

EFFECTS OF TRADITIONAL VAGINAL PRACTICES ON REPRODUCTIVE HEALTH AMONG PREGNANT WOMEN AT ISIOLO DISTRICT HOSPITAL

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ABSTRACT

Background

Although traditional vaginal practices have always been known to occur among the Cushitic communities of Kenya, the actual prevalence and their impact has not been determined. As these practices involve chemical and structural changes of vaginal lining, there is need to establish their adverse effects so that appropriate interventions are formulated.

Objective

To study traditional vaginal practices in Isiolo focusing on the prevalence, reasons for the practice, perceived benefits and adverse effects of the practice.

Outcomes measured: prevalence, reasons for practice, perceived benefits and adverse effects experienced.

Methods

A cross-sectional descriptive study was carried out among the antenatal mothers at Isiolo district hospital. Personal interviews were conducted with 356 antenatal mothers using a structured questionnaire.

Results

The prevalence of life time practice of Traditional Vaginal Practices (TVPs) among the study group was 42.7%. The practice was significantly more among the Indigenous women than the Non-indigenous (53.2 vs. 25.4%; $p < 0.001$). The prevalent types of practices found were Smoking of vagina, Irrigation with liquids, burning with hot objects, Insertion of substances, stitching to reduce vaginal size and drying with cloths. Agents used for vaginal Insertion and Irrigation were herbal products, cotton wool, salty water, soft drinks Coca cola and Sprite, domestic bleach “Jik” and water with soap. The invasive practices consisting of vaginal burning with hot objects and stitching were significantly exclusive to the indiginous communities (21.2 Vs 0.0%; $p = 0.008$). The non- invasive

modes which include vaginal smoking, irrigation, substance insertion and drying with clothes were significantly more predominant among the Non-indigenous (100 Vs 78.8%; $P < 0.001$). Traditional vaginal practices were significantly more prevalent among those who were ever married than singles (43.9 vs. 34.1%; $p = 0.007$), Muslims than Christians (58.9 vs. 28.9 %; < 0.001), reduces with rising education level (< 0.001) and increases with rising gravidity ($p < 0.001$). Religion was found to be independently associated. The most frequently cited reasons for the practices were treatment of vaginal discharge and other infections (66.4%), drying the vagina to achieve dry sex (58.6%), improve vaginal smell (58.6%), to cleanse the vaginas (47.4%), to tighten the vagina for sex (46.7%) and to prevent infections (29.6%). The benefits reportedly accrued from the practices were increased sexual pleasure for self and spouse (77.6%-84.9% respectively), clean good smelling vagina (77.6%), comfortably dry vagina (74.3%), cure of vaginal infections (52.0%) and prevention of infections (29.6%). The most frequently reported immediate adverse effects associated with the practices were secondary infections (21.1%), pain (19.7%), vaginal wounds (12.5%), vaginal swelling (11.8%) and urinary problems (8.6%). Sexual difficulties experienced with the practices were mostly superficial dyspareunia (24.3%), persistent postcoital pain (18.4%), deep dyspareunia (14.5%), excessive vaginal dryness (14.5%) and vaginal injuries (14.5%).

Conclusions

Traditional vaginal practices were prevalent among the antenatal mothers studied. The practice was more common among the indigenous communities. Some types of vaginal practices were invasive. Only religion was found to be independently associated with vaginal practice. Education level was inversely related to prevalence of TVPs. Immediate adverse effects and sexual difficulties were associated with TVPs

Recommendations

Government to undertake measures that elevate education levels and provide health education to the community. Better understanding of reasons and impact of interventions should be enhanced through prospective studies.