



**Use of sexual pleasure-enhancing substances among hair salon female workers in  
Durban: A Qualitative Inquiry**

**By**

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## **DECLARATION**

I declare in good faith that this dissertation is my own original work. All citations, references and borrowed ideas have been duly acknowledged. No part of this work has been submitted anywhere else in application for any qualification.

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## **ABSTRACT**

The use of sexual pleasure-enhancing substances (SPES) is fast-gaining traction among sexually active, young Black females globally. The researcher's interest is on the implications of this practice on safe sex. The use of pleasure-enhancing substances and vaginal practices, particularly intra-vaginal cleansing and the drying or tightening of the vagina is driven by beliefs that may ensure sexual pleasure as every woman's prerogative. Thus, women risk acquiring sexually transmitted infections (STIs), including HIV. The belief that SPES are only efficacious without using the barrier method elevates women's risk of acquiring HIV. This study aims to explore the use of SPES among female hair salon workers in Durban to foster an understanding of how this practice impacts on safe sex practices and sexual reproductive health. The study used qualitative interviews to elicit the views of 12 selected young Black African women (BAW) working in hair salons in Durban's central business district (CBD) regarding the use of SPES and various vaginal practices. Purposive and the snowball sampling techniques were used to identify information-rich participants. Data were analysed using thematic analysis. The findings indicate that SPES affect safe sex practices and place women's sexual reproductive health at risk. Most young BAW were not practising safe sex with their partners. The practice of unsafe sex among this cohort was driven by the need to sexually satisfy male partners, thus maintaining the much-needed grip in love relationships. The findings also indicate that BAW are conversant with sexual and reproductive health issues.

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## **LIST OF ACRONYMS AND ABBREVIATIONS**

<b>AIDS</b>	Acquired Immune-Deficiency Syndrome
<b>BAW</b>	Black African Women
<b>HIV</b>	Human Immune-Virus
<b>SPES</b>	Sexual pleasure-enhancing substances
<b>STD</b>	Sexually Transmitted Disease
<b>STI</b>	Sexual Transmitted Infection
<b>UNAIDS</b>	Joint United Nations Programme on HIV and AIDS
<b>WHO</b>	World Health Organization

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# CHAPTER 1

## INTRODUCTION

### 1.1 Introduction and outline of the dissertation

People engage in sexual activities for several reasons, though sexual pleasure is the primary motive. Sexual pleasure can be understood as the pleasant feelings that are stimulated by sexual contact and sexual experiences (Rye & Meaney, 2007). Further, sexual feelings can also be stimulated by romantic thoughts as well as fantasies. In different parts of the world, women engage in a variety of sexual behaviours that are believed to enhance sexual pleasure during sexual intercourse (Bagnol & Mariano, 2008). These behaviours such as the use of sexual pleasure enhancing substances are common in some parts of the world, though they vary depending on the behaviour which an individual sees as suitable for them.

Women's use of a variety of products to modify and enhance the appearance, shape and appeal of their genital areas has been documented for centuries (Scorgie et al., 2009). Further, these vaginal practices have been defined in a vast range of geographical regions because different geographical areas have unique perceptions, cultures and ways of understanding life; hence, this has influenced the meaning they attach to such practices and the substances they use. The reasons for adopting these sexual practices include, but are not limited to, the sexual satisfaction of one or both partners, personal hygiene, health or well-being, fertility and financial stability (Lazarus et al., 2019).

Sex-enhancing activities entail the process of becoming sexually active by using aphrodisiacal products to increase libido, boost stamina, and strengthen the body for sexual activities (Mcetywa, 2001). Essentially, it is believed that these products help to enhance sexual pleasure. Women's use of SPES include a variety of modifications and interventions meant to transform their genitals, which may include incisions in the vaginal or perineal area, insertion and application of substances into the vaginal area (Hilber et al., 2012). These modifications are believed to contribute to several desirable characteristics such as cleanliness, warmth and the tightness of the vagina. Women believe that good vaginal practices and use of sexual pleasure-enhancing substances make their genital areas clean, dry, warm, and tight, resulting in the enhancement of desirable sexual intercourse to their male partners.

In South Africa, young women are twice as likely to acquire HIV compared to their male peers (UNAIDS, 2019). Vaginal practices, including the use of SPES, have been shown to increase the risk of acquiring HIV amongst women as unprotected sex is not considered a priority by women who engage in such practices (Lazarus et al., 2019). This means that the practices involved in the use of sexual pleasure-enhancing substances place women at a higher risk of acquiring HIV and AIDS and STIs. The use of SPES and vaginal practices, such as intravaginal cleansing and drying or tightening, are believed to exacerbate women's risk of acquiring HIV and other STIs as some of these practices often involve incisions made in the genital area (Scorge & Kunene et al., 2009). Consequently, this makes young women more vulnerable to STIs, including HIV and AIDS as they engage in unsafe sex. This reinforces the view that women are at risk of contracting sexually transmitted infections when engaging in these practices, especially if they do not consider safe sex practices during sexual intercourse. The practice of safe sex among women and their partners should be thoroughly examined to ascertain its impact on the spread of HIV and AIDS. The aim of this study is to closely examine this phenomenon.

Safe sex and healthy sexual relationships among young women who use pleasure-enhancing substances pose a huge sexual and reproductive health problem. In a study conducted by Scorge et al. (2009), the participants revealed that vaginal practices were often considered efficacious only when there is direct contact between bodies, a practice commonly known as "skin-on-skin" sexual intercourse; thus, many of the female participants in that study expressed a deep reluctance to use condoms while also engaging in vaginal practices. Furthermore, condoms were seen as a barrier to pleasurable sex. The results obtained by Scorge et al. (2009), suggest that condom use is regarded as a barrier to the achievement of the desired outcome of using SPES which is primarily sexual pleasure and partner satisfaction. This also points to the fact that safe sex practices are not considered during sexual intercourse, which places the women and their partners at an elevated risk of contracting sexually transmitted diseases, including HIV and AIDS.

In most countries, the types of vaginal practices include; external washing, intravaginal cleansing or douching, application of substances, insertion of substances and ingestion of herbal or other substances as well as steaming the vagina with traditional herbs (Hilber et al., 2010). The sexual health implications, biomedical consequences as well as the safety of such practices raise concern as some of the products used are not initially manufactured for use in the vaginal area. Thus, the understanding or knowledge of sexual and reproductive health

among women who engage in such practices is questionable. Further, it was important for the researcher to examine the use of SPES to determine if women who engage in such practices consider the consequences these have on their sexual and reproductive health.

In a study of vaginal practices in KwaZulu-Natal, Scorge et al. (2009) mention that what is described as 'sexual health' in the Western context might be translated locally as successfully attracting men and sustaining personally and economically rewarding relationships with them. Precisely, local women might understand sexual health as have satisfying sexual relationships with men on who they depend on economically. It was also found that women engage in vaginal practices in order to enhance men's sexual pleasure and exercise agency or control in their relationships with men (Scorge et al., 2009). This brings into focus the need to interrogate how women who use such substances understand sexual health. Further, it is imperative to inquire into the factors that motivate women to use sexual pleasure-enhancing substances, a phenomenon this study has examined in detail.

## **1.2 Problem statement**

The use of SPES among women is a practice which brings to the fore the impact the practice has on young Black African women and their partners. As the use of sexual pleasure-enhancing substances is often considered efficacious only when there is direct sexual contact between bodies (unprotected sex), this poses questions regarding the way young women protect themselves against communicable diseases, particularly HIV and AIDS and other STIs. According to Scorge et al. (2009) and Kunene et al. (2009), the use of pleasure-enhancing substances and vaginal practices such as intra-vaginal cleansing, drying or tightening, arguably places women at a higher risk of acquiring HIV and STIs.

Vaginal practices also involve incisions made in the genital area for sexual intercourse to be pleasurable. This poses a problem as it impacts negatively on the spread of HIV and STIs if measures to ensure protected sex are not taken into consideration. The incisions made in the genital area make the women and their partners susceptible to HIV and AIDS and STDs. Studies have shown limited understanding of how these practices adversely impact on safe sex practices and how they contribute to the spread of HIV and AIDS. This study sought to identify this gap as the overall aim of this study was to explore safe sex practices among young women who are using pleasure-enhancing substances.

The vaginal practices undertaken by the women, particularly the substances used to enhance pleasurable sex, raises concerns that necessitate the need to find out if women who use sexual pleasure-enhancing substances are knowledgeable about sexual and reproductive health. Scorge et al., 2009, mention that there is limited understanding of what these practices entail, what motivates women to undertake them and what their socio-cultural and historical meanings are. This study also focuses on an in-depth exploration of what motivates young women to engage in these practices as well as determining the level of knowledge the young women have about sexual and reproductive health.

### **1.3 Aim and objectives of the study**

The aim of this study was to explore the use of sexual pleasure-enhancing substances among female hair salon workers in Durban in order to understand the impact of this practice on safe sex practices and sexual reproductive health. The objectives of the study were as followed:

To gain insight into influencing factors on the young women's motivation to use pleasure-enhancing substances.

To better understand how the use of pleasure-enhancing substances impact safe sex practices

To explore young women's knowledge on sexual and reproductive health issues

### **1.4 Key questions**

The overall objective of this study was to explore the safe sex practices undertaken by the young women who use sexual pleasure-enhancing substances.

This study intended to answer the following research questions:

- (i) How does the use of pleasure-enhancing substances impact on safe sex practices?
- (ii) What knowledge do young women have on sexual and reproductive health?
- (iii) What motivates or influences the young women to use pleasure-enhancing substances?

### **1.5 Structure of the dissertation**

This dissertation consists of five coherent chapters that compromise of the following:

## **Chapter One: Introduction**

This chapter presents an introduction to the research phenomenon under study and the background to the research topic. The rationale for undertaking the study is outlined in detail together with the aim of the study. Furthermore, the chapter presents the key questions and the entire structure of the dissertation.

## **Chapter Two: Literature review and conceptual framework**

This chapter explores previous literature focusing on vaginal practices, including the use of sexual pleasure enhancing substances at a global scale. The chapter begins by outlining the different definitions of vaginal practices, types of these that exist, and how these behaviours are put into practice. The chapter further provides literature on the factors that motivate such practices as well as the implications these practices have on women's sexual and reproductive health. In addition, the chapter discusses the conceptual framework underpinning the research study.

## **Chapter Three: Research Methodology**

This chapter describes the research methodology used in this study and justifies the selection of this research methodology. The chapter also outlines the ethical considerations the study upheld. It further presents the limitations of the study.

## **Chapter Four: Research findings**

This chapter presents the research findings obtained from the interviews conducted with the research participants. The results were analysed through thematic analysis that focused on the themes which were obtained from the interviews.

## **Chapter Five: Discussion of the findings**

This chapter discusses the research findings and the conclusions the study arrived at. The study found that women engage in the use of sexual pleasure-enhancing substances for a number of reasons, which include the desire to sexually satisfy their partners. It emerged that the use of such substances impacts negatively on safe sex practices and sexual and reproductive health.

## **CHAPTER 2**

### **LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK**

#### **2.1 Introduction**

This chapter reviews the literature that focuses on vaginal practices such as the use of sexual pleasure-enhancing substances which are practised by women, globally. The study focuses on vaginal practices such as the use of SPES by women for multiple reasons. The specific topic examined by this study has not been the subject of research in the past, thus creating a knowledge gap regarding the issue of sexual pleasure-enhancing substances and how they negatively impact on safe sex practices and sexual and reproductive health. Further, most of the literature tends to focus on the motivation behind engaging in such practices and the kinds of vaginal practices that exist globally. As a result, there is a dearth of literature on the impact of sexual enhancing substances or vaginal practices on safe sex practices; therefore, a knowledge gap exists in the literature that relates to the topic of the study. This chapter begins by presenting a detailed definition of sexual pleasure-enhancing substances and vaginal practices that are being practised in South Africa, around Africa and in other countries around the world. This chapter examines the influences or motivations behind the use of these sexual pleasure-enhancing substances. The study focuses on the cultural beliefs and norms that influence these practices. The chapter also provides knowledge about the possible negative health consequences of engaging in vaginal practices. Such adverse implications include sexual and reproductive health problems, STIs as well as HIV and AIDS. The two chosen conceptual frameworks which this study has adopted are the Ecological systems theory (Bronfenbrenner, 1986) and Social Cognitive Theory (Bandura, 1988). These conceptual frameworks will be discussed in detail.

#### **2.2 Defining vaginal practices and sexual pleasure enhancing substances.**

This section defines the vaginal practices and sexual pleasure-enhancing substances that women undertake. In different countries worldwide, women engage in a variety of behaviours that are believed to enhance sexual pleasure during sexual intercourse. Vaginal practices as well as the use of sexual-pleasure enhancing substances may include incisions in the vaginal area, insertion and the application of substances in the vaginal area (Bagnol & Mariano, 2008).

These modifications of the genital areas undertaken by women are renowned for enhancing genital cleanliness, warmth and for tightening the vagina. According to Hilber, Chersich, Van de Wijgert, Rees and Temmerman (2007), vaginal practices and the substances used by a large percentage of women across the world which is about 55 % are used to tighten, dry, warm and clean their vaginas. Thus, women believe that vaginal practices and the products that they use bring about sexual pleasure as their bodies and genital areas would be clean, dry, warm and tight. Alcaid, Mumbi, Chitalu, and Jones (2013) define vaginal practices as encompassing a variety of behavioural techniques that women use inside or outside their vaginas to enhance their sexual pleasure and personal hygiene. Women perceive these vaginal practices as beneficial to sexual and reproductive health as they enhance vaginal cleansing.

The use of vaginal substances and vaginal practices has different meanings as people's perceptions are shaped by the culture or geographical area. Different parts of the world have their unique perceptions regarding vaginal practices and substances used. In America and Europe, where female sexuality has been allied with pathology since time immemorial, interest in vaginal practices was often associated with either female chastity and cleanliness (douching) or immorality; such vaginal practices include contraception, abortion, or treatment of STI's (Hilber et al., 2012). This reinforces the point that in different contexts, different meanings are attached to vaginal practices. In some parts of the world, these practices may be seen as good while they are regarded as wicked in other societies.

Studies have also shown common trends of vaginal practices globally. In India, Turkey and China, an important form of literature has perceived sexual and health-related practices as being embedded in local cultural meaning (Hilber et al., 2012). Apparently, in other countries, such practices are influenced by their culture and this has a significant cultural meaning. In a study conducted by Scorgie et al. (2009), both male and female participants (aged 19-63) in KwaZulu-Natal Province gave similar views regarding what vaginal practices and sexual pleasure-enhancing substances include. The participants mentioned that vaginal practices include the use of substances which serve such purposes as; ensuring the dryness of the vagina, tightening of the vaginal area, enhancing cleanliness, adding warmth or heat to the genital area, enhancing sexual pleasure through increasing libido and boosting stamina (Scorgie et al., 2009). Similar sentiments regarding vaginal practices have been expressed by Hilber et al. (2007) who state that the products used by women across the world served purposes such as tightening, drying, warming and cleaning their vaginas.

The use of SPES and other vaginal practices is common in some parts of Africa. Vaginal practices are commonly self-reported by women in African communities (Lazarus et al., 2019). Hence, women do speak out about engaging in such practices. According to Alcaid et al. (2013), women in Sub-Saharan Africa engage in vaginal practices to promote “dry sex”, a practice that seeks to increase the pleasure of sexual partners by drying the vagina with cloths, herbs as well as products taken orally and applied on the vagina. In a study conducted with Mozambican female participants, it emerged that vaginal practices included the extension of the labia minora, the insertion of natural or synthetic products into the vagina and the oral ingestion of these products to bring about sexual pleasure or desire (Bagnol & Mariano, 2008). This means that the products used to extend the labia minora or enhance sexual pleasure are not only inserted in genital areas but are also used orally.

These practices, as they take place in the Mozambican context, are seen as important to the construction of female identity, eroticism and the enhancement of sexual pleasure (Bagnol & Mariano, 2008). Moreover, in this country, notions such as ‘closed or open’, ‘dry or damp’, ‘hot or cold’, ‘heavy or light’, ‘life or death’, ‘wealth or poverty’ as well as ‘tight or loose’ are central to the local understandings of sexual practices and reproduction. These notions are central to their understanding of sexual practices and reproduction, which they regard as important among women. These practices are wide-spread in Sub-Equatorial Africa and in a few other nations, with the quality of being “dry” as opposed to being “wet” having become of significant public health interest because of its propensity for facilitating the spread of HIV and AIDS and the infection of females with the disease (Levis, 2005). Nevertheless, considering the different meanings attached to vaginal practices, one may wonder which types of substances the women use when engaging in such practices.

### **2.3 Types of vaginal practices and sexual enhancing substances**

Globally, there are different types of vaginal practices in which women engage in. Hilber et al. (2010) conducted a study with women from Indonesia, Mozambique, South Africa, and Thailand in order to determine the different types of vaginal practices they undertake as well as the types of substances they use. The results of this study indicated that there were a few commonly held beliefs among the participants in all of the four countries regarding how the vagina should be maintained, cleaned and prepared for sexual intercourse (Hilber et al., 2010). Most women in all the four countries reported that it is important to wash and prepare the

vagina before, in between as well as after sex as this keeps the vagina clean, warm, tight and not too dry or wet.

The types of vaginal practices commonly undertaken in these countries included external washing, intra-vaginal cleansing or douching, the application of substances, the insertion of substances and the ingestion of herbal or other substances. Furthermore, other practices included steaming the vagina, cutting or incision as well as elongation of the labia.

### **2.3.1 External washing**

Worldwide, women engage in the practice of external washing of the genital areas using both traditional and modern substances. In Indonesia, external washing includes the traditional practice of washing the vagina with homemade infusion made from betel leaves as well as modern commercial vaginal soaps and solutions (Hilber et al., 2010). Similarly, women in Thailand use soaps and shampoos extensively sold in shops as ‘vaginal cleansers’ to wash their bodies and genital areas (Hilber et al., 2010). Comparatively, women from African countries such as Mozambique and South Africa use a wide variety of household products, including sunlight soap, to wash genital areas. These practices are widely used in these African countries (Hilber et al., 2010). In addition, external washing is renowned for promoting cleanliness, odour reduction, as well as the treatment of suspected infection or the symptoms thereof.

The women also believed that an ‘unclean’ body (a person who does not use SPES) could make them unappealing and even repulsive to their partners; hence, they reiterated the cleansing of their bodies. A cleansing substance named “Isigezo” is reportedly used for cleansing the body and is usually sold as crushed herbal medicines in the form of an ‘isigezo kit’ which includes different kinds of crushed herbs (Scorgie et al., 2009). This means that the woman cleanse their bodies and genital areas to protect their relationships as they believe this practice makes their partners love them more and not cheat. These products are obtained from traditional chemists and herbalists who trade at informal markets. Other forms of genital cleansing, such as intra-vaginal cleansing, occur as part of daily hygienic practices.

### **2.3.2 Intra-vaginal cleansing and douching**

Studies have shown that intra-vaginal cleansing and douching are being practised by women around the world. It is common for women to specifically wash the genital area or douche the

vaginal canal itself before and after sex using liquid preparations such as lemon juice, household detergents, perfumed oils, cold water, and ash diluted in water (Scorge et al., 2009).

In a study conducted in China by Ma et al. (2017), a total of 2, 648 female sex workers participated in the study and of these, 1, 687 worked at hair salons. The results of this study revealed that 45.5% of the female sex workers who also worked in salons engaged in unprotected sex with their clients and vaginal practices which included consistent vaginal douching after commercial sex were used to promote hygiene as well as to eliminate genital symptoms (Ma et al., 2017). One of the reasons cited for not using protection was that clients were unwilling to use them. Other reasons for engaging in unprotected sex included the need to attract clients, to avoid the reduction of pleasure, and not believing that condoms were necessary; thus, they did not have condoms readily available at that moment. It is notable that the female sex workers who also work in salons are at great risk of contracting HIV and AIDS and STDs as well as contributing to the spread of these diseases. The findings of this study corroborate those of Carter et al. (2013) who mentioned that the prevalence of intra-vaginal cleansing or douching and unprotected sex has been particularly high in studies of sex-workers.

Intra-vaginal cleansing was also found to be a common practice among women in Jamaica. A study conducted by Carter et al. (2013) on intra-vaginal cleansing among women attending a sexually transmitted infection clinic in Jamaica confirmed that most women engage in intra-vaginal cleansing. The findings attest to the fact that most of the participants engaged in intra-vaginal cleansing primarily for general hygiene, which was unrelated to sex, while a few of the participants did it for sex-related hygiene as well as drying or tightening the vagina. The products which the participants commonly used for cleansing the vagina included soaps, usually with water and a cloth, fresh water only, vinegar, commercial detergents and commercial douches (Carter et al., 2013). The application and insertion of substances was commonly practised by the participants.

### **2.3.3 Application and insertion of substances**

The application and insertion of substances in the vagina were commonly practised by many women around the world. External application of substances involves the placing or rubbing of various substances or products on the external genitalia, which include the labia, clitoris or the vulva (Hull et al., 2011). An intra-vaginal insertion is the process of pushing or placing a certain substance into the vagina; such substances often include powders, creams, herbs, sticks, stones, leaves, et cetera, irrespective of the duration the substance is left inside (Hull et al.,

2014). In addition, intra-vaginal insertions have been described as having the ability to increase the ‘warmth’ of the vagina (Gafos et al., 2010).

Studies have shown that in Asian countries such as Indonesia and Thailand, substances such as herbal preparations are applied topically and an ointment used to treat feet diseases are applied into the vagina (Hilber et al., 2010). In addition, traditional oil which is called *minyaktawon* and groin-whitening cream are also applied into the vagina. A wide variety of creams and unguents such as *madura rod* are used (Hilber et al., 2010). These products are made from lime stone and sold locally. Hilber et al. (2010) also mentioned that some of the herbal substances which are applied onto the vagina are also used for insertion. Furthermore, vaginal inserts (metals or precious stone) as well as vaginal tablets are used for insertion into the vagina in Indonesia and Thailand.

In a study conducted to investigate intra-vaginal insertion in Umkhanyakude District in KwaZulu-Natal, Gafos et al. (2010) found that the participants were aware of a number of products that were used as intra-vaginal insertions to enhance sexual pleasure and to keep partners committed to the relationship. These substances were inclusive of medication used for general personal hygiene, such as Disprin, also known as Aspirin, Inza (Ibuprofen), Colgate toothpaste, and bath salts (Gafos et al., 2010). The participants revealed that commercial products were also used for intra-vaginal insertion. These products include snuff (crushed tobacco) and knorrox cubes which is a South African food seasoning, as well as complementary medicines such as Tiger Balm (an anodyne and anti-itching remedy used for colds, headaches or insect bites) (Gafos et al., 2010).

Furthermore, the insertion of a range of traditional medicines known as *imithi* into the vagina was commonly practised in Umkhanyakude community. The participants confessed ignorance of some of the actual names or ingredients of the *imithi*. However, some of the traditional medicines that were mentioned included *imbulu oil* (the oil and fat of a water monitor), snake oil known as *mamlambo* as well as hippopotamus fat and *umganu* tree bark (soaked and then water is inserted vaginally) (Gafos et al., 2010).

The findings of Gafos et al. (2010), compare with the findings of a similar study conducted by Scorge et al. (2009), which mentions that women apply substances topically on the genital area shortly before sexual intercourse. Some of these substances include Tiger balm, which is rubbed on the inner part of the vulva, and *isimonyo*, which is a thick, greasy substance applied on the face, thus making a person’s face glow with beauty. Furthermore, it was found that snuff

is also commonly used by rubbing it in the inner part of the vulva as this brings tightness to the vagina. The ingestion and steaming of products are also common practices as outlined below.

#### **2.3.4 Ingestion and steaming**

The ingestion of substances is a common practice among women, notwithstanding the fact that it affects the vagina and uterus. According to a policy briefing published by the WHO (2012), the oral ingestion of substances included the drinking or swallowing of substances that are perceived as affecting the vagina. This is done to enhance sexual pleasure since the ingestion of these substances is thought to make the vagina dry, resulting in pleasurable sex (Rahbari, 2019). Ingestion appears to be the only practise which is physically unrelated to the vagina, although it is perceived to have effects which are similar to those of more direct vaginal practices. Furthermore, Scorgie et al. (2011) mentions that in KwaZulu-Natal, around one in every seven ingest products had to be ingested mainly for aphrodisiacal effects or to reduce vaginal lubrication. This implies that dry sex is considered pleasurable in KwaZulu-Natal as the women ingest substances to dry their vaginas. It was found that the ingested substances are mostly traditional and are used to enhance one's or a partner's sexual pleasure or for ensuring the fidelity of a partner (Scorgie et al., 2011). Similarly, women in Indonesia consume manufactured potions, commercially known as *jamu* to tighten the vagina in order to increase their partners' sexual satisfaction (Bagnol & Mariano, 2012).

Vaginal steaming or the smoking of the vagina involves sitting above a source of heat, particularly fire, coal, or a hot rock on which water, herbs or oils are placed to create steam or smoke (WHO, 2012). During this practice, the vulva is exposed to heated steam, usually infused with herbs; hence, you have to sit on what is essentially a mini bucket and the heated steam enters the vulva area (Burd, 2015 cited in Vandenburg & Braun, 2017). This steam is known to be worthy as far as cleansing the vagina and the uterus is concerned. Vaginal steaming has been one of the services being offered by 'holistic health spa clinics' in Australia, New Zealand, the United Kingdom and the United States of America (Heifetz, 2010 cited in Vandenburg & Braun, 2017). It may be argued that vaginal steaming is an innovative beauty treatment in such countries. Furthermore, it was believed to offer benefits in terms of fertility, overall sexual and reproductive health as well as general health and wellbeing (Vandenburg & Braun, 2017).

However, it was found that vaginal steaming is also potentially risky. For instance, the heated steam may disrupt healthy vaginal flora which leads to infection or the scalding of sensitive

vulva tissues as some women reported experiencing vaginal irritation, pain, bleeding and sores presumably resulting from vaginal steaming (Smit et al., 2011). Further, the promotion of 'dry sex' through vaginal steaming has been linked to increased risk of infection. Other studies conducted on vaginal steaming in Africa found that this practice is being undertaken and is mostly intended to enhance male sexual pleasure by tightening and drying the vagina (WHO, 2012).

### **2.3.5 Anatomical modification**

A study on gender, sexuality and vaginal practices was conducted in Southeast Asia (Thailand and Indonesia) and Southern Africa (Mozambique and South Africa) by Bagnol and Mariano (2012). Anatomical modification was an uncommon practice in most of these countries, except for Mozambique, where 25% of the women in Tete Province had undergone some kind of cutting in the vaginal area. According to Bagnol and Mariano (2012), anatomical modification includes different kinds of genital cuttings such as incisions, excisions and scarification. Precisely, women engage in genital cutting by incising and excising parts of the vagina. The study conducted by Bagnol and Mariano (2012) revealed that Tete women were motivated to engage in this practice to enhance male sexual pleasure, ensuring commitment and treatment of a vaginal infection.

In addition, the study by Bagnol and Mariano (2012) found that 3% of South African women living in KwaZulu-Natal reported this practice. Labial elongation was reported to be a common practice among the women in Mozambique's Tete Province as it was not practised in all the other countries. It appears the practice was mostly essential for maintaining feminine identity occurring from early adolescence and it was important for maintaining partner commitment as well as sexual pleasure (Bagnol & Mariano, 2012). Therefore, it became important to understand how the desire to increase sexual pleasure came about.

### **2.4 The desire to increase sexual pleasure**

The desire to increase sexual pleasure seems to stem from socially constructed attitudes towards how a vagina should function. According to Ombolo (1990), a large vagina is considered a serious problem in Sub-Saharan Africa. This thinking is shaped by attitudes of how a women's vagina should be in order for sex to be pleasurable. Many people despise a vagina that resembles a deep hole in which the penis simply swims inside it without touching its walls (Ombolo, 1990). Arguably, people have socially constructed perceptions of a good

vagina and this includes the size of the vagina. Furthermore, Kashamura (1973) confirms that a large vagina is a subject of ridicule; hence, the desired vagina must be narrow and hot. Precisely, a large vagina is not desirable; thus, a desirable vagina should be contracted and hot.

In a number of Sub-Saharan African countries, many women practise the so-called “dry sex”. This is practised usually by inserting various astringent substances into the vagina to dry up the normal lubrication fluid caused by sexual arousal; thus, giving the impression of a vagina that is still virginally tight and hot (Levin, 2005). Therefore, women promote dry sex by using substances that make men to believe that the vagina is dry, tight and hot. According to Levin (2005), such behaviour exhibited by women conforms to male-dominated cultural concepts that vaginal lubrication fluid (wet sex) signifies female infidelity, possible infection and makes sexual intercourse less pleasurable owing to reduced friction. Consequently, women feel the pressure to use substances that make the vagina dry; hence, this results in men discarding negative perceptions about them and this ensures pleasurable sexual intercourse.

The women who practise dry sex in male-oriented cultures are driven by the desire to sexually satisfy their men. According to Runganga, Pitts and McMaster (1992), women in male-oriented cultures claim that they undertake the vaginal practices not to dry the vagina per se but to make it tight and hot, which results in their sexual partners experiencing enhanced sexual pleasure. Clearly, these practices are done only to attain male sexual gratification. In this regard, Runganga, Pitts and McMaster (1992) mention that vaginal practices can make sexual intercourse very painful for the women. Hence, women prefer to undertake these vaginal practices and endure pain during sexual intercourse in order to enhance sexual satisfaction for their partners.

The different notions of what a vagina are to be the driving force behind women’s engagement in vaginal practices. According to Levin (2005), men distaste vaginas that have been overstretched and loosened by repeated childbearing as they prefer the tight, virginal vaginas. Therefore, it can be said that in order to compete and create the illusion of eternal youth, women undertake such practices to prevent their partners from being unfaithful by satisfying their sexual desires. Of particular concern is whether or not women and their male partners engage in safe sex practices when engaging in sexual intercourse in their pursuit of dry, tight and hot sex. Such pursuits raise concern as men prefer sexual intercourse that is characterised by friction.

## 2.5 Safe sex

The Better Health Channel (2018) defined safe sex as having sexual contact while protecting yourself and your sexual partner against sexually transmitted infections (STIs), HIV and unplanned pregnancy. On the other hand, the Planned Parenthood Federation of America Inc. (2019) identified many ways of making sex safer; one of the best ways is the use of a barrier like condoms, internal condoms, or dental dams every time one has oral, anal, or vaginal sex. Barriers cover parts of an individual's genitals which protect them and their partner from being in contact with body fluids and skin-to-skin contact which can both spread STDs. Within the context of safe sex practices, it is imperative to question if the women and their partners are aware of what constitutes safe sex and also to determine if they do adopt such safe sex practices to ensure healthy sexual relationships. For the purposes of this study, it is important to examine if these notions of "dry sex" or "wet sex" do have an influence on the young women's decision to engage in safe sex practices.

A study conducted by Lazarus et al. (2019) investigated women who used sexual pleasure-enhancing substances and found that the proportion of women who reported always using condoms was influenced by the nature of their partners. The results showed that 2.0% of the women used a condom with their main partner, 25.0% with casual partners and 42.9% with new partners. The results also showed that despite the high prevalence of casual sexual partnerships, self-reported transactional sex with concurrent casual or new partners, condom use remained poor with all partner types (Lazarus et al., 2019). These results indicate that condom use was a poor practice among women who concurrently engaged in transactional sexual intercourse with casual and new partners.

In addition, the above study also found that women who used condoms inconsistently and whose last sex was with a casual partner reported undertaking vaginal practices (Lazarus et al., 2019). Thus, condom use is clearly an inconsistent practice among women undertaking vaginal practices and having sex with casual partners. Furthermore, it may be asserted that vaginal practices seem to be a common practice among women who inconsistently engage in condom usage with casual partners. However, in this study, some of the challenges which the women face with condom usage were unclear as they used sexual pleasure-enhancing substances. Also, the findings of the study conducted by Lazarus et al. (2019) did not reveal the reasons behind inconsistent condom usage among the women, one of the knowledge gaps which this study aims to fill.

## 2.6 Cultural influences

The use of sexual pleasure-enhancing substances and vaginal practices in Sub-Saharan Africa is subject to cultural influences. In a study conducted by Lees (2014) with Tanzanian and Ugandan women who undertake vaginal practices, it emerged that these practices were influenced by several overlapping motives which included hygiene, morality, sexual pleasure, fertility, relationships and economic security. These motives were strongly rooted in cultural and social norms as well as subjective well-being. These motivations were influenced by the need to adhere to cultural norms that are centred on womanhood and personal well-being in relation to their sexual health, sexuality as well as healthy relationships. This attests to the fact that in Tanzania and Uganda, these motives are regarded as beneficial and important to women. Hence, the women resort to vaginal practices to fulfill these motives as they feel that they need to conform and adhere to cultural as well as social norms.

The findings of the study conducted by Lees (2014), further revealed that most of the women were introduced to vaginal practices by a female relative during adolescence. This would be usually their mother, aunt, sister or grandmother. The women were introduced to vaginal practices when they began menstruating; thus, they were given advice about sexual intercourse and marriage. According to Lees (2014), vaginal practices were conducted to enhance sexual pleasure, hence the teachings from older women or peers emphasised the importance of cleansing and tightening their vaginas to ensure sexual pleasure for men. It can be argued that the Tanzanian and Ugandan experiences encapsulate many cultural norms which are centred on women. These norms influence women's decision to engage in such practices. It is also evident that family members encourage women to engage in such practices when they are still young.

The diversity of cultural beliefs and norms influences the use of sexual pleasure-enhancing substances. Studies have revealed that different cultures sanction different body restrictions, sexual habits and behaviours; hence, what is accepted in one part of the world as normal behaviour might be perceived as abnormal elsewhere (Levin, 2005). This has an impact on the views and beliefs held by men regarding a woman's preferred vaginal state during sexual intimacy. The vaginal lubrication, which is stimulated by sexual arousal, is disapproved as 'wet sex' in most African countries, whereas most men in the Western world view this lubrication as a positive indicator of the woman's sexual responsiveness (Levin, 2005). These cultural beliefs and norms galvanise women into undertaking vaginal practices in order to remain loyal

to the cultural norms. Most of the women do not want to be seen as being promiscuous as in some cases wet sex indicates that the woman has been sexually active with many men. In addition, women need to secure their relationships; hence, they resort to the use of sexual pleasure-enhancing substances. It is against this backdrop that it became important to understand the implications of these practices on sexual and reproductive health.

## **2.7 Sexual and reproductive health**

Sexual and reproductive health ought to be considered an important factor when women engage in vaginal practices. The World Health Organization (2010) says that sexual and reproductive health implies that people are able to lead lives that are responsible, satisfying and characterised by safe sex. This encompasses the capability to reproduce as well as the freedom to decide when and how often they should (WHO, 2010). In this regard, it is important that women are aware as well as knowledgeable of what constitute sexual reproductive health as it is an important factor. Further, sexual health, which is implicit in reproductive health, is defined as requiring a positive and respectful approach to sexuality and sexual relations. In addition, it includes the possibility of having pleasurable and safe sexual experiences; when having sexual activities, they should also be free of coercion, discrimination and violence (WHO, 2002).

The vaginal practices that are performed for sexual pleasure and hygiene are held responsible for placing women's sexual and reproductive health at risk. According to the WHO (2012), women's vaginal care and the treatment of their genital area might expedite their vulnerability to STIs, HIV and other sexual and reproductive morbidities. Thus, the practices and substances used by the women exacerbate their susceptibility to STIs, HIV and a variety of other sexual and reproductive health conditions. This poses questions as to how knowledgeable women are about the effects of vaginal practices on sexual and reproductive health as well as their vulnerability to HIV and STIs. Funkhouser et al. (2002) undertook a study on women living in south-eastern United States and found that regular pap smears remained the commonest among women who douched. This suggests that the women who practised douching needed greater healthcare services. Further, this meant more risk for women who frequently used Pap smear services as well as practising douching as it affected their sexual and reproductive health.

Vaginal practices and female genital cutting have not only placed women at risk of communicable diseases but have also elevated the chances of contracting reproductive tract infections. Studies have shown that women who have been subjected to vaginal practices and

female genital cutting are more likely to show signs of reproductive tract infections (Okonofua et al., 2002). Clearly, women who undertake vaginal practices are more likely to acquire reproductive health complications.

Furthermore, it was found that the women were at risk of contracting bacterial vaginosis (Klebanoff et al., 2010). This means that vaginal practices may result in abnormal vaginal discharge, vaginal itching or vaginal odour. In addition to vulnerability to HIV and potential reproductive health outcomes, it was found that other reproductive health outcomes such as pre-term labour are common when undertaking vaginal practices (Sobel, 2002). It is clear that vaginal practices might have a negative impact on sexual and reproductive health. However, it is unclear whether the women who undertake these practices really have knowledge or an understanding of the impact of vaginal practices on sexual and reproductive health.

## **2.8 HIV and AIDS prevalence and vaginal practices**

The HIV and AIDS epidemic is one of the most prevalent diseases in South Africa. According to the UNAIDS (2019), South Africa has the highest HIV prevalence rate in the world, with about an estimated 7.7 million people living with HIV in 2018. Apart from having a high profile epidemic, South Africa accounts for about a third of all the new HIV infections in Southern Africa. In South Africa, HIV prevalence among young women is nearly four times greater than that of their young male counterparts (UNAIDS, 2019). This implies that HIV is widespread among young women and it remains a concern as it is four times greater than that of young men. According to Levin (2005), many of the chemical substances used for vaginal practices can cause damage to the cervical and vaginal epithelium, thus possibly causing infection as well as the transmission of HIV. Hypothetically, vaginal practices might place the women at risk of contracting HIV as well as possibly transmitting it especially if safe sex is not considered during sexual intimacy. While no causal relationship between possible damage to the cervical and vaginal epithelium due to vaginal practices, evidence found that damage to the cervical and vaginal epithelium place women at greater risk of HIV infection (ref).

Studies have shown that in some parts of Africa, vaginal practices are more common among women with HIV. For instance, vaginal cleansing was found to be a common practice among HIV-positive women in Lusaka, Zambia. This was confirmed by Alcaide et al. (2011) whose study focused on HIV infected women who constantly undertook vaginal cleansing practices. The study indicated that these women had higher rates of vaginal practices than previously

reported in other studies, which indicates that such practices are more common among HIV-positive women. This remains a concern as the high prevalence of vaginal practices among HIV-positive women could increase the rates of HIV transmission to their sexual partners and newborn babies. An alarming finding in the study was that over two thirds of the women used vaginal practices with the belief that it would decrease the risk of being infected with STI or HIV and avoid unwanted pregnancy (Alcaide et al., 2011). These findings raise concerns as the beliefs held by women who undertake these practices result in the spread of HIV and a negative impact on sexual and reproductive health. Hence, this further raises concerns about how knowledgeable women are about sexual and reproductive health.

## **2.9 Financial security**

Studies have shown that high rates of HIV infection among the youth are associated with transactional sexual relationships. According to Shefer and Strebel (2012), in an effort to address high rates of HIV infection among the youth, specifically young Black women, studies have focused on the commonality of transactional sexual relationships. This implies that in most cases, young women prefer to engage in transactional sexual relationships with the intention of gaining financial and material benefits. Further, financial gain increases the vulnerability of young women to coercive and risky sexual practices in such transactional sexual relationships. Most studies suggest that material considerations are driving relationships nowadays, placing young poor women at risk of contracting HIV and of unwanted pregnancies (Shefer & Strebel, 2012). This suggests that young women seeking transactional gains in sexual relationships are at a higher risk of contracting HIV and unwanted pregnancies if safe sex is not practised.

The economic constraints young women are experiencing seem to be the underlying reason for their engagement in transactional sexual relationships. Studies established that the majority of young women who engage in transactional sex were unemployed (Mampane, 2018). Those who were employed worked mainly in the informal labour sector as domestic workers, hairdressers, and street vendors. As a result of not having stable incomes, these young women resort to transactional sexual relationships mostly with older men. In these relationships, young women do not have a say in negotiating safe sex; hence, it is the older men who decide on safe sex as they are the providers in such relationships. This situation places young women at risk of HIV infection. It was also found that transactional sex is one of the major driving forces behind HIV transmission among older men and young women in rural South Africa (Mampane,

2018). This raises concerns about the negative impact of these relationships on the spread of HIV.

Transactional sex seems to be associated with young women's engagement in vaginal practices and multiple sexual relationships. Having multiple sexual partners appears to be gaining traction among women who undertake vaginal practices. In a study conducted by Carter et al. (2013) for intra-vaginal cleansing among women attending an STI clinic in Jamaica, it was found that engaging in transactional sex and having multiple partners were actually associated with intra-vaginal cleansing. The findings suggest that most of the women who are in transactional sexual relationships have multiple sexual partners and these women usually practised intra-vaginal cleansing. The findings suggest that in Jamaica, STIs are mostly prevalent among women who have multiple sexual partners for the purpose of financial gains and these women commonly practise intra-vaginal cleansing. However, the practice of safe sex among the young women and their sexual partners was not explored in this study; hence, it was ambiguous as to how often they engaged in safe sex practices or if they engaged in safe sex practices at all.

## **2.10 Conceptual framework**

### **2.10.1 The Ecological Systems Theory**

This study adopted the Ecological Systems Theory as its theoretical framework. The theory was developed by Urie Bronfenbrenner in the 1970s and it fosters an understanding of human behaviour in the social context, that is, it views an individual within an organised whole of their situation (Bronfenbrenner, 1986). This theory assisted the researcher in exploring safe sex practices among young women and the factors that influenced or motivated them to use sexual pleasure-enhancing substances. The Ecological Systems Theory posits that people are in constant interaction with their environment and are surrounded by networks that can impact positively or negatively on an individual (Wilder, 2009). Hence, the young women constantly interact with their immediate environment and are surrounded by networks that influence them to use sexual pleasure-enhancing substances. The Ecological Systems Theory consists of five spheres, which are: the microsystem, mesosystem, exosystem, macrosystem and chronosystem (Bronfenbrenner, 1986). This study only used the micro-system and macro-system as the components of these systems fit well with this present study.

The micro-level includes institutions and groups that are most immediate and have a direct impact on an individual, for instance, their family, partner, peers or healthcare facilities. According to Berk (2000), the microsystem is an individual's closest environment which includes structures which are in direct contact with an individual. For the purposes of this study, the partners of the young women, family, peers and healthcare facilities are found at this level. The immediate relationships which the young women have with these systems impact directly on the decisions they take. For example, the relationship which the young women enter into with their partners impacts on their choice with regard to undertaking safe sex practices. The social relationships which the young women enter into with their peers have a direct influence on their decision to use sexual pleasure-enhancing substances. In terms of accessing services such as healthcare from local clinics, this level examines if the young women have access to healthcare, particularly sexual and reproductive health education and services.

The macrosystem includes the culture in which individuals live or the influences of the government and national policies. According to Johnson (2008), the macrosystem level is seen as the social blueprint of a given culture, subculture, or broad social context which consists of the overarching pattern of values, belief systems, lifestyles, opportunities, customs and resources embedded therein. The macrosystem level applies to this study as culture and belief systems might affect the behaviour of the young women. For example, the cultural beliefs or systems which the young women grew up under may influence their decision to use SPES. Thus, the use of SPES might be attached to cultural or historical meanings that influence the young women.

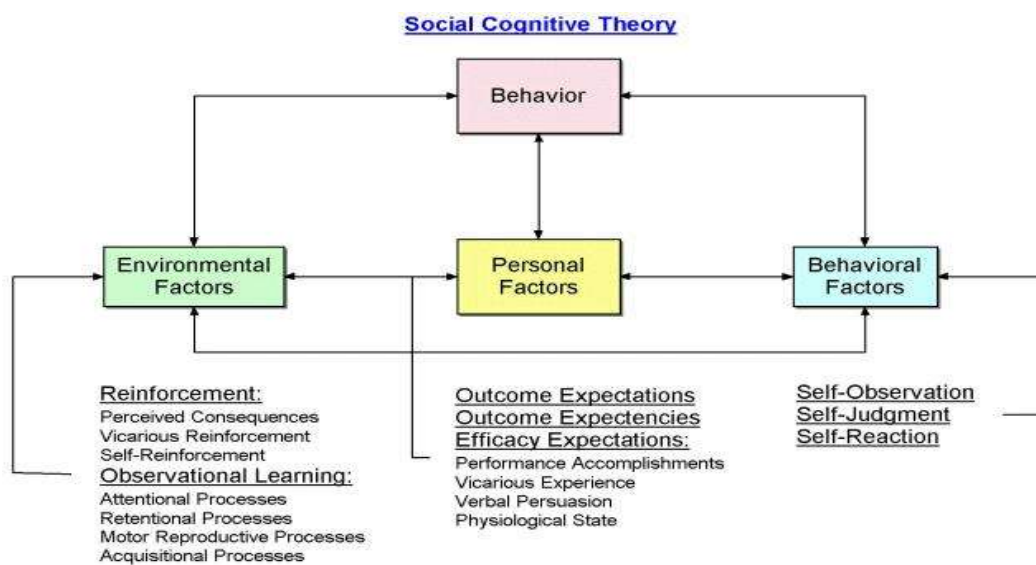
The Ecological Systems Theory gives a means of understanding the ways in which the environment affects the individual and how that individual affects the environment (Meyer & Mattaini, 1995). The Ecological Systems Theory was applicable to this study as it focuses on the wholeness, interdependence, and complementarity of human beings. This theory provides a holistic view which fosters an understanding of the influences behind pleasure-enhancing substances.

### **2.10.2 Social Cognitive Theory**

The study also adopted the Social Cognitive Theory. The Social Cognitive Theory (SCT) was first propounded in the 1960s by Albert Bandura as the Social Learning Theory (SLT) and it developed into the SCT around 1986. The SCT suggests that learning occurs in a social context, with a dynamic and reciprocal interaction between the person, environment, and behaviour

(Rimer & Glanz, 2005). This means that the learned behaviour of the young women is inclusive of reciprocal interaction of the young women, their environment and behaviour. The SCT considers the unique way in which individuals acquire and maintain behaviour, while also considering the social environment in which individuals exhibit the behaviour (Rimer & Glanz, 2005). In relation to this study, the theory allows for the consideration of how the young women acquire and maintain the practice of using SPES. Further, the social environment of the young women is considered in this study as it also impacts on the use of sexual pleasure enhancing substances.

**Figure 2.1: The Social Cognitive Theory diagram**



*Source: Bandura (1988)*

The SCT has been widely used in health promotion, which emphasises the behaviour of the individual, the individual and the environment. The goal of the SCT is to explain how people regulate their behaviour through control and reinforcement to achieve goal-directed behaviour that can be maintained over time (Bandura, 1988). The SCT is inclusive of five constructs which were developed as part of the SLT. As the theory evolved into the SCT, the construct of self-efficacy was added. All the constructs of SCT include: reciprocal determinism, behavioural capability expectations, self-efficacy, observational learning (modeling) and reinforcements. The constructs which will be used for purposes of this study are reciprocal determinism, behavioural capability, and observational learning and expectations.

The reciprocal determinism refers to the dynamic and reciprocal interaction of the individual with a set of learned experiences, the environment which can be the external social context and

the behaviour, which respond to stimuli to achieve goals (Bandura, 1989). Thus, the theory analyses the way young women and their social environment influence each other to achieve the desired behaviour, which is the use of SPES. In this regard, the young women may also influence their peers or friends from the salon (social environment) to use sexual pleasure enhancing substances. Therefore, the individual, along with the social environment, share a reciprocal interaction in order to achieve the desired goal, which is the use of sexual pleasure enhancing substances.

A person needs to know what to do and how to do it in order to successfully perform certain behaviour. Behavioral capability refers to a person's actual ability to perform behaviour through essential knowledge and skills (Bandura, 1988). This means that the women acquire skills and knowledge about the use of sexual pleasure enhancing substances in order to engage in such a practice. Observational learning means that people can witness and observe certain behaviour being performed by others, and then reproduce those actions (Rimer & Glanz, 2005). The young women may model the use of sexual pleasure enhancing substances from their peers or family members; hence, they decide to reproduce this behaviour. This behaviour is reproduced with the intention of measuring up to certain expectations. These expectations are the results an individual anticipates from a certain action (Bandura, 1998). This resonates with this study, as the young women have expectations that are beneficial to them or their partners when they engage in sexual pleasure enhancing substances. For example, using these substances results in the enhancement of sexual pleasure and their partner would not be cheating on them.

The Social Cognitive Theory is applicable to this study as it considers the multiple ways through which an individual acquires certain behaviours. This theory recognises the fact that a person, along with their social environment, shares a reciprocal relationship that affects the behaviour being undertaken.

## **2.11 Conclusion**

This chapter has outlined the vast vaginal practices that women undertake globally and the motivations for such practices. The chapter has also covered how the desire to increase sexual pleasure came about and how this practice is influenced by cultural beliefs. The chapter examined how these practices impact on sexual and reproductive health, thus contributing to the spread of HIV and AIDS. Lastly, the chapter has discussed the Ecological Systems Theory and the Social Cognitive Theory as the chosen conceptual frameworks which are applicable to

the study. A review of the relevant literature has been done in relation to the research topic and knowledge gaps were identified. The chapter reviewed the available literature on vaginal practices which include the use of SPES. However, there is a dearth of literature on how the use of SPESs impacts on safe sex practices. As much as the literature has shown how these practices impact on sexual and reproductive health, there is limited literature on the knowledge that the young women have about sexual and reproductive health. This study sought to close these gaps through exploring the experiences of young women who are using sexual pleasure-enhancing substances and the impact this has on safe sex practices and sexual and reproductive health.

## **CHAPTER 3**

### **METHODOLOGY**

#### **3.1 Introduction**

This chapter describes the research approach and design, the paradigm within which the study is located, and the study setting. It details the way in which the researcher entered the research site, selected participants, and the methods used to collect data. The chapter further describes the data collection instruments used in the study. The researcher also explains how the pilot study enhanced the trustworthiness of the study. Furthermore, the chapter discusses how data were analysed, and how trustworthiness was enhanced. Finally, the chapter reflects on the ethical considerations and the limitations of the study.

#### **3.2 Research paradigm**

This study adopted the interpretivist paradigm. Interpretivists believe that reality is constructed by social actors and people's perceptions of it; hence, they recognise the fact that individuals, with their own diverse backgrounds, assumptions and experiences, contribute to the on-going construction of the reality existing in their broader social context through social interaction (Wahyuni, 2012). This study adopted an interpretivist stance as the researcher subscribes to the belief that reality is constructed by participants and that their diverse backgrounds contribute to its construction through social interaction. Thus, participants have their own perceptions and meanings they attach to sexual pleasure-enhancing substances. Therefore, the participants' perceptions constitute the reality which is shaped by their own diverse backgrounds, experiences and assumptions; hence, reality is passed and shared through social interaction among people.

The interpretive paradigm places emphasis on experiential data. Thus, the focus of the study is to provide an enriched understanding, description and explanation of human experiences (Polkinghorne, 2005). The methodological implication of this approach is that in order to gather such data, the researcher must interact with participants who are directly affected by the phenomenon being studied. In this case, the researcher sought to engage female salon workers who use SPESs to enhance sexual pleasure. The interpretative approach enabled the researcher

to employ in-depth interviews to gather rich experiential data, which provided a nuanced understanding of and motivation for young women's use of pleasure-enhancing substances.

### **3.3 Research approach**

This study adopted the qualitative approach, which allowed the researcher to gain deeper insights into the use of sexual pleasure-enhancing substances and various vaginal practices by female hair salon workers in Durban. The qualitative approach allows the researcher to study selected phenomenon in depth; it increases openness and its detailed approach enables it to identify and understand the categories of information that emerge from the data (Blanche & Durrheim, 2006). Furthermore, the qualitative approach allows the researcher to understand the topic through an interpretation of the data obtained from the participants through in-depth interviews.

The qualitative approach allowed the researcher to obtain relevant data that answered the study's main research questions. This allowed the researcher to explore the phenomenon in detail in order to understand the factors that motivated the young Durban-based female hair salon workers to use SPES. Furthermore, it allowed the researcher to explore how the use of such substances impacts on safe sex practices and to determine if the young women have any knowledge about sexual and reproductive health. The qualitative approach was preferred to a quantitative approach because it offered the researcher an opportunity to pose questions that solicited participants' responses in their own words (Guest, MacQueen, & Namey, 2012). This aspect is important because participants' unique narratives foster an understanding of what shapes or motivates their behaviour; for instance, the socio-cultural and historical influences that instigate the use of sexual pleasure-enhancing substances.

### **3.4 Research design**

A research design is a strategic framework for action and it serves as a bridge between research questions and the implementation of the research itself (Babbie & Mouton, 2001). This study employed the phenomenological design to explore the practice of using sexual pleasure enhancing substances among female salon workers residing in Durban. The phenomenological design is often used when the researcher seeks to understand the lived experiences of the research subjects about a certain phenomenon (Creswell, Hanson, Clark Plano, & Morales, 2007). This study seeks to understand the lived experiences of female hair salon workers who

use sexual pleasure-enhancing substances for various reasons. This involved collecting the views of different participants and describing what is common among these participants in relation to the phenomenon surrounding the use of sexual pleasure-enhancing substances. The researcher composed the themes using data collected from the participants. This helped the researcher to describe the essence of all the participants' experiences.

### **3.5 Study setting and context**

The study was conducted in three different hair salons located in the Durban central business district (CBD). The data collection exercise was done from 19 November 2019 to 4 December 2019. Durban is one of the fastest-growing cities in KwaZulu-Natal Province, South Africa. It has a large, vibrant and diversified economy that is propped by manufacturing, tourism, transportation, financial and various government sectors. There are many different salons which are located in Durban's central business area since many people visit town for shopping, leisure, occupation and many other services being offered in the city. Most of the young women who work in salons hail from disadvantaged backgrounds; hence, they are compelled to engage in such sectors of the informal economy as salons to earn a living. South Africa's youth unemployment rate stands at 55.2% (Statistics SA, 2019), showing that most of the South African youths are unemployed; hence, they must find employment in the informal economy to earn a living. Some of these young women have completed their Matriculation but did not have money to further their studies. Therefore, they opted to work in salons to generate income. Some of them reported that they worked in salons because they were passionate about working in the hair and beauty sector. Whilst a few young women lived around Durban central, most of them came from different townships around Durban, such as Umlazi, KwaMashu, Inanda, and Lamontville; hence, they come to town during the day for occupational purposes.

The reason for selecting salons in Durban central as the study setting was because the researcher had observed that on several occasions during visits to the salons located in Durban central, the issues that the female salon workers often shared mostly centred on sexual and reproductive health and sexual pleasure-enhancing substances. As a health promoter, the researcher saw the need to establish the motivation behind young women's use of sexual pleasure-enhancing substances and how this impact on safe sex practices. Hairdressing is a women-dominated profession and it emerged that much of the discourse under discussion was relevant to the female sex. Most of the women that worked in the salons were in the same age

cohort (20-25) and there was flexibility in their use of language. The researcher interacted with the salon female workers on several occasions, which facilitated entry into the research site.

### **3.6 Entry into the research site**

The researcher was familiar with some of the women who were using sexual pleasure enhancing substances. The researcher had also interacted with salon workers on many occasions; hence, it was easy to gain access to the research site (salon) and the potential participants. The researcher entered the research site through the permission granted by these participants as there were no formal gatekeepers at the salons that were selected for participation in this study. The setting of the salons selected for this study was devoid of an executive structure vested with the jurisdiction to grant gate-keeping permission to researchers that might be interested in including salon workers as participants. The reason is that the women worked independently, hence everyone had their own clients and the profit which they generated went directly to the individual salon workers.

The system within which these salon workers operated required all the women who worked in a given salon facility should contribute equally towards the water, electricity and rental expenses for the salon infrastructure and space. A gatekeeper is a person, group of persons or an institution with either formal or informal authority to regulate access to a site or research subjects (Neuman, 2006). In other words, a gatekeeper can be regarded as a person or persons with the authority to determine who should have access to the research site. In this study, the gatekeepers were the female salon workers who worked in the salons; hence, the permission to conduct the study was obtained from them.

### **3.7 Selection of participants**

This study adopted non-random or non-probability sampling strategies. Non-probability sampling means that the probability of each person or unit being selected for the sample is unknown (Durrheim, 2006). The researcher used purposive and snowball sampling techniques to select the participants. This kind of triangulation served to identify the type of participants that Polkinghorne (2005, p. 139) describes as “encultured participants”. These are essentially information-rich participants. Therefore, using both purposive and snowball sampling strategies to identify the relevant participants ensured that the process of selecting the

participants was not left to chance. Failure to identify the relevant participants is the gravest pitfall that qualitative researchers should seek to avoid at all costs (Polkinghorne, 2005).

Purposive sampling refers to the deliberate selection of specific individuals, events, or settings because of the exclusively crucial information they can proffer, which cannot be obtained so well through other channels (Carpenter & Suto, 2008). The implication for this study is that the selection criteria had to be inclusive of those participants who had the potential to provide rich data that would be cohesive with the research aims and objectives. The selection criteria were as follows:

- Female aged 20 -25 years
- Working in a Durban-based salon
- Black African female
- In a relationship or sexually active
- Using sexual pleasure-enhancing substances.

The rationale behind selecting these participants is that the researcher derived the topic being studied through interaction with Black African female salon workers. The selection criteria is that the salon workers were Black African women mostly aged 20 to 25, used SPES and were sexually active or in relationships. That is why the researcher decided to conduct a study with Black female salon workers aged 20-25. These selection criteria allowed the researcher to select information-rich cases that enabled the study to gain in-depth insights into the findings instead of empirical generalisation. The researcher purposively sampled eight female hair salon workers to participate in the study. The eight participants were interviewed after they had signed consent forms. These eight participants referred the researcher to other participants who were working in two other salons located in the Durban central area. The snowball sampling technique is used when members of the population are difficult to locate; hence, this sampling strategy is built around referrals. The process starts with a few individuals who are then asked for the names of additional information-rich people who may be willing to participate in the research (Blanche, Durrheim, & Painter, 2006).

The purposive sampling strategy was complemented by the snowball sampling technique which was used to identify information-rich participants since Black African women that used SPES constituted a hidden population. The snowball sampling method was also used in this

study because the topic being studied was of a sensitive and private nature; hence, people who used sexual pleasure-enhancing substances could not be obtained easily. The snowball sampling technique was suitable for this study because the researcher was able to recruit other participants through those participants that had already been interviewed, this means that the participants who had already been interviewed referred the researcher to their friends who worked in another salon located in the Durban central and they met the selection criteria.

In total, twelve participants were interviewed. The twelve participants were enough to contribute different views and experiences needed for the study because data saturation had been achieved. The participants who used sexual pleasure-enhancing substances agreed to participate in the study after the researcher had furnished them about the purpose of the study. Their contact details were taken to arrange appointments for interviews. Fusch and Ness (2012) mentioned that if one has reached the point of no new data, one has also most likely reached the point where no new themes emerge; therefore, one would have attained data saturation. This was evident in this study as the views and the data presented by the participants were repeated. Data saturation was reached during the tenth interview. There were no new data coming in; hence, the researcher had reached data saturation and further sampling was rendered unsustainable.

### **3.8 Data collection instruments**

In this study, two instruments were used to gather the data required to answer the study's key research questions. These are (i) the researcher as key instrument, and (ii) interview schedule

#### ***(i) The researcher as key instrument***

The researcher is the primary instrument in data collection, particularly in qualitative research (Paton, 2002; Kvale, 1996). The researcher is the key instrument because they must be skilled enough to traverse the unknown world of the participants and explore the phenomena in question and thus obtain the relevant data needed to answer the key research questions. Kvale (1996) posits that in a qualitative study, the interviewer replicates a miner because knowledge is understood or conceptualised as a buried metal and the interviewer has to unearth it just like a valuable metal. This means that the researcher must be skilled enough to collect rich and sufficient data from the participants. Therefore, the researcher was a key instrument in the collection of sufficient and detailed data from the participants. Apparently, "everybody has the

skills to do interpretive research, but to do it well one needs to turn these [basic skills] into specialised research skills” (Terre Blanche & Kelly, 1999, p. 126).

Before entering the research site, the researcher had to acquire the critical skills needed for successful data collection. These skills included the ability to listen to participants carefully, to observe, to pose questions, to probe where necessary and to interpret issues that would arise during the conversation. In qualitative research, the interviews are usually referred to as some form of “conversation with a purpose” (Burgess, 1988, p. 102). This allows the conversation to flow naturally. In this study, mistrust between the researcher and the participants was cleared by making participants aware that they were not compelled to answer all the questions; hence, in the event that they felt uncomfortable to respond to some question(s), they could terminate the interview if they so wished. However, this did not happen since the researcher was consistently patient and non-judgemental; thus controlled the interviews in a culturally sensitive and acceptable manner.

#### *(ii) Interview schedule*

The interview schedule was also used as a data collection instrument to elicit data from participants. This data collection instrument was developed through conducting a thorough literature review; hence, the researcher developed interview questions that resonated with the research aim that helped in answering the research questions. The interview schedule was written in IsiZulu since the participants were conversant in IsiZulu (see Appendix B). The interview schedule consisted of demographic questions and key research questions which were mostly open-ended. The interview schedule made the interview process much easier since the participants were comfortable with responding to interview questions in their preferred language. Thus, the conversation flowed smoothly. The questions included in the interview schedule derived from the gap established when thoroughly conducting the literature review. The questions which were asked included:

- Please tell me about the socio-cultural or historical meanings associated with the use of SPES;
- Please enlighten me about safe sex practices that you practise when engaging in sexual intercourse.

Individualized interviews were conducted with twelve participants from three different salons located in Durban. Eight participants were drawn from one salon, two from the second salon, and the other two from the third salon. The interviews were held on different dates and times

as dictated by the availability of the participants and how busy they were. The participants selected the venues which were convenient to them as they felt comfortable being interviewed in them. The venue was also conducive for interviews since other staff members in the salon knew that there were interviews taking place, hence they did not disturb.

Before the interviews took place, the researcher gave a simple and brief introductory statement. This allowed the participants to ask any questions they might be having. After this exercise, the researcher distributed the consent forms to the participants. The participants preferred to read and sign the consent forms which were written in IsiZulu since it was their vernacular language (see Appendix A). The consent form was explained to the participants to ensure that they gave informed consent to participate in the study. All the participants consented to being audio-recorded. Most of the participants were uncomfortable with their names being mentioned in the study; hence, the researcher assured them that pseudonyms would be used to ensure their anonymity. Furthermore, the participants were also informed about their right to confidentiality, anonymity and the right to withdraw from the study at any time without expecting to incur negative consequences. According to King (1998), the interviewer should strive to earn the trust of the interviewee, and the degree of trust is expected to increase as the interview progresses. The ultimate goal of the researcher is to uphold the rights of the participants, to earn the trust of the participants and also to make them feel comfortable during the interview process.

### **3.9 Pilot study**

Prior to the data collection, a pilot study was conducted. A pilot study is essentially a feasibility study that usually comprises a small-scale version of the initially planned study. It is usually conducted in order to answer the methodological questions of the study and to guide the development of the research plan (Kim, 2011). The pilot study put the interview schedule to test and signalled the researcher to improve their interviewing skills. The pilot study involved four female participants who were not included in the main study sample, though they shared similar characteristics with the prospective participants. After conducting the pilot study, the researcher was able to adjust the interview guide to make it more suitable for participants to respond to the questions effectively and in a manner that stimulated further discussion. Conducting the pilot study helped the researcher to develop questions which were not offensive to the participants since the use of SPES is a sensitive and private topic; thus, the researcher

had to be careful in terms of the questions which were asked. The pilot study also assisted the researcher to craft the relevant questions and to present them in the right manner.

### **3.10 Data collection method**

Data collection refers to the “how” part of the research, or the manner in which material for the research was generated (Flick, 1998, p.149). This part of the methodology explains how data were collected from the participants who took part in this study. According to Ulin, Robinson, and Tolley (2005), there are three primary methods which form the bedrock of qualitative data collection namely; observation, in-depth interviews, and focus group discussions (FGDs). In this qualitative study, in-depth interviews were used to elicit the views of 12 purposively selected young Black African women (BAW) who were working in hair salons in Durban’s central business district regarding the use of sexual pleasure-enhancing substances, and various vaginal practices. In-depth interviews are useful in soliciting detailed information about a person’s thoughts and behaviours or when the researcher wants to explore new issues in depth (Boyce & Neale, 2006).

In-depth interviews were suitable for this study because its topic is sensitive and secretive. The issues such as sexual activities were private and personal; hence, methods such as focus group discussions would unsettle some of the participants. Thus, individual interviews allowed the participants to open up and share personal issues with the researcher. The researcher also got to understand the deeper meanings the participants attached to vaginal practices and sexual pleasure-enhancing substances; hence, this method was appropriate for gathering data from the participants.

### **3.11 Data analysis**

In qualitative research, data analysis is not only seen as an event that happens when all the data have been collected, but as an ongoing process which occurs informally before the final stage of the data analysis process (Kvale, 1996). In this study, the analysis began with listening and the transcription of the interview recordings. The recordings were not transcribed verbatim since the transcription excluded sociolinguistic aspects such as intonation, repetitions, pauses, and other conversational aspects. While verbatim transcriptions are considered the most loyal and objective (Kvale, 1996), some statements expressed by the participants were rephrased and made to be concise in order to present participants’ views not only in a correct written and more

readable way, but also in a way that produced only those aspects which were of relevance to the study.

In this study, data were analysed through thematic analysis. Thematic analysis involves identifying patterns or themes within qualitative data (Braun & Clarke, 2006). The thematic analysis process involves reading, reflecting on the written transcripts and recorded tapes. The six steps which were used to analyse data included: becoming familiar with data, generating the initial codes, searching for themes, reviewing themes, defining themes and writing up (Braun & Clarke, 2006). The researcher began by thoroughly reading and re-reading the transcripts in order to become familiar with the data. This process involved reading the data actively, searching for meanings and patterns.

After familiarising with the data, the researcher generated the initial codes from the data. Codes help identify a feature of the data (semantic content or latent) that appears interesting to the analyst and refer to the most basic element of the raw data or information that can be assessed in a meaningful way regarding the specific phenomenon (Braun & Clarke, 2006). After the coding process, the researcher began to sort out the different codes into potential themes. The researcher then analysed the codes and considered how the different codes may be combined to form an overarching theme. The themes were also organised on the basis of the similarities of the responses of participants. After searching for and organising the themes, these were then reviewed. The researcher checked if the themes made sense and if the data supported the themes.

The extracts which supported the theme were checked to ascertain if they formed coherent patterns. The themes that did not have sufficient data were sidelined. After this exercise, the themes were defined and further refined. According to Braun and Clarke (2006), defining and refining involves identifying the essence of what each theme is about (as well as the overall themes) and determining what aspect of the data each theme captures. After this exercise, the researcher checked data and embarked on the process of compiling a coherent write-up. The researcher presented data in detail and checked them in comparison with each other, the theoretical framework, context and subject position, as well as the relevant literature. Data were compared to determine whether they were able to achieve the research objectives through answering the research questions.

### 3.12 Trustworthiness of the study

*Trustworthiness* is important in qualitative research. According to Babbie and Mouton (2005), trustworthiness is concerned with how the researcher can be convinced, as well as convincing others that the research findings are worthwhile. In this study of female hair salon workers who used sexual pleasure enhancing substances, trustworthiness was ensured through the use of credible methods such as suitable sampling strategies to collect data, collecting detailed descriptions of data as well as an audit trail and sources of information which made the study dependable, confirmable and transferable. In a qualitative study, the findings cannot be regarded as transferable unless they are credible, and they cannot be considered credible unless they are dependable (Babbie & Mouton, 2001).

*Credibility* ensures that there is compatibility between the constructed realities existing in the minds of the participants and those that are attributed to them (Babbie & Mouton, 2001). This was achieved through prolonged engagement with the study participants. The researcher engaged with the participants until data saturation was reached. Credibility was also achieved through data triangulation, which involved the use of multiple influences to establish if data would not produce discrepancies in the findings. The study used two data collection sampling strategies which were purposive and snowball sampling techniques. The researcher, together with the supervisor, had frequent debriefing sessions to discuss and establish if data would not produce discrepancy in the findings.

*Transferability* refers to the extent to which the findings of the study can be applied to other situations (Shenton, 2004). This was achieved through collecting detailed descriptions of data and the researcher also reported the data sufficiently and in detail. This enables the reader to make judgments about the transferability of the findings (Babbie & Mouton, 2001). Transferability was also achieved by using purposive sampling to select the participants. The researcher purposively selected the participants who used sexual pleasure enhancing substances to increase the likelihood of the findings being representative of female hair salon workers who used such substances.

*Dependability* means that the inquiry must also provide its readers with evidence that if the work was to be repeated in the same context, with the same methods and with the same participants, similar results would be achieved (Shenton, 2004). This was achieved through providing thick descriptions of operational details of data gathering. The researcher described

a step-by-step process of what was done in the field when collecting data as well as the justification of the relevance of the steps taken to collect data.

*Confirmability* means that the findings of the study detail the experiences, opinions and ideas of the participants rather than the characteristics, opinions and preferences of the researcher (Shenton, 2004). Confirmability was achieved through an audit trail which enables the supervisor to determine if the findings conform to the data produced, if data can be traced back to their original sources and if the entire study is coherent. Reference to proposal notes was also made to enable the realignment of the findings with the original focus of the study.

### **3.13 Ethical considerations**

Researcher ought to be cognisant of ethical considerations when conducting research. According to Davies and Dodd (2002), ethics are an important part of research, hence ethical principles should not be regarded as a mere form which is filled in for the ethics committee and not adhered to. The permission to conduct the study was obtained from the Humanities and Social Sciences Research Ethics Committee at the University of KwaZulu-Natal. After the ethical permission was obtained, appointments for interviews were set up with the participants who had agreed to participate in the study. The researcher explained the aim of the study prior to each interview session. Participants were asked to provide informed consent and signed declaration to participate in the study. The researcher sought the permission to audio-record the participants. The fact that high standards of privacy would apply with regards to the handling and storage of the recordings was emphasised to the participants.

There are four widely accepted philosophical principles which are applied to determine whether a research is ethical or not (Wassenaar, 2006). The four principles the researcher used to ensure that the participants were treated in an ethical manner included the principle of autonomy and respect for the dignity of persons. This principle was achieved through voluntary participation and informed consent, where participants were given appropriate information about the study and through confidentiality by not disclosing the personal information of the study participants (pseudonyms were used). Further, the participants were informed about their right to withdraw from the study without expecting any negative consequences. The second principle that was applied was non-maleficence. This involved avoiding harming the participants; hence, the researcher ensured that all the questions were asked in a cordial and sensitive manner. The third principle the study upheld was beneficence. The researcher

emphasised that there were no financial benefits which the participants would obtain by participating in the study since some of the participants were interested in knowing if they would receive any incentives for participating. The fourth principle the research adhered to was justice. This principle required that the researcher treated participants with fairness and equity during all the stages of the research process. During each stage of the research process, no participant was treated as being inferior to the other; thus, all the participants were treated equally.

### **3.14 Limitations of the study**

There are limitations that inhibit the process of conducting a study. These are the challenges militating against the research. The topic that delves into vaginal practices and the use of SPES is sensitive in nature. It is also a topic of a private nature. Thus, this might have affected the responses given by the participants. The participants might have held back certain information because of the sensitivity of the personal issues which the researcher asked. For instance, some participants might have given some reasons and held back other reasons which motivated them to engage in the use of sexual pleasure enhancing substances. Nevertheless, the researcher strove to establish a warm and non-judgmental atmosphere during the interviews, so the participants could comfortably share their experiences.

### **3.15 Conclusion**

This chapter has described the research methodology employed in the study, how the study ensured trustworthiness, the ethical issues adhered to in the research process as well as the limitations which inhibited the study. The next chapter presents the findings of the study in detail.

## CHAPTER 4

### FINDINGS

#### 4.1 Introduction

This chapter presents the findings elicited from the participants during in-depth interviews. The aim of this study was to explore the use of SPES among female hair salon workers in Durban and thus determine the impacts of these practices on safe sex practices as well as sexual and reproductive health. After conducting in-depth interviews with 12 participants, the researcher analysed the data using thematic analysis and generated themes emanating from the common views the participants shared. The chapter presents the demographic profile of the participants and further discusses the themes which emanated from the collected data. The four themes which were derived from the data are Ukunandisa: Increasing sexual pleasure through substance use; the motivation behind the use of sexual pleasure-enhancing substances; knowledge about sexual and reproductive health; and safe sex practices. Direct quotes from the transcripts were mobilised for illustrative purposes.

#### 4.2 Demographic profile of the participants

The interviewed participants were aged between 20 and 25 years. They were all Black Africans, according to the inclusion criteria. In terms of marital status, most of the participants were single. Only one participant reported being engaged. The inclusion criteria ensured that all the young women worked in hair salons based in the Durban's metropolitan region. Most of the participants were staying in townships such as Umlazi, Chesterville, Inanda and KwaMashu. The highest educational attainment for all the participants was Grade 12. Four participants reported that they did not have children while the rest of the participants reported that they had 1-3 children. Table 4.1 outlines the demographic profile of the participants. Pseudonyms were used in lieu of the participants' real names.

**Table 4.1 Demographic profile of the participants**

Name (Pseudonym)	Age (Years)	Marital status	Current place of residence	Highest level of education	Number of children
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Nompilo	23	Single	Umlazi	Grade 12	1
Susan	23	Single	Inanda	Grade 11	1
Zotha	24	Single	South Beach	Grade 11	1
Promise	25	Engaged	Inanda	Grade 12	3
Thandeka	20	Single	Ohlange (Inanda)	Grade 12	3
Sphindile	22	Single	Umlazi	Grade 12	2
Philie	25	Single	KwaMashu	Grade 10	0
Zodwa	24	Single	Umlazi	Grade 12	0
Zinhle	25	Single	Chesterville	Grade 12	0
Abigail	25	Single	Chesterville	Grade 12	1
Nqobile	25	Single	Durban CBD	Grade 12	0
Mumsi	25	Single	KwaMashu	Grade 12	1

#### **4.3 Ukunandisa: Increasing sexual pleasure through substance use.**

It is important to first have an understanding of sexual pleasure-enhancing substances and identify the different types which are commonly used. All the participants in this study acknowledged using SPESs. It emerged that the practice of using SPES was common among the young Durban-based hair salon workers. The participants described this phenomenon in different ways. However, the most common description that the participants shared was that there are certain substances that are mixed and consumed or inserted in the vagina as well as used for steaming the vagina, which the young women use to increase sexual pleasure when they engage in sexual activities with their partners.

The most essential substances that the young women use are usually ingested a few hours before they engage in sexual intercourse. Other substances are reportedly inserted into the vagina. There are some substances which are used for steaming the vagina or bathing the genital area. The participants revealed that the substances which they used were easily accessible and were purchased from retail outlets or street vendors. The following sub-themes illustrate in detail what was discussed.

### 4.3.1 The desire to increase sexual pleasure

The participants explained that they used SPES mainly for enjoyment and for increasing the pleasure of sexual intercourse. The substances that they used reportedly made intimacy more pleasurable. Most participants shared a common belief that the substances they used had an immense effect on their bodies, particularly the vagina. They explained that the sexual pleasure-enhancing substances increased their body temperature, making their bodies literally hot, which augments sexual pleasure.

The following views illustrate the common understanding the participants had about sexual pleasure-enhancing substances:

*“The substances we use are different but the reason for using them is common, thus making sexual intercourse more pleasurable, for my partner and I”* (Nompilo).

What was common among the participants was that if the body and the vagina were hot, sexual intimacy would be enhanced. Furthermore, most participants indicated that the substances they used were known to have an effect on the vagina; that is, making it “tight”, which increases friction during sex. One participant said:

*“I also use substances to make myself warm and hot during sexual intercourse. These substances also help make my vagina tight and wet during sex. So, if my vagina is tight, hot or warm, my partner definitely enjoys the sex”* (Zodwa).

During the interviews, the participants justified the need for tightening the vagina. One of the participants said:

*“The cold water and substances that we use make the vagina tight as the vagina does not stay intact due to such circumstances as childbirth or regular sexual intercourse”* (Promise).

Interestingly, when a participant was asked as to what sexual pleasure-enhancing substances were, a young woman who used these substances not only expressed the belief that they had an effect on sexual pleasure but also reiterated the point that their bodies differed from those of women who did not use these substances. The warmth and pleasure were believed to be the preserve of women who used sexual pleasure-enhancing substances. She said:

*“As a woman, the substances make your body warm and prepared for sexual intercourse. If you are a woman who uses these things, your body differs from those of*

*women who do not use anything. This is because your body becomes hot and you will be awesome in bed as your vagina becomes tight. You feel like a new person every time you use these substances” (Zinhle).*

It was evident from the research findings that the practice of using substances to increase sexual pleasure served to satisfy both the young women and their partners. The young women felt that being hot and having a tight vagina during intimacy increased sexual pleasure.

#### **4.3.2 Types of sexual pleasure-enhancing substances**

The participants mentioned a variety of substances they used to improve their sexual experiences. The most common substances the participants mentioned were the concoctions that they consumed. The products they consumed were known to directly elevate their body temperature. The substances are believed to literally make the vagina hot and tight. These substances are concocted using the following ingredients;

- (1) Cinnamon mixed with milk
  - (2) Med Lemon mixed with Stoney cold drink and Black Halls Sweet; the mixture is warmed using a microwave and served warm.
  - (3) Raw green paper is sliced and consumed. After eating it, one must drink dry lemon.
- A participant had this to say:

*“Some people drink cinnamon with milk. I prefer Med Lemon with Stoney and Black Halls to the former. You should drink this while it is hot. I use a microwave to heat the substance. I also slice green pepper and eat it. You must avoid cooking it because it doesn’t work when cooked. Immediately after eating it, I drink dry lemon” (Philie).*

Some of the participants mentioned that they would consume Chinese sweets which had local names such as “*Swidi ka girl*” (Sweet for girls), “*Kozekuse*” (Till the sun rises), “*Awema*” (Oh my word!) and “*Hlephukaumbhede*” (Till the bed breaks).

Another participant commented:

*“I’ve also heard others say they eat different Chinese sweets, which are known as “Swidi ka girl”, “Awema”, “Hlephukambhede” and “Kozekuse”. Each sweet is not mixed with anything; it is just eaten as it is” (Thandeka).*

Snuff which is known as “Ntsu”, which is made from tobacco, is another common substance that the young women insert or apply into the vagina. The snuff is also renowned for making the vagina hot and intact. Ntsu was originally a traditional drug that older people inserted in their noses to cure headache. The findings also reveal that the participants commonly bathed the vagina with cold water or they inserted ice cubes to make the vagina intact. The following statements confirm these findings:

*“There are those substances that I know and use and there are some substances that I have heard about but I don’t use the. The most used substance is Nstu, and even children know about it. It is inserted inside the vagina a few hours before having sex. After about 30 minutes, you take it out and the vagina will be hot and tight. Some people also use ice cubes as they believe that they make the vagina tight” (Nqobile).*

What was mostly interesting and intriguing to the researcher was that some of the products the participants used were commercial products used by almost everyone, but the participants used them for enhancing sexual pleasure. Another fascinating finding was that apart from snuff, the participants used other traditional substances to enhance sexual pleasure. The quote below illustrates this:

*“Steaming the vagina and bathing with traditional herbs is another method. You take herbs (amahlamvuothando) and put them into a bucket with boiling water. You then cover yourself using a cloth, with your face facing in the bucket so that the steam from the boiling water covers your face. You also sit on the bucket so that the steam enters your vagina” (Zinhle).*

When the participants were asked why they were using the traditional herbs and what direct effect these had, one of them said:

*“The steam from the bucket cleanses your face, making it glow and attractive to your partner. He will definitely want to be intimate with you all the time.*

*Further, steaming the vagina makes it tight and hot. Steam also cleans any dirt in the vagina” (Zinhle).*

Among the collection of traditional substances was a common liquid which was mentioned by most participants. That was “*umchamowemfene*” (baboon urine), which they reportedly drank raw. The participants believed that the substance made men ejaculate only when having sex with a particular partner. It was said, thus:

*“Some women use “umchamowemfene” (baboon urine). They say that they drink it every day in the morning. Umchamowemfene is used to keep a man faithful to the woman. Further, the man who sleeps with a woman that uses this ‘precious, magic liquid’ enjoys the sex, and doesn’t cheat with any other woman” (Sphindile).*

#### **4.3.3 Accessing the substances.**

It emerged that most of the commercial products which were used by the participants, such as milk, green pepper and cinnamon, are mostly purchased from retail outlets such as Shoprite and Pick ‘n’ Pay. The traditional herbs, along with “*umchamowemfene*”, are sold at a popular ‘market located in the Warwick Junction area. While “*swidi ka girl*” and snuff were mostly sold in formal shops run by retailers of foreign origins such as Pakistanis, it was discovered that there were women who were illegally selling some of these products in public spaces such as toilets. It was reported that:

*“There are women who sell these substances inside public toilets. For example; “swidi ka girl” can be accessed through informal channels such as mobile, female secret traders. We also purchase such substances as baboon urine from the market where traditional substances are sold. Another product is snuff; this is sold in shops owned by Pakistani nationals and from the women who sell it in public toilets” (Abigail).*

Another important aspect shared by the participants was that street vendors that are known for selling fruits and vegetables were also selling sexual pleasure-enhancing substances without many people knowing about it. This is known exclusively by the young women who used these substances. What was also alarming was that there were women who came to hair salons to sell these sexual pleasure-enhancing substances. A participant indicated that:

*“Cinnamon and milk can be obtained from any supermarkets. The baboon urine can also be procured from many places like Berea or market. There are many women who*

*come here at the salon to sell this stuff. Even some street vendors have this merchandise. However, it is advisable to buy your stuff from one person. There are many street vendors selling fruits and vegetables that also sell this stuff but most people don't know about this. We know about them because we are regular customers who buy this stuff"* (Zinhle).

The participants also indicated that they were purchasing SPESs from trusted sources within their circles because they did not want many people to know that they were using these substances since some of them were being sold illegally. Further, the participants mentioned that it was best practice for them to buy sexual pleasure-enhancing paraphernalia from trusted sources since there were many counterfeit and ineffective substances on the underground market. A participant intimated, thus:

*"You can't trust some of these women who sell us this stuff. So, it is better to stick to someone whom you trust and know they will give you the "real deal". It must be someone whom you know won't go around telling everyone that you use the stuff"* (Zinhle).

#### **4.4 Motivation to use sexual pleasure-enhancing substances**

There were many underlying motives behind the participants' decision to use sexual pleasure-enhancing substances. The main purpose of using these substances was to enhance pleasure during sexual intercourse. During data analysis, it emerged that there are other common motives that influenced participants to use sexual pleasure-enhancing substances. The motives range from the need to satisfy sexual partners, financial security, cultural influences, socialisation, and health and hygiene.

##### **4.4.1 Satisfying their partners**

The participants revealed that satisfying their partners was paramount and was dependent upon the use of sexual pleasure-enhancing substances. Most of the young women believed that sexually satisfying their partner increased their grip and dominance in the relationship. This is illustrated in the quote below:

*"If you use the stuff that we use, the man will go crazy and wants you high and low. He will listen to anything you say and you will control him in that*

*relationship. He will not hesitate to spoil you with cash, jewellery and expensive phones” (Zodwa).*

The participants intimated that mostly, if the man is satisfied, he will always ensure that the woman is happy. What was intriguing in this finding was that sexually satisfying a man was linked to financial security. The advantage of ensuring sexual pleasure was that the man would even financially provide for the woman. This is illustrated in the quote below:

*“If the sex is pleasurable and satisfying to a man, he definitely listens to anything you say. He will provide for you financially, and make sure that you are happy all the time” (Mumsi).*

The findings indicate that sexually satisfying a man replicates a competition. It was commonly believed that if a woman failed to sexually satisfy her partner, he might leave for another woman. Similarly, if the woman is not “hot” or “nice” during intimacy, then the man automatically leaves her for another woman that is regarded as “nice”. The notion of satisfying a man was regarded as a way of securing the relationship; hence, this was understood to be the right way to keep a man. This results in the man not cheating or abandoning the relationship. Furthermore, the participants believed that a woman who used these substances was regarded as clever and vigilant by other women since she would be securing her relationship. The following confirmed this finding:

*“Men leave you if you are neither hot nor nice during sex. So if you don’t want your man to leave you, you need to ensure that you use something that will keep him right next to you. You must be very clever and alert as a woman. If you are not, you will cry when he leaves you for another woman” (Zodwa).*

The findings evince that satisfying the male partner was highly dependent on the young women’s use of sexual pleasure-enhancing substances. Evidently, the young women felt that they benefited from satisfying their partners. Such benefits included being dominant in their relationships and obtaining financial security. In addition, the young women believed that if their partners were not sexually satisfied, they would leave them for other women who would satisfy them sexually.

#### 4.4.2 Financial security

It emerged from the qualitative interviews that most young women subscribed to the use of sexual pleasure-enhancing substances, which was hypothetically linked to increased economic stability. However, the desire to increase financial stability would result in these young women dating multiple concurrent partners. It was pointed out that:

*“I am not ashamed of saying that I have more than one partner. I make sure that I prepare myself well for sex if I am going to sleep with any of them. Men go crazy if you insert snuff in your vagina. I know that I satisfy them because they both give me money when it is their pay days”* (Zotha).

The findings reveal that some of the young women opt to date multiple concurrent partners so that their financial needs are met. The young women use sexual pleasure-enhancing substances to satisfy their different partners; hence, they end up attaining financial stability. Having multiple concurrent partners was somehow commonly viewed as a norm and deemed right amongst the young women. The main reason was that these young women believed that multiple partners would ensure their financial survival thus lead a life free of emotional distress. One participant confirmed this by saying:

*“I have two partners and I make sure that I keep both of them happy so that they can take care of me, financially. I really can't live with one partner because men are really stressful at times. So, it's better to have two concurrent partners at least”* (Mumsi).

The financial constraints endured by female hair salon female workers instigated their decision to have multiple concurrent partners who would support them financially. Some of the participants revealed that often, their earnings were so paltry that they would hardly cover all their expenses; hence, the money they would receive from their sexual partners would help offset their expenses. Therefore, the young women were compelled to use sex as a gateway to a better life. This stratagem entails the use of sexual pleasure-enhancing substances to ensure that their partners are satisfied and provide the young woman with the financial support she needs. This is illustrated by the following extract:

*“The work that I am doing does not pay that much since there are days when clients are scarce; thus, the money that I get from my partner helps me a lot. I also have two sexual partners who help me financially. I also use substances that enhance sexual*

*pleasure during sexual intercourse to ensure that they do not stop supporting me financially” (Nompilo).*

It is evident from the findings that the young women engaged in multiple concurrent sexual partnerships for financial security.

#### **4.4.3 Cultural influences**

Most participants revealed that when growing up, vaginal hygiene becomes a central aspect of feminine decorum. Elderly women used to emphasise the importance of bathing the vagina with cold water rather than hot water as the former would keep the vagina clean and intact. Those were the socio-culturally constructed meanings associated with keeping oneself clean as a woman regarding vaginal practices. All the other practices and sexual pleasure-enhancing substances that young women use now are divorced from traditional culture because in the Zulu culture, it is taboo for young women to talk about sex with elders. Elderly women recommended the use of cold water to keep the vagina clean and intact rather than emphasising being “nice” or “hot” during intimacy. The participants outlined this in the following comments:

*“In our family, elderly women would tell us that as young women, we must always make sure that we keep ourselves clean by bathing with cold water, making sure that the vagina is cleansed with cold water. This would make us clean as young women. That was the only way I was taught about keeping my vagina clean as a woman. All the other things that we use have been devised by ourselves, as we did not grow up using them”* (Susan).

Most participants admitted that what they were told by their elders was divorced from what they are doing nowadays. The substances they are now using are not only meant to keep their genital areas clean but rather to enhance sexual pleasure. Most of the substances they were using were learned through socialising with friends and colleagues. One participant indicated, thus:

*“When we were growing up, we were told that as young women, we ought to bath our genital areas with cold water and not hot one. I feel that what we were told when we were growing up isn’t extreme. What we are doing now is extreme because we took this practice to another level and added our own stuff. This is not something we were told*

*to do, back in rural areas. We learned about this when we came here in Durban”*  
(Abigail).

Some participants revealed that the use of baboon urine, commonly known as “umchamowemfene”, was influenced by a known traditional belief embedded in the Zulu culture. The participants mentioned that in the Zulu culture, a baboon is known to urinate on one place. This belief influenced the young women to use baboon urine as a way of maintaining a grip on a male sexual partner and ensuring that he would not cheat on them. This is illustrated in the quote below:

*“Culturally, we know that a baboon has a tendency of urinating in one place. Hence, we drink “umchamowemfene” because it will bar the man from cheating. If you drink “umchamowemfene” and have sex with your male partner, he will not cheat on you”* (Zotha).

The findings reveal that cultural practices or beliefs were not the only reason for women’s engagement in the use of sexual pleasure-enhancing substances as socialisation was the main factor influencing such practices.

#### **4.4.4 Societal pressure**

Ten participants in this study stated that their friends and colleagues introduced them into the use of sexual pleasure-enhancing substances. Some of the young women did not know about SPES until they assumed work at the salon. That is when they were introduced to this phenomenon and decided to try it as they also wanted to keep their partners happy and satisfied. The participants stated that their peers or colleagues would often emphasise that if one does not want to lose her partner to other women, then she must use sexual pleasure-enhancing substances. One of the participants said:

*“I was influenced by my friends to use snuff. They told me that as a woman, I needed to do something to keep my man. So, if you want to keep him, you must use snuff to bind the sexual relationship. If everything is good in the bedroom, then the man will definitely stay. So that’s why I decided to use snuff”* (Zodwa).

It emerged that most of the participants decided to engage in the use of sexual pleasure-enhancing substances through modelling and social learning. In spite of having been informed by elders about bathing genital areas with cold water, the young women have now opted for

modernised products such as gel or cream to keep their vaginas clean. This shows that modernisation now dictates what humanity decides to use or how to act. The comment below illustrates this finding:

*“Well, I was informed about the use of snuff by my friends and colleagues, it is not something that I learned about from culture or elders. Although my elders did tell me to wash my genitals with cold or tap water with sunlight soap, we now use gel to wash the vagina to ensure that it smells good and stays fresh”* (Thandeka).

#### **4.4.5 Health and hygiene**

This study has also established that health and hygiene are also influencing the young women to use sexual pleasure-enhancing substances. The young women revealed that some of the substances that they used cleansed the human bladder and boosted their immune systems. For example, after eating green pepper, it is advisable that one should drink dry lemon. This helps cleanse any dirt that obtains in the bladder as one tends to urinate frequently. It is also believed that this helps produce vaginal discharge that does not smell. A participant had this comment to make:

*“Dry lemon helps with cleaning the bladder and boosts my immune system. If I drink it, I urinate frequently and this cleanses my bladder. This also produces clean vaginal discharge. I know that if I’m clean, I’ll be able to perform well in bed for I will be having much energy”* (Promise).

Traditional products such as soaps were also regarded as enhancing the health and hygiene of a woman. The participants indicated that they usually bathed with traditional soaps. One of the participants maintained that:

*“You also have to bathe with soap if you are a woman. You do not just have to rely on things that you eat to make yourself awesome during sex. I bathe using traditional soaps. I just use clean cold water and traditional soap to bathe,”* (Philie).

The participants opined that traditional herbs were also used for body or vaginal steaming. The following extract confirms this finding:

*“I usually take a mint stick and put it in a small basin with hot water. I then sit on the basin so that the steam can enter my vagina. This steam helps clean the vagina for it to stay fresh”* (Zotha).

The participants indicated that they used simple equipment such as a medical syringe to insert traditional herbs through the anus. This helps to clean the immune system, resulting in the participant being energetic during sexual intercourse; hence, this makes their partners satisfied. One of the participants explained:

*“I use a medical syringe to insert traditional herbs through the anus. I mix the traditional herbs with warm water. This cleans the immune system. This makes you feel fresh, clean and energetic during sexual intercourse” (Philie).*

Apparently, the findings attest to the fact that some of the traditional sexual pleasure-enhancing substances were also used for the purposes of health and hygiene.

#### **4.5 Sexual and reproductive health**

This theme bordered on the participants’ understanding of sexual and reproductive health. It was important for the study to first establish participants’ knowledge and understanding of sexual and reproductive health and if they believed that the use of sexual pleasure-enhancing substances had any implications on sexual and reproductive health.

##### **4.5.1 Condom usage**

When the participants were asked about their understanding of sexual and reproductive health, safe sex was one of the most mentioned factors. The participants revealed that it is important to use a condom when engaging in a sexual activity to prevent sexually transmitted infections (STIs), including HIV and AIDS. One of the participants explained:

*“Safe sex is an issue that is always emphasised in the context of sexual and reproductive health as it prevents the transmission of STIs and HIV and AIDS. We should always use a condom to protect ourselves from such diseases. Nevertheless, I don’t always use a condom with my sexual partner” (Zinhle).*

The participant was further asked if using sexual pleasure-enhancing substances had any implications on the use of such barrier methods as condoms. She responded, thus:

*“Honestly, if you don’t use a condom, your partner feels that you are much hotter, nicer and warmer. So, it is better to refrain from using a condom if you are using the stuff that we use. The snuff works perfectly without a condom” (Zinhle).*

What was interesting to the researcher during the data analysis process was that the participants were highly informed about condom usage as they were aware of the kinds of condoms which are available. One of the participants highlighted the existence of a male and a female condom. They reiterated that it was up to the individual woman and her partner to decide on which one they preferred to use: A participant said:

*“I know that using condoms ensures a healthy sexual life. There is a female and male condom; so, it is up to you and your partner to determine which one you prefer using”*  
(Philie).

The participant was further asked if she was using a condom with her sexual partner and if this affects sexual pleasure. She responded, thus:

*“We don’t use a condom with my partner since we now trust each other. When we began dating, we used condoms. During the sexual intimacy, I could feel that using a condom made the sexual intercourse somewhat boring. Now, the sexual intimacy is more pleasurable when the cinnamon and milk mixture works without using a condom”*  
(Philie).

It was evident that the participants understood that using a condom was an important element underpinning sexual and reproductive health. Nonetheless, they seemed to view condoms with disdain since it was an impediment to sex outcomes, particularly the pleasure that the young women sought to enhance through sexual pleasure-enhancing substances they used.

#### **4.5.2 Family planning**

The participants regarded family planning as an embodiment of sexual and reproductive health. Most of the participants intimated that after they had given birth to their first child, their family members and healthcare workers recommended that they take contraceptives to prevent unplanned pregnancy. Furthermore, the participants reiterated the importance of planning to have children; hence, that validated the use of contraceptives as young unmarried women. One of the participants illustrated this finding by saying:

*“I am conscious of family planning methods. I am unmarried but I have a five-year-old daughter. My family and nurses advised me to start taking contraceptives to prevent*

*unplanned pregnancy because it is important to plan having children. So, I appreciate the importance of using contraceptives to prevent unplanned pregnancies” (Abigail).*

The participant was further asked if she thought that using sexual pleasure-enhancing substances would not have any implications on her reproductive capabilities when she planned to have pregnancy.

*“I don’t think that the products that I use will affect me when I want to have children. I think I will be able to conceive since I feel that the substances that I use will not affect my chances of falling pregnant. I’m not sure about the snuff, because this stuff is supposed to be inserted into the vagina” (Abigail).*

The participants further showed that they were knowledgeable about the kinds of contraceptives which they could decide to use; for instance, the two-month or three-month injection. What was also interesting was that the young women advised each other to recognise the importance of family planning and take appropriate family planning measures. This was outlined by one of the participants in the comment below:

*“Healthcare workers usually stress the importance of family planning and even at home, we talk about such things. At home, once you have a child, our elders always advise us to go for family planning and use contraceptives such as the two-month or the three-month injection. My friends and I also talk about the importance of family planning and we advise each other to consider taking up contraceptives” (Promise).*

#### **4.5.3 Cancer screening**

Screening for cervical cancer was also an important aspect of SRH that was commonly mentioned by the participants when they were asked to intimate their understanding of sexual and reproductive health. The participants also highlighted that if there was anything that one was unsure of, particularly that which involved STIs, it was important that one visited the clinic and get a pap smear done to identify the problem as well as receiving the necessary treatment for that particular ailment. One of the participants stated that:

*“If you suspect anything related to STIs, you should visit the clinic and get a pap smear done. It is important to be screened or checked for cervical cancer as a woman” (Sphindile).*

The participants were further asked if they had done a pap smear ever since they began using sexual pleasure-enhancing substances. One of the participants responded by saying:

*“I have never done a pap smear in my life, although I am sexually active and use the stuff that we use to make sex pleasurable. This is so because I have never had STIs or noticed anything unusual about my sexual and reproductive health” (Zotha).*

During data analysis, it became evident that most of the young women did visit healthcare centres for sexual and reproductive health services. This arose from the fact that most of their knowledge about sexual and reproductive health was mostly obtained or learned from healthcare workers at their local clinics. The participants thus valued what healthcare workers informed them about issues such as STIs and cervical cancer. The comment below illustrates this finding:

*“Nurses also speak about other things related to sexual and reproductive health since they are educated and knowledgeable about them. They speak about STIs and screening for cervical cancer since you might be at risk of developing the disease if you are sexually active” (Nqobile).*

#### **4.5.4 Impact of sexual pleasure-enhancing substances on sexual and reproductive health**

The participants were asked if the substances which they used had any impact on sexual and reproductive health such as childbirth, STIs and cervical cancer. Most of the participants seemed to favour the substances which were consumed. The participants argued that consuming substances concocted with products such as green pepper, milk and cinnamon would not be harmful to their health in any way. The comment below illustrates this view:

*“I use green pepper and dry lemon while other people use milk and cinnamon. These products are commonly consumed by many people and mixing them does not affect anyone’s health in a negative way; hence, I don’t think these products can cause cervical cancer nor have a negative impact on childbirth. That’s why I don’t use traditional herbs or products like snuff and “Swidi ka girl” because I don’t know the possible long-term effect of such products” (Zotha).*

The participants believed that almost everyone consumes products such as green pepper, cinnamon as well as milk, although it might not be for the same reasons. Nonetheless, participants believed that consuming these products would not cause any harm when they

decided to have children. They further explained that since some of the products were used for purposes related to hygiene and health, this had a positive impact on their health such as getting rid of any dirt which might cause bladder or vaginal infections. The traditional medication, such as traditional herbs, was also regarded as healthy since it reportedly helped in getting rid of any dirt that might be injurious to one's immune system, thus causing vaginal infections. One of the participants commented:

*“As a woman, you need to get rid of any dirt endangering your immune system. You should have a clean vaginal discharge to prevent any vaginal infections. Imagine having sex with your partner when you have vaginal infections! He will leave you, fearing that you might infect him with diseases. That is why you must use traditional herbs so that you remain clean and healthy”* (Susan).

What was intriguing during data analysis was that the participants who hardly used snuff or overtly abhorred it. The participants emphasised that the snuff was dangerous and might have a negative impact on a person's health, such as causing cervical cancer. This is because snuff is a traditional drug which is supposed to be inserted in the nose to cure a headache; hence, if it is inserted in the vagina, it will cause cancer. The participants who did not use it believed that the snuff would later damage the womb, which might result in them not being able to conceive. This is illustrated by one participant, who commented that:

*“There are substances that I don't even think of using, for example, the snuff which is inserted into the vagina. Snuff is a traditional drug usually inserted in the nose and not the vagina. I don't want to risk my health and face the prospect of having to suffer from cervical cancer or damaging my womb. Those things can really cause damage to your health, especially if it is something inserted into the vagina; that area is a sensitive one. It is better if it is something approved by nurses”* (Nqobile).

The participants who smoked the snuff overtly supported this practice. They felt that snuff does not give them any problems, which means it does not affect their sexual and reproductive health in any way. One of the participants asserted that:

*“I insert the snuff into my vagina and it does not give me any problems or make me feel sick. As long as it works for me and my partner, I will continue using it. I have never even visited the clinic just because I am sick because of the snuff.”* (Zodwa).

## 4.6 Safe sex practices

The overall aim of the study was to determine how young women that use SPES relate to safe sex practices. Understanding how the use of sexual pleasure-enhancing substances influences safe sex practices is critical to the promotion of sexual and reproductive health. It was important to first ask the participants what they knew about safe sex. Most of the participants said that safe sex involves the consistent use of a condom during sex as this protects them from HIV, STIs and unplanned pregnancy.

When the participants were asked if they did engage in safe sex practices, most of them said that they did not use condoms with their partners. The participants gave a number of reasons why they did not always protect themselves during sexual intercourse. Nevertheless, the commonest reasons cited by the participants included: they did not use a condom because they trusted their partners, they regarded condoms as a barrier to sexual pleasure, they needed to please their multiple sexual partners and they regarded family planning as a more important consideration than condoms. This points out that they regarded the prevention of pregnancy as a more important consideration than the use of condoms to prevent contracting HIV and other STIs.

### 4.6.1 Condom use: A breach of trust

Some of the young women revealed that although they knew that they should be engaging in safe sex all the time, they reported that they did not use a condom with their partners because they trusted them. The young women indicated that to them and their partners, not using a condom is a breach of trust, given that they would have tested for HIV together with their partners. They went for HIV testing with their partners once in a while to ensure that they continued to trust each other. Furthermore, some of the young women said that they were sexually active only with their partners; hence, they were certain that their partners were also sexually active exclusively with them. This was illustrated by one participant who said:

*“We do not use condoms with my partner because we were tested for HIV together and both of our results were negative. So, once in a while, we go for such tests. That is why we do not bother to ever use protection. He is the only person I am sexually active with and I also believe that I am the only one he is sexually active with. We trust each other”*  
(Sphindile).

One of the participants indicated that at first, she used a condom with her partner but now that they have been in the relationship for a long time, it is no longer easy to tell her partner that they should use a condom. She maintained that her partner would think that she was having sex with other people. Hence, that is why she prefers not to negotiate use of a condom with him. Nevertheless, the participant felt that negotiating safe sex would result in her partner not trusting her; thus, it is best not to use a condom with her partner. This is outlined in the comment below:

*“At first, we always used a condom with my partner. Since we have been together for a long time now, it isn’t easy to insist on the use of condoms because he will ask me why we should use a condom since we have been dating for a long time. He will think that there is someone else I am sleeping with. So, we no longer practise safe sex”* (Promise).

#### **4.6.2 Condom regarded as a barrier to sexual pleasure**

Most of the participants confided in the researcher that they scarcely used condoms when engaging in sexual activities with their partners. The young women believed that using a condom compromised the efficacy of sexual pleasure-enhancing substances. A participant had this to say:

*“I have heard my colleagues say that if you don’t use a condom, ‘Istuff sa girl’ becomes more effective because it will be a skin-on-skin intercourse. Due to ‘Stuff ka girl’, you become hotter and the sex will be pleasurable since there is no plastic”* (Promise).

Most of the participants said that the condom made sexual intercourse “boring”, as the sexual pleasure-enhancing substances would not be effective. One participant reported that:

*“My partner and I prefer to desist from using a condom because it makes sexual intimacy boring and the substances we use do not work efficiently if we use a condom”* (Thandeka).

The condom was seen as a barrier to sexual pleasure; hence, the young women chose not to use it. The participants felt that their partners needed to feel that they were “hot” and “nice”, feelings which would not be possible if they used a condom. The participants further indicated that their partners did not know that they used sexual pleasure-enhancing substances. It was reported that:

*“My partner doesn’t know that I use the snuff. Even the other people whom I sleep with also don’t know anything about it. Men hate the snuff and the women who use it, which is why I make sure they don’t find out that I am using it. This is a secret which only my friends and I know about”* (Nompilo).

Nevertheless, their male sexual partners shunned the use of protection because they found sexual intercourse more pleasurable without the use of a condom, not because they were aware that the young women used sexual pleasure-enhancing substances. When the participants were asked if using sexual pleasure-enhancing substances had a negative impact on taking steps to ensure safe sex, this is how one of the participants responded:

*“To be honest, using stuff sa girl does have an impact on one’s decision to use a condom. We do not always use a condom because it makes sex boring. “Sometimes ‘istuffsa girl’ doesn’t work if we use a condom. If we do it skin-on-skin, then my partner will feel that I am hot, tight and nice. Men also don’t enjoy sexual intercourse if a condom is involved. So, it is better to refrain from using it”* (Mumsi).

The research findings show that having sexual intercourse with a condom was regarded as being less pleasurable by the young women. The following comment from one of the participants illustrates this finding:

*“Since we use stuff like ‘Sweet ka girl’ to enhance sexual pleasure, it is better not to use a condom since it just makes sex dull. So, if you’ve used ‘Sweet ka girl’ and you can feel that you are warm, it is better to abandon the use of a condom”* (Zinhle).

#### **4.6.3 Multiple sexual partners**

The research findings reveal that some of the participants did not resort to the use of protection when engaging in sexual intercourse with their multiple concurrent partners. The participants resorted to the use of sexual pleasure-enhancing substances and not a condom because they wanted to ensure sexual gratification for their partners. They believed that sexual intercourse without a condom was more pleasurable than safe sex and the sexual pleasure-enhancing substances were regarded as more effective if the sexual intercourse did not involve any protection.

*“The truth is that I don’t use a condom with all my partners. We go skin-on-skin. It’s useless to use a condom if I have prepared myself for sex using either ‘snuff ka girl’ or*

*green pepper with dry lemon. My partners would not feel that I am tight and hot. If that happens, I would be afraid they may not be satisfied and there is a risk that they may be less interested in me. I'm telling you, men lose interest in you if you do not satisfy them in bed” (Nompilo).*

Some of male partners did not want to use a condom with the young women; hence, the women agreed to this because they would not face the prospect of being left by their partners. The young women also felt that if they attempted to negotiate the use of a condom, then their partners would end up mistrusting them since some of their partners were not aware that their female partners had multiple partners.

*“It becomes an issue if I tell any of my partners to use a condom because they become suspicious that I am cheating on them. Men sometimes associate one’s intention to use a condom with multiple sexual relationships. So, it is better not to negotiate condom use with any of them” (Mumsi).*

Furthermore, the young women revealed that if they lost their partners, then this would result in them losing financial privileges such as the so-called ‘girlfriend allowance’. When the participants were asked if they indeed used a condom with their multiple partners, this is how one of the participants responded:

*“Sometimes we use it and sometimes we don’t. I just pray that my partners don’t have the disease. If they do, then there’s nothing much I can do about it. Well, I’ve been tested for HIV with both of them before; so, I trust them. I may not trust them fully, but I do trust them” (Mumsi).*

What was interesting in the findings was that the participants valued making their sexual partners happy and satisfied rather than prioritising safe sex practices. The young women believed that it was important to keep a man happy by being sexually intimate with him without using a condom since he would feel that they were “hot” and “tight”. A participant said:

*“If we use a condom, then my partner will not feel that my vagina is tight and hot. Honestly, he will not be satisfied and that is something I detest. Remember that a condom is made out of latex, so he might not feel the pleasure if we use it” (Thandeka).*

It was commonly believed that if the male enjoyed sexual intimacy, then he would reciprocate by keeping the woman happy and the chances of him leaving her for other women would be

minimised. The participants were asked if they were not concerned about contracting HIV and AIDS or other STIs since they were not using protection with their multiple sexual partners.

*“It does concern me sometimes, because I know that some of my partners have other sexual partners. However, remember that we need to keep our male sexual partners happy. A man has to be satisfied and kept happy, and that is the most important thing”* (Nompilo).

#### **4.6.4 Family planning vis-à-vis safe sex practices**

It was significant to establish how the young women were protecting themselves from STIs, including HIV and AIDs since they were not using protection with their sexual partners. Most of the young women admitted that they were not protecting themselves against contracting these diseases as they insisted that they trusted their partners. Nevertheless, the young women pointed out that they were aware that this might be risky. The women pointed out that they were compelled to trust their partners and hope that they would not get infected with any of the sexually transmitted diseases. One of the participants said:

*“I know how risky unsafe sexual practices are because I might contract diseases, but there is nothing I can do about it. I just have to take the risk, hoping that I do not get infected. However, I do take contraceptives, particularly the three-month injection, because I don’t want to fall pregnant”* (Mumsi).

Furthermore, the young women pointed out that they protected themselves from unplanned pregnancy as this was one of the factors they considered paramount. Arguably, the young women who participated in this study viewed the prevention of unplanned pregnancy as more important than engaging in safe sex practices in order to prevent STIs, including HIV. When the young women were asked if they took any measures to ensure safe sex, this is how one of the participants responded:

*“Well, I take contraceptives, especially the injection, since I am not ready to have a child. That’s how I prevent being pregnant. I don’t take any other measures to ensure safe sex”* (Zinhle).

One of the participants highlighted that she sometimes did not use a condom with her partner and her first concern after having unprotected sex was making sure that she prevented being

pregnant. She revealed that she would take the morning-after pill to prevent unplanned pregnancy. The comment below illustrates this reality:

*“We do use a condom, but there are times when we don’t use it. However, I always make sure that I take the morning-after pill to prevent pregnancy”* (Nqobile).

It was evident from the findings that safe sex among the young women was inconsistently practised and largely regarded as secondary to sexual pleasure.

#### **4.7 Conclusion**

This chapter has presented the findings of the study as elicited from in-depth interviews conducted with Durban-based female hair salon workers who used SPES. The findings of this study show that the use of SPES is a common practice among this group of women. The overall definition of sexual pleasure-enhancing substances given by all the participants is that they are substances used to make sex more pleasurable. The participants believed that these substances elevated their body warmth and prepared their bodies for sexual intercourse. The substances also reportedly tightened the vagina, which results in pleasurable sexual intercourse. The chapter discussed the underlying reasons behind women’s adoption of SPES; these included satisfying their sexual partners, maintaining hygiene and health as well as ensuring financial security. It was also evident that the young women were influenced by their peers, friends and colleagues to use the sexual pleasure-enhancing substances. Furthermore, this chapter discussed the knowledge which the participants had regarding sexual and reproductive health. The chapter further discussed safe sex practices as conceived by the young women and how the use of sexual pleasure-enhancing substances impacted on safe sex practices. The next chapter presents the discussion of findings and area for prospective studies.

## CHAPTER FIVE

### DISCUSSION AND CONCLUSION

The study established several factors which stimulate the young women to engage in the use of SPES, but the main purpose was the quest for sexual pleasure. The use of sexual pleasure-enhancing substances among young Black African women, along with various vaginal practices, has posed questions on their susceptibility to STIs, HIV and AIDS as well as sexual and reproductive health complications. Hence, there was a need to explore this phenomenon in detail and thus find out if the young women indeed engaged in safe sex practices. This study aimed to understand this phenomenon and the purpose of this study was to explore how this practice impacts on safe sex practices. The study thoroughly examined the factors which influenced the young women to use sexual pleasure-enhancing substances. In addition, the study sought to understand the knowledge that the young women had about sexual and reproductive health. The study adopted a theoretical triangulation which involved drawing on the Ecological Systems Theory and the Social Cognitive Theory.

This study started by presenting a detailed exploration of what exactly SPESs are and how they are defined by the young women who participated in this study. The findings of the study suggest that the sexual pleasure-enhancing substances are substances used by the young women to enhance the pleasure of the sexual activity. The substances the young women used have an immense effect on their sexual and reproductive health, particularly the vagina, which is literally made 'hot', resulting in the enhancement of sexual pleasure. The warmth and pleasure were reported only among the women who used sexual pleasure-enhancing substances. The women who used such substances believed that their bodies differed from those of women who did not use these substances as they claimed that if one did not use these substances, their bodies as well as the vagina would not be hot during intimacy and this would result in their partners not enjoying sexual intimacy.

The findings of the study show that the most commonly used substances are those that are consumed a few hours before sexual intercourse. Some traditional products appeared to be used for application or insertion inside the vagina while others were used for bathing and steaming the vagina. All these substances were primarily used for warming the body and for making the vagina warm and tight. This then enhances pleasurable sexual intercourse for their partners. Humphries et al. (2018) confirms these assertions by stating that the motivation for using oral and vaginal substances is often linked to retaining a partner and sexual enhancement. The

findings of the study as well as the participants suggest that for one to be able to use these substances or their combinations, they have to be knowledgeable about what to do, how to use it and when to use it. According to Bandura (1989), modelling influences can have diverse psychological effects on people as they foster the acquisition of new competencies, cognitive skills and behavioural patterns. This indicates that modelling certain behaviour equips one with skills and knowledge that enable the participants to perform that desired behaviour; hence, that is how the young women have acquired the skills and the knowledge to use SPES.

The consumed products appeared to be commercial products purchased from local supermarkets, while Chinese sweets such as “swidi ka girl” can be purchased from Pakistani stores, street vendors as well as illegal vending occurring in public toilets in town (Durban central). The “umchamowemfene” is regarded as a traditional substance that can be obtained from the traditional market located at Berea. The inserted products included snuff, a traditional substance originally used by older people to cure headache or to communicate with ancestors and is obtained in stores owned by Pakistani operators and from the women who sell it in public toilets. According to Chimbala, Nabuzoka and Borne (2020), snuff is used for different purposes, such as medicine for easing toothache, headache, high blood pressure, colds, stress, anxiety and depression. In addition to this use, it is used in religious circles for cleansing evil spirits and for vaginal siphoning for dryness as well as the restoration of vaginal elasticity, leading to increased sexual pleasure. The participants also reported that there were women coming to the salon to sell these substances. Furthermore, the young participants reported that the street vendors sold these substances in secrecy; hence, it was only them who used these substances who knew about this.

These products were sold illegally and secretively, hence this raises questions regarding whether these products are approved by legal acts regulating pharmaceutical products. According to the Pharmacy Act Number 53 of 1974, only a person who is registered as a pharmacist can sell medicines directly to consumers. The distribution of medicinal products in South Africa requires a licence issued by the South African Health Products Regulatory Authority (Pienaar et al., 2018). Thus, only drugs which are registered in South Africa can be sold to the public. The sale of medicines to consumers is determined by the Medicines Acts and Related Substances Control Amendment Act, No. 94 of 1991 as it determines the types, frequency and quantity of medicines that may be provided by healthcare professionals to the public, and on certain conditions, such as a prescription (Pienaar et al., 2018). This might imply

that the products which are not used in mainstream society pose health risk to the young women as they have not gone through the relevant protocols or trial stages.

The substances consumed and inserted into the vagina by the young women might have harmful and negative effects on their sexual and reproductive health as they are not approved and regulated by legislative acts. In addition to this fact, some of the products used by the young women were not manufactured for insertion into or application onto the vagina and such stuff includes snuff (*nstu*). These products may be harmful to their sexual and reproductive health as they elevate the risk of vaginal infections. This confirms the findings of Klebanoff et al. (2010), who established that women who undertake vaginal practices are at risk of suffering from bacterial vaginosis. Precisely, the vaginal practices have adverse effects on sexual and reproductive health as they lead to abnormal vaginal discharge, vaginal itching or vaginal odour. Further, not only do these substances cause bacterial vaginosis, but they might also have an impact on other sexual reproductive health outcomes such as childbirth. According to Sobel (2002), it was found that other sexual and reproductive health outcomes, such as pre-term labour, are induced by these vaginal practices. This suggests that using such substances poses health risks which border on sexual and reproductive health complications.

Snuff appears to be the most commonly used substance around parts of KwaZulu-Natal. Scorge et al. (2009) corroborate this finding by stating that women in KwaZulu-Natal apply or insert substances topically to the genital area shortly before sexual intercourse and these substances include snuff, toothpaste and knorrox cubes. However, the health implications of these substances remain a cause for concern. Chimbala, Nabuzoka and Paul (2020) conducted a study among Zambian women who consumed snuff through the nose and mouth as well as inserting it into the vagina. The aim of the study was to investigate the factors instigating snuff usage and its neurocognitive effects among women. The results of the study show a significant relationship between the frequency of using snuff with inattention and memory retardation as snuff impairs such human capabilities. This suggests that snuff places women at a higher risk of experiencing inattention and memory impairment. In addition to this finding, Chimbala, Nabuzoka and Paul (2020) highlight the fact that snuff increases the risk of mouth and vaginal cancer, cardiovascular diseases, fatal stroke as well as oral pathologies. This is suggestive of many negative health implications that arise from the use of snuff and these include sexual and reproductive health, especially vaginal cancer, which seemingly correlates with use of snuff.

The use of sexual pleasure-enhancing substances appeared to be associated with stigma. The substances are sold in secrecy as the participants reported that it is better to purchase the substances from one supplier. This implies that the participants do not want many people to know that they use such substances, but at the same time, they do not want to end up purchasing counterfeit products. These findings corroborate the findings of a study conducted by Gafos et al. (2010), which stressed that the female participants who used vaginal substances were using them in secrecy without the knowledge of their partners. These assertions show that although women used these substances to attain sexual satisfaction for their partners, their partners are apparently oblivious of this reality.

In this study, it emerged that the young women's desire to use sexual pleasure-enhancing substances was strongly motivated by the quest for sexual gratification of their male partners. Partner satisfaction was linked to the women being dominant and powerful, thus being in control of the relationships. Scorgie et al. (2009) reported similar findings that vaginal practices among Zulu women provided a means to take control of the relationship as well as harmony. Thus, young women achieve control and power in their relationships through sexual satisfaction by using sexual pleasure-enhancing substances. The Ecological Systems Theory mentions that the immediate relationships that a person shares with the groups, structures or systems found in the micro-level impact directly on the decisions they take (Wilder, 2009). In the context of this study, it emerged that if the young women use sexual pleasure-enhancing substances, their partners would be sexually satisfied and the young women become dominant in the relationship. This then influences the young women to engage in the use of sexual pleasure-enhancing substances because they want to satisfy their partners and also to take control of the relationship; hence, this kind of a relationship that they share with their partners reinforces their inclination toward using SPES.

The findings of the study suggest that if a woman does not sexually satisfy her partner, she risks losing him to other women; hence, the young women have to engage in the use of SPES in order to secure their relationships. It is believed that the man may not cheat on the woman or leave the relationship if he is sexually satisfied. Similarly, Humphries et al. (2019) concluded that a key social motivator for using vaginal substances is to ensure that women do not lose their male partners and this is perceived through improved partner retention by making their vagina warmer, thus becoming more sexually gratifying to their partners. This finding has implications on safe sex practices because if the young women believe that their partners are

not cheating on them since they are sexually satisfied, they refrain from engaging in safe sex practices.

This then results in both men and women being susceptible to HIV and AIDS and STD. Furthermore, the young women believed that they were clever and alert compared to other women who were not using such substances. The micro-level identifies the direct factors that influence the young women to use SPES. This reinforces the view that socially constructed beliefs directly influence the young women to use sexual pleasure-enhancing substances. In this study, financial security was also central in motivating the young women to use SPES. In the context of the Social Cognitive Theory, expectations include the anticipated outcomes of a person's behaviour (Rimer & Glanz, 2005).

In this study, the young women engaged in the use of sexual pleasure-enhancing substances to secure their relationships and financial stability. It is believed that if the men are sexually satisfied, they will cater for the financial upkeep of the young women. Sadly, this study found a connection between financial security and having multiple sexual partners. The multiple sexual partners the women had bailed them out of their financial constraints. This has had impacts on safe sex practices as the young women do not engage in safe sex practices with these multiple partners because they believed that the efficacy of the substances they used would be compromised, thus impeding their financial benefits. In addition to this reality, negotiating condom usage with their partners would raise suspicions as their partners were not aware that the young women had multiple sexual partners.

The beliefs held by the participants arguably instigate irresponsible behaviour, which negatively impacts on efforts to curtail the spread of STIs and HIV and AIDS. This also places the young women and men at risk of contracting such diseases as they are engaging in unprotected sex with multiple partners for financial gains. This confirms the findings of most studies, which suggest that material considerations are driving relationships nowadays, thus placing young poorer women at a particular risk of contracting HIV and having unwanted pregnancies (Shefer & Strebel, 2012). Furthermore, the findings of the study reveal that the young women would rather risk their health rather than fail to sexually satisfy their partners. This vindicates their decision to engage in safe sex practices with their partners. This signifies that HIV and AIDS is prevalent among young women who use such substances as safe sex is not regarded as a priority. This confirms the assertions of Alcaide et al. (2011) that in some parts of Africa, vaginal practices are more common among women living with HIV and AIDS.

In this study, societal pressure was found to be one of the reasons behind the use of SPES among the young women. The findings of the study suggest that most young women were introduced to this practice by their friends and colleagues at the salon. Modelling, also referred to as observational learning, involves behavioural acquisition that occurs by watching the actions and outcomes of other people's behaviour (Bandura, 1988). This means that the young women observed and learned the use of sexual pleasure-enhancing substances from their colleagues and friends. Further, the young women were galvanised into engaging in this practice through hearing their friends and colleagues speaking about the benefits of using such substances, hence they also desired to enjoy these supposed benefits.

These young women perceive themselves as cleverer than their peers; hence, they end up yielding to the pressure to use sexual pleasure-enhancing substances. The Social Cognitive Theory states that an individual should confidently execute their actions, and this is known as having a sense of self-efficacy (Rimer & Glanz, 2005). To the contrary, the findings of the study suggest that the participants did not have a sense of personal agency or self-efficacy as their decisions to engage in the use of sexual pleasure-enhancing substances was influenced by their peers.

Bandura (1989) confirms the above assertions by stating that modelling assumes varied forms which include new behaviour patterns, judgmental standards, cognitive competencies, and generative rules for creating new forms of behaviour. The young women adopted new behaviour patterns which they acquired through modelling. The Ecosystems Theory mentions that the immediate relationship which individuals share with the systems found in the micro systems impact directly on the behaviour or decisions individuals choose to take (Bronfenbrenner, 1986). This study found that the young women had close social relationships with their friends and colleagues; hence, they could be influenced by these systems to use SPESs.

The practice involving the use of SPES among the young women is reinforced by the social context, with a dynamic and reciprocal interaction between the person, the environment, and behaviour. According to Rimer and Glanz (2005), reciprocal determinism comprises three factors which influence behaviour, and these include; the environment, the individual and the behaviour. The social environment (salon) of the young women comprises factors that influence the use of sexual pleasure-enhancing substances. The young women and their peers

and colleagues, with their personal experiences, influence each other to engage in this behaviour. Also, there are women who come to the salon to sell the substances to the young women. The benefits of using sexual pleasure-enhancing substances influenced the young women to continue with this behaviour. All of these factors shared a reciprocal relationship and regulated women's behaviour regarding the use of sexual pleasure-enhancing substances.

