

# The use of sexual pleasure enhancing substances among Zulu female hair salon workers in Durban, South Africa

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## ABSTRACT

**Background:** The use of sexual pleasure enhancing substances (SPESs) is one practice that is fast gaining traction among sexually active, young Black females. Coupled with vaginal practices such as intra-vaginal cleansing, drying or tightening of the vagina, the use of SPESs is driven by cultural beliefs that place the mandate to ensure pleasurable sex on the woman. This article explores the broader implications of SPESs on safe sex practice and sexual and reproductive health (SRH). **Aim:** To explore the use of SPESs among female hair salon workers in Durban and understand how this practice impacts on both safe sex practices and SRH. **Methods:** We conducted interviews to elicit the views of 12 purposively selected young Black African women (BAW) working in hair salons in Durban's central business district (CBD) on the use of SPESs and various vaginal practices. Snowball technique was used to identify information rich participants. Data were analysed using thematic analysis. **Findings:** Use of SPESs among BAW affects safe sex practices and places their SRH at risk. Participants shunned safe sex practices with their regular partners, arguing that condoms reduced the effectiveness of SPESs. Further, condom use was deemed symbolic of mistrust between partners. This cohort's practice of unsafe sex was driven by the need to sexually satisfy male partners and maintain a firm grip in relationships. **Conclusion:** Use of SPESs is a public health concern because it affects safe sex practices among young BAW and their partners. It places women at increased risk of HIV/AIDS and other sexually transmitted diseases (STIs). The practice also remains a public health concern given its implications for safe sex practice and SRH.

### Key words

Sexual pleasure enhancing substances, Young Black African women, Sexual and reproductive health, Safe sex practices, HIV/AIDS, Sexually transmitted diseases

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## **Introduction**

People engage in sexual activities for several reasons. One primary motivation is sexual pleasure. Sexual pleasure can be understood as the good and pleasant feelings that emanate from sexual contact (Rye & Meaney, 2007). Further, feelings can also come from either thoughts or fantasies. Across the globe, women are known to engage in a variety of behaviours that are believed to enhance sexual pleasure during sex (Bagnol & Mariano, 2008). These behaviours are common in some parts of the world and vary depending on the behaviour that appeals to the individual.

Women's use of a comprehensive variety of products to modify the appearance, shape and appeal of their genital areas has been documented for centuries (Scorgie et al., 2009). Further, the range of geographical regions in which these vaginal practices have been defined is vast. This is because different geographical areas have their own unique perceptions, culture and ways of understanding life, hence this influences how they give meaning to such practices, or the substances used. The reasons for these 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 entails the process of becoming sexually active by using aphrodisiacal products to increase libido, boost stamina, and make the body strong for sexual activities (Mcetywa, 2001). Essentially, these products help to enhance sexual pleasure. Women's use of sexual pleasure enhancing substances (SPESs) include a variation of modifications and interventions on their genitals, which may include incisions in the vaginal or perineal area, insertion and application of substances in the vaginal area (Hilber et al., 2012). These modifications contribute to several desirable characteristics such as cleanliness, warmth and tightening of the vagina. Women believe that good vaginal practices and use of SPESs make their genital areas clean, dry, warm and tight resulting in enhanced desirable sexual intercourse.

Young women in South Africa are twice as likely to acquire HIV compared with their male counterparts (UNAIDS, 2019). Vaginal practices including the use of SPESs have been shown to increase women's risk of contracting HIV since women that who engage in such practices do not consider protected sex as a priority (Lazarus et al., 2019). Hence, practices that involve the use of SPESs increase women and girls' risk of contracting STIs including HIV/AIDS. The use of SPESs and vaginal practices, such as intra-vaginal cleansing, drying or tightening, are often accused of placing women at higher risk of acquiring HIV and other STIs as some of these practices may involve incisions made in the genital area (Scorgie & Kunene et al., 2009).

The types of vaginal practices in most countries include; external washing, intravaginal cleansing or douching, application of substances, insertion of substances, ingestion of herbal or other substances and steaming the vagina with traditional herbs (Hilber et al., 2010). The sexual health implications, biomedical consequences as well as safety of such practices raise concern as some of the products used are not meant to be used in the vaginal area (Levin, 2005). Further, it was important to examine if such practices might impact the sexual and reproductive health of young women. Research questions for this study include:

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

## **Methodology**

### **Study setting and context**

The study was conducted in three salons that are located in the Durban central business district (CBD). Data collection was done

from 19 November to 04 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 inclusive of manufacturing, tourism, transportation, finance and various government sectors. There are many different salons located in the city's CBD since many people visit town for shopping, leisure, occupation and many other services. Most of the young women who work in salons hail from disadvantaged socio-economic backgrounds, hence they are compelled to engage in such sectors of the informal economy as salon work to earn a living. South Africa's youth unemployment rate is 55.2 per cent (Statistics SA, 2019). Most of the youth in South Africa are unemployed, hence they must find alternative employment in the informal economy. Some of these young women have completed their matric but did not have money to further their studies and opted to work in salons to generate an income. Some of them work in salons because they are passionate about working in the hair and beauty sector. Few of the young women lived around Durban central, but most of them came from different townships around Durban, such as Umlazi, KwaMashu, Inanda, and Lamontville, hence they converge in town during the day for occupational purposes.

### **Selection of participants**

This study adopted both purposive and snowball sampling to select participants. This kind of triangulation served to identify “encultured participants” (Polkinghorne, 2005, p. 139), or simply information rich participants. Snowball sampling was also used in this study because the topic being studied was of a sensitive and private nature, hence people who use pleasure enhancing substances cannot be obtained easily. The use of these strategies ensured that the process of selecting participants was not left to chance.

The selection criteria had to be inclusive of participants with the potential to provide rich data that would be cohesive with the research aims and objectives. The selection standard was as follows:

- (i) Female aged 20-25 years
- (ii) Working in a hair salon in the Durban CBD
- (iii) Black female African
- (iv) User of sexual pleasure enhancing substances

Eight (n=8) participants were initially selected through purposive sampling. The eight participants were interviewed after signing the consent forms. These eight referred the researcher to other participants working in two other salons located in the Durban CBD who met the selection criteria. A total of 12 participants were interviewed.

### **Data collection**

Data were collected using one-on-one in-depth interviews. This was a suitable method because the topic in question is both sensitive and secretive. Aspects of the topic that were discussed were largely confidential. These included sexual activity and how to improve the sexual experience; hence a method such as focus groups would have made some participants feel uncomfortable and withhold important information. Before entering the research site, efforts were made to develop critical skills needed to extract thick nuggets of data required to answer the key research question adequately. An interview schedule was developed through conducting a thorough literature review to identify the research gap. The interview schedule was written in isiZulu, most participants' mother tongue. The use of a native language to conduct interviews appealed to the participants and allowed the

researchers to be sensitive to local cultural practices, develop rapport, elicