occur during childbirth using *umvagazi* (bleedwood) tree bark. This entails vaginal sit baths in very cold water that has *umvagazi* tree bark soaked in the water overnight and after that, the application of *umvagazi* (bleedwood) liquid inside and

outside the vagina after the sit bath. *Umvagazi* is believed to have important healing properties, which are believed to be soothing and healing to a woman's vagina post-delivery, as described by MaMpfu:

“Nxa ungabeletha kuqakathekile ukuthi uhlalele umvagazi khonaphana usanda kubeletha ukuze ukusize ukwelapha lokubuyisa izinyama. Uyalala ufake amaxolo awo emanzini ekuseni uvuke uthatha amanzi lawana eqanda uhlale phezu kwawo. Ngesikhathi uhwahlezi kuqakathekile ukuthi ube ubopha usekela njalo njalo ukuze uqinise izinyama lokuthi isitho siqale ukubotshwa sibuyeke endaweni. Phela ungekela ukwenza njalo uyaba ligabha elivulekileyo okulakho ukukwenza ucine wena ngokwakho ungasela iconfidence nxa ususiya emacansini. Umvagazi uyakwenza isitho sakho sivaleke kakuhle ngemva kokuba sibe sivulwe kakhulu yikukhanula.”

[When you have just given birth, it is important to have vaginal sit baths to heal yourself, as well as to tighten your vagina. While doing these sit baths, it is important to also at the same time be tightening and loosening (Kegel exercises) repeatedly to tighten up your vagina so that it goes back to its normal state. If you do not use bleedwood sit baths, you are highly likely to have an empty, tin-like vagina that is too open and bleedwood tree bark helps in closing your vagina, which will have been opened during delivery] (MaMpfu, 54).

“Umvagazi uyelapha njalo uyanceda abadlezane okunye okumangalisayo. Abanye nxa bebeletha kuya kwenzeke ukuthi babelokudabuka mbijana abanye noma nje bengasadabukanga umvagazi uyanceda ukuthi umzimba uqine njalo uphangise ukubuyela esimeni sawo. Silenhlanhla ke thina emangweni wakithi umvagazi utholakala lula umama engabeletha siyawuxoza sithathe amanzi aphumayo siwagcobe phandle laphakathi kwesitho sangasese sisakhela indlu.”

[Bleedwood tree bark helps a lot in the healing of women postpartum. It sometimes happens that some women have small tears on their vaginas when they give birth and some don't. Umvagazi really helps to heal the vagina and the body and it aids in bringing the vagina back to its normal state. We are very lucky in our village in that we easily have access to the bleedwood tree. You just get the bark and use the liquid that comes out of the bark inside and outside the vagina in what we call building a house] (MaMpfu, 54).

Figure 5.5 shows *umvagazi* (bleedwood), which is used for postpartum healing in vaginal sit baths and is also applied directly to the vagina for vaginal tightening, healing of vaginal tears post-delivery, and for vaginal cleansing; among other uses.



Figure 5.5: Umvagazi (bleedwood)

Source: Author (2023)

Observations from the study showed that knowledge about the use of vaginal practices for healing plays a key role in the prevention and mitigation of vaginal infections that some women may get due to vaginal tearing during childbirth. The adoption and use of vaginal practices for postpartum healing in this village are normalised. It should also be noted that even for those women in the village who choose to deliver their children in conventional clinics and hospitals, the six-week recovery period before they can go for their post-natal check-up is a critical time during which they use vaginal practices. For some women who had episiotomies during childbirth at the clinic or hospital, vaginal practices using traditional herbs in vaginal sit baths to heal the episiotomy help in their recovery, as shown by the following narrative:

“Mina ngabelethela esibhedlela esikhulu seTsholotsho, ekubeletheni kwami indlela yami ya incane so ngenziwa ama stitch. Esibhedlela basifundisa ukuthi kumele sihlalele isawudo kathathu ngelanga okwe 30 minutes ube sugcoba ibetadine. Kodwa sengifike ekhaya ngangiqala ngihlalele isawudo ngemva kwesawudo besengihlalele umvagazi. Kwezinye insuku ngangihlanganisa umvagazi lesawudo ngikuhlalele konke kanye. Noma nje esibhedlela kwakuthwe ngihlalele isawudo ngemva kwalo ngigcobe ibetadine mina ngiyisebenzisanga ibetadine endaweni yayo ngasebenzisa izihlahla zanginceda ukuthi ngiphole masinya lokubopha isitho. Inengi labo mama vele lapha lenza njalo phela ibetadine iyaphuza ukwelapha isilonda njalo iyathengwa, umvagazi siwuthola mahala.”

[I gave birth at the district referral hospital in Tsholotsho, and because I had a narrow delivery pathway, I ended up getting stitches (episiotomy). At the hospital post-delivery we were taught that we needed to have vaginal sit baths with salt for 30 minutes three times per day and after each sit bath we needed to apply Betadine. When I got home, I would still have the vaginal sit bath as prescribed and thereafter I would also have umvagazi sit baths to speed up healing. At other times I would mix umvagazi with salt for my sit bath even though this combination was not prescribed at the hospital. Instead of applying Betadine, I used herbs as they are very good for speeding up healing and also aiding in vaginal tightening. Most women here go with this method because using Betadine prolongs healing time plus bleedwood is readily available here; we do not need to buy it] (Nomsa, 30).

Nomsa's narrative shows the value that is placed on vaginal practices, especially for women's postpartum healing. Some women in the village even incorporate their use with conventional medicine and some replace the use of conventional medicine with herbs and concoctions, which are believed to speed up the healing process and aid in post-delivery vaginal tightening. It also shows that humans are a product of their environment and, in this case, the normalised use of vaginal practices in the village makes them the familiar go-to means of healing for women post-delivery, with some women opting to use traditional herbs in the place of conventional medicine as the trusted means of healing. It should be emphasised that the fact that women out of their own agency choose to adopt these vaginal practices for postpartum healing is mainly because of their familiarity and because they are normalised in this village.

5.8 CONCLUSION

Based on the above discussion, it can be said that IK plays a critical role in the day-to-day lives of the women in Tshitatshawa. The findings presented on this chapter highlight the role that gendered socio-cultural beliefs play in the perpetuation of vaginal practices use. The role that these socio-cultural influences and beliefs play cannot be minimised. This is proven by the impact of IK which people rely on for decision making in their day to day lives. It is through these socio-cultural beliefs also that perceptions are created about ideal practices on sexuality. Vaginal practices are one of the important arms of IK in Tshitatshawa village and, as such, their adoption and use are trusted in the prevention and treatment of women's gynaecological, sexual, and reproductive issues. They are still used by some women during pregnancy to ease the birthing process and are used post-delivery for postpartum healing. They are also used to

attend to foetal deaths, as well as spiritual cleansing to cast away bad omens. This IK is passed down from generation to generation through family structures and plays a critical role. However, lack of documentation of this knowledge, especially vaginal practices in this village, is lamentable as they are frequently used by women in the village to attend to some of their important needs. Ndlovu-Gatsheni (2015) argues that there is a need for the decolonisation of knowledge, which advocates for the recognition of indigenous and endogenous knowledge, which has been labelled as “barbaric” and been replaced with irrelevant knowledge that seeks to disempower rather than empower communities. Despite the advent of modern conventional medicine to eradicate illnesses that some women face, traditional medicines have found themselves being a constant in this village because people trust their use more than the former and, in some cases, women combine the use of both modern and traditional medicines.

CHAPTER 6:

IKATARI YAMI: VAGINAL PRACTICES, SEXUAL PLEASURE, AND WITCHCRAFT

6.1 INTRODUCTION

One of the reasons why women engage in vaginal practices is for sexual pleasure; that is, for them to experience sexual pleasure and to provide sexual pleasure for their partners. Women are sexual beings who are on a quest for sexual pleasure, and vaginal practices are one of the ways that they use to achieve this goal. This chapter seeks to probe and understand the role that vaginal practices play as a catalyst for the attainment of sexual pleasure. It seeks to address one of the key aspects of this thesis, namely *“For whose pleasure is it anyway?”* The social functions of sex and pleasure are explored in this chapter and the different perceptions of the use of vaginal practices by women to achieve sexual pleasure are explored. While the quest of sexual pleasure is a motivator for the use of vaginal practices, women also engage in vaginal practices for witchcraft purposes. The study findings revealed that women use vaginal practices for witchcraft to ensure fidelity from their partners. This chapter thus explores the use of vaginal practices for witchcraft by women as a mechanism to manipulate men to ensure docility and fidelity. The chapter also explores the secrecy that characterises the use of vaginal practices for witchcraft. I summarise this discussion with a conclusion based on the findings; that is, whether women engage in vaginal practices for their own sexual pleasure, for the pleasure of the men that they have sexual relationships with, or for the sexual pleasure of both. A conclusion is also made on the use of vaginal practices for witchcraft purposes by women, the justification of their use by women, and the perceived benefits of their use.

6.2 SEXUAL PLEASURE THROUGH VAGINAL PRACTICES

Among the many reasons why some women in Tshitatshawa engage in vaginal practices is sexual pleasure. This study explored the importance of sexual pleasure vis-à-vis vaginal practices, and, most importantly, for whose pleasure it is that women use vaginal practices. In-depth interviews with women in the village revealed that they were aware of the social expectations that are cast upon them by society, particularly the expectation of procreation and of providing sexual pleasure to their partners. However, most of the women, especially young women, pointed out the fact that sexual intercourse is not only for the pleasure of men but also

for women. The adoption and use of vaginal practices for sexual pleasure are therefore not only for the benefit of men but also for the women. It was of particular interest to note that some of the older women pointed out the notion that part of their role in sexual relationships was to please their male sexual partners. They also acknowledged that their own sexual pleasure mattered.

The key participant interview findings revealed that some women sought to attain sexual stimulation and pleasure by inserting herbs inside their vaginas before sexual intercourse with their partners, as indicated by Gogo Mpofu's narrative:

“Kuqakathekile ukuthi sinanzelele ukuthi ezoncansi zigoqela abantu ababili, owesifazana lowesilisa njalo ngobubili babo laba bantu baqakathekile. Ngivame ukuvakatshelwa ngabomama bezodinga okungabasiza ukuze labo bakholise ezocansi. Bayabakhale ngokuthi kulabanye obaba abangenelisi kahle ukubafikisa khona kanye besengibapha imigcozo ebanceda ukuthi ngaphansi kuqumbaqumbeke kuhle ngeskahthi socansi ukuze labo balikholise icansi. Baya batsho sibili bathi ziyabanceda izihlahla zenza bakholise benelise ukuchama sibili.”

[It is important to recognise that sexual intercourse involves two people, a man and a woman, and both of these people are important. I am always visited by women looking for something to assist them to also enjoy sexual intercourse. They usually complain that there are some men who cannot make them get there. Then I give them some herbs to use down there so that they can also be stimulated during sexual intercourse so that they also enjoy it. They usually say that the herbs really help make them enjoy intercourse and reach orgasm] (Gogo Mpofu, 54).

Gogo Mpofu's narrative reveals that women are aware that they too are sexual beings and they are also concerned about issues of attaining sexual pleasure during sexual intercourse. The narrative illuminates that women are not just passive participants during intercourse whose goal is to please the man but they are also concerned with their own pleasure; hence their adoption of vaginal practices to achieve that. This shows the power that women have in using and controlling their bodies in their quest for sexual pleasure by using vaginal practices. This finding differs from Scorgie *et al.*'s (2009) finding, namely that women use vaginal practices mainly to please men and to ensure men's fidelity in sexual relationships. However, similarities can be drawn with Audet *et al.*'s (2017) findings in their study of vaginal practices, where women reported the motivation for the use of vaginal practices as the attainment of sexual

pleasure. The notion of women's agency was revealed in Tshitatshawa, where women make their own decisions to seek help from herbalists such as Gogo Mpofu to also be able to derive pleasure from sexual intercourse.

To ascertain the benefits of vaginal practices, the study participants were asked: "What are the benefits that you derive from vaginal practices?" This question revealed quite a few of the perceived benefits of vaginal practices. Key among the benefits was sexual pleasure, for both men and women, as shown by Litha's narrative:

"Izikhathi sezisiya zintshintsha. Kudala yikho okwakukhangelwa indoda ibe yiyo eqakathekiswayo ukuthi ijatshuliswe kwezocansi. Mina eqinisweni kunengi engikutholayo ngokusebenzisa amatshuni lemithi ngaphansi. Kugoqela ukungigcinela umtshado, ukungipha nje iconfidence njalo ikakhulu lokuthi ngikholise emacansini. Kuletshuni engiyisebenzisayo, ukhathaza, eyenza ngizizwe lami ngiyikhwabitha indoda. Yengezelela iappetite yami, iyenza ngiqumbaqumbeke sibili ngilikholise icansi lami lobaba sibili. Iyenza njalo lobaba alikholise icansi laye ubone sibili ukuthi ya kuyahanjwa acine engasafuni lokuphuma okwenza ukuthi sithandane nje umuzi wethu ube right ugcinakale."

[Times have changed. Back then, it was only the needs of the man that were prioritised, to be made happy during sexual intercourse. I honestly derive a lot of benefits from using herbal concoctions down there. This includes saving my marriage, giving me confidence, and also especially making me enjoy sex in bed. There is a herbal concoction that I use called khathaza, which makes me want to have sex with my husband. It increases my appetite. It also makes my husband enjoy sex and one would see that, yes, we are really going and he ends up not wanting to come out of you. It makes us love each other and makes our home right and well kept] (Litha, 44).

Litha's narrative shows the evolution and the gradual change in the perceptions of sexual intercourse and pleasure in the village as she alluded that back in the day the needs of men were prioritised during sexual intercourse. In fact, back then, men's sexual pleasure was said to have been part of the motivation for some women to use vaginal practices. However, she pointed out that as time has gone by, women's sexual needs have also become a motivation in the adoption and use of vaginal practices in the village. This paradigm shift can be attributed to education and exposure to information, which have in a way empowered women to prioritise themselves and their needs. The same finding was noted by Humphries *et al.* (2019), who also

reported that one of the main reasons for vaginal use and adoption among young people was for the sexual pleasure of both women and men among adolescent and young women in rural KwaZulu-Natal.

Figure 6.1 shows *khathaza*, which is a powder made out of herbs that a woman inserts in her vagina a few minutes before sexual intercourse. It is believed to enhance sexual arousal and also increases sexual pleasure for the woman during sexual intercourse.



Figure 6.1: *Khathaza* (herbal concoction)

Source: Author (2023)

The in-depth female interviews revealed a gradual shift in the village, especially among the younger women who appeared to be on a quest to also experience sexual pleasure by exploring the different options available to them. Access to modern technology and social media has exposed some women to information and resources on how they can enhance their sexual pleasure. Easy access to erotic sex videos shared on social media platform groups like WhatsApp, as well as to information on these interactive platforms, has exposed women to information on how they can enhance and achieve sexual pleasure. Part of the information that is shared on these WhatsApp groups and platforms is what women can do to enhance their sex lives, vaginal practices and agents to use, and trending vaginal practices and agents at a particular time. Membership of some of these WhatsApp groups is not only limited to women in the village as it comprises women from different neighbouring villages and beyond. This shows that there is a cross-pollination of information on vaginal practices as technology platforms foster the sharing of information for women in different settings. The

interconnectedness of the global village and its effects on cultural practices should not go unnoticed. It has led to dynamic changes in certain aspects of human living and villages in rural areas have not been exempt from these changes.

Vaginal practices used for women's sexual stimulation during sexual intercourse were topical, especially among the younger women. They highlighted that because of socialisation, the women in the village were seen as having the duty to provide sexual gratification for men and this has in some cases resulted in women's sexual needs being ignored. Moreover, some women highlighted that they still found it difficult to verbalise their sexual needs to their partners for fear of being labelled as "forward". However, some women in the village took matters into their own hands to also enjoy their sexual experiences through the use of stimulating agents and objects that they insert into their vaginas. An example of this is of an agent called *ipenseli*, which is a pencil-shaped object made out of herbs and traditional medicines. This agent is believed to have sexually enhancing properties for women, as shown by the following narrative:

“Indaba zamacansini lezi zi tricky, ngenxa yendlela esikhuliswe ngayo, owesifazana kukalutshwane ukuthi akhululeke ukuthi atsho ukuthi yena ufunani emacansini. Kuba nzima ukuthi kwezinye izikhathi ukholise ngendlela ofuna ngayo ngoba ungafuni ukuthi ukhube omunye wakho ngoba sibili abanye obaba abakwazi ukuthi umfazi uzekwa njani noma sebelesikhathi eside besenza ezocansi. Uthole ukuthi umama ucina engasakholisi icansi ehluleke lokuthi amchamise nje. Ngeke pgela uphile impilo yokungeneliseki lokungakholisi khona kulezinto ongazenza ukuthi lawe ulikholise icansi njalo lawe uchame. Yikho abanye sisebenzisa ipenseli. Yona, eqinisweni ungayifaka ungakayi ecansini ube suyikhipha selizaqala inkonzo haaaaa ngiyakutshela kuyafiwa. Ukukholisa kwakhona akuchazeki.”

[Issues to do with sexual intercourse are very tricky. Because of the way we were raised, a woman can hardly express what they want in bed. It becomes difficult in some cases for you to enjoy the way you want because you do not want to hurt your partner's feelings because truly some men do not know how a woman should be slept with even after many years of having sex. You find that the woman ends up not enjoying sex and is not able to have a mere orgasm. You cannot live a life of no sexual pleasure when there are things that you can do to enjoy sex and have an orgasm. That is why some women use the pencil; if you insert it in your vagina before having sex and remove it

just before you having sex, haaaa! I tell you, you die with sexual pleasure. The sexual enjoyment you experience is inexplicable] (Ayida, 70).

The above narrative shows that women in the village take matters into their own hands in a quest to achieve sexual pleasure. They have come up with solutions such as the use of *ipenseli* (pencil), which is believed to provide stimulation to the vagina when inserted, which helps some women to achieve orgasm. Some women indicated that it is sometimes difficult for them to fully articulate their sexual needs to their partners for the fear of bruising their partner's egos. The notion that women in this village have come up with ways and agents that they can use through vaginal practices illuminates empowerment and agency in a way where women devise solutions to enable them to achieve sexual pleasure. In as much as women who use agents such as *ipenseli* are labelled as “forward”, most participants who used this agent expressed that they preferred using it as it yielded positive results for them. Some women also pointed out that the use of *ipenseli* not only provided sexual pleasure for them but also for the men and it worked as an agent that ensures fidelity in a man. They highlighted that the sexual pleasure and orgasm that they experienced after using it gave the illusion to their sexual partner that the sexual partner is good in bed and satisfies the sexual need of their female partner, which in turn helps in ensuring stability in the sexual relationship.

Figure 6.2 shows *ipenseli*, which is a solid object made from traditional herbs. It is inserted by a woman into her vagina. While the object is inside the vagina, the woman must contract her vagina. It is believed that when a woman uses *ipenseli*, her vagina is tightened and it also makes both the man and woman enjoy sexual intercourse.



Figure 6.2: *Ipenseli* (“pencil”)

Source: Author (2023)

It can therefore be said that the above discussion shows that the women in the village were concerned with their own sexual pleasure. As much as the use of vaginal practices yielded some benefits for their sexual partners, one of the main reasons why they used vaginal practices is for their own sexual gratification.

6.3 THE WOMAN'S ROLE IN SEXUAL RELATIONSHIPS

The traditional roles of men and women in Tshitatshawa village are clearly defined, with women assuming the domestic roles and men assuming the more external roles that go beyond the home. The woman is the homemaker and caregiver, while the man is generally the provider. Migration to towns, cities, and other countries has seen most women having to assume the role of the “provisional” head of the household in most homes. This has given women more room and capacity to have more autonomy and agency with regard to their bodies. It should be noted that in the absence of the men in households that are provisionally headed by women, men still wield control over major household issues such as financial decisions, as well as issues pertaining to the health of household members such as their children and wives. This is evident in issues of the immunisation of children and the vaccination of household members where in some cases wives must first consult their husbands before making the decision to have the children immunised or themselves getting vaccinated for COVID-19.

The physical absence of men in these households makes room for some women to experiment with and use different vaginal practices as they have the freedom to do so without the physical presence of the man. In such situations, some women may use vaginal practices agents that are considered “unacceptable”. The women revealed that the periodic absence of men from some households in Tshitatshawa village made room for the women to explore and experiment with different vaginal practices in the quest for sexual pleasure. For some women, the absence of their husbands, or “official” sexual partners, due to employment opportunities elsewhere, created a conducive environment for women to explore and engage in different vaginal practices in preparation for their sexual partners’ periodic visits.

Socialisation plays a very crucial role as a medium of teaching on the different gender roles of women, as well as the expectations that society has of them. It further buttresses the role that a woman should play in sexual relationships and the grooming of women from a young age. The expectations that society has of them also plays a huge role in how some women turn out. It can be said that some cultural practices, such as labia minora elongation from a young age,

set the tone for women's position when it comes to sexual relationships and the experience of sexual pleasure. The language used to describe and portray, for example, pulled labia as *ikatari kababa* (the man's guitar) denotes the objectification of the vagina. It portrays the labia and the vagina as existing to provide service and pleasure only for the man. It should be noted that this language to describe elongated labia has evolved over time with some women, especially the younger women, opting to use the term *ikatari yami* (my guitar), which gives ownership of the pulled labia to the woman. This awareness by women of the ownership of their body parts can be attributed to quite a few factors. One of these factors is globalisation, which has brought with it access to different platforms that provide women with access to information.

Access to education and women's empowerment programmes in Tshitatshawa by different civil society groups in partnership with the Ministry of Women Affairs, Community, Small and Medium Enterprise Development, particularly after the Beijing Declaration of 1995, saw an active stance being taken by the government of Zimbabwe to educate women about their rights. As a result of these women's empowerment initiatives, as well as increased access to information, a gradual shift and change can be said to have taken place in Tshitatshawa, particularly with regard to women being aware of themselves, their rights, and their agency in decision making, particularly regarding their bodies. This gradual shift has seen vaginal practices such as labia minora pulling not being forced on young girls like it used to be in the past. Some women stated that they made the decision to pull their labia when they were older and understood the practice better, as indicated in Fezile's narrative:

“Mina okokudonsa angikwenzanga ngisamncane ngoba ngaleso sikhathi ngangingakuzwisisi njalo ngingafuni ukukwenza. Ngadonsa sengikhulile vele sengikhomba sengifuna ngoba omunye wami ngaleso sikhathi nguye kusajesta kimi ukuthi ngidonse, ngokuxoxisana kabo tshomie ngangihlala ngisizwa abanye bethi amalebe adonsiweyo ayenza icansi libe mnandi. Ngasengidonsa ngananzelela ukuthi nxa amalebe edonsiwe ayanginceda mina ukuthi ngikholise nxa ngibanjwa ngubaba lanxa sesisenza ezocansi.”

[I did not pull my labia when I was young because I did not understand it and back then I did not want to. I pulled my labia when I was older when I started dating and I wanted to pull. I pulled because my partner then suggested that I pull. I had also heard from friends that pulling your labia makes sexual intercourse more enjoyable for the woman.

When I did it that is when I realised that when my labia were pulled, I enjoyed foreplay more and it also enhanced my sexual pleasure during sexual intercourse] (Fezile, 38).

Fezile's narrative illuminates that women are active beings who are on a quest of self-discovery with regard to sexual pleasure. They especially are also concerned with their own sexual pleasure and sexuality. This study finding supports Amadiume's (2002) sentiments on the impact that globalisation has had on the new biologies and desires of women, where the new conditions have amplified the individual self and choices for girls and women. The new environment that accepts and promotes women's agency has seen some women in Tshitatshawa village adopting vaginal practices for their own needs, including the attainment of their own sexual pleasure.

The perceptions that the women had of their roles differed depending on their age. The study findings revealed a contrast between the views of the older women (50 years and above) and the younger women (49 years and below) pertaining to the role of the woman in sexual relationships. Most older women viewed themselves as having the role of being the ones to ensure that the family is kept together and ensuring that they satisfy their partners' sexual needs for them to not be tempted to have other sexual partners, as shown by Kholiwe's narrative:

“Mina ngibona ngathi umlando wami njengomama ngowokubona ukuthi imuli yami ikahle njalo igcinakele, abantwana ba right bathola konke abakufunayo njalo ikakhulu lokuthi ubaba wasekhaya ugcinakele laye njalo uyasuthiseka kwezocansi. Yikho izikhathi ezinengi umuntu ecina esedinga itshuni ukuze ngaphansi kube kukhwabitheka kubaba ukuze engacini sekhangeka secina sekhangela phandle kweguma.”

[In my opinion, my role as the woman is to see that my family is fine, and is well taken care of, that the children are alright and they get everything that they want and especially that the man of the home is also well taken care of regarding sexual matters. That is why in most cases one ends up looking for herbal concoctions to use so that down there it is always attractive to the man so that he does not end up looking outside the home] (Kholiwe, 53).

Kholiwe's narrative brings to the fore the role that a woman plays in the family unit. It illuminates her position as that of the greater caregiver to the family who ensures that everyone in the family is taken care of.

Her role in the sexual relationship is also highlighted, where her failure in sexual matters, particularly in satisfying the sexual needs of a man, has the potential to make or break the family unit, as also shown by Matilda's narrative:

“Kuyakathakile njengomama ukuthi wenelise omunye wakho emacansini lekuphilisaneni nje abe ejabula ejatshuliswa yikuba lawe lokuba sekhaya. Phela amadoda vele yizinja bahleli bekhombisa njalonje kodwa angaze akhombise ukumele engakukhohlwa wena so kumele lawe ngengomama ube lokwenzayo ukuze ungabi lesidina. Uhlalele omganu bonaba ufake izihlahla lawe zokuthi zikuncede ukuze ubaba ethi lanxa engaze ephume akukhumbule. Phela indoda nxa sithe yakhonjwa kuhle phandle ingakhohlwa ekhaya abantwana yibo abacina benganakekelekanga kuhle, bayafa ngendlala. Ngakho ke njengomama kumele indima yakho lawe uyidlale kuhle ukuze abantwana bagcinakale kuhle.”

[It is important as a woman that I satisfy my partner in bed and as we live together, he should be happy, and also being happy that he is at home. Actually, men are just dogs; they are always chasing and asking other women out every now and then but even if he chases other women, he should never forget you. So, as a woman, you need to have things that help you so that you are not boring to him. Things like using marula tree bark and other herbs will help you. Even when the men go outside, he remembers you. You know, when a man has another woman outside, if he forgets his home, the children are the ones who end up not being taken care of properly; they will die of hunger. As a woman I must play my part properly so that the children are properly taken care of] (Matilda, 55).

Matilda's narrative further illuminates the role that a woman plays in ensuring the man's sexual satisfaction. She highlighted that some women resort to the adoption of vaginal practices to sexually satisfy the men. Also, if the man is sexually satisfied, he will always make a point to come home to his family and he would also take care of the children. This illuminates the social functions that sex plays and highlights the emphasis on the role that sexual satisfaction plays in the provision for the family by the man, as well as keeping the family unit together. This finding concurs with what Scorgie *et al.* (2009) found in their study in KwaZulu-Natal, where women cited the use of vaginal practices for the maintenance of relationships and for the prevention of men's infidelity. It is important to note that the study findings in Tshitatshawa indicated that the specific age group of women who perceived their role in sexual relationships

as that of pleasing their sexual partners comprised older women, mostly 50 years and above. This can be attributed to several things, including lower levels of education and minimal exposure to platforms of information; among others. Most of these women indicated that they have always lived in the village and have not been exposed to much of the outside world.

Another study finding in Tshitatshawa was the divergent views of younger women (49 years and below) from those of older women (50 years and above). Most younger women perceived themselves as equals to their partners in sexual relationships. They acknowledged their traditional role in the family as nurturers and carers; however, they pointed out that their roles were not lesser than those of men. They pointed out that in sexual relationships both men and women have the responsibility of ensuring that both parties are happy and sexually satisfied, as shown by Fezile's narrative:

“Umlando wami njengo mama ekuphilisaneni lobaba ngowokuthi ngimjabulise laye angijabulise. Ngingathi nje umlandu wethu sonke ngowokujabulisana. Akula olomlando ophansi kumbe ophezulu kulomunye, sonke silendima okumele siyidlale ukuze sonke sijabule. Mina ngiyasebenzisa izihlahla lamanye amatshuni ngaphansi ukuze ngiqinise umzimba wami. Nxa ngaphansi kuright lami ngiba leconfidence ngengiyabe ngikwenza embhedeni okwenza ukuthi ngicine ngisenelisa ukuthi ngisuthise omunye wami laye njalo angisuthise ngoba labo obaba kukhona abakwanzayo labakudlayo ukuthi baziqinise imizimba ukuze kabo babe kwazi ukuthi baphefome njalo basisatisifaye embhedeni.”

[My role as a woman in living with my husband is to please him and for him to please me. I can just say both our roles are to please each other. There is no role that is below or above the other; both of us have a part to play to be happy. I use trees and other herbal concoctions down there to strengthen myself and my body. If I am alright down there, I also gain the confidence with what I will be doing in bed, which makes me able to satisfy my partner and him in turn also satisfying me because men also have things that they do and eat to strengthen their bodies so that they also can perform and impress in bed] (Fezile, 38).

Fezile's narrative revealed an important finding, namely that women, even if they live in the same environment, are not homogenous, as shown by the different perceptions that older women and younger women have in Tshitatshawa pertaining to their role in sexual relationships. As a result, study findings on issues that affect women should not be

universalised and treated the same. Issues around context when studying societies are crucial (Burr, 2003; 2015) and in this case, when studying women, issues of the individual context also play a crucial role when studying vaginal practices. Of particular interest is the age factor in these studies of women, as it was revealed in this study that women of different age groups perceived things differently. The study established that most younger women perceived themselves as equals in sexual relationships, while some older women viewed themselves as below the man. This can be attributed to several factors, including exposure to different mediums of information such as social media, as well as access and exposure to education on women's rights and empowerment. It can be said that the younger women acknowledged the importance of vaginal practices just like the older women did. However, the two groups differed on how they perceived the role they play in sexual relationships. Most of the younger women had some income-generating projects and they contributed to the household finances. Some, particularly those who were "provisional" heads of households living with only their children while the husband was away in towns and cities working, had some control over the household finances as they were the ones who were in charge of the day-to-day affairs of the home and budget. They therefore viewed themselves as equals in their relationships as they also played a crucial role in the home. Also, the social terrain in which these younger women grew up differed from that of the older women, which was highly characterised by patriarchy.

It can therefore be said that when it comes to the role that women play in sexual relationships, Tshitatshawa women's perceptions differed and it is of paramount importance to highlight that these differences in perceptions can be attributed especially to age and exposure to the outside world, which greatly affect the women's worldview. There is thus a need for further studies on vaginal practices for different age groups. There is also a need to note the change in the setting that influences women to acknowledge the huge role that the physical setting plays in influencing women but also, importantly, acknowledging the influence that the global/virtual setting has on women's perceptions of themselves and their vaginal practices.

6.4 THE POLITICS OF WITCHCRAFT

The use of vaginal practices by women in Tshitatshawa can be classified into two categories, namely vaginal practices for "good" reasons and vaginal practices for "bad" reasons. Vaginal practices that are classified as "good" are those that are commonly acceptable and are known to yield positive benefits for both men and women in relationships and those that can be used for the improvement of women's health and wellbeing. Those that are labelled as "bad" are

highly associated with witchcraft and they are used mainly for the perceived manipulation of men.

In this village, some women engage in vaginal practices that are labelled as “bad”. Women sometimes engage in vaginal practices for witchcraft purposes, especially in situations where infidelity in relationships has been experienced or is suspected, as shown by Ngada’s narrative:

“Abanye omama baphoqwa yisimo ukuthi bacine bephathaphatha izitho zabo kakubi ngemithi. Lapho okwenzeka khona ukuthi ubaba enganaki imuli yakhe esekhonjiwe phandle abanye omama bacina bengasela choice bacine sebethakatha omkabo ngendlela zokuphathaphatha isitho sangasese. Lokhu akulunganga ngoba kwenza isenzo sokuphathwaphathwa kwesitho sabo mama sibonakale ngathi silokuganga kukantike ngabantu nje abathatha into enhle bayenze ibe mbi. Banengi obba abacina besiya kubosiyazi ukuyancedwa ngoba amahlaka engasagamuli kahle bathole ukuthi kwenziwa ngabafazi abangangileyo ngokuphathaphatha sinto sangasese kusetshenziswa imithi emibi enjongo Ntandokayiphikiswa eyenza umfazi owusebenzisayo adonse indoda ngamakhala.”

[Some women are forced by circumstances to engage in some bad vaginal practices. In situations where the husband is neglecting them and the family and has extramarital affairs, women are sometimes left with no choice but to bewitch the man using vaginal practices. This is bad because it turns vaginal practices into something that is perceived as bad because of people who are just turning something good into something bad. There are many men who end up consulting healers when their axes are no longer cutting properly. They find out that they have been bewitched by their wives using herbs that are bad, like the use of untandokayiphikiswa (‘you will do as I want’), which turns the man into a stooge] (Ngada, 67).

The above narrative shows that because of cases of the perceived abuse of vaginal practices by some women through witchcraft, some people have become sceptical of women who use vaginal practices as they do not know if the practices they are engaging in are for good or bad. The use of vaginal practices associated with witchcraft is highly characterised by secrecy because witchcraft itself is a generally highly unacceptable practice in the village. It is believed that when a woman uses vaginal practices to bewitch her sexual partner, the man will need to be cleansed of the spell.

Figure 6.3 shows *untandokayiphikiswa*, which is a traditional herbal concoction used for witchcraft. It is believed that a woman can control her sexual partner by inserting this powder and washing it off just before sexual intercourse once or twice per week.



Figure 6.3: *Untandokayiphikiswa*

Source: Author (2023)

Different circumstances influence the decision by some women to engage in vaginal practices for witchcraft. Some women learned through secondary socialisation (as discussed in Chapter 4) that they can adopt the use of vaginal practices for witchcraft in the face of infidelity or if they want to maintain sexual relationships, as shown by Sithandile’s narrative:

“Mina ngihlezi ngangisazi ngesinto ezehlukehlukeneyo umama afuze azenze ukuqinisa umzimba ikakhulu nxa sikhangele indaba sokubopha ngaphansi. Kwenzakala ngo 2019 ukuthi ubaba wakhonjwa ngumuntu engimaziyo. Ekuxoxisaneni labanye ngezwa kuthiwa kulamanye amatshuni umuntu angawasebensisa ukuze ubaba engabi lamehlomehlo. Mina ngike ngaba lohlupho lomuntu wami lapho akade sekhonjiwe phandle sibili engasabuyi lekhaya. Ngasengisiyakomunye gogo osiza abantu lapho angaphiwa khona itshuni eyenza ukuthi ubaba angakukhohlwa, uyifaka ngaphansi nxa selizahlangu okwamalanga ambalwa. Uyisebenzisa yona lomunye umuthi owufaka ekudleni. Lokhe ngasebenzisa leyo tshuni ubaba kasayi ndawo, abanye abafazi vele kasababoni every weekend nje uyabe esehla ibhasi ebuya ekhaya okuyinto owayengasayenzi esekhoniwe. Khona eqinisweni as onto engiyitshela abantu ngoba kuba ngathi ngamudlisa kodwa lokhu ngakwenza ngoba lami ngangingasazi ukuthi ngenzeni ngoba wayefeba engizwisa ubuhlungu.”

[I knew about different things that a woman should do to strengthen her body, especially with issues of tightening down there. It so happened in 2019 that my husband cheated on me with a woman I know. In my interactions with others I heard that there are some traditional concoctions that one can use so that your husband does not have wandering eyes. I once had a problem with my partner when he started having an affair and he no longer came home. I went to an elderly woman who helps people, where I was given a concoction that makes a man not forget you. You insert it down there before sexual intercourse for a couple of days. You use it together with some traditional medicine that you put in their food. Ever since I used those, my husband goes nowhere. He no longer sees other women every weekend and he comes with the bus to see us, which is something he didn't do when he was having an affair. It might look like I bewitched him and honestly this is not something that I have told people because it comes across as if I bewitched him, but I only did this because I did not know what else to do since he was cheating on me and it hurt me] (Sithandile, 26).

Sithandile's narrative reveals the notion that in some cases women resort to vaginal practices for witchcraft out of desperation. It seems to be the only option that might assist them in different circumstances they may find themselves in, such as keeping their partners from cheating. Moreover, they engage in these practices at times to keep the family together, as some female interview participants highlighted that, when their husbands, particularly those who work in South Africa, forget about providing for their families. They start having new relationships when they are away from home, as shown by the following narrative:

“Abanye bethu omkethu basebenza egoli, and bangahamba bahlala isikhathi eside bengabuyanga ekhaya babuya kanye negmva kwezinyanga. Abanye bacina bekhohlwa lokuthi balemuli uthole umuntu engasathumezi ekhaya ukudla lokunye ukuthi siphile labantwan. Wena nje uyabe suphongukuba ngumuntu omgcinele abantwana bakhe lomuzi sephila labanye egoli. Yikho abanye abafazi becina besebenisa amatshuni okuthi omkabo bangabakhohlwa, uzwana mina ngedwa ngoba obaba laba sometimes bayalingeka bakhohlwe. So ukuze imuli ihlale indawonye uyayadinga sibili lawe itshuni eyokuthi engaze athini vele ingavuki phandle acine sengobuya ekhaya ezosibona everytime.”

[Some of us our husbands work in South Africa and when they go to work, they stay longer without coming back home. They come back after many months. Some even

forget that they have families and they no longer support their family or send groceries and other things for us to live with the children. You become someone who just takes care of his children and home while he lives with other women in South Africa. That is why some women end up using some traditional medicines so that their husbands do not forget about them because some of these men get tempted and forget. So, for the family to stay together, one needs the herbs to make him not wake up outside with other women, which will make him want to come back home to see you every time] (Lulu, 40).

It can be said that vaginal practices for witchcraft purposes are sometimes used by women as a measure to keep the family unit together. The in-depth female interviews revealed that the search for better economic opportunities forced some married women and men to live apart for long periods of time and this in some cases creates a conducive environment for extramarital affairs for both men and women. Observations from the study revealed that in some cases where men were said to have extramarital affairs, their support to their families back home was compromised as they sometimes neglected their families. Some women pointed out that vaginal practices that are perceived as witchcraft enable their children to be taken care of because the husband does not forget his wife and family. Scorgie *et al.* (2009) also made similar findings in their study where the maintenance of relationships was cited as one of the reasons for women's use of vaginal practices.

The key participant interviews revealed that some women resorted to the use of dangerous vaginal practices such as the use of a witchcraft concoction called *umchemo wendwangu* (baboon urine) out of desperation. The concoction is a mixture of baboon urine and other herbs. The use of baboon urine is believed to cause a man to only be able to have sexual intercourse and ejaculate with the woman who used the concoction on him. It is said that if he tries to have sexual intercourse with other women, he will either not have an erection or if he manages to have an erection, he will not ejaculate. The use of such vaginal practices in the village is very much frowned upon. However, some women still adopted their use for partner fidelity, as shown by the following narrative:

“Esinye sezizatho zabomama zokuthi baphathaphathe isitho sangasese yibuthakathi. Lobu buthathakithi singathi babenza ngenxa yokuganga kwabobaba labo. Abanye bacina sebesiba forced ukuthi basebenzise imithi ukuze amadoda abo athembeke ngoba kuyehlula ukuthi abanye obaba bathembeke kubo mkabo. Kulokuthiwa ngumchemo

wendwangu abakusebenzisay, lokhu ikakhulu bakuthola ezinyangeni. Indwangu njengoba kusaziwa ichemela endaweni eyodwa izikhathi ezinengi egangeni, ingaze ihambe ibhoda iganga ivame ukuba nxa siphisiwe iye chemela lapho ejwayele ukuchemela khona. So inhlabathi leyo lapho okuyabe kuchemele khona indwangu iyathathwa ngabagangileyo bayihlanganise lemithi omama sebe kugqiba ngaphansi bengakahlangani lobaba emacansini. Umuthi lo uyamqeda nje amamdla owesilisa angazama ukuthi ake alale lomunye umfazi noma sekutheni kachemi.”

[One of the reasons why women use vaginal practices is witchcraft. This witchcraft, we can say, they do it because of the naughty behaviour of men. Some women end up being forced to use these medicines so that their husbands are faithful to them because it is impossible for some men to be faithful to their wives. There is what is called umchemo wendwangu (baboon urine) that they use. They usually get this from traditional healers. A baboon is known to urinate at one place in the bush in most cases. Even if it moves around the bush loitering, when it needs to urinate it goes to the same spot. So that soil where the baboon urinated is taken by those naughty ones and they mix it with other traditional concoctions. Women are then given that mixture to insert inside their vaginas before sexual intercourse with their sexual partners. This concoction finishes all the energy of a man. If he tries having sexual intercourse with another woman who is not the user of the concoction and no matter what, they will not ejaculate] (Faith, 46).

Vaginal practices that are labelled as witchcraft are highly characterised by secrecy. Most women in the village who adopted these practices highlighted the fact that they did not want to be known to have used vaginal practices for witchcraft as such information may lead to a marital or relationship breakdown, as shown by Venenzia’s narrative:

“Ngenxa yokuthi akusinto ekhangelelweyo ukuthi kuthiwe usebenzisa imithi ukuthi uthakathe indoda ukuze ingakutshiyi lami nginje angikukhulumi ukuthi ngiyawusebenzisa umchemo wendwangu ngoba kungangidalela amaproblem amakhulu kakhulu. Once kuvela ukuthi usebenzisa imithi leyi endodeni liyaxabana straight sometimes uyakuxotsha vele. Mina ngasengidiniwe ngesiwule sika baba lo. Wayesejwayele ukuthi uyakhombisa amithise phandle. Nge AIDS le esigcwele phandle ngangingeke ngiqhubeke ngilokhu ngikhangele umuntu efeba lami ngathi wothi ngihambe ngidinge okungangisiza emendweni wami ngasengi ncwetsywa udlebe

ngomunye umngane wami ukuthi ngiyekomunye ogogo oyinyanga ongangisisza, yikho ukuphiwa imithi ehlangahlangeneyo yokusebenzisa, eminye ngeyokugeza ngayo okunye ngofaka ekudleni okunye ngumchemo wendwangu owufaka ngaphansi sonke isikhathi ngingakagezi okweiskhatshana ekuseni lanxa sekuntambama nxa sizahlangana emacansini lobaba. Uyazi isimo siyakuthuma kwezinye izikhathi ukuthi wenze izinto lawe ongeke ufune zenziwe kuwe.”

[Because it is not something that is expected to be said that you are using traditional medicines to bewitch your husband so that he does not leave you, I also do not tell people that I use baboon urine because that can cause big problems for me. Once it is known that you use these traditional medicines for witchcraft, there may be conflict, and sometimes you can be chased away. I was tired of the infidelity of this man. He was used to having affairs and impregnating outside. With AIDS out there, I was not going to continue watching someone being adulterous. I said let me go and consult out there and look for what can help me in my marriage and a friend whispered to me to go to this old lady who is a traditional healer who could help me. That is where I was given different traditional medicines to use; some for bathing, some for putting in his food, and the other was baboon urine to insert into my vagina each time before I take a bath in the morning and also in the evening before having sexual intercourse with my husband. You know, circumstances at times force you to do things that you would also not want to be done to you] (Venenzia, 35).

Figure 6.4 shows *umchemo wendwangu*, which is used by women to ensure that men are unable to have sexual intercourse with another woman. Its use stems from the belief that a baboon only has one spot where it urinates in the bush; therefore, in the same vein, if a woman uses *umchemo wendwangu* on their vagina, the man will only be able to ejaculate if they sleep with the woman who used it. If they sleep with any other woman, they will not be able to ejaculate. Similarities can be drawn in the use of baboon urine to hinder a men's ejaculation and the use of *runyoka/ lunyoka* (an indigenous way of locking the woman's private parts to ensure that they do not commit adultery) by some men on their wives as was found by Dewa & Matupula (2014) in their study. The use of baboon urine is an indigenous way of ensuring sexual fidelity by some women on their sexual partners.



Figure 6.4: Umchemo wendwangu (baboon urine)

Source: Author (2023)

The study findings from the key participant interviews also revealed that some women engaged in vaginal practices for cleansing of witchcraft. It was revealed that some men, when they leave their wives in the rural areas as they go to towns for employment, also use witchcraft on their wives, especially on their sexual organs. They cast a spell on their wives so that if they have sexual intercourse with any other men, they may get sick and the man they slept with also gets sick, as shown by Ngada's narrative:

“Kwezinye izikhathi abanye obaba bayalungisa abafazi babo nxa bezaya emsebenzini ukuze omama bengasali bekhomba. Babafaka ulunyoka. Umama owenziwe lokhu engalala leyinye indoda, iyagula kwesinye isikhathi laye umfazi uyagula futhi nxa engalala leyinye indoda. So abafazi abayabe belungiswe ngomkabo balakho ukuya enyangu bayephiwa imithi yokubalahlisa lolu lunyoka. So leyo mithi eminye bayayihlalela omunye bayifaka ngaphansi nxa beselatshwa.”

[Sometimes some men do things to their women when they go to work for longer periods of time so that their wives do not have extramarital affairs in their absence. They cast a spell on the woman and when she sleeps with another man, that man gets sick and in some cases the woman also gets sick when she sleeps with another man. Such women also consult traditional healers to remove those spells and part of the healing process includes vaginal sit baths and inserting some herbs down there when they are getting treated] (Ngada, 67).

Ngada's narrative shows that the use of witchcraft to ensure fidelity is not only confined to women. As such, in cases where there is a need for spiritual cleansing of sexual spells that had been cast on women, vaginal practices are employed as a means of cleansing. Vaginal sit baths and some herbs inserted inside the vagina are part of the cleansing process called *ukukhipha isinyama* (cleansing of a bad omen). It shows that vaginal practices can also be used for the cleansing of women who had been bewitched by their sexual partners because of different reasons. It can be said that vaginal practices play an important role in the breaking of spells and healing of women from witchcraft-related ailments.

The fear of witchcraft, especially by men, has drawn some scepticism among men in the village regarding the use of some vaginal practices. The fear of losing control over the woman and her body by men has led to the labelling of some vaginal practices as witchcraft and the categorisation of some of the vaginal practices as "bad".

6.5 THE DILEMMA OF CHILDBIRTH AND DRYNESS

The social functions of the vagina as an organ of sexual pleasure, as well as its function as a vessel of procreation, cannot go unnoticed. I found that the women in the village took pride in the number of children they have given birth to. The more children, the better for them. As in most African societies, there is pride in having a big family. The more children one has, the more human labour one will have in the future. Giving birth to many children comes with its own perceived challenges for some women. It is believed that it causes vaginal loosening and, in some cases, it comes with back aches. In light of these perceived problems, women engage in vaginal practices to heal their backs and to tighten the "loosened" vagina. Besides the routine vaginal practices such as vaginal sit baths using *umganu*, douching and insertion of some herbs are employed by some women for vaginal tightening until the desired results are achieved. Vaginal loosening after having had multiple deliveries is believed to result in the accumulation of air in the vagina, as well as urine leakage. A combination of what is termed *ukubopha wekele isinye nxa uchema lanxa uhlezi* (tightening and loosening when urinating and at regular intervals when seated) and the insertion of herbs such as *umabopha* is used as a mechanism for tightening. The notion of a woman's vagina loosening due to multiple pregnancies is highlighted by Dolly's narrative:

"Ngilabantwana abanengi mina, thina ekhaya asilabuvila bokuzala njengani linaemadolobheni. Abantwana abayisibusiso esivele kumlimu so nxa ithumbu livuma

uyabe usekelelani ukuzala. Kodwa njengoba sizala kangaka lethumbu licina livuleka kucine sekudinga ukuthi uzincede ngokubopha ingaphansi ukuze ungabi suvuza njalo sulegwayi elidambileyo. Phela ucina susiba lengubhane engapheliyo besekudinga ukuthi utshune ngaphansi ngoba kwezinye zikhathi ngenxa yokudamba kwesitho kucina kusenza kube lomsindo ongachaziyo nxa susiya enkonzweni lobaba and kucina kukwenza lawe ungasabi le confidence leyana njengomama, phela kuqakathekile ukuthi lawe uzizwe sibili ukuthi yonke into ihlangene. Mina eqinisweni ngiyawasebenzisa amatshuni ngoba ayabopha ube ngathi ulitshitshi nje.”

[I have a lot of kids; here in the rural areas we are not lazy to have children like you guys in the urban areas. Children are a blessing from God and if one can have them, you go for it. However, since we have given birth to these many children, our vaginas end up opening too much, which ultimately would require one to do something to tighten things down there so that you do not end up with a leaking and loose vagina. Having a tin-like vagina results in one accumulating air in the vagina, which causes an unpleasant sound when having sexual intercourse, which greatly compromises your confidence. In all honesty, I insert herbs in my vagina because they assist in tightening things to the point that you end up being like a virgin] (Dolly, 45).

Dolly's narrative illuminates the importance of the vagina for childbearing for some women in the village. While having children is important, it comes with perceived setbacks for some women as it compromises the perceived "normal" state of the vagina. Due to the "loosening" of the vagina attributed to all these factors, it can be said that vaginal practices play a crucial role in tightening the vagina. This tightening can be done using different agents, some of which are inserted as dry agents, some are used in vaginal sit baths, and some are used for routine washing of the vagina. While conventional medical practices to tighten the vagina include procedures such as vaginoplasty, as shown by Braun and Kitzinger (2001a; 2001b), women in Tshitatshawa rely on IK to tighten their vaginas. Dolly alluded to the fact that the tightening of her vagina helped to avoid vaginal noises during sexual intercourse, which she said compromised her confidence as a woman. I found that confidence issues play a crucial role in women adopting vaginal practices as factors like age and childbirth are believed to contribute to vaginal loosening.

While multiple births cause vaginal loosening for some women, menopause and old age also bring about issues related to vaginal atrophy. The individual interviews with some women

revealed that they engaged in vaginal practices to alleviate some of the challenges they faced, such as vaginal dryness, which causes pain during sexual intercourse and in some cases discomfort when urinating. Some women highlighted that they apply oils that are mixed with herbs to facilitate vaginal wetness during sexual intercourse. Some women indicated that vaginal dryness acts as a drawback for them to fully enjoy sexual intercourse, as indicated in Gogo Mpofu's narrative:

“Uzananzelela futhi ukuthi kulabanye omama abalohlupho lokoma ngaphansi mdalo wabo. Abanye kuqala ukubenza sebekhulilebengasangeni esikhathini sebesebangeni lelielithiwa yi menaupase, mina ngadlula kikho sibili. Uyathola ukuthi uyoma ngaphansi kungasikho ukuthi awulifuni icansi kodwa umzimba wakho wona nje awusathambi ngoba kulokunengi okungabe kusenzakala emzimbeni wakho. Phela ukukhumbule ukuthi lathi esesikhulile siyalifuna njalo siyalithanda icansi, obaba labo esiphila labo igazi lisagijima emzimbeni so ukuze ukholise icansi ungezwa buhlungu obuza lokoma uyagcoba imithi ehlanganiswe lamafutha ngaphansi ukuze kuthambe ungezwa buhlungu ngesikhathi senkonzo.”

[You will notice that there are some women who have a problem of being dry naturally. For some the problem starts when they are older, when they no longer have their period when they are in that stage called menopause. I went through that myself. You find that you become dry down there, not because you do not want to have sex but because of what is happening in your body. Remember, even us older women want sex and we also love it. Even the men that we live with have blood that still flows in their bodies, so in order for the women to enjoy sex without experiencing pain as a result of being dry, you apply some traditional medicines that are mixed with oils down there so that it becomes tender and you do not feel pain during the time of the service] (Gogo Mpofu, 54).

Gogo Mpofu's narrative illuminates the notion that vaginal practices are employed by some women to alleviate vaginal dryness, which negatively affects sexual pleasure. It shows that vaginal dryness acts as a barrier to sexual pleasure and comfort. The findings of the study revealed that issues of vaginal dryness are not only associated with older women but also some younger women. The younger women revealed that they use vaginal practices to alleviate the problem of vaginal dryness and pain during sexual intercourse.

Some younger women revealed that through interactions with some of their peers on WhatsApp, they had learned about vaginal practices that they can engage in by using

contemporary agents that are sold in towns to alleviate vaginal dryness, as shown by Ntombi's narrative:

“Ku WhatsApp group yethu kulapho engafunda khona ukuthi kukhona engingazigcoba ngaphansi okunganganceda ngoba mina vele ngile problem yokuba dry futhi okwenza ngizwe ipain nxa ngisemancansini. Omunye wathi kulamafutha athengiswa e chemist e town engingawagcoba anganceda ukuthi ngingabi dry, kodwa lapha ekhaya vele kukhona futhi esilakho esikugcobayo okunceda kakhulu ngoba mina ngemva kokuba Labantwana ngaqala ukuba leproblem yonaleyi okwasekusenza ngingasafuni lokuya emacansini ngenxa yobuhlungu, ngaya komunye umama khonapha elayinini nguye owanganceda ngamafutha engiwagcoba phakathi laphandle kwesitho kanye ngeviki ngaphansi. Kusakela khonapho angikabi leproblem.”

[In the WhatsApp group that I am in, I learned that there are things that I can apply down there to help because I have a problem of being dry, which makes me feel pain when I have sexual intercourse. Someone said there are some lotions that are sold in towns at chemists that I can apply that can help me not be dry, but we here in the rural areas also have things we can apply that help a lot because after I had children, I started having the problem of being dry, which made me not want to have sexual intercourse because of pain. I then consulted with an older woman here in the village, who gave me some oils mixed with herbs that I apply inside and outside of my vagina once a week. From that time, I have not had a problem] (Ntombi, 37).

Issues of vaginal dryness that some women experienced in the village cannot be trivialised as some women highlighted that they were a source of problems in their relationships, which resulted in infidelity. Some study participants put forward that for them to be able to cater to their sexual needs and those of their sexual partners, they engaged in vaginal practices to attend to vaginal dryness that made sexual intercourse uncomfortable for both them and their partners. Ntombi highlighted that having sexual intercourse with her partner when she was experiencing vaginal dryness felt like “rape” and the use of vaginal practices has helped her to return to having a “normal” vagina. It should be highlighted that in Tshitatshawa village there is a juxtaposed use of vaginal practices, with some women using them to attend to issues of the vagina being “too wet” and some using vaginal practices to attend to it being “too dry”. Both groups of women were on a quest to achieve a “normal” vaginal state. This finding illuminates the notion that the state of a “normal” vagina is an individual perception that cannot be

universalised. The study of vaginal practices, even in the same setting, may therefore yield varying perceptions of what women consider to be the “normal” state of the vagina.

6.6 CONCLUSION

The findings showed that women engage in vaginal practices as a means to achieve sexual pleasure. The discussion highlighted that women engage in vaginal practices for the pleasure of both themselves and their sexual partners but, most importantly, for themselves. This answers the critical question that seeks to understand for whose pleasure it is that women engage in vaginal practices. It cannot be ignored that women are also concerned with the men’s sexual pleasure needs; hence some of them engaging in vaginal practices to cater to the men’s pleasure. The main conclusion is that most of the women in Tshitatshawa highlighted that their sexual needs were a priority and that their sexual pleasure was paramount. This finding illuminates that women are equal sexual beings, that their sexual needs are a priority for them, and that they have autonomy and agency to make decisions for themselves as individuals, even in a setting that has a collective value system. The discussion also highlighted the invisible hand of patriarchy that polices women’s actions and personal decisions, as highlighted by the labelling of some vaginal practices as witchcraft. The notion of women’s liberation and autonomy even in settings where women are making strides in exercising agency and autonomy is somehow seen as rebellion that must be controlled through labelling and categorising vaginal practices. Some vaginal practices that are perceived and labelled as witchcraft are because of the need to control women and their bodies, as patriarchy sees women’s sexual liberation and power as a threat. The study findings revealed that men also have their own practices that they engage in to enhance their sexual prowess, as well as to control women. However, their practices are not labelled as witchcraft but as ways of enhancing their manhood. The dilemma of childbirth and issues of vaginal atrophy were also discussed, and the dual purpose of the vagina as both an organ of procreation and an organ for sexual pleasure was brought to the fore.

CHAPTER 7:

IZINTO ZABOMAMA EZIYIMFIHLO: MEN'S VIEWS ON VAGINAL PRACTICES

7.1 INTRODUCTION

This chapter discusses and illuminates the views and perceptions that men in the village of Tshitatshawa have about vaginal practices and how they perceive women who engage in vaginal practices. It discusses the perceived benefits that both men and women get from women's use of vaginal practices, as well as the perceived potential pitfalls of women's use of vaginal practices using the male lens. Additionally, it illuminates the gendered dynamics at play in influencing some women's decision to engage in vaginal practices and how patriarchy influences the creation of the cultural bodies of women. Furthermore, acceptable and unacceptable types of vaginal practices from men's point of view are explored. The gendered biased perceptions of the effects of vaginal practices on masculinities are also explored, while issues of dominance and passivity through the lenses of men are highlighted.

7.2 MEN'S UNDERSTANDING OF VAGINAL PRACTICES

In this study, men's views on vaginal practices are important. They aid in gaining an understanding of the role that men play in the use of vaginal practices by women. In-depth individual interviews were conducted in Tshitatshawa village with 19 sexually active men who were above the age of 18 years. One additional male participated in the key participant interviews. Most of the men who were interviewed were born in the village and some had spent most of their life in the village.

The study findings revealed that the men were well aware of the vaginal practices used by the women in their village and they viewed their use as a culturally inspired routine for women. However, most of the men were not very knowledgeable about the intricate processes involved in their use. This is because vaginal practices are viewed as a cultural practice that concerns women and they are classified as *izinto zabomama eziyimfihlo* (women's private things), just like men also have their own practices that they do privately that do not involve women. The male participants indicated that they were aware of the vaginal practices adopted by their partners. They also mentioned that vaginal practices are women's cultural practices that are "private" and, as such, most men have only general knowledge of their use and purpose.

One participant, Nkosi, stated:

“Lezi yizinto ezwenziwa ngabomama ngaphansi ezithweni zabo zokuzala ezibancedisa ekuphileni. Ziyingxenye yezinto nzomdabuko abazisebnisa ukuqinisa umziba. Inengi labobaba siyakwazi ukuthi omama bayazenza lezi zinto ngoba kufanele njalo kuqakathekile kodwa ukuthi okunye kwakhona bakwenza njani hayi asikwazi ngoba phela ngokwesintu kuyazila ukuthi sibekwazi ngoba kuqondane labomama njengoba lakho kuzila ukuthi babekwazi lathi ezinye izinto esizenzayo ngasese eziphathelane lokuqinisa ubudoda bethu.”

[These are things that women do down there in their body parts of child delivery that help them in life. They are a part of our cultural things that they use to make their bodies strong. Most of us men know that women do these things because it is important to do them and they have to, but many of the details on how they do some of these things we do not know because in our culture it is taboo for us to know all those details because these things pertain to women, just like it’s also taboo for them to know some details of some of the things that we do to our private parts that are related to strengthening of our manhood] (Nkosi, 37).

Mbonisi had this to say:

“Omama balezinto abamele bezenze labo njengoba lathi obaba kukhona lathi esikwenzayo, kodwa ukuzwisisa kwami loludaba yikuthi kulezinto omama abazenzayo ngamatshuni ezithweni zabo zangasese bezenzela izizatho ezinengi bageza ngazo lezi zinto ngaphansi.”

[Women have things that they need to do just like us men, we have things that we do, but my understanding of this issue is that there are things that women do using amatshuni (herbal concoctions) in their private parts for many reasons. They wash their private parts with these things] (Mbonisi, 24).

The study findings showed that the men understood what vaginal practices were, and they were perceived as private and important cultural practices used by women as they go through different stages of their womanhood. They pointed out that the use of these practices for women is normal and expected. The study participants highlighted that the vagina is important and sacred as it is the vessel through which life is brought to the earth. Anything that is done to it, including vaginal practices, is therefore sacred. They highlighted that these practices are part

of the cultural practices in the village, which are a norm for women to engage in and that women are encouraged to use these practices as they benefit from their use, as shown by Luvo's narrative:

“Ukuzwisisa kwami indaba zokuphathwaphathwa kwesitho sabomama sangasese yikuthi lezi yizinto ezimqoka ezikhuthazwa ukuthi omama bazenze ukulungisisa ngaphansi. Ake ngibuyele emuva ngithi mina, isitho sabo mama sangasese siqakatheke kakhulu ngoba sithola impilo emhlabeni sidlula kiso. Sikhangelwa ezokuphathwaphathwa kwesitho sabo mama sangasese ngingathi kuqakathekile ukuthi abesifazane bazisebenzise ngoba ziluncedo olukhulu kakhulu ekuqiniseni imizi yabo, ukwelapha kanye lokulungisisa okungabe kungasahambi kahle ngaphansi. Kuyakhuthazwa ukuthi omama bazisebenzise lezi zinto ngoba ziluncedo olukhulu kakhulu kubo mama.”

[My understanding of these issues of vaginal practices that are done by women in their private area is that it is important that women are encouraged to correct issues that they may have down there. Let me go back and highlight that the women's private parts are important because we get life through it. Looking at issues of vaginal practices, it is important that women use these because they help a lot in strengthening their homes, in healing, and also in correcting what may be going wrong down there. Women are encouraged to use these things because they are of great help to women] (Luvo, 46).

It is of paramount importance to note that the men pointed out that the primary beneficiaries of vaginal practices were women as their adoption and use play a key role in women's day-to-day life, the betterment of health and wellness, as well as hygiene. The findings revealed that both men and women benefitted from vaginal practices used by women. The male participants opined that vaginal practices are prudent to women's physical wellbeing, health, and hygiene. The male participants pointed out that vaginal cleanliness and hygiene play a key role in sexual relationships and, as such, the adoption of vaginal practices to achieve these is key for women in the village. They expressed the importance of these attributes of general body hygiene and especially vaginal hygiene for women. They noted that these attributes were expected of and taught to women from a young age as they play a pivotal role in sexual relationships.