The use of SPES among female salon workers appears to have triggered many expectations. According to Bandura (1989), an individual anticipates results when they engage in certain behaviour and these results are regarded as expectations. The study shows that the women anticipated several positive results when they engaged in the use of sexual pleasure-enhancing substances. These results included financial security, health and hygiene as well as sexually satisfying their partners. These expectations can only be achieved through the avoidance of barrier methods such as condoms while using SPES. The salon workers believed that using a condom would result in the substances not being effective and the anticipated results would not be achieved. This study found that the use of condoms during sex appeared to be a huge challenge in the context of sexual pleasure-enhancing substances.

The findings reveal that not only is the condom regarded as a barrier to the effectiveness of the substances being used but also a barrier to sexual pleasure. The young women revealed that their partners preferred not using a condom and this also worked in their favour as they wanted the substances to be effective. However, their partners were not aware that the young women use SPES and not using a condom works for the purpose's effectiveness of the substances. The alarming part of unsafe sex is that a condom in this study was seen as a barrier rather than a way of protecting oneself and their partner from STIs. Shair, Jewkes, Nduna and Dunkle (2012) attribute the failure by the initiatives to promote condom use among women to the dominance and control men exercise over the conditions surrounding condom use. They further mention that the prevalence of relationships characterised by gender inequities significantly reduces women's ability to adopt safer sexual habits. These findings contradict the findings of the current study as the women also do not want to negotiate condom use since it works in their favour.

The results of the current study show that not using a condom during sexual intercourse was regarded as a breach of trust between the young women and their partners. Apart from not using a condom to avoid blurring the effectiveness of the substances, the young women do not practise safe sex with their partners because they trust their partners. The young women also

do not negotiate condom usage because their partners would suspect that they are cheating on them; hence, this would jeopardise their relationship. According to Shai, Jewkes, Levin, Dunkle and Nduna (2010), women perceive trust as an important part of an ideal relationship, an expression of what a particular relationship should entail. The findings of the study conform to this observation because most of the salon workers regarded trust as an important factor in their relationships hence the notion of trust facilitated the decision not to use a condom with their partners.

The findings show that the participants underwent HIV testing with their partners; henceforth, they discontinued use of protection. Similarly, Shai et al. (2010) aver that knowing one's HIV status has a limited role in promoting consistent condom use. Some of the participants intimated that they trusted their partners and believed that their partners did not have multiple sexual partners. This becomes a cause for concern as trust hardly protects anyone from HIV and other STDs. Equally perplexing is the fact that the young women felt that they could not negotiate condom usage in their relationship, hence they would rather risk their lives than lose their partners. This confirms the findings of Shai et al. (2010), that the idea of trust affords men the leeway to control women and manipulate them into conceding non-use of condoms. On the other hand, these findings show that the women lack the self-efficacy to negotiate condom use.

In this study, women who were dating multiple sexual partners also regarded a condom as a breach of trust. The young women maintained that they did not want their partners to be suspicious of their multiple sexual partners they were dating, which justifies their failure to insist on using protection when engaging in sexual intercourse with all their partners. The findings further depict the young women as seeking to sexually satisfy all their multiple partners, which vindicates their reluctance to adhere to safe sex practices as they believe that sex with a condom is unpleasant and the vaginal substances would not be effective. The participants even went as far as saying they preferred "skin-on-skin" sex with all their partners. Humphries et al. (2019) reiterate the importance of understanding what vaginal substances are and how they are used by young women in different contexts. This remains important considering the risk of HIV infection the women are facing. This assertion is consistent with the findings of this study which established that the use of sexual pleasure-enhancing substances is associated with unprotected sex as the women wanted to ensure the effectiveness of the vaginal substances they used.

The notion of “skin-on-skin” sexual intercourse remains a cause for concern as the young women risk contracting communicable diseases as they prioritise partner satisfaction rather than their health. The findings reveal that some of the salon workers were aware that their partners had multiple sexual partners, but they strive to keep their partners satisfied, thus they preferred to avoid use of condoms. Furthermore, some of the participants believed that their partners did not have multiple sexual partners. Ironically, the young women who participated in this study had multiple sexual partners, but they believed that their partners did not have multiple sexual partners.

The findings of the study reveal that the young women did not protect themselves in any way from HIV and AIDS and STIs. The study established that partner satisfaction through the use of SPES and family planning was paramount to the participants. Most of the young women were on contraceptives but did not protect themselves in any way from HIV and AIDs and other STIs. They were mainly concerned about prevention of unplanned pregnancies rather than contracting HIV and AIDs. This was evident as the findings showed that those participants who were not on contraceptives would find measures to prevent pregnancies if they did not use protection with their partners. The preventative measures against HIV and AIDS were not taken into consideration. This again shows that the young women who engaged in the use of SPES prioritised other factors rather than engaging in safe sex practices and protecting themselves from communicable diseases. Fennell (2011) observed that most couples rarely rely on long-term use of condoms because they usually perceive sexually transmitted infections (STIs) as posing an insignificant risk to them. This study builds on this finding, as it reveals that HIV is also a low priority issue for female workers as they tend to emphasise the prevention of unplanned pregnancies.

One of the objectives of this study was to determine the knowledge and understanding of sexual reproductive health that female salon workers had and if they believed the use of SPES had any implications on sexual and reproductive health. The findings of the study suggest that the women were indeed knowledgeable about some aspects of sexual and reproductive health. The female salon workers demonstrated their understanding of the importance of screening for cervical cancer and undergoing a pap smear; however, most of the participants hardly took measures to do a pap smear. This raises concern as they consume and insert illegal substances into the vagina. Screening for cervical cancer and other sexual and reproductive health implications should be accorded the paramountcy it deserves.

Condom usage also emerged as an important aspect of sexual and reproductive health. Female salon workers are informed about the importance of using condoms and they understand that it prevents the transmission of STIs and HIV and AIDS as well as unwanted pregnancies. However, the findings show that the young women still avoid using condoms because of the various reasons which were presented earlier on in the study. According to Schuyler et al. (2016), research has found that South African youths have high levels of awareness of HIV and AIDS, but they still continue engaging in risky sexual behaviours such as unprotected sex and multiple sexual partnerships. The findings of the current study corroborate the assertions made by Schuyler et al. (2016), as it shows that the participants were aware of the importance of protecting themselves from HIV and AIDS, although they deliberately refrain from engaging in safe sex practices. In addition to this finding, risky sexual behaviour among the youth in South Africa has been linked with poverty, unemployment, living in rural areas, and low educational attainment.

The findings of this study suggest that the female salon workers visited local clinics for sexual and reproductive health issues such as family planning. The participants showed a complex understanding of the different family planning methods available. These family planning solutions appeared to be highly considered and family members of the participants encouraged family planning rather than safe sex. According to Fennell (2011), contraceptives have a high degree of normalisation for both men and women. This is evident in the findings of this study as family planning appears to be the leading aspect of sexual and reproductive health. According to Waiswa (2020), sexual and reproductive health implies that people are able to have a safe and satisfying sexual life, the capability to reproduce, the freedom to decide if, when, and how often they should do so. The participants showed no concern for the impact of sexual enhancing-substances on their capability to reproduce in future. It was of no concern to them that the substances used may endanger their sexual and reproductive health, particularly inability to reproduce.

The findings of the study suggest that the female salon workers asserted with certainty that the sexual pleasure-enhancing substances they used had no negative impact on their health. However, those who do not use snuff appeared to be against it as they viewed it as not appropriate for insertion into the vagina since it is a drug. According to Humphries et al. (2019), snuff is one of smokeless tobacco products processed from dried tobacco leaves into powder and it contains nicotine which is an extremely addictive drug that acts both as a stimulant and depressant central nervous system. The use of this substance on the vagina, which is a sensitive

area, raises concerns and poses questions on the health implications for the female salon workers.

### **Areas for future research**

This study has explored the use of sexual pleasure enhancing substances (SPES) among young women and its implications on safe sex as well as on sexual productive health among women. Future studies should focus on examining how this practice impacts on male sexual partners as well as the possible hazards that vaginal practices pose on male sexual partners. It is also important to establish the health implications SPES pose on males as the act of not using protection affects both males and females. Future studies can also be conducted among women who use SPES but also regularly screen for cervical cancer and other sexual and reproductive health implications. This could assist to establish the most common sexual and reproductive health implications of SPES.

### **Conclusion**

The use of SPES remains a cause for concern as its implications on safe sex practices and sexual and reproductive health are apparent. This practice seems to place the young women and their partners at great risk of contracting HIV and AIDS as well as STIs since protection is not prioritised. The socio-economic circumstances of many young women instigate risky behaviours. Some of the substances used by the female workers are illegal and, non-compliant with legal acts regulating pharmaceutical products. This may negatively affect their general health as well as sexual and reproductive health. Clearly, the use of sexual pleasure-enhancing substances contributes to high HIV and AIDS prevalence in KwaZulu-Natal. This chapter has presented a detailed discussion of the findings of the study and areas for prospective studies.

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## APPENDICES

### Appendix A: Information Sheet and Consent to Participate in Research

Date: 25/10/2019

Greetings

My name is: Sinethemba Nxumalo

Student number: 213538816

Degree: Master of Social Science, Psychology (Health Promotion).

#### **Contact details**

Email: [sinethembanxumalo17@gmail.com](mailto:sinethembanxumalo17@gmail.com)

Cell phone Number: 0822693567

You are being invited to consider participating in a study titled: Use of sexual pleasure enhancing substances among hair salon female workers in Durban: A qualitative enquiry. The overall aim and purpose of the study is to explore safe sex practices among hair salon female workers using sexual pleasure enhancing substances. The study is expected to enroll fifteen participants. This study will involve the following procedures:

- Interviewing
- Audio Recording

The duration of your participation if you choose to enroll and remain in the study is expected to be 45 minutes.

The study may involve the following risks and/or discomforts. You may experience uncomfortable feelings since the study will be focusing on your personal experience. There are no financial benefits from the study. We hope that the study will create the following benefits. The study is a one on one in-depth interview and will provide a safe space for you to talk on sensitive topics. Furthermore, you will have access to the final research, it will be available to the University library.

This study has been ethically reviewed and approved by the UKZN Humanities and Social Sciences Research Ethics Committee (approval number\_\_\_\_\_).

## CONSENT

I .....have been informed about the study entitled:Use of sexual pleasure enhancing substances among hair salon female workers in Durban: A qualitative enquiry by Sinethemba V. Nxumalo

I understand the purpose and procedures of the study.

I have been given an opportunity to answer questions about the study and have had answers to my satisfaction.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any of the benefits that I usually am entitled to.

I have been informed about any available compensation or medical treatment if injury occurs to me as a result of study-related procedures.

If I have any further questions/concerns or queries related to the study I understand that I may contact the researcher at **Email: [sinethembanxumalo17@gmail.com](mailto:sinethembanxumalo17@gmail.com)**

**Cell phone Number: 0822693567**

If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers then I may contact:

### HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus

Govan Mbeki Building

Private Bag X 54001

Durban

4000

KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557 - Fax: 27 31 2604609

Email: [HSSREC@ukzn.ac.za](mailto:HSSREC@ukzn.ac.za)

I understand that I will not financially benefit from participating in this research.

I understand that all the Information I will give for the study will be treated confidentially.

I agree that my identity will remain anonymous even on the actual report of the study.

I understand that the signed consent form and original audio recordings will be kept safely.

I hereby provide consent to:

Audio-record my interview: YES / NO

---

Signature of Participant

---

Date

---

Signature of Witness  
(Where applicable)

---

Date

---

Signature of Translator  
(Where applicable)

---

Date

## Consent to take part in research (isiZulu)

### ISICELO SOKUGUNYAZWA UKWENZA UCWANINGO LOKUSEBENZISANA NABANTU

Igamalomcwaningi: Sinethemba Nxumalo

Inomboloyomfundi: 213538816

Iziqu: Master of Social Science, Psychology (Health Promotion).

Imininingwaneyokuxhumana.

I-imeyili: [sinethembanxumalo17@gmail.com](mailto:sinethembanxumalo17@gmail.com)

Inomboloyocingo: 0822693567

Imininingwaneyongameleucwaningo:

Kemist Shumba (PhD)

Sustainable Health Food Systems (SHEFS) Post-Doctoral Research Fellow

Discipline of Psychology

University of KwaZulu-Natal | Durban 4041 | South Africa

Mina.....

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Ngyaqondaukuthingayekaukubayingxenyeyocwaningomangabengizwakunesidingonoma ngizizwangingakhululekileukuphendulaeminyeyemibuzo.

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Isiginesha “*Signature*” yobambeiqhazaUsuku

Ngiyethembaobambeiqhazauyangikaimvumeyokubayingxenyeyalolucwaningo.

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Isiginesha “*Signature*” yomcwaningiUsuku

## **Appendix B: Research schedule**

### **Demographic questions:**

1. Age
2. Marital status
3. Current place of residence
4. Highest educational level
5. Number of children

### **Key questions**

6. From your experience, please enlighten me in detail what are pleasure enhancing substances and what are they used for?
  - a) What are the different types of sexual pleasure enhancing substances which are used?
7. Which one do you use and elaborate on how do they work (how are they used)
  - a) When did you begin using it and why?
  - b) How often do you use it?
  - c) Where do you get them from?
8. Please tell me more about the socio-cultural or historical meaning associated with the substances.  
How do these meanings have an influence on you using these substances?
9. Let us talk about sexual and reproductive health. What do you usually hear about sexual and reproductive health?
  - a) What is your understanding of sexual and reproductive health?
10. Do you think using sexual pleasure enhancing substances has an impact on sexual and reproductive health? Please motivate your answer
11. What comes to mind when you hear about safe sex practices?
12. Please enlighten me about safe sex practices that you practice when engaging into sexual intercourse.
  - a) Do you always consider these safe sex practices? Motivate your answer
- 13) Do you use these substances with your partner or anyone you are sexually active with?
  - a) How does your partner or someone you are sexually active with feel about using sexual pleasure enhancing substances?
- 14) Are you planning on using them for the rest of your life? Please motivate answer
- 15) Is there anything you would like to add or share?
- 16) Is there anything you would like to ask?

## IhlulemibuzoyeyesiZulu

### Imininingwane

- 1) Iminyaka
- 2) Isimosomshado
- 3) Uhlala kuphi nendawo
- 4) Ibanga lemfundo
- 5) Inani lezingane

### Ingqikithiyemibuzo

- 6) Ngolwazilwakho, ngicela ungichazela kabanzi ukuthi ziyini lezizinto ezisebenziswa ukwenza ucansi luthokozise kakhulu?
  - a) Iziphi izinhlobo ezikhona ezisebenziswayo
- 7) Iziphi izinhlobo wena ozisebenzisayo? (wenzanjani uma uwasebenzisa)
  - a) Waqala nini ukuwasebenzisa?
  - b) Uwasebenzisa kangaki (chaza kabanzi)
  - c) Uwathola kuphi?
- 8) Ngicela ungichazela kabanzi ukuthingabeusiko, nemvalaphi nomaokwakwenzekaemandulokunakoyiniumthelelakokusebenziswakwalezintomanje.
  - a) Kunomthelelamuphilokhokuwena?
- 9) Akesikhulumengenhlalakahleyocansinokuzalanokuzihlelelaukuzala. Ikuphiojwayeleukukuzwangalokhu?
  - a) Ngolwakhoulwazikuyiniinhlalakahleyocansinokuzala, nokuzihlelelaukuzala
- 10) Ngokucabangakwakhokusebenzisaizintozokwenzaucansiluthokozisekakhulukunakho umthelelakwinhlalakahleyocansinokuzala, nokuzihlelelaukuzala? Ngicela usekele impenduloyakho
- 11) Yiniefika emqondwenimawuzwangocansioluphephile?
- 12) Ngicela ungichazela kabanzi izinyatheloozithathayongokuphepha mauyaocansini?
  - a) Ngabeuzithathanjalolezinyathelo?
- 13) Ngabelezizintozokwenzaucansiluthokozisekakhuluuzisebenzisanomuntuohlekisanana yenomauzisebenzisanomanobaniyanayeocansini?
  - a) Umuntuohlekisananayeuzizwakanjaningokusebenzisakwakho izintozokwenzaucansiluthokozisekakhulu?
- 14) Ngabeuhleleukuzisebenzisaimpiloyakhoyonke? Sekelaimpenduloyakho
- 15) Ngabekukhona ofisaukukusho?
- 16) Ngabekukhona ofisaukukubuza?

## Appendix C: Ethical Clearance



04 November 2019

Ms Sinethemba Virginia Nxumalo (213538816)  
School of Applied Human Sciences  
Howard College Campus

Dear Ms Nxumalo,

Protocol reference number : HSSREC/00000410/2019

Project title: Use of sexual pleasure enhancing substances among hair salon female workers in Durban: A qualitative enquiry

### Approval Notification – Full Committee Reviewed Protocol

This letter serves to notify you that your response received on 28 October 2019 and 01 November 2019 to our letter of 11 October 2019 in connection with the above, was reviewed by the Humanities and Social Sciences Research Ethics Committee (HSSREC) and the protocol has been granted **FULL APPROVAL**

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

**This approval is valid for one Year from 04 November 2019.**

To ensure uninterrupted approval of this study beyond the approval expiry date, a progress report must be submitted to the Research Office on the appropriate form 2 - 3 months before the expiry date. A close-out report to be submitted when study is finished.

Yours faithfully



Professor Urmilla Bob  
University Dean of Research

/ms

Humanities & Social Sciences Research Ethics Committee  
Dr Rosemary Sibanda (Chair)  
UKZN Research Ethics Office Westville Campus, Govan Mbeki Building  
Postal Address: Private Bag X54001, Durban 4000  
Website: <http://research.ukzn.ac.za/Research-Ethics/>

Founding Campuses: Edgewood Howard College Medical School Pietermaritzburg Westville

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## Appendix D: Turnitin Report