“Ukuhlanzeka kuqakathekile so omama balakho abakwenza ngasese ukuze bahlanzeke. Inganu yona leyi abayihlalelayo iyabanceda, abanye bageza ngezihlahla ananye balamalenbu abawafaka ngaphansi ukuthi akhiphe ingcekeza so kunengi abakwenzayo

omama ukuze bahlanzeke. Okunye nje yikugeza amanzi nje umama kumele zwane lawo ageze isitho sakhe ukuthi nje kuhlale kukuhle kungabi lephunga. Ngijwayele ukubona owangakwami ulokuligabha lethawulo okuhlala ekamelweni athi nxa singaqeda ukukwejisa akusebenzise ukugeza ukuze kungacini sekusiba lephunga elibi elicina libangela ukuthi umuntu abe lesidina.”

[Hygiene is important, so women do what they do in their private parts to be clean. These herbs that they sit on help them a lot. Some bathe with herbs and some insert cloth to remove dirt, so there is a lot that women do to be clean. The other thing is just bathing; a woman should be friends with water, and she should wash her organ so that it is always clean so that there is no smell. I usually see my wife has a small bucket and a towel that she keeps in our bedroom that she uses after we finish hanging out. She uses it for washing her vagina so that she does not end up having a foul odour, which can cause one to have a bad aura] (Khulekani, 38).

Post-coital vaginal washing was mentioned as one of the vaginal practices that women use in the village. The findings of the study showed that this was done to get rid of coital fluids from both the men and women from the woman's vagina. These fluids are believed to cause an unpleasant smell of the vagina and can also lead to a woman having *isidina* (a bad aura). This bad aura is believed in some cases to be the cause of sexual problems in relationships. The men therefore viewed vaginal practices as playing a critical role in women achieving vaginal hygiene and cleanliness.

The study findings also revealed the men's awareness of the use of vaginal practices by some women to enhance their own sexual pleasure. They noted that vaginal practices help some women to have a more enhanced sexual experience with their sexual partners. They pointed out that the use of such vaginal practices has long been in existence and that such vaginal practices are important as they assist some men who cannot fully excite their women in bed, with some men pointing out that certain vaginal practices assist women being able to reach an orgasm during sexual intercourse. The study findings revealed that the men acknowledged the need for the use of vaginal practices, such as vaginal sit baths using traditional herbs, and they pointed out that these practices were routine, just like men also have their own practices that they engage in to assist them in having a good sexual experience.

“Ukuphathwaphathwa kwesitho sabomama sangasese kuluncedo njalo ikakhulu ekuthini umama laye alikholise icansi. Kwesinye isikhathi uyathola ukuthi kuba

lezikhathi lapho ubaba angabe ele challenge ekusuthiseni omunye wakhe kumbe ekukholiseiseni omunye wakhe kulaphoke omama aba labakusebenzisayo ngaphansi ukuze basizakakle labo bakholise nje. Lezi zinto azimangalisi ngoba lathi singobaba silezihlahla esizisebenzisayo ukuthi zisincedise ukuqinisa ubudoda bethu lokuthi kwesinye isikhathi ihloka ligamule kuhle.”

[Vaginal practices are of help especially for a woman to also enjoy sexual intercourse. Sometimes there are times where maybe the man has a challenge in satisfying his wife or in providing sexual pleasure. That is where women have some things that they use in the vagina so that they can also enjoy sex. These things are not surprising because as men we also have got herbs that we also use to assist us in strengthening our manhood and also sometimes for the axe to be able to cut properly] (Luvo, 46).

Luvo’s narrative illuminates that the men were aware of the importance of sexual pleasure for women. They pointed out the importance of vaginal practices for women to enhance their sexual experience during intercourse. This finding concurs with Perez’s (2014)’s finding where they found that men pointed out the use of vaginal practices by women for their own sexual pleasure.

The findings from the in-depth individual interviews with the men also showed that they were aware of the need for vaginal practices by some women to tighten their vaginas, as well as for lubrication for some women who experience vaginal dryness. They highlighted that different biological factors over time can be attributed to the vaginal loosening that some women experience. They pointed out that factors like childbirth and age can in some cases result in some women’s vaginas loosening, which necessitates the use of vaginal practices for vaginal tightening.

“Omana bayaphathaphatha isitho sabo sangasese njalo ukuthi babophe isitho ngoba phel aukuzala le age sometimes kuyenza ngaphansi kucine sekubuthakathaka so kuyabe sekufanele kubotshwe. Plus, uyazi kucina kusenza kungachazi ukuthi kube sekuvuleke kakhulu ngaphansi kubomama kucina sekungathi akusenzi kucine nje sungathi ungena edramini kucine kusenza lecansi lingasabi mnandi hayi kuwe njengendoda kuohela but lakuye umama ngoba isitho esivuleke kakhulu asiyibambi kuhle ipipi. Abanye omama njalo baba dry ngaphansi mina ngibona owangakwami usesiba dry so kukhona akusebenzisayo okumusizayo ukuba kuthambe nje ikakhulu nxa sesihlangana ukuze kungabi kuhlungu kuye.”

[Women use vaginal practices so that they tighten the vagina because childbirth and age sometimes make the vagina become tender and loose; hence it needs tightening. Plus, you know that makes it unpleasant for it to be very open. You end up like you are entering a drum, which makes sexual intercourse unpleasant not only for me, the man, but also for the woman because a vagina that is too open cannot have a good grip on the penis. Some women also become dry. I usually see my wife; she is becoming dry so there are some things that she uses that help her to have lubrication, especially when we have sexual intercourse so that she does not feel pain] (Mthunzi, 60).

Mthunzi's narrative shows the perceived benefits of vaginal tightening through vaginal practices that some women in the village engaged in. He noted the importance of having a tight and "closed" vagina for the provision of sexual pleasure for the man.

Considering the above, it emanated that the men in Tshitatshawa village had knowledge and understanding of vaginal practices. They acknowledged that some vaginal practices were used by women to achieve a vaginal state that could also benefit them. They were also aware that vaginal practices play a key role as a traditional practice that is easily accessible to women to attend to their different needs at different times in their lives.

The men cited factors such as vaginal dryness, vaginal loosening, the quest for sexual pleasure, hygiene and cleanliness, and postpartum healing, among others, as factors and motivators for using vaginal practices among women. They noted the use of vaginal practices as part of the traditional medicine fraternity, which is used to attend to different needs that women may be facing pertaining to their SRH.

7.3 THE LABIA MINORA AND MEN

Labia minora pulling is one way through which the cultural body of a woman is created in Tshitatshawa. Most men displayed a high level of knowledge of the existence of vaginal practices and it should be highlighted that most men emphasised the vaginal practice of labia minora pulling. They pointed out that there were some vaginal practices that were "basic" for women and they highlighted labia minora elongation as a prime example.

"Mina ngazi ukuthi omama kumele vele badonse ibeans. Lokho vele its basic ukuthi umuntu ongu ama kumele engathomba aqale ukudonsa. Ukudonsa lokhu kuqakatheskile kakhulu ngoba kuthiwa kuyanceda omama nxa sebebeletha, njalo

ukudonsa kuyisistshengiselo sokuthi inkazana sikhulile, sisukile eismeni sokuba ngumntwana sisiba ngumfazi.”

[I know that women must pull the labia minora. That is just basic, that when a girl reaches puberty they should start pulling. This is very important because it is said to help women during childbirth and also pulling is symbolic to the transitioning of a girl into a woman] (Benji, 51).

The study findings from Tshitatshawa revealed a strong cultural expectation for women to have pulled labia minora as it is perceived to be one of the characteristics that an ideal woman should possess in the village. Having pulled labia is also viewed as an indicator of a woman who is culturally rooted and has knowledge of what is expected of her as a woman when she gets married because labia minora pulling is a product of the cultural teachings that women receive as they transition into womanhood. In fact, there was a strong expectation for women to have pulled labia, as shown by the following narratives:

“Mina engikwaziyo yikuthi lapha kithi amankzana ayadonsa amalebe, kahle kahlke vele umfazi kumele abe lamalebe adonsiweyo. Bawadonsa vele besesebancane lokhu kusenzelwa ukuthi kubancede ngesikhathi sebesiba Labantwana. Vele ngingathi lapha kithi ukudonsa kukhangelelwe ukuthi oweisfazana abe wakwenza ngoba umfazi ophелеleyo kumele vele abe lendlebe ngaphansi ezimehluhanisa lenkazanyana.”

[What I know is that here in our village girls pull their labia minora; actually, a woman should have pulled labia. They pull it when they are still young and this is done in order to help them when they have babies. I can say that here in our village it is expected for a woman to have done it because a whole woman should have ears down there, which sets her apart from young girls] (Songe, 56).

“Lapha eTshitatshawa njengengxenywe yokutshengisela ukuthi inkazana isikhulile sizwa kuthwa amankazana kumele adonse indlebe zangaphansi. Lokhu sikwazi ngoba nxa inkazana sigeza unina wayo uyatshela uyise ngalokho ngaleso sikhathi inkazana ihle iqale nje imfundiso mayelana lokukhula umuntu esiba ngumfazi. Yikuthi nje ama details amanengi angilawo awokuthi babafundisani kahle kahle ngoba lokho kwenziwa ngomama labogogo. Ukudonsa lokhu abakwenzayo kuyisitshengiselo sokuthi ifundisiwe ngakibo ngokuba ngowesifazana ophелеleyo. Ngingathi [ehleka] ingudula

azivamanga lapha kithi ngoba phela amankazana ayakufundiswa lokhu okokudonsa lokuqakatheka kwakho besabancane.”

[Here in Tshitatshawa, as part of the signs that a girl is grown up, girls are supposed to pull the ears down below. We know this because when a girl reaches puberty and she starts menstruating, her mother has to tell her father about it. At that time, the girl starts being taught about growing up to being a woman. It's just that I do not have the full details of what they specifically teach them because they are taught by their mothers and grandmothers. This pulling that they do is an indication that a girl has been taught by her family about being a woman. In fact (laughs), cows without horns are very few here in our village because girls are taught about these things and their importance when they are still young] (Muzi, 35).

The above narratives indicate the importance of labia minora pulling and that the men knew about it and expected women to do it. It also shows how the development of the girl and her transitioning into womanhood are not only her personal experience but also an experience that men in the village expected. This illuminates the notion of how the female body is a communal site in which society has a vested interest, especially men. The vested interest that men also have in the female body, in this case the expectation of a woman to have pulled labia, shows how cultural identity can be used as a weapon to control women's bodies under the guise of culture. It shows the creation of a culturally approved body of a woman in whom society has an interest. Songe said:

“Mina engikwaziyo yikuthi lapha kithi amankzana ayadonsa amalebe, kahle kahlke vele umfazi kumele abe lamalebe adonsiweyo.”

[What I know is that here in our village girls pull their labia minora; actually, a woman should have pulled labia] (Songe, 56).

This shows that having pulled labia in this village goes deeper; it is an expectation that is engraved into the psyche of both men and women and has a social desirability value attached to it. It should also be noted that the men also acknowledged the importance of labia minora pulling as it is perceived to benefit women during childbirth. However, the men also expressed that a woman with pulled labia is sexually more desirable and more valuable than a woman with no pulled labia minora.

The men put forward that pulled labia make foreplay and sexual intercourse more enjoyable, as shown in the following narratives:

“Ukudonsa amalebe kubomama kuqakathekile ngoba kwenza ukudlala lomama kube ngcono njalo kube mnandi lingakaze likhwelane. Njalo futhi ukulala lowesifazana odonsileyo kwehlukile, uyezwa lawe ukuthi lapha ulele lomfazi sibili ngoba amalebe adonsiweyo ayayibamba ipipi ayiqumbaqumbe kuzwakale. Indlebe leziyana nxa zidonsiwe zenza icansi libe mnandi nje so.”

[Pulling the labia minora in women is important because it makes playing with the woman better and also nice before riding on each other. Also, sleeping with a woman who pulled her labia is different; you also can feel that you are sleeping with a true woman because pulled labia hold the penis and tickle it and you feel it. Those ears when pulled make sexual intercourse very nice] (Lazaro, 27).

“Indlebe leziyana ezangaphansi omama abazidonsayo ziqakathekile. Thina obaba siyazithanda. Angazi kumbe kungenxa yokuthi vele sikhula sikwazi ukuthi owesifazana kumele abe lazo or what. Nxa uhlangana emacansini lomfazi olaziyo icansi njalo wadonsa it’s a whole different level. Uyabona ukulala lomfazi ongela malebe kungathi nje ungena obhalwini nje uphume. Kwesinye isikhathi uze uzwe ngathi ulele lomntwana ngoba phela abantwana yibo abangela lezindlebe. Abanye uyabezwa bethi yeee, ukudonsa what what khona kuyinto nje yethu yomdabuko esayitholayo njalo esebenzayo, lathi sinje singamadoda siyafundiswa sikhula mayelana lezinto ezithile okufanele sizenze ukuze zisincede njalo zincede omkethu nxa sesithethe so mina ngithi phambili lelebe elidonsiweyo [ehleka].”

[Those ears down there that women pull are important because we men love them. I don’t know if it’s because we grew up knowing that a woman should have them or what. When you are having intercourse with a woman who knows how to have sex and also has pulled labia, it’s a whole different level. You see, having sex with a woman who does not have pulled labia is like entering into a cave and getting out. Sometimes it feels like you are having sex with a child because children do not have those ears. You hear others saying hee, pulling what what (complaining about pulling), yet that practice is part of our culture. It is something that works. As men, we were also taught when we were growing up about certain things that we also have to do that help us and also that help

our women when we get married, so I say proceed with pulled labia minora (chuckles)]
(Muzi, 35).

The above narratives show that labia minora pulling also plays a crucial role for men during sexual intercourse. A vagina with unpulled labia minora was likened to a “cave” (*ubhalu*), which represents a hole that does not bring excitement during sexual intercourse, as said by Muzi. The perceived sexual pleasure that pulled labia minora bring to both men and women during sexual intercourse is also a benefit of this vaginal practice. The men also highlighted the differentiating characteristic of women that labia pulling creates. It is a characteristic that shows that a woman has been taught by her family how to be a woman; the pulling of the labia, coupled with the ability to perform during sexual intercourse, is a catalyst to sexual pleasure for men.

Mlevu had this to say:

“Engikwaziyo yikuthi lapha kithi eTshitatshawa amaknzana ayadonsa amalebe kuyingxenye yezinye zezinto abazifundiswayo nxa sebegeza, badonsa nxa sebelabo 13 years ngoba ukudonsa lokhu kuyingxenye vele yamasiko ethu thina uluntu. Ukudonsa lokhu yikho okuncedisa ukwehlukana inkazana lowesifazana osekulile lami angikwazi ukuthi bakwenza njani but sikhule nje vele kukhangelelwa ukuthi nxa uthatha inkazana ibe idonsile. Inkazana edonsileyo uhle ube kwazi ukuthi iyabe yalaywa ngokuthi owesifazana uziphatha njami langokugcina umuzi ngabakibo okuyinto eqakathekileyo. Amalebe njalo phela ayanceda even lathi obaba ngesikhathi senkonzo yakusihlwa.”

[What I know is that here in our village, girls pull their labia minora. This is part of the things that they are taught when they start menstruating, when they reach the age of about 13 years old because this pulling is part of our culture as Black people. This pulling is what helps separate a girl and a woman who is grown. I also don't know how they do it, but we grew up with the expectation that when you get married, you get married to a girl who has pulled labia. A girl with pulled labia you already know that she would have been properly taught about how to carry herself as a woman and also how to take care of her home by her family, which is something that is very important. Pulled labia also even help us men during the evening worship] (Mlevu, 36).

The above narrative shows that the men in the village knew about the different types of vaginal practices and that these practices, particularly labia minora pulling, are tied with issues of

identity of the women in the village. A woman with pulled labia is viewed in a different light as a woman who was taught about what constitutes womanhood and how a woman is supposed to conduct herself when they get married, as revealed by Mlevu. It is important to note that, like the women, the men viewed labia minora pulling as an important attribute of womanhood and identity. It is a cultural practice that the men also perceived as a way of separating a girl from a woman.

Like the women, the men also expounded on the labelling of women who do not have pulled labia, which highlights the social expectation tied to it. They pointed out labels such as *ingudula* (cow without horns), which is used to refer to a woman without pulled labia. The in-depth individual interviews with the men also revealed how the labelling of a woman with no pulled labia as *ingudula* influenced conformity to labia minora pulling among women. Some men pointed out that it was up to the man to let the family know if his wife had pulled labia or not and, as such, some men chose not to share this information to protect their wives' dignity. For some men, their sexual partners' lack of pulled labia was reported to be a source of ridicule in arguments with their sexual partners and for some it was an excuse to have extramarital affairs.

On the other hand, there were also a few men who expressed that whether a woman had pulled labia or not, or whether she decided to alter the state of her vagina, was a non-factor to them. They expressed that vaginal practices such as labia minora pulling were not as important to them as some people in the village made them out to be. They highlighted the importance of the issues of autonomy when a woman chooses to alter the state of her vagina and that as much as it is a norm for women to engage in vaginal practices such as labia minora pulling, they did not value it, and that those practices to them did not make the women who engaged in them better than the women who did not engage in them, as shown by Mphathisi's narrative:

“Indaba yokudonsa leyi mina vele ngile problem layo. Umfazi whether wadonsa or kadonsanga kuyafana ngoba akumtshinsthi ukuthi ngumfazi. Abanye abafazi bacina besiba le pressure of which such things vele azilandaba ngoba you cannot value umuntu based on ukuthi wadonsa or not.”

[I personally have a problem with this issue of pulling labia minora. Whether a woman pulled her labia or not is all the same; it does not change that she is still a woman. Some women end up being pressured to do such things. It honestly doesn't matter because you cannot base a person's value on whether they pulled their labia or not] (Mphathisi, 28).

Mphathisi's narrative reflects part of the worldview of some younger men in the village who did not perceive vaginal practices such as labia minora pulling as important. They noted the social pressure that some women faced in the village of having pulled labia and pointed out that, as much as it was not forced upon women to pull their labia, women found themselves conforming to this practice as it was normalised in the village. Some of them highlighted that they preferred a woman with no pulled labia because elongated labia were not aesthetically appealing to them, as shown by Geroge's narrative, which he stated in English:

"I don't know; maybe it's because I analyse and experiment with a lot of things but to me it does not make sense for a woman to pull her labia. I know a lot of us younger guys who actually do not care about pulled labia. In fact, some of us prefer a girl with no pulled labia because when those lips start dangling, it's just not nice. Plus, most guys I talk to do not like the long labia as it is just not nice for oral sex. I don't know about others but that's my preference" (Geroge, 39).

Geroge also had this to say:

"Mina umbono wami ngowokuthi umuntu kumele enze akufunayo ngomziba wakhe engala muntu kumbe izinto ezimphoqeelayo ukuthi enze lokho. Ngiyazi ukuthi kiti lapha kuvamile ukuthi abesifazana badonse amalebe kodwa mina angila ndaba lakho, nxa owesifazana ethe wazikhethela ukuthi adonse mina ngila problem ngoba ngumzimba wakhe. Engingazwani lakho yikuthi umuntu enze into angayifuniyo. Kumele vele abaseifazane bazikhethela ukuthi bayafuna yini ukukwenza lokhu ngoba bona yibo abazaphila lamachanges lawo abawenza emzimbeni yabo ikakhulu sikhangele isitho sangasese."

[My opinion is that a person should do what they want with their bodies without another person or thing forcing them to do so. I know that here in our village it's common for women to pull their labia. I do not have a problem with that as long as the woman chooses to do that because it's her body. What I do have a problem with is for someone to do what they do not want themselves. Women should choose for themselves if they want to do that or not because they are the ones who will live with the changes that they make to their bodies, more especially their vaginas] (Geroge, 39).

Geroge's assertions put to the fore the recognition of women's agency and body autonomy, especially by some young men in the village. He highlighted that women are independent entities who could choose what they wanted to do with their bodies and that included whether

to engage in vaginal practices or not. This shows the evolution of men's worldview regarding vaginal practices like labia minora pulling as the younger men's views differed from those of some older men, who viewed vaginal practices such as labia minora pulling as a must for women. This difference in viewpoints can be attributed to a few factors, including exposure and access to information and education. It can be said that the sexualisation of the female body, coupled with its patriarchal contextualisation, can be attributed to the conditioning of viewing the female body as a tool for the satisfaction of male desires, as portrayed by some of the older men in the village.

Considering the above discussion, it can be said that the traditional vaginal practice of labia minora pulling is viewed as a basic attribute that a woman in Tshitatshawa should have. Some of the men viewed it as a symbol of a culturally rooted woman. Many men in the village believed that a woman should have pulled labia; however, they noted the importance of women choosing if they want to pull their labia or not. There also is a new school of thought in the village, particularly among younger men, who are of the view that whether a woman has pulled labia or not is no indicator of the woman being wholesome. They believed that such cultural practices are not important and that women should not be pressured to conform to them.

7.4 BENEFITS OF VAGINAL PRACTICES: THE MALE VIEW

The in-depth individual interviews with the men showed that the men acknowledged that women derived some benefits from the vaginal practices and that these benefits play a crucial role in the wellbeing of women. They highlighted that vaginal practices by women yield health benefits as these practices have been used by women and continue to be used for the healing of different physical ailments of women, as well as for hygiene purposes. They expressed knowledge of the use of *umganu* by women for ensuring vaginal cleanliness and healing and pointed out that the use of traditional herbs, especially for healing, was common practice for the women in the village.

Dingani had this to say on this matter:

“Zinengi izinto omama abazenzayo. Sizwa nje kuthiwa bayazenza phela ngoba lezi yizinto zabafazi. Mina okunye ngikubona kusenziwa ngumama engihlala laye. Umama vele kuthiwa kumele athi engahlalahlala ahlalele amazi aqandayo alezihlahla. Kuvamile nje ukuthi omama bahlale amanzi alomganu lapha kithi, lokhu bakwenzela ukwelapha amaqolo lokuqinisa nje umzimba lokukhipha nje ingcekeza engabe ikhona

ngasese. Siyasizwe njalo kuthiwa omama bamele bageze ngamanzi aqandayo ngaphansi ukuze bahlanzeke phela ukugeza umuntu ahalanzeke ikakhulu kubomam kuqakathekile ngona nxa ungasagezi kuhle ngaphansi uhlanzeke ucina susiba lokunuka okungathi yinhlanzi okungafanelanga kube njalo.”

[There are a lot of things that women do. We hear that they do these things because it's their things. I see some of the things as my wife does them. It is said that a woman should periodically sit on cold water mixed with traditional herbs. It's common that women sit on water mixed with marula tree bark in our village. They do this to heal back pain and also to strengthen their bodies, as well as removing dirt that may be down there. We also hear that women should wash with cold water down there in order for them to be clean. It is important for one to bathe and be clean, especially women, because if you do not wash well, your vagina ends up having the smell of fish] (Dingani, 48).

The above narrative shows that the men were aware of the use of vaginal practices for cleanliness and that there was a societal expectation for women's bodies to be clean, especially their vagina. The men highlighted that women should make a conscious effort to ensure vaginal cleanliness and they cited the use of vaginal practice to achieve this goal of being clean as one of the reasons why women use vaginal practices.

In highlighting the benefit of vaginal cleanliness that women receive from vaginal practices, a recurring pattern of the comparison of the positioning of the vagina and the penis was noted. Most men gave a description of the vagina as an organ that is hidden and tucked away, positioned in a way that requires thorough washing and cleanliness compared to the penis. They put forward that due to its nature of producing some secretions, attention and care are needed when a woman washes her vagina to avoid foul odours and in some cases thrush, as shown by the following narrative:

“Isitho sabomama sehlukile kakhulu kulesabobaba. Indlela esadalwa ngayo lalapho esikhona vele senza kube lesizatho sokuthi omama bageze ngezihlahla ukuze bahlanzeke. Uzananzelela ukuthi obaba akulanto ecomplicated ngesitho sethu. Thina vele nxa usokiwe kuba lula ukugeza even ungasokwanga yiku donsa ijwabu ugeze two minutes uyabe suqedile ikanti kubo mama isitho sabo sicatshile njalo siyatsholobela sisiya phakathi okudinga ukuthi kube lendlela umuntu angageza ngayo ukuze engacini senukela abantu. Kumele bathathe isikhathi sabo begeza so ukuze bageze kuhle

bahlanzeke basebenzisa omganu bonaba ababahlalelayo lezinye nje izinto abazisebenzisa ukuze babe clean. Akula ndoda engafuna ukuthi ibe lomfazi ongahlanzekanga eqinisweni.”

[A woman’s sexual reproductive organ is different from that of a man. The way it was made and where it is positioned necessitate women to use traditional herbs when bathing in order to be clean. You will notice that for men there is nothing complicated about our organ. For us, if you are circumcised it becomes easier to wash your penis, and even if you are uncircumcised. You just retract the foreskin and wash. In just two minutes you will have finished. Whereas for women, their organ is hidden and it goes all the way inside, which requires a certain way that one has to wash to avoid ending up smelling. They have to take their time washing in order to wash well and be clean. They use these herbs like marula tree bark in sit baths and also use other herbs to wash so that they can be clean. There is no man who would want to be with a woman who is unhygienic] (Mikha, 25).

Mikha’s narrative reveals the notion that vaginal cleanliness is a social construct for women. It goes beyond them doing it for their own benefit and also has some social connotations to it. High levels of vaginal hygiene and cleanliness are expected of women, particularly by men who expect women to possess this characteristic.

The study findings from the in-depth individual male interviews also revealed that men in Tshitatshawa knew that the women use vaginal practices for their wellness and health. The men also cited one of the reasons for the use of vaginal practices that they knew was that of healing of women post-delivery. They highlighted that vaginal practices play a very crucial role in assisting the women in their journey to recovery and that vaginal practices for post-delivery recovery have been used by women in the village since time immemorial, as shown by Dakamela’s narrative:

“Omama lapha kithi balezinto abazenzayo ezithize nxa bengabeletha, lokhu bekwenzela ukuthi kubasize ekusileni ngesikhathi besanda kubeletha. Engikwaziyo yikuthi kumele basebenzise umvagazi ngaphansi ukuze belapheke babuyise izinyama zangaphansi. Abanye bayadabuka ngaphansi nxa bebeletha so ukuhlalela lezi zihlahla ezinjengomvagazi kuyabanceda ukubelapha. Okunengi yikuthi ukuthi bakwenza njani angikwazi ngoba phela lokhu kwenziwa ngabafazi but I know ukuthi lezi zihlahla bayazisebenzisa ukwelapha izinyama bangabeletha. Lokhu kwelatshwa kwa bomama

bengabeletha kuqakathekile kakhulu, kwenza baphole masinya njalo lemizimba yabo iqine.”

[Women here in our village have things that they do when they give birth. They do this to help themselves recover after child delivery. What I know is that they have to use bleedwood down there so that they get healed and reconstitute the muscles of the vagina. Some women get tears down there during child delivery, so sitting on traditional medicines like bleed wood helps them heal. Most of the things, it's just that I do not have the intricate details since these things are done by women but I know that these herbs are used to heal women after child delivery. This healing of women is important; it makes women recover quicker and also makes their bodies strong] (Dakamela, 58).

Dakamela's narrative points to the use of vaginal practices in Tshitatshawa as a pillar of women's recovery after child delivery and the men in the village knew and acknowledged this importance of their use. The men indicated that these practices play a crucial role in women's wellbeing and that their use was recognised as crucial for women's health.

Some men also pointed out that the use of vaginal practices for women's wellness and health extended to their use for healing of health problems that some women might have. They pointed out that vaginal discharge, abdominal pain, and other SRH ailments can be healed through the use of vaginal practices such as vaginal sit baths, as well as douching and inserting herbs into the vagina. They highlighted that due to the easy availability of the agents used for vaginal practices, as well as familiarity, vaginal practices continue to play a key role in the health and wellness of women in the village.

The findings from the in-depth male interviews revealed that the men were also aware of the benefits of vaginal practices by women, especially the spiritual cleansing that women may need to undergo after going through life-changing experiences such as the loss of a child during pregnancy or childbirth. They acknowledged that women in some cases needed to undergo spiritual cleansing to avoid the recurrence of infant deaths. Traditional cleansing processes after the loss of a child during childbirth or during pregnancy are done by both the men and the woman and the spiritual cleansing of the womb and the vagina is an important part of these processes.

It can therefore be said that the men had an appreciation of the benefits that women receive from vaginal practices. The use of these practices is acceptable as they have been used by generations before and their familiarity made them acceptable to the men.

7.5 VAGINAL PRACTICES AND MASCULINITY

Like the women, the men also pointed out that there were what they would label as “good” vaginal practices and “bad” vaginal practices. Good vaginal practices are said to be those that women engage in for their health and wellbeing, while the bad ones are those that women engage in for reasons like witchcraft. They put forward that vaginal practices, such as labia minora pulling, are important for healing and for the general wellbeing of women. They charged that these practices are part of the socio-cultural fabric and that their preservation is key.

There were a shared perception and consensus among the men that “bad” vaginal practices are those used by women to cause harm and misfortune to others, especially men. Moreover, the use of “bad” vaginal practices is strongly believed to be linked to witchcraft and the outcomes of their use are also believed to have a high level of effect on men’s masculinity. Most men highlighted that the vaginal practices that women use for witchcraft purposes have a negative effect on their manhood. They argued that the use of these “bad” vaginal practices by some women is meant to induce docility, as well as to “tame” men. Some of the men argued that some women use these vaginal practices in secret as they knew that they were bad and tamper with masculinity.

“Kulabanye abafazi abangangileyo okungenziyo, abathatha into eyadalelwa ukwelapha bayenze ibe ngeyobuthakathi. Naturally vele obaba sazalwa sile instinct yokuba ngabazingeli. Akusinto vele engaziwayo njalo umuntu angathi yena engayiqeda. Abafazi nxa bengabona ukuthi ngathi susiba bukhali ngaphandle bayakuloya besebenzisa imithi yabo yangaphansi okwenza ukuthi ubudoda bakho bube compromised uyabona. So yizo izinto esithi azilunganga njalo lemizi iyabhidlika once usiba kwazi ukuthi sewaloywa ngalolo hlobo ngumfazi.”

[There are some women who are very mischievous. They take a beautiful thing that was meant to treat and use it to bewitch. Naturally, men were born with an instinct of hunting. It’s not an unknown thing that one can say they can stop. When women notice that you are now beginning to have greediness outside, they bewitch you using their herbs and traditional medicines that they use down there, which makes your manhood compromised, you see. So those are the things that we say are bad and some homes get broken once you know that you have been bewitched in that way by your wife] (Zweli, 70).

Zweli's narrative shows the issue of male power and dominance and how the perceived compromise of this dominance is believed to jeopardise the masculinity of men, which is believed to be brought on by using vaginal practices for witchcraft by women. It can be said that the issue of power and control, especially in sexual relationships, is also a key attribute of manhood and the perceived loss of this manhood from the use of vaginal practices by some women played a huge role in some men in the village not being in favour of certain vaginal practices. The men acknowledged that, in some cases, women used vaginal practices for witchcraft as a solution to issues of male infidelity. They, however, pointed out that even without infidelity, some women used these bad vaginal practices in order to have control over the men.

The study findings from the in-depth individual male interviews revealed that men perceived themselves as the leaders of their families and, as such, the need for some women to have control over men resulted in them using vaginal practices in order to "control" men and assume the leadership role in family decision making. They pointed out that the use of some vaginal practices by women resulted in men being unable to be the leaders in their homes and that in such households, women took over control and leadership of the home, as shown by Mkhaliphi's narrative:

"Kulabomama abalomkhuba wokusebenzisa imkhuba yokuphathwaphathwa kwesitho sabomama sangasese ukudlisa amadoda. Phela ukudliswa kukabili ungaliswa ngokudla kumbe langangaphansi. Indoda edlisiweyo uthola ingasenelisi lokubusa umuzi wayo. Uthole umama senguye ozibambuleyo ithi lanxa ifanele yenze isinqumo uzwe isithi sizezwa ukuthi umama uzathini. Lokhu kuyimpumela yokuganga okweziwa ngabanye abafazi okucina kusenza babe yibo abacina sebesibusa."

[There are some women who use vaginal practices to bewitch men. Bewitching can be in two ways: through ingesting with your mouth or through using bewitching agents in the vagina. A man who has been bewitched, you find him unable to have control of his home. You find the woman now in charge and when a man is supposed to make a decision, you hear him say, 'We will hear what my wife says about it.' This is a result of the witchcraft that some women do that results in women now dominating men in the home] (Mkhaliphi, 55).

Mkhaliphi's narrative shows the need for control and dominance by men in the village and that any perceived threat to these is unwelcome. In some cases, women in the village are accused

of witchcraft by men who perceive some of the vaginal practices as witchcraft even when they were not using them for witchcraft. The policing of women's bodies and the agents that they use on their vaginas are evident in cases where some men want to know the agents that their sexual partner uses and the intended results of their use.

Some of the men, however, pointed out that some vaginal practices played a key role in the preservation of their manhood and masculinity in relationships. They highlighted that some vaginal practices, especially for postpartum vaginal cleansing, as well as after a woman's menstrual period, ensure that a woman removes all the residual properties that could be left inside her uterus and vagina. These residues are believed to be detrimental to men's physical health and sexual performance. Some men pointed out that menstrual blood and other residues are believed to cause abdominal pain, naval pain, as well as weak erections for men. They pointed out that vaginal practices such as *umganu* and *umvagazi* vaginal sit baths help with the removal of these "harmful" residues, which have the potential of compromising their manhood and can also cause sickness in men. Some men also pointed out that spiritual cleansing using vaginal practices after a miscarriage or stillbirth, or the cutting of *amasala*, is not only important for women as it prevents the recurrence of these unfortunate incidents but it is also important for the preservation of men's manhood and masculinity. They highlighted that having sexual intercourse with a woman who has not been cleansed of *isinyama* (a bad omen), which causes the occurrence of miscarriages and stillbirths, takes away the power that a man has and may result in them facing different misfortunes in life. They also pointed out that not only does it weaken men physically but also spiritually. The study findings from the men in Tshitshawa revealed the spiritual headship role that the man has in the family and the importance of the preservation of this headship. Some men charged that the use of certain vaginal practices by women weakened the position of the man in his family.

The men also revealed that some men were sceptical of the excessive use of vaginal practices by women as they claimed it caused the women to be more powerful than their sexual partners, especially in bed. The use of vaginal practices for sexual stamina by women was perceived by some men as making women physically stronger in bed, which, as some men highlighted, made it difficult for them to dominate such women in bed, as shown by Vusi's narrative:

“Uyazi kulabanye abafazi othi noma lawe usidla izihlahla njengendonda ubone ukuthi lapha awukathi one ngoba elamandla kakhulu esekukhulela embhedeni, kusenziwa yikuphathaphatha isitho sangasese ngendlela ezehlukeneyo abazenzayo. Umfazi akufuzanga abe lamandla amanengi kulendoda embhedeni. Kambe kuyabe sekuyini

khonokho? Yikho okucina kuzenza abanye badelele ngoba ekukhulela embhedeni. Indoda kumele lase mbhedeni ibe yindoda hayi ukuba yindoda ngebizo.”

[There are some women who, no matter how much you ingest herbal aphrodisiacs as a man, you see that you have not started because she will be having a lot of power and overpowering you in bed, which is because she uses vaginal practices in different ways. A woman should not have more strength than the man in bed. What would that be? That is what makes some women lose respect for their husbands, because they overpower them in bed. A man must also be a man in bed and not only be a man by name] (Vusi, 40).

While physical strength and stamina are considered to be good attributes of womanhood, the above narrative shows that the woman having more stamina and strength than the man during sexual intercourse can be a bone of contention for some men. The men in the village revealed that they found it difficult to embrace the strength of a woman who is physically more powerful than them during sexual intercourse. A woman with strength that surpasses that of their sexual partner is perceived as a threat to their masculinity.

It can therefore be said that the men in Tshitatshawa village were not opposed to all vaginal practices but only to those that posed a threat to their masculinity and those that were adopted by women for witchcraft purposes. Vaginal practices that result in the disruption of the status quo in relationships were greatly opposed by the men, and vaginal practices that yield passivity in men were frowned upon by men in the village.

7.6 MEN’S VIEWS ON THE ROLE OF WOMEN IN SEXUAL RELATIONSHIPS

Men’s views on vaginal practices are important as they directly and indirectly influence the adoption and use of vaginal practices by women. The male gaze plays a role in the construction, as well as the reconstruction, of women’s cultural bodies, particularly their perceived role in sexual relationships. It can be said that, to some extent, the male gaze shapes and influences how women perceive themselves. To ascertain the men’s perceptions of the role of women in sexual relationships, the following question was posed to the participants: “What do you think is the role of women in sexual relationships?” The participants highlighted the importance of the role of the woman in the home as caregivers, as well as the important role that women play in sexual relationships. The perceptions of women’s role in sexual relations were varied. However, there was consensus that women were not lesser than men in sexual relationships and, as such, both men and women play an equal role of satisfying the needs of each other.

The male study participants pointed out the importance of a symbiotic relationship between men and women, especially in sexual relationships. Most male study participants, particularly the younger men, highlighted that the role of the woman was not inferior to that of men. They pointed out that the perception of women as inferior to men in sexual relationships cannot be viewed as a universal phenomenon in Tshitatshawa village. They highlighted that women were important and viewing them as inferior, especially in sexual relationships, could be problematic, as shown by Vusi's narrative:

“Abafazi baqakathekile kakhulu, yibo singathi abaphethe imizi njengoba uyibona imi nje. Baqakathekile so ngeke sithi bangakhangelelwa phansi noma kukuphi. Nxa sikhangele umbuzo owubuzileyo singathi umlandu kamama ebudlelwaneni lowesilisa yikuthi enelise omunye wakhe ekuphilisaneni kwabo kodwa lokho kungatsho ukuthi umama uphansi kulendoda, singathi ubudlelwano lobu bufanele busuthise indingeko zethu sonke umama lobaba.”

[Women are important; we can say they are the ones who make the homes stand as you see them. They are important so you cannot say they can be looked down upon in whatever regard. When we look at the question that you asked, we can say the role of a woman in sexual relationships is to satisfy the needs of her partner in their living together but that does not mean that the woman is below the men. We can say that the relationship between these two should satisfy the needs of both the man and the woman] (Vusi, 40).

Vusi's narrative points out the notion that in Tshitatshawa village women are seen and considered as important. They are viewed as playing an important role in the family unit, as well as in satisfying the needs of the men in the village, just like men also have a role of satisfying the needs of the women. The men revealed that they did not perceive women as playing a “lesser” role as they pointed out that in order for there to be progress and stability in homes in the village, the women should be the heads of the households because most men worked away from their homes; minimising their role in sexual relationships would therefore be an unfair and unjust perception, as shown by Khethani's narrative:

“Ngithanda ukuba ngicacise ukuthi akula muntu okungathiwa uqakatheke kulomunye nxa sikhangele ezobudlelwano bezocansi phakathi kowesilisa lowesifazana. Sesadlula isikhathi sokuthi sibe labathiwa baphansi kulabanye. Munye ngamunye wethu ulendima eqakathekileyo ayidlalayo nxa sikhangele owesifazana lowesilisa. Thina esikwaziyo yikuthi umfazi uyahlonitshwa, so nxa umuntu umhlonipha ngeke umbone esengumuntu

ophansi noma kukuphi. Umlandu kamama ngowokuthi abone ukuthi indingeko zikababa zocansi lezo uyenelisa ukuthi azigcwalise ziyagwalisiswe. Munye ngamunye njengoba ngitshilo ulendima yakhe lami nginje umalndu wami ngowokuthi umama laye indingeko zakhe engenelisa ukuthi ngizigcwalise zigcwaliswe.”

[I would like to clarify that there is no person that can be said to be more important than the other in sexual relationships between men and women. The time is past where we can say one sex is below the other. Each one of us has a part that they play that is important when we look at women and men. What we know is that a woman is respected and so, if you respect someone, you would not see them as any less in whatever regard. The role of a woman is to see that the needs of her sexual partner are satisfied. Each one of us, like I said, has a part that they play, even myself. My role is to ensure that my wife's needs are satisfied] (Khethani, 55).

Study participants like Khethani highlighted that women's position in sexual relationships had greatly shifted from that of servanthood to that of co-partners in sexual relationships. This finding resonates with African feminist theorizing which posits that African women's issues are not universal and their positioning in patriarchal societies is not the same. In fact scholars like Salo (2001) note that single classification of patriarchy which has no regard for the plurality of women's experiences is problematic. The male participants indicated that although their community remained patriarchal, education and access to information have transformed the lives of rural women. The impact of access to education on women's capacity to make autonomous decisions on their sexuality was highlighted. Of particular interest was the notion that the men pointed out that, in some instances, women use vaginal practices because of competition for male attention among themselves. They pointed out that because of this competition for male attention, some women resorted to the use of vaginal practices in a bid to make the man have "eyes for them only". This led to them perceiving themselves in the light of them needing to play the role of pleasers to their sexual partners, who in turn took advantage of such women, as shown by Mbonisi's narrative:

“Ngibona angathi lapha eTshitatshawa abanye kwesinye isikathi abafazi bayafakana ipressure engekho necessary. Bacina abanye babo sebesenza izinto ezithile ngasese ngoba becabanga ukuthi balomlandu wokuthi bajabulise abesilisa abahlangana labo emacansini ukuze bathande bona kuphela. Uthola ukuthi ngenxa yalezo zizatho bacina besenza kube angathi kungumlandu wabo ukuthi benze noma yini ukuze basuthise owesilisa. Kukanti ke abanye abesilisa bacina bethatha I advantage yabanye

abesifazana abatshengisela ukuba desperate. Kukanti ke kufanele kube lokuhloniphana phakathi kowesifazana lowesilisa ngoba umlandu wethu sonke uyafana, ngowokuthi sisuthisane njalo sihloniphane.”

[I think here in Tshitatshawa, sometimes women put unnecessary pressure on each other. Some of them end up doing certain things to their private parts, thinking that they have a responsibility of pleasing the men they have sex with, so that those men in turn can love them more. You find that because of such reasons, they make it look like it is their role to do whatever it takes to cater to the needs of men. Because of that, some men take advantage of some women who show that they are desperate when there is a need for respect between men and women because both our roles are the same, to satisfy each other's needs] (Mbonisi, 24).

A few older men had a different perspective regarding women's position in sexual relationships. They believed that women's role in society was that of serving men's needs because men were superior to women by virtue of them having paid the bride price (*amalobolo*) for them. A few older men revealed that the perceptions that older men had of the role of women in sexual relationships were different from those of the younger men. They highlighted that women, particularly those who were married, had an obligation to please their husbands because the husband is the head of the household and, as such, his needs had to be fulfilled at all costs by the woman. This highlighted some extremely patriarchal views of women that existed in the village, particularly among some of the older men, as shown by Zweli's narrative:

“Thina abakudala vele eqinisweni umuntu wesifazana sikwazi umlando wakhe ungowokuthi ajabulise umkakhe. Angithi ngalobola? Ngokunjalo umkami kumele ananzelele ukuthi ngigcinakele kahle. Phela abesifazana ngabesintwana ngeke ubaqathanise lathi amadoda [ehleka]. Vele asoze sife safanana. Yebo lezinsuku sekuthwa omama labobaba sebefana kodwa yingane kwane leyo. Sikhuluma ngendaba yokuphathwaphathwa kwesitho sabomama vele kumele benze okufanele bakwenze ukuze basijabulise thina emacansini. Umfazi yini kanti? Owakhe umlandu ngowokungizalela abone ukuthi ecansini ngigcinakele.”

[Us older people know that a woman's role in sexual relationships is that of pleasing her husband. Didn't I pay the bride price? In the same vein, my wife should ensure that I am well taken care of as well. Women are like children; you cannot compare them with us men (laughs). We will never be the same. Yes, these days it's said that women and

men are the same; that is a folktale. Talking about vaginal practices, women have to do what they need to do to please us men in bed. What is a woman? Her role is to ensure that I am well pleased in bed] (Zweli, 70).

Zweli's narrative reflects the views of some of the older men in Tshitatshawa village who were of the view that a woman's role in sexual relationships is that of ensuring that the man's sexual needs are catered to. This minority of older men believed that vaginal practices played a huge role in ensuring that women fulfil their obligatory role of being of service to the man in sexual relationships. Even though this view did not reflect the views of most men in this village, it is still noteworthy.

There was also a commonly shared view on the side effects of some vaginal practices that were deemed harmful to women. The men expressed the view that the overuse of vaginal practices could be detrimental to their health, especially for women who used vaginal practices for non-health benefits. They pointed out that vaginal practices that were used for health and wellness by some women have been widely tried and tested to the extent that their efficacy was known. However, they also pointed out that women who used vaginal practices especially for witchcraft purposes used products that were not openly used and, as such, these products were not widely known and in some cases such products caused them problems that were difficult to seek help for. These views were almost like the views that men and women echoed in Bagnol and Mariano's (2012) study in Mozambique, where they also established that vaginal practices presented side effects to women who used them without taking note of the required dosage. The views presented in Bagnol and Mariano's (2012) study were, however, those of male traditional healers and not villagers, while the views of the males in this study were those of the men from Tshitatshawa village.

In light of the above discussions, it can be said that most men in Tshitatshawa village regarded the role of women in sexual relationships as not that of servanthood to the man but that of fulfilling the needs of their partner in a reciprocal manner. They also argued that there had been a paradigm shift among men in the village regarding women's position in sexual relationships. The use of vaginal practices by women should therefore be their personal choice. It should also be noted that there was still a minority view, especially among the older men, that women's role in sexual relationships was that of pleasing the man.

7.7 CONCLUSION

Vaginal practices by women in Tshitatshawa are culturally rooted and the men acknowledged the important role that they played in women's lives. Their use was widely welcomed by most men as they believed that they play a pivotal role in the health and wellbeing of women in the village. It is imperative to note that there were some conflicting views on the role of women between the younger men (50 years and below) and the older men (above 50 years). The younger men mainly perceived the women as equals whose role in sexual relationships was not inferior to that of a man in the family, particularly in sexual relationships. A minority of older men perceived women's role in sexual relationships as that of servanthood, especially when it came to catering for the needs of the man. Also of particular interest was the general consensus across age groups on the effects of the use of "bad" vaginal practices for witchcraft by some women, which were believed to have a profound effect on manhood and masculinity.

CHAPTER 8: SUMMARY OF FINDINGS, CONCLUSION, AND RECOMMENDATIONS

8.1 INTRODUCTION

This chapter aims to summarise the main findings of the study, make conclusions, and provide policy recommendations. A synthesis of the key findings is presented based on the perceptions and views of men and women on the gendered dynamics that shape vaginal practices for women in Tshitatshawa village. The central argument of this chapter is that women have autonomy and individual agency when it comes to vaginal practices. They have the power to choose which vaginal practices they want to use and how they want to use them. Women volitionally adopt the use of these practices for their own sexual pleasure as they wield autonomy over their bodies. I also amplify the notion that vaginal practices are a key component of IK, which plays a critical role in the day-to-day life of women in the village as they greatly contribute to women's health and wellness. I also argue that men know about and support the use of vaginal practices as they know them to be an intricate part of a woman's day-to-day living. However, the infiltration of witchcraft in the space of the use of vaginal practices has created scepticism of the use of vaginal practices that are believed to be of great detriment to men's masculinity when these practices are abused by some women. A synthesis of the findings, conclusion, and recommendations is also provided.

8.2 SUMMARY OF FINDINGS

The aim of this study was to understand the gendered dynamics that influence the use of vaginal practices by women in Tshitatshawa village. It sought to explore the reasons why women in this village engage in these practices and the different influences at play in their adoption and use thereof. The study analysed the socio-cultural influences on the use of vaginal practices and how they shape perceptions around vaginal practices for both men and women. The overarching argument of the study is that women have power and autonomy in choosing and adopting what is done to their bodies, even when it comes to cultural practices. This notion challenges oversimplified notions of women's passivity and docility in earlier discourses.

8.2.1 Socio-cultural influences in the creation of womanhood

The findings of the study revealed that the women in Tshitatshawa village engage in vaginal practices for a number of reasons, which include health and wellness, cultural identity, hygiene and body grooming, beauty, and conformity. The perceived benefits of vaginal practices in Tshitatshawa are vaginal tightening, removal of excess fluids from the vagina, expelling excess air from the vagina, sexual desirability, increased sexual pleasure, spiritual cleansing, cleanliness, wholesomeness as a woman, increased sexual stamina, healing physical and gynaecological ailments, and postpartum healing; among other benefits. The findings of this study showed that socialisation plays a crucial role in the passing of knowledge on vaginal practices from generation to generation. Socialisation on vaginal practices takes place at different stages of a woman's life in the village. These findings are consistent with earlier studies that showed that vaginal practices are learned by women in different settings and stages in their lives and that their use is influenced by a variety of reasons, which include religion, cultural identity, and tradition (Bagnol & Mariano, 2008a, 2012; El-Shawarby & Rymer, 2008; Rahbari, 2019). The impact of women's interactions with their environment through different spaces and social institutions such as the family was revealed. It is through these social institutions and spaces that women learn about vaginal practices, which confirms social constructionist theorising that says that humans are a product of their interaction with their environment and the creation of knowledge, and what is perceived as ideal is a product of this symbiotic interaction (Burr, 2003, 2015; Cunliffe, 2008; Andrews, 2012). The study findings corroborate Rahbari's (2019) assertion that socialisation plays a crucial role in the grooming of women on cleanliness and that vaginal practices are used as a means of achieving female hygiene and cleanliness.

The findings of this study divulged that vaginal practices are commonly used in the village despite of their private nature. Women from the village indicated that their use of vaginal practices is part of the body grooming process. The findings from this study revealed that vaginal practices are an acceptable practice for the women in Tshitatshawa village; their adoption and use are a norm that is characterised by privacy because they are viewed as women's private practices, even though their use is not concealed from men. This therefore gives women room to choose which practices to use and when and what they need to use them for. As much as vaginal practices are a product of culture in Tshitatshawa village, women are not forced to engage in them; they choose the types of vaginal practices they want to engage in when they need to. This gives the women autonomy and agency over their bodies, which

justifies the view postulated by Black feminists that women are not passive recipients of cultural practices; they have the power to make decisions even in settings that are viewed by radical feminists as patriarchal (Amadiume, 2002).

The findings of this study confirmed the social construction of culture and behaviours as adopted by social constructionists such as Galbin (2014). The study recognised factors such as health and wellness, beauty, spiritual beliefs, sexual pleasure, cultural identity, sexuality, conformity, witchcraft, and the creation of womanhood as the main reasons why women engage in vaginal practices in Tshitatshawa village. The socio-cultural context and setting of the women in Tshitatshawa village increase the chances of women adopting and using vaginal practices because vaginal practices are normalised, they are culturally rooted, and they are easily accessible to women.

In Tshitatshawa, the grooming of women for womanhood begins at a young age through the introduction to labia minora pulling for most young girls at 13 years old when they start menstruating. Having pulled labia minora is associated with growth and transitioning from being a girl to a young woman. It emanated from the study that women without pulled labia minora were branded using negative labels that are associated with being less of a woman. Labels such as *ingudula* (cow with no horns) that are used to refer to a woman without pulled labia create a subconscious stigma towards a woman not having pulled labia minora and create a sense of not belonging, which prompts some women to engage in labia minora pulling. These labels not only affect the woman but also her family as they show a lack of teaching by the family.

The findings of this study revealed that vaginal practices have cultural symbolism attached to them. They are used as a means of creating identity for women and, as such, their use contributes to the creation of the ideal female cultural body in the village. The women highlighted the importance of labia minora pulling in their sexuality and the critical role that this cultural practice plays in their womanhood. The practice of labia minora pulling bears much symbolism as an indicator of the transitioning of a young girl to a young woman. It symbolises the beginning of the lifelong journey of womanhood that is characterised by the commencement of the gradual cultural teachings that the young woman is given pertaining to how she should carry herself and how she should be as a woman. This is also substantiated by Venganai (2018), who posits that labia minora elongation plays a cardinal role in the modes of identification for urban women.

Furthermore, the study revealed that socio-cultural factors play a cardinal role in the creation of the female cultural body and that these factors influence women's perceptions of womanhood, femininity, and sexuality. Cultural vaginal practices such as labia minora pulling contribute to the creation of the cultural female body in Tshitatshawa village, which in turn plays a role in the creation of women's sense of identity, sexuality, and womanhood. The findings of the study revealed that having pulled labia minora is a symbol of status and identity associated with perceived lifelong benefits in the journey of womanhood. It contributes to the creation of a woman's ideal cultural female body in the village, which is associated with a woman's wholesomeness and sexual desirability. Additionally, having pulled labia minora conforms to vaginal beauty standards in the village. Having pulled and protruding labia minora is part of the vaginal aesthetic of women in the village and it contributes to women's beauty and sexual desirability. It also contributes to the beauty attributes of the vagina. This shows that vaginal beauty is a social construct that has generic characteristics. This finding aligns with social constructionist theorising, which puts forward that meaning is a product of shared interactions of individuals and through these interactions, the phenomenon gets to have meaning (Sremac, 2010).

The study findings also revealed that women use vaginal practices out of their own agency and that the use of these practices is an expression of their autonomy and femininity. Their use is also fraught with controversy as some women use these practices for witchcraft, which is greatly frowned upon in this village. Similarly, in their study in KwaZulu-Natal, Scorgie *et al.* (2010) found that women used vaginal practices for witchcraft and sorcery. The common denominator in the use of vaginal practice for witchcraft and sorcery in the two settings is the issue of the infidelity of sexual partners, which causes some women to resort to these practices to maintain stability in their relationships. Women in some cases use vaginal practices as a weapon to gain lost control in their sexual relationships in the face of infidelity. The study findings in Tshitatshawa revealed that through the use of vaginal practices, even when used for witchcraft, women gain and retain power in times when they are faced with external challenges in their sexual relationships.

The study findings also indicated that vaginal practices are viewed as cultural practices that are important in the creation of the worldview of an "ideal" cultured woman. Vaginal practices are also used as an expression of women's femininity and sexuality, which women can use and manipulate at their own discretion to attend to their needs. They are not used in isolation, but are part of the greater scope of women's beauty routines and practices of womanhood in the

village. They are also used by women as a weapon of expression of their power, and through these practices women express the autonomy to choose the practices that they want to use and how they want to use them.

8.2.2 IK is power

The findings of this study revealed the importance of vaginal practices as part of IK. The study findings revealed that vaginal practices are a product of IK and that their perpetual use by women lies in their proven record of healing spiritual, physical, and gynaecological ailments. The use of vaginal practices sustains traditional knowledge on treating illnesses pertaining to women. This finding corroborates social constructionist theorising, which postulates that knowledge is sustained by social processes and interactions of individuals (Andrews, 2012; Galbin, 2014). Through interaction, IK through the use of vaginal practices is created and sustained and it is seen as an important aspect of women's health and wellness in Tshitatshawa. Additionally, the study findings revealed the value and trust that are placed in IK in the village. The use of IK through vaginal practices in the prevention and healing of physical illnesses such as back pain and abdominal pain, among other illnesses that women experience, shows that vaginal practices play an important role in women's health and wellness in Tshitatshawa. Moreover, IK through vaginal practices in postpartum healing and in the healing of some physical ailments, as well as their use in the day-to-day lives of women in the village, is of key note as it shows the important role that these practices play in women's lives. They are part of the treasure trove of IK in the day-to-day lives of people, particularly rural women. This is seen in the use of tree bark like that of *umganu* (*Sclerocarya caffra* / marula tree) and *umvagazi* (bleedwood), which women use for vaginal sit baths for postpartum healing, the excretion of unwanted vaginal fluids, the prevention and healing of back pain, the healing of vaginal tears, and vaginal cleaning and tightening after giving birth; among other reasons. The use of vaginal practices mainly for healing in the Zimbabwean context has not been illuminated and paid much attention; however, a few scholars, such as Mawoza *et al.* (2019), have done some work on the prevalence of traditional medicine used by women for postpartum care. It is of paramount importance to illuminate the healing component of vaginal practices and for future studies to also focus on the biomedical benefits of the uses of vaginal practices, particularly those that women adopt and use for their health.

Another key finding of this study was the intersection of spirituality and vaginal practices, which are key components of IK. It was shown that vaginal practices are used to attend to

spiritual and gynaecological problems that some women in the village experience. This is an important finding as it sheds light on part of the reasons why these practices continue to be trusted and used by women in the village. The use of IK in attending to gynaecological ailments through the use of spiritual cleansing is noteworthy. In Tshitatshawa village, vaginal practices are used for cleansing when a woman experiences misfortune in the form of a miscarriage or stillbirth. They are also used when a woman is in need of cleansing when they have *isagweba* (the urge to always have sex), *amasala* (an abnormal growth inside the vagina, the perineal area, or the vulva), or *isidina* (a bad aura that makes one sexually unattractive); among others.

8.2.3 For whose pleasure is it anyway?

The findings revealed that vaginal practices are also used by women for sexual pleasure. The findings showed that women use these practices for their own pleasure, as well as that of their sexual partners. Most women in Tshitatshawa use vaginal practices for their own sexual stimulation and sexual pleasure, particularly the younger women (49 years and below). The study findings revealed that most women in Tshitatshawa village were concerned about their own sexual pleasure; they pointed out that through the use of vaginal practices they were able to reach orgasm during sexual intercourse and experience and enjoy sexual stimulation during foreplay. This finding corroborates François *et al.*'s (2012) findings, which found that women also use vaginal practices for their own sexual pleasure. Additionally, this finding sheds light on the importance of vaginal practices in women's sexuality and eroticism. Depending on the desired outcome, women use different agents that enable them to experience sexual pleasure. The women pointed out that they were more concerned about their own sexual pleasure, which they put before that of the men. The findings also revealed a minority of women, particularly older women (50 years and above), who pointed out that their concern with the men's sexual pleasure prompted them to use vaginal practices. They pointed out that the notion of sexual pleasure for them lay in their ability to perform and to ensure that the sexual pleasure and sexual needs of their sexual partners were met, which in turn gave them gratification. This difference in perception between the older women and the younger women can be attributed to socialisation, levels of education, and exposure to the outside world. Furthermore, the study findings revealed the evolution of socialisation and knowledge acquisition on vaginal practices in Tshitatshawa village. Women are learning about different vaginal practices and agents for vaginal practices on social media platforms, especially the younger women on WhatsApp groups.

8.2.4 Men's views on vaginal practices

The men in Tshitatshawa village were aware of the women's use of vaginal practices. They acknowledged their importance to women's health and wellness. They supported their use by women and they pointed out that vaginal practices are anchored in tradition and culture. The men also noted the value of vaginal practices as an important part of IK. The men pointed out the strong link between vaginal practices and the prevention and healing of the different ailments that women experience in their lives. The study findings revealed consensus by the men on the importance of vaginal practices in women's lives.

The study findings also revealed that the men understood the importance of women's vaginal practices for their wellbeing and manhood. The men revealed the importance of vaginal practices in women's cleanliness and hygiene, which also benefitted them, especially the vaginal practices that women use for post-menstrual and postpartum cleansing. Inadequate post-menstruation and postpartum cleansing by women was believed to cause illness for the men they have sexual intercourse with; as such, vaginal practices are important to prevent such illnesses. These illnesses include back pain, lower abdominal pain, and weak erections. This study finding revealed the importance of vaginal practices by women in the preservation of men's health.

The findings also revealed some men's scepticism of vaginal practices. The men revealed that vaginal practices become problematic when women use them for witchcraft and sorcery. The men noted that some women abused vaginal practices by using agents such as *umchemo wendwamgu* (baboon urine), which is used by some women to control men and to instil docility and passivity in men. The men pointed out that the use of such agents stripped them of their manhood. While the men noted the importance of vaginal practices, they also expressed concern regarding the use of vaginal practices by some women for witchcraft and sorcery, which affected their manhood and masculinity. They pointed out that using vaginal practices for witchcraft was an unacceptable practice and that it was abuse of the men it was aimed at, as well as of the practice, whose main purpose was to ensure women's health and wellness.

The men also revealed the importance of vaginal practices such as labia minora pulling, which they pointed out to be important in the creation of the ideal cultural body of a woman. They emphasised the importance of these practices not only for the sexual desirability attributes that they give a woman but also for the benefits that a woman can get during childbirth. Like the women, the men also revealed the importance of a woman having pulled labia minora and they

highlighted the stigma attached to not having pulled labia minora; not only for the woman but also for her family, who are viewed as having failed in their role of teaching the woman about this important attribute of being an ideal woman. The study findings revealed that these perceptions by men of what constituted an ideal woman were learned through the socialisation of men and through interaction, which aligns with social constructivist theorising that emphasises the influence of the environment and interaction on the creation of reality and the formation of knowledge (Teague, 2000). It is of paramount importance to note that not all men placed emphasis on the importance of a woman having pulled labia minora. The younger men were open to a woman choosing not to have pulled labia minora compared to the older men. The younger men pointed out the need for women to have a choice with regard to having pulled labia minora or not. In fact, some younger men revealed that they preferred a woman without pulled labia minora and pointed out that pulling the labia minora changes the aesthetic of the vagina, which made it less attractive to them.

Men's views and perceptions in this study were important in understanding vaginal practices as they shed light on the role that men play in women engaging in vaginal practices. They help in bringing to the fore the gendered dynamics that influence the use of vaginal practices by women.

8.3 CONTRIBUTIONS OF THE STUDY

My original contribution to knowledge is that my study demystifies the myths surrounding vaginal practices; these myths being the perceptions of the use of vaginal practices by women mainly for witchcraft and for sexually pleasing men. My study revealed other reasons why women engage in these practices, particularly their use as an integral part of IK that is employed in attending to different health and wellness issues, and the spiritual and sexual needs of women. My study's original contribution to knowledge is that it brought to the fore the perceptions of both women and men of vaginal practices in a rural area setting in Matabeleland in Zimbabwe, where there is limited empirical evidence and records of social anthropological data on vaginal practices. Historically, the Matabeleland region in Zimbabwe has been marginalised and it is home to different fragmented minority groups, which include the Ndebele, Kalanga, Tonga, and Venda; among other groups. Studies on vaginal practices have mainly focused on Mashonaland provinces, which contain the majority of the population of Zimbabwe. This study gives a voice to the views and perceptions of the men and women in Tshitatshawa village in Matabeleland, which in the past have not been heard. My study also

builds on previous work that has been done in Matabeleland by scholars like Bhebe (2014) who gave insights into vaginal practices from the perspective of women from this province who are in the diaspora. This important work revealed the influence that one's culture of birth/origin has on humans regardless of their geographical location. My work then expanded the scope of vaginal practices by tapping into the views and perceptions of men and women from a rural setting who still reside in a rural setting. My work also builds on to the previous work by scholars like Perez (2014) and Venganai (2018) who gave insights on the views of men regards to vaginal practices use by women in Zimbabwe. They played a critical role in illuminating the views of men who are part of and play a crucial role in the creation and implementation of the practices in societies. My work furthers this trajectory by providing further spotlight on to men casting the spotlight on their part in the gendered dynamics at play in the adoption and use of vaginal practices in Tshitatshawa village. My study also brought to the fore the importance of IK in the day-to-day lives of rural people, particularly by paying attention to the influence of vaginal practices, which is an IK practice that women use for their health, wellness, womanhood, and sexuality.

This study explored the views of both women and men on vaginal practices in Tsholotsho, Zimbabwe. A plethora of studies on the subject have ignored men's views, especially the rural men. This study provides a view on how vaginal practices have been perpetuated regardless of health initiatives and awareness campaigns by the government and SRH organisations regarding their health implications. Men in this village supported the use of vaginal practices as they are part of wellness routines that women engage in. The study revealed that due to the abuse of vaginal practices for sorcery and witchcraft purposes that some women engage in, a dark shadow has been cast on certain vaginal practices as they are used to obtain docility and control of men.

This study also contributes to the decoloniality discourse, as it brings to the fore the existing key lever of coloniality in the control of knowledge. IK still does not receive the full confidence of the Western-influenced epistemic gaze. This treasure trove of knowledge is yet to be trusted despite of the numerous benefits that women yield from it. There is a need for concerted efforts to enable conscious synergies between IK and ISK, which could result in acceptability and easier adaptation to some SRH initiatives that the government of Zimbabwe through the MOHCC and in partnership with some non-governmental organisations and civil society can work on in order to improve the lives of not only rural women but all women in Zimbabwe. There is a need for the decolonisation of knowledge systems and centres of knowledge that

have seen the perpetual relegation of IK to the periphery of the the modern world as this knowledge has been viewed as primitive despite the benefits that indigenous people yield from it, its value, and its importance to indigenous people.

8.4 CONCLUSION

This section of the thesis provides a summary of the study and draws main conclusions based on the study's research questions. The study found that women are motivated by different reasons to engage in vaginal practices in Tshitatshawa village. It emerged that these reasons vary from one woman to the next; however, the more dominant reasons included health and wellness, hygiene and cleanliness, vaginal tightening, elimination of excess vaginal fluids, addressing issues of vaginal dryness, sexual pleasure, the maintenance of sexual relationships, spiritual healing, beauty, witchcraft, postpartum healing, and cultural identity. Vaginal practices are introduced to women at a young age, with the first vaginal practice that most women engage in being labia minora pulling, which young women engage in from around the age of 13 years. Socialisation plays a very pivotal role in knowledge transfer at both the primary and secondary levels. At the primary level, most women have less agency and autonomy as the practice of labia minora pulling is prescribed to them by their families. Most young women at this age have little comprehension of why they are engaging in these practices as the decision making at this stage is mainly done by the parents or caregivers in the family. At the secondary level, women have full comprehension of what vaginal practices are and what they mean, and women at this stage have the autonomy and agency to choose the methods of vaginal practices that they want to use. At the secondary level, most women are sexually active and some have children and the use of vaginal practices comes as a means of addressing different gynaecological and body wellness issues that they are faced with. Factors such as childbirth, postpartum care, age, body ailments, the quest for sexual pleasure, the need for control in the relationship, infidelity, and spiritual misfortune play a cardinal role in motivating women in the village to engage in vaginal practices. The study findings also showed that the motivations for vaginal practices have a bearing on the perceived benefits that the women who use vaginal practices in Tshitatshawa gain from their use. The perceived benefits of vaginal practices that the women listed are increased sexual pleasure, increased stamina during sexual intercourse, social and sexual desirability, a smooth child-birthing process, the provision of comfort and healing during the postpartum period, the ability to have children after using vaginal practices to attend to perceived spiritual omens, the provision of support and stability in sexual

relationships, the ability to experience sexual pleasure during sexual intercourse, the boosting of women's self-esteem, the healing of body ailments and pains, as well as the maintenance of hygiene.

One of the merits of this study is that men's views pertaining to vaginal practices were included. Their perceptions and views on this practice were brought to the fore, as well as their position on the adoption and use of vaginal practices by women. The findings on men's views on women's vaginal practices showed that men in the village were aware of vaginal practices and their importance in women's lives. They understood that vaginal practices are part of the routines that women in the village use mainly for their health and wellness and their use was thus supported by the men. The study findings, however, showed that men were aware of the abuse of some vaginal practices that were meant to be detrimental to their masculinity and manhood. The use of vaginal practices to obtain docility and control over men was highlighted by the men as the main reason why there is a lack of trust regarding some of the vaginal practices that some women use.

The study findings also revealed the socio-cultural influences at play in the perpetuation of the use of vaginal practices by women in Tshitatshawa village and the cardinal role that the environment through socialisation plays in the grooming of women for womanhood. The role of primary learning through the institution of the family, as well as the role of secondary learning through different mediums, were brought to light. The influences that all these factors have in the creation of a cultured body identity for women were illuminated. The perpetual quest for body perfection by some women in Tshitatshawa was also highlighted in the study and through this, their ability to exercise body expression, agency, and autonomy was brought to the fore.

8.5 RECOMMENDATIONS

In light of the study's findings, I submit the following recommendations:

I am of the view that there is a need for further research on younger women who engage in vaginal practices, particularly labia minora pulling; however, ethical considerations should be made considering the age group. This study focused on women and men 18 years and above; however, the views of younger women below the ages of 18 are needed to understand vaginal practices through their worldview. This will help in understanding issues around consent to

engage in labia minora pulling, as well as the perceptions they have of the creation of a woman's identity, femininity, womanhood, and sexuality.

I am also of the view that research on vaginal practices should be done on a broader scale in the Matabeleland region in order to fully understand the scope of the practices, as well as the different characteristics that make up these practices in different parts of the region in order to have fully generalisable outcomes that can be used in policymaking and programming that can help the region as a whole. This study focused on only one rural village in the Tsholotsho district and, as such, the outcomes of it cannot be generalised to the whole region of Matabeleland. More studies in the region need to be conducted in order to create more viable programmes that can incorporate vaginal practices in dealing with women's gynaecological problems.

There are different initiatives that the MOHCC in Zimbabwe in partnership with various non-governmental organisations is undertaking on raising awareness in different communities of the potential dangers of some vaginal practices that have been attributed as playing a part in the cause of cancer among women. In order for these initiatives to be a success, there is a need for a human factor approach to the implementation of these programmes, which entails taking up initiatives that acknowledge the importance of IK and how this knowledge can be used in the eradication of gynaecological illnesses that some women face. There is a need to mainstream IK practices, as well as collaborative synergies of IK and modern technologies, which could help to bridge the gap in health technologies and initiatives.

Considering the history of the exploitation of IK, I recommend the documentation and patenting of IK in light of its contributions to sexual reproductive health in order for the original owners of this valuable information to benefit from it. There is need for the implementation of policies and acts in Zimbabwe which attest knowledge to the rightful owners and originators. Communities like Tshitatshawa which own IK which is very helpful in the day to day lives of women can be assisted through engagement of civil society and government entities to hold patents to that knowledge which can be observed in light of the Zimbabwe constitution's Patent Act (Chapter 26:03).

8.6 LIMITATIONS OF THE STUDY

The study was qualitative in nature and therefore used a small sample. The challenge with small samples is that there is no room for generalising the study findings. Furthermore, the sampling

approach did not provide an equal opportunity to participate in the study for objectivity purposes. The study also focused on rural women in the Matabeleland region and, as such, future studies that perform a comparative analysis on rural and urban women in the region need to be conducted in order to understand the differences in perceptions of constructions of womanhood by the two groups of women.

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APPENDICES

Appendix A: Village head permission letter

Village Head Patrick Dube
Tategulu Communal Land
Tshita Tshawa Line
P/Bag H 5093 Bulawayo

10/02/2022

Tshitatshawa Primary School
P Bag H 5093
Bulawayo

10-02-2022

This letter serves to confirm that
Linderrase Dube a student at the University
of South Africa has been granted permission
to conduct her research in Tshitatshawa
Village. This research is part of her studies
towards a PHD in Social Anthropology at
the University of South Africa.

Permission granted by Mr Patrick Dube
The Village Head P. Dube

Mr Patrick Dube | Centre Headman | Tshitatshawa | Ward 8 | Tsholotsho 16

Appendix B: Ethical clearance



COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

14 December 2021

Dear Ms. Linderrose Dube

Decision:
Ethics Approval from 14 December 2021 to 14 February 2024

NHREC Registration # :
Rec-240816-052
CREC Reference # :
13294814 _CREC_CHS_2021

Researcher(s): Name: Ms. Linderrose Dube
Contact details: linderrose@gmail.com
Supervisor(s): Name: Dr I.E Marais
Contact details: Maraiie@unisa.ac.za

Title: "For whose pleasure is it anyway?": An ethnographic exposition on the gendered dynamics that shape the vaginal practices of women in Tsholotsho, Zimbabwe.

Degree Purpose: PhD

Thank you for the application for research ethics clearance by the Unisa College of Human Science Ethics Committee. Ethics approval is granted for three years.

The **medium risk application** was reviewed by College of Human Sciences Research Ethics Committee, in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the College Ethics Review Committee.
3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.
4. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the



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Appendix C: Participant information sheet (English)

Title: *“For whose pleasure is it anyway?”: An ethnographic exposition on the gendered dynamics that shape the vaginal practices of women in Tsholotsho, Zimbabwe.*

Dear prospective participant

My name is Linderrose Dube and I am doing research with Dr I.E. Marais, a senior lecturer in the Department of Anthropology and Archaeology, towards a PhD in Anthropology at the University of South Africa (UNISA). We are inviting you to participate in a study titled: *“For whose pleasure is it anyway?”: An ethnographic exposition on the gendered dynamics that shape the vaginal practices of women in Tsholotsho, Zimbabwe.*

WHAT IS THE PURPOSE OF THE STUDY?

I am conducting this research to assess the gendered dynamics that shape vaginal practices of women in Tsholotsho district in the village of Tshitatshawa; probing motivations behind vaginal practices, how these practices impact their worldview, and their perceptions of womanhood and sexuality.

WHY AM I BEING INVITED TO PARTICIPATE?

You have been selected to participate in this study because you stay in Tshitatshawa, you have knowledge on vaginal practices, and you fall within the ages of the study population. I obtained your contact details from another research participant who thought you could also have valuable information pertaining the study. A total of approximately 30 women and 20 men will participate in this study.

WHAT IS THE NATURE OF MY PARTICIPATION IN THIS STUDY?

You will be asked to provide information to the best of your knowledge on vaginal practices.

The study involves audio recording, in-depth interviews, and semi-structured key participant interviews. The questions that will be asked are on your knowledge on vaginal practices and their use. Your involvement will include participating in interviews, as well as being a part of a focus group discussion of approximately eight people. Interviews will take approximately 40 to 60 minutes of your time and focus group interviews will take approximately 60 to 120 minutes.

CAN I WITHDRAW FROM THIS STUDY EVEN AFTER HAVING AGREED TO PARTICIPATE?

Participation in the study is voluntary; you are allowed to withdraw from the study at any point should you wish and there will be no penalty or loss of benefit for withdrawal or non-participation. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a written consent form. You are free to withdraw at any time and without giving a reason; however, we will keep the information that you will have given us up to the time of your withdrawal.

WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?

There are no direct benefits that you will get from participating in this study; however, the information that you will give will be of much benefit in the understanding of vaginal practices, which will benefit different stakeholders with an interest in the area of vaginal practices.

ARE THERE ANY NEGATIVE CONSEQUENCES FOR ME IF I PARTICIPATE IN THE RESEARCH PROJECT?

There will be no adverse effects that you will suffer from taking part in this study; however, some of the questions that we will ask may be of a private and personal nature and may at times make you feel uncomfortable.

WILL THE INFORMATION THAT I CONVEY TO THE RESEARCHER AND MY IDENTITY BE KEPT CONFIDENTIAL?

All the information that you share with us will be treated with the highest level of confidentiality. To keep your information private, all data-collection tools that will be used in the collection of your information will not be labelled with your actual names but pseudonyms. The results of this study as well as publications that will be generated from this study will not use your name to identify you personally. However, your records may be reviewed by the UNISA – the institution where I am studying at.

Your name will not be recorded anywhere and no one will be able to connect you to the answers you give. Your answers will be given a pseudonym and you will be referred to in this way in the data, any publications, or other research reporting methods such as conference proceedings.

Only relevant members of the study team will have access to your information and they are not allowed to share any information with anyone else outside the research team. Your answers

may be reviewed by people responsible for making sure that the research is done properly, including the transcriber, external coder, and members of the Research Ethics Review Committee. Otherwise, records that identify you will be available only to people working on the study, unless you give permission for other people to see the records.

Your anonymous data may be used for other purposes related to this study, such as a research report, journal articles, and/or conference proceedings. Even for these purposes, your privacy will be protected in any publication of the information as none of your names or information that may link you to the study information will be shared.

As part of our data-collection methods, we will have some focus group discussions. A focus group discussion involves the gathering of people with similar experiences as you to discuss the topic at hand. While every effort will be made by the researcher to ensure that you will not be connected to the information that you share during the focus group discussion, I cannot guarantee that other participants in the focus group will treat information confidentially. I shall, however, encourage all participants to do so. For this reason, I advise you not to disclose personally sensitive information in the focus group.

HOW WILL THE RESEARCHER(S) PROTECT THE SECURITY OF DATA?

Hard copies of your answers will be stored by the researcher for a period of five years in a locked cupboard / filing cabinet at UNISA for future research or academic purposes; electronic information will be stored on a password-protected computer. Future use of the stored data will be subject to further Research Ethics Review and approval if applicable. After five years, hard copies of documents that contain your information will be shredded and/or electronic copies will be permanently deleted from the hard drive of the computer through the use of a relevant software program.

WILL I RECEIVE PAYMENT OR ANY INCENTIVES FOR PARTICIPATING IN THIS STUDY?

There are no payments or incentives that will be given to you for participation. Participation is completely voluntary.

HAS THE STUDY RECEIVED ETHICAL APPROVAL?

This study has received written approval from the Research Ethics Review Committee of the College of Human Sciences, UNISA. A copy of the approval letter can be obtained from the researcher if you so wish.

HOW WILL I BE INFORMED OF THE FINDINGS/RESULTS OF THE RESEARCH?

If you would like to be informed of the final research findings, please contact Linderrose Dube on +263 775 544 801 or linderrose@gmail.com. The findings are accessible for five years.

Should you require any further information or want to contact the researcher about any aspect of this study, please contact Linderrose Dube on linderrose@gmail.com.

Should you have concerns about the way in which the research has been conducted, you may contact Dr I.E. Marais on Maraiie@unisa.ac.za.

Thank you for taking time to read this information sheet and for participating in this study.

.....
Linderrose Dube

CONSENT TO PARTICIPATE IN THIS STUDY

I, _____ (participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits, and anticipated inconvenience of participation.

I have read (or had explained to me) and understood the study as explained in the information sheet.

I have had sufficient opportunity to ask questions and am prepared to participate in the study.

I understand that my participation is voluntary and that I am free to withdraw at any time without penalty.

I am aware that the findings of this study will be processed into a research report, journal publications, and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified.

I agree to the recording of the focus group discussion and interviews.

I have received a signed copy of the informed consent agreement.

Participant name & surname..... (please print)

Participant signature..... Date.....

Researcher's name & surname..... (please print)

Researcher's signature..... Date.....

Linderrose Dube

Appendix D: Participant information sheet (Ndebele)



UGWADLWANA LOKUNIKEZA OZAPHATHEKA ULWAZI

Isihloko: *“Kanti vele kumele kukholisise bani?”: Incwayisiso eveza imikhuba lamasik0o ephathelane lesitho sabomama esensitha kwabesifazane abeTsholotsho, kweleZimbabwe*

Kuwe ongaphatheka kulolucwaningo

Ibizo lami nginguLinderrose Dube njalo ngenza ucwaningo loDr I. E Marais umbalisi omkhulu kuDepartment of Anthropology and Archaeology olokuqeqetshela iPhD in Anthropology eseUniversity of South Africa. Siyakunxusa ukuba uphatheke kucwaningo olubizwa ngokuthi: *“Kanti vele kumele kukholisise bani?” Incwayisiso eveza imikhuba lamasiko ephathelane lesitho sabomama sensitha kwabesifazane abeTsholotsho, kweleZimbabwe (“For whose pleasure is it anyway?”. An ethnographic exposition on the gendered dynamics that shape the vaginal practices of women in Tsholotsho, Zimbabwe).*

YIPHI INHLOSO YALOLUCWANINGO?

Injongo enkulu yalolucwaningo ngeyokuhlulisa ukuhanjiswa kwemikhuba lamasiko ephathelane lesitho sabomama sensitha kwabesifazane beTsholotsho abahlala esigabeni seTshitatshawa; sibuzisisa ukuthi imikhuba yokuphathaphatha isitho sabomama sensitha iyabe ihloseni, njalo lokuthi imikhuba le yenza bacabange njani, bazibone njani ekubeni ngabesifazane kanye lokuzwisisa eziphathelane lemacansini.

KUNGANI NGINXUSWA UKUTHI NGIPHATHEKE KULOLUCWANINGO?

Ukhethiwe ukuthi uphatheke kulolucwaningo ngoba uhlala koTshitatshawa, ulolwazi mayelana lemikhuba yokuphathwaphathwa kwesitha sabomama sangasese njalo uleminyaka yokuzalwa ehambelana laleyo efunwa lucwaningo lolu.

Imininingwane yokuxhumana lawe ngiyithole komunye laye ophatheke kulolucwaningo obona engani lawe ungaba lolwazi olujulileyo olungaphathisa ucwaningo lolu. Inani labesifazane abangamatshumi amathathu labesilisa abangamatshumi amabili bazacelwa ukuthi baphatheke kucwaningo lolu.



NGIPHATHEKA KANJANI KULOLUCWANINGO?

Uzachelwa ukuthi utsho konke okwaziyo mayelana lemikhuba yokuphathwaphathwa kwesitho sabomama sensitha.

Ucwaningo luzasebenzisa izinto zokurekhoda amazwi, ukubuza imibuzo abantu bebhakene, amaqembu engxoxo zokugxila kanye lemibuzo ezabuzwa abaphatheki abamqoka kulandelwa uluhlu oluthile lwemibuzo. Imibuzo ezabuzwa izabe imayelana lolwazi lwakho ngemikhuba yokuphathwaphathwa kwesitho sabomama sensitha lokuthi lokhu kwenzelwani. Ukuphatheka kwakho kuzahlanganisela phakathi ukuthi ubuzwe imibuzo wena mathupha kanye lokuthi ube yingxenye yengxoxo yamaqembu okugxila angaba labantu abayisitshiyagalombili. Isikhathi semibuzo le singathatha isikhathi sakho esiyimizuzu engamatshumi amane kusiya kwengamatshumi ayisithupha kuthi iqembu lengxoxo yokugxila lithathe imizuzu engaba ngamatshumi ayisithupha kusiya kwelikhulu lamatshumi amabili.

NGINGATSHIYA YINI UCWANINGO LOLU LANXA BENGIQALE NGAVUMA UKUPHATHEKA KULO?

Ukuphatheka kucwaningo lolu kuya ngokuzithandela kwakho, uvunyelwe ukutshiya iloba ngasiphi isikhathi ongafisa ngaso njalo kawusoze ujeziswe kumbe ulahlekelwe yinzuzo obungayithola ngenxa yokutshiya kwakho kumbe ukungaphatheki. Nxa ungakhetha ukuphatheka, uzaphiwa ugwadlana lolwazi lolu ukuthi ulugcine uphinde ucelwe ukuthi usayine ifomu lokuvuma. Ukhululekile ukutshiya iloba ngasiphi isikhathi njalo unganikezanga isizatho kodwa sizagcina ulwazi ozabe ususinike lona kusiyafika ngesikhathi sokutshiya kwakho

NZUZO BANI ENGINGAZITHOLA NGOKUPHATHEKA KULOLUCWANINGO?

Akulanzuzo ongahle uyithole ngokuphatheka kwakho kulolucwaningo, kodwa ulwazi ozalunikeza luzasiza kakhulu ekuzwisiseni imikhuba yokuphathwaphathwa kwesitho sabomama sensitha, okuyinto ezaphathisa kakhulu bonke abafisa ukuzwisisa kabanzi ngemikhuba yokuphathwaphathwa kwesitho sabomama sensitha.

IKHONA YINI IMPUMELA EMIBI ENGEZA KIMI NXA NGINGAPHATHEKA KUCWANINGO LOLU?

Akulanto embi engenzeka kuwe nxa ungaphatheka kulolucwaningo, kodwa eminye imibuzo ezabuzwa izabe ingafuna okuyimfihlo yakho osekungenza ukuthi ungakhululeki.

KAMBE ULWAZI ENGIZALUNIKA UMCWANINGI KANYE LOKUTHI NGINGUBANI KUZ AHLALA KUYIMFIHLO YINI?

Ulwazi lonke ozasinikeza lona luphathwa njengemfihlo enkulu. Ukuze ulwazi lwakho lolu lwale luyimfihlo, konke okuzasetshenziswa ukubutha ulwazi lolu akusoze kubhalwe amabizo eqiniso kodwa kuzasetshenziswa awamanga. Impumela zocwaningo lolu kanye lakho konke okuzashicilelwa kuphuma kulo akusoze kusebenzise ibizo lakho langempela. Kodwa, imininingwane yakho ingahloliswa ngabeUniversity of South Africa ikolitshi engifunda kulo.

Ibizo lakho kalisoze libhalwe phansi loba ngaphi njalo akulamuntu ozenelisa ukukuqondanisa lempendulo ozazipha. Impendulo zakho zizaphiwa ibizo lamanga njalo kuzasetshenziswa lelibizo ukubetha igama ulwazi oluzabuthwa, okuzashicilelwa loba yiphi imibiko ezaphuma kulolucwaningo.

Amalunga eqembu alolucwaningo yiwo kuphela azafinyelela ulwazi lemininingwane yakho njalo kabavunyelwa ukuthi babelane abayabe bekubonile labantu abangaphathekanga kulolucwaningo. Impendulo zakho zingahloliswa ngabantu abalomlandu wokubona ukutho lolucwaningo lwenziwe ngendlela eyiyo yini, okuhlanganisela lowo ozabe elalela amazwi arekhodiweyo ewabhala phansi, ozahlola ukuthi ngempela ulwazi lubuthwe ngendlela efaneleyo yini lamalunga *eResearch Ethics Review Committee*. Kungenjalo, imibiko lemininingwane ekuveza ukuthi ungubani izabonwa ngabantu abasebenza kulolucwaningo kuphela, ngaphandle nxa wena ngokwakho ungavumela abanye abantu ukuthi bakubone lokhu.

Ulwazi lolu osuluthethwe kuwe lungasetshenziswa kwezinye izinto ezihambelana locwaningo lolu, ezinjengemibiko ezaphuma kulolucwaningo, amaphepha amajenali. Lasemaphepheni la imfihlo yakho izagcinakala, akulabizo kumbe iminingwane yomuntu ezabhalwa ezaveza ukuthi ulwazi lolo luvele kubani.

Eyinye yezindlela esizabutha ngazo ulwazi, ngamaqembu engxoxo yokugxila. Iqembu lengxoxo yokugxila lisebenza ngokuhlanganisa abantu aseke baba lenkambo ezihambelanayo ngesikhathi lixoxa ngodaba oluthize: lanxa kuzenziwa imizamo yonke ukuthi kungaziwa ukuthi ulwazi oluthile luvele kuwe ngesikhathi sengxoxo yokugxila, kangiangengeke ngibe lesiqiniseko sokuthi amanye amalunga eqembu lengxoxo yokugxila lawo azakugcina kuyimfihlo lokhu. Kudwa, ngizawakhuthaza ukuthi benze njalo. Ngenxa yalesi sizatho, ngikuxwayisa ukuthi ungakhulumi imfihlo yakho engakulimaza eqenjini leli.

ABACWANINGI BALUGCINA NJANI LUPHEPHILE ULWAZI ABALUBUTHILEYO?

Amanye amaphepha azabe elempendulo zakho azalondolozwa ngumcwaningi okweminyaka emihlanu ekhabothini ekhiywayo eseUniversity of South Africa ukuze zisetshenziswe kwezinye inhlelo zocwaningo ezizayo; kuthi ulwazi olungamagetsi olunjengalokhu okurekhodiweyo luzagcinwa kukhompuyutha ezabe ivulwa kuphela ngulowo owazi ibala eliyimfihlo (password) elokuvula leyo khompuyutha. Ukusetshenziswa kolwazi lolu kuzamele kuqale kuvunywe yiResearch Ethics Review ukuze baqale babone ukuthi ngempela lowo ofuna ukulusebenzisa ulungelo yini. Ngemuva kweminyaka emihlanu, amaphepha kanye lokurekhodiweyo okulolwazi olwabuthwa kuwe kuzatshabalaliswa ukuze kungaphindi kutholakale futhi.

IKHONA YINI IMBHADALO KUMBE OKUNCANE ENGIZAKUPHIWA NGOKUPHATHEKA KWAMI KUCWANINGO LOLU?

Akulambadalo kumbe okuncane ozakuphiwa ngokuphatheka kwakho kulolucwaningo. Ukuphatheka kulo kuya ngokuthanda komuntu.

UCWANINGO LOLU SELUVUNYELWE YINI NGABABONA NGEZIMISO ZOKUZIPHATHA?

Ucwaningo lolu soluthole imvumo ebhalwe phansi isuka kukhomithi ebona ngezimiso zokuziphatha kwabacwaningi ethiwa yiResearch Ethics Review Committee of the College of Human Sciences, UNISA. Eyinye yalezincwadi ungayithola kumcwaningi nxa uyifuna.

NGIZAKWAZISWA NJANI NGEMPUMELA ZALOLUCWANINGO?

Nxa ufuna ukuthi waziswe ngempumela zokucina zalolucwaningo, thinta uLinderrose Dube ku +263 775 544 801 kumbe linderrose@gmail.com. Impumela lezi zizatholakala okweminyaka emihlanu.

Nxa kukhona okunye ongakufuna kumbe nxa ufuna ukuthintana lomcwaningi mayelana lokunye nje okuphathele lalolucwaningo, sicela uthinte uLinderrose Dube ku linderrose@gmail.com.

Nxa ulensolo ngendlela ucwaningo oluphathwe ngayo, ungaxhumana loDr I.E Marais ku Maraiie@unisa.ac.za.

Ibizo lesibongo somcwaningi..... (Uyacelwa ukuthi ubhale ngamabala amakhulu)

Okusayina khona umcwaningi..... Usuku.....

Linderrose Dube

Umfundi ongumcwaningi

Appendix E: Key participant interview guide (English)

Key participant interview guide

- Greetings and introduction.
- The purpose of the interview is explained to the interviewee.
- Informed consent obtained from the interviewee and their right to decline answering any question that they are uncomfortable with are explained to them.
- Inform participants of their right to withdraw from the interview at any stage without consequence should they feel the need to.
- Let the interviewee know the approximated time the interview will take and that should they wish for the interview to stop at some stage and continue at another appointed time, they should feel free to say.

Questions

1. Kindly comment on vaginal practices that women engage in in your village.
2. Kindly give the reasons why women engage in these practices in your village.
3. Kindly comment on the prevalence of vaginal practices use in your village.
4. Kindly comment on the perceived benefits of vaginal practices use.
5. Please comment on when and how women get to know about vaginal practices.
6. Please comment on the types of vaginal practices that women use in your village.
7. Please comment on the role that men play in influencing women's decision to use vaginal practices.
8. Please comment on the processes around knowledge acquisition on vaginal practices in your village.
9. Please comment on the role that women play in sexual relationships.
10. In your opinion, for whose pleasure do women engage in vaginal practices?

Appendix F: Key participant interview guide (Ndebele)

Uluhlu lwemibizo ezabuzwa abamqoka abazaphatheka

- Ukubingelelana lokwazana.
- Injongo yemibuzo ichazelwe ozabuzwa.
- Ukuthola imvumo kozabuzwa lokwaziswa kwakhe ukuthi ulungelo lokwala ukuphendula imibuzo azizwa kungamphathi kahle ukuthi ayiphendule.
- Ilungelo lozabuzwa elokuthi athi hatshi kasanelisi ukuqhubekela phambili kungelanto embi ezakwenziwa kuye.
- Yazisa ozabuzwa ukuthi ukubuzana kukwenziwa ngaziphi izikhathi lokuthi nxa engazizwa sefuna uhlelo lokubuzana lolu lume okwesikhatshana, lubuye luqhubeke ngesinye isikhathi ukhululekile ukutsho njalo.

Imibuzo

1. Beka umbono mayelana lemikhuba yokuphathwaphathwa kwesitho sabomama sensitha eyenziwa ngabesifazane esigabeni sakho.
2. Nika izizatho ezenza abesifazana balandele imikhuba le esigabeni sakho.
3. Beka umbono ngokuthi imikhuba yokuphathwaphathwa kwesitho sensitha sabomama esigabeni sakho ivame kangakanani.
4. Nika umbono ngokuthi abantu bacabangela ukuthi ukuphathwaphathwa kwesitho sensitha kulenzuzo bani.
5. Sicela uphe umbono ngokuthi abesifazane baqalisa ukwazi ngemikhuba yokuphathwaphathwa kwesitho sabomama sensitha nini empilweni njalo njani.
6. Sicela uphe imibono ngemihlobo yemikhuba yokuphathwaphathwa kwesitho sensitha sabomama eyenziwa esigabeni sakho.
7. Sicela uphe umbono ngokuthi amadoda alesandla bani ekuphoqeleni abesifazane ukuthi bathathe isinqumo sokulandela imikhuba yokuphathwaphathwa kwesitho sensitha sabomama.
8. Sicela uphe umbono ngokuthi ulwazi mayelana lemikhuba yokuphathwaphathwa kwesitho sensitha sabomama lutholakala njani esigabeni sakini.
9. Sicela uphe umbono ngomlandu wobesifazane kwezothando.
10. Ngombono wakho, abesifazane balandela imikhuba yokuphathwaphathwa kwesitho sabomama sensitha ukuze bakholisise bani?

Appendix G: In-depth female interview guide (English)

In-depth female interview guide

- Greetings and introduction.
- The purpose of the interview is explained to the interviewee.
- Informed consent obtained from the interviewee and their right to decline answering any question that they are uncomfortable with are explained to them.
- Explain their right to withdraw from the interview at any stage without consequence should they feel the need to.
- Let the interviewee know the approximated time the interview will take and that should they wish for the interview to stop at some stage and continue at another appointed time, they should feel free to say.

Questions

1. What is your name (pseudonym)?
2. How old are you?
3. How long have you lived in Tshitatshawa village?
4. Are you married?
5. What is your understanding of vaginal practices?
6. What are the different types of vaginal practices that you know of?
7. In your opinion, what are the different factors that contribute to the use of vaginal practices among women?
8. Do you think it is important for women to engage in vaginal practices? If yes, why?
9. Do you use vaginal practices?
10. If yes, which vaginal practice(s) do you use?
11. Do you know others who use vaginal practices?
12. If yes, what vaginal practices do they use?
13. What are the benefits that you derive from vaginal practices?
14. How did you get to know about vaginal practices?
15. When did you start using vaginal practices?
16. Did you undergo any training on the use of vaginal practices?
17. Does your partner know that you use vaginal practices?
18. Do you think it is important for a woman to use vaginal practices?

19. Would you recommend someone else to use vaginal practices?
20. Have you ever experienced any health complications from vaginal practices?
21. What do you think is your role in your sexual relationship?
22. Do vaginal practices help you achieve that role?
23. How do you compare yourself with other women who do not engage in vaginal practices?
24. How do you think men perceive vaginal practices?
25. What value do you put on vaginal practices?
26. Do you get a sense of self as a woman from using vaginal practices?
27. In your opinion, for whose pleasure do women engage in vaginal practices?

Appendix H: In-depth female interview guide (Ndebele)

Uluhlu lwemibuzo ezabuzwa abesifazane

- Ukubingelelana lokwazana.
- Injongo yemibuzo ichazelwe ozabuzwa.
- Ukuthola imvumo kozabuzwa lokwaziswa kwakhe ukuthi ulelungelo lokwala ukuphendula imibuzo azizwa kungamphathi kahle ukuthi ayiphendule.
- Ilungelo lozabuzwa elokuthi athi hatshi kasanelisi ukuqhubekela phambili kungelanto embi ezakwenziwa kuye.
- Yazisa ozabuzwa ukuthi ukubuzana kuzakwenziwa ngaziphi izikhathi lokuthi nxa engazizwa sefuna uhlelo lokubuzana lolu lume okwesikhatshana, lubuye luqhubeke ngesinye isikhathi ukhululekile ukutsho njalo.

Imibuzo

1. Ungubani ibizo lakho (elamanga)?
2. Uleminyaka emingaki yokuzalwa?
3. Usuhlale okwesikhathi eside kangakanani esigabeni saseTshitatshawa?
4. Wendile yini?
5. Imikhuba yokuphathwaphathwa kwesitho sabomama sangasese uyizwisisa njani?
6. Yiphi imikhuba yokuphathwaphathwa kwesitho sabomama sangasese oyaziyo?
7. Ngombono wakho, yiziphi izici ezenza abesifazane bacine besenza imikhuba yokuphathwaphathwa kwesitho sabomama sangasese?
8. Ucabanga ukuthi kuqakathekile yini ukuthi abesifazane baphatheke emikhubeni yokuphathwaphathwa kwesitho sabomama sangasese? Nxa usithi yebo, ngenxa yani?
9. Uyayilandela yini wena imikhuba yokuphathwaphathwa kwesitho sabomama sangasese?
10. Nxa usithi yebo, yiphi yakhona imikhuba yokuphathwaphathwa kwesitho sabomama sangasese oyilandelayo?
11. Bakhona yini abanye obaziyo abayilandelayo imikhuba yokuphathwaphathwa kwesitho sabomama sangasese?
12. Nxa usithi yebo, yiphi imikhuba yokuphathwaphathwa kwesitho sabomama sangasese abayilandelayo?
13. Yiphi inzuzo oyithola ngokulandela imikhuba yokuphathwaphathwa kwesitho sabomama sangasese??

14. Wayifunda njani imikhuba yokuphathwaphathwa kwesitho sabomama yangasese?
15. Waqalisa nini ukuyilandela imikhuba yokuphathwaphathwa kwesitho sabomama sangasese?
16. Wake wakufundela yini ukulandela imikhuba yokuphathwaphathwa kwesitho sabomama sensitha?
17. Umyeni wakho uyakwazi yinin ukuthi uyayilandela imikhuba yokuphathwaphathwa kwesitho sabomama sensitha?
18. Ucabanga ukuthi kuqakathekile yini ukuthi owesifazane alandele imikhuba yokuphathwaphathwa kwesitho sabomama sensitha?
19. Ungamkhuthaza yini omunye ukuthi alandele imikhuba yokuphathwaphathwa kwesitho sabomama sensitha?
20. Sowake waphatheka kabi yini kwezempilakhle kubangelwa yikulandela kwakho imikhuba yokuphathwaphathwa kwesitho sabomama sensitha?
21. Ucabanga ukuthi umlandu wakho kuyini ekuthandaneni lomunye wakho?
22. Imikhuba yokuphathwaphathwa kwesitho sabomama sensitha iyakusiza yini ekufezeni umlandu lowo?
23. Uzibona unjani nxa uziqathanisa labanye abesifazana angayilandeliyo imikhuba yokuphathwaphathwa kwesitho sabomama sensitha?
24. Ucabanga ukuthi amadoda ayithatha njani imikhuba yokuphathwaphathwa kwesitho sabomama sensitha?
25. Omunye wakho oya laye emacansini uyakwazi yini ukuthi ulandela imikhuba yokuphathwaphathwa kwesitho sabomama sensitha?
26. Uyiqakathekisa okungakanani imikhuba yokuphathwaphathwa kwesitho sabomama sensitha?
27. Uzizwa ungumfazi uqobo ngokuthi ulandela imikhuba yokuphathwaphathwa kwesitho sabomama sensitha?
28. Ngombono wakho, abesifazane balandela imikhuba yokuphathwaphathwa kwesitho sabomama sensitha ukuze bakholisise bani?

Appendix I: In-depth male interview guide (English)

In-depth male interview guide

- Greetings and introduction.
- The purpose of the interview is explained to the interviewee.
- Informed consent obtained from the interviewee and their right to decline answering any question that they are uncomfortable with are explained to them.
- Explain their right to withdraw from the interview at any stage without consequence should they feel the need to.
- Let the interviewee know the approximated time the interview will take and that should they wish for the interview to stop at some stage and continue at another appointed time, they should feel free to say.

Questions

1. What is your name (pseudonym)?
2. How old are you?
3. How long have you lived in Tshitatshawa village?
4. Are you married?
5. What is your understanding of vaginal practices?
6. What are the different types of vaginal practices that you know of?
7. In your opinion, what are the different factors that contribute to the use of vaginal practices among women?
8. Do you think it is important for women to engage in vaginal practices? If yes, why?
9. Do you know anyone who uses vaginal practices?
10. If yes, what vaginal practice(s) do they use?
11. What do you think are the benefits that women derive from the use of vaginal practices?
12. What do you think are the benefits that men derive from the use of vaginal practices by women?
13. How did you get to know about vaginal practices?
14. Do you think it is important for women to use vaginal practices?
15. Do you think the use of vaginal practices by women enhances sexual pleasure for men?
16. What do you think is the role of women in sexual relationships?
17. Do vaginal practices help women achieve that role?

18. How do you think men generally perceive vaginal practices in your village?
19. Is there value that is put on vaginal practices?
20. In your opinion, for whose pleasure do women engage in vaginal practices?

Appendix J: In-depth male interview guide (Ndebele)

Uluhlu lwemibuzo ezabuzwa abesilisa

- Ukubingelelana lokwazana.
- Injongo yemibuzo ichazelwe ozabuzwa.
- Ukuthola imvumo kozabuzwa lokwaziswa kwakhe ukuthi ulelungelo lokwala ukuphendula imibuzo azizwa kungamphathi kahle ukuthi ayiphendule.
- Ilungelo lozabuzwa elokuthi athi hatshi kasanelisi ukuqhubekela phambili kungelanto embi ezakwenziwa kuye.
- Yazisa ozabuzwa ukuthi ukubuzana kukwenziwa ngaziphi izikhathi lokuthi nxa engazizwa sefuna uhlelo lokubuzana lolu lume okwesikhathshana, lubuye luqhubeke ngesinye isikhathi ukhululekile ukutsho njalo.

Imibuzo

1. Ungubani ibizo lakho (elamanga)?
2. Uleminyaka emingaki yokuzalwa?
3. Usuhlale okwesikhathi eside kangakanani esigabeni sakoTshitatshawa?
4. Uthethe yini?
5. Imikhuba yokuphathwaphathwa kwesitho sabomama sensitha uyizwisisa njani?
6. Yiphi imikhuba yokuphathwaphathwa kwesitho sabomama sensitha oyaziyo?
7. Ngombono wakho, yiziphi izici ezenza abesifazane bacine besenza imikhuba yokuphathwaphathwa kwesitho sabomama sensitha?
8. Ucabanga ukuthi kuqakathekile yini ukuthi abesifazane baphatheke emikhubeni yokuphathwaphathwa kwesitho sabomama sangasese? Nxa usithi yebo, ngenxa yani?
9. Ukhona yini umuntu omaziyo oyilandelayo imikhuba yokuphathwaphathwa kwesitho sabomama sangasese?
10. Nxa usithi yebo, yiphi imikhuba yokuphathwaphathwa kwesitho sabomama sensitha abayilandelayo?
11. Yiphi inzuzo etholwa ngabesifazane ngokulandela imikhuba yokuphathwaphathwa kwesitho sabomama sangasese??
12. Ucabanga ukuthi yiphi inzuzo etholwa ngabesilisa ekuphathekeni kwabesifazane ekulandeleni imikhuba yokuphathwaphathwa kwesitho sensitha sabomama?
13. Wayazi njani imikhuba yokuphathwaphathwa kwesitho sabomama yangasese?

14. Ucabanga ukuthi kuqakathekile yini ukuthi owesifazane alandele imikhuba yokuphathwaphathwa lwesitho sabomama sensitha?
15. Ucabanga ukuthi ukulandelwa kwemikhuba yokuphathwaphathwa kwesitho sensitha sabesifazane kwenza ukuthi amadoda alukholise kakhulu yini?
16. Ucabanga ukuthi umlandu wabesifazane phakathi kwabantu abathandanayo yiwuphi?
17. Imikhuba yokuphathwaphathwa kwesitho sabomama sensitha siyabasiza yini abesifazana ekuthini bawufeze lowo mlandu?
18. Ucabanga ukuthi amadoda ayibheka ngalihlo liphi imikhuba yokuphathwaphathwa kwesitho sensitha sabomama esigabeni sakho?
19. Sikhona isisindo esinikwa ukulandela imikhuba yokuphathwaphathwa kwesitho sangasese sabomama?
20. Ngombono wakho, abesifazane balandela imikhuba yokuphathwaphathwa kwesitho sabomama sensitha ukuze bakholisise bani?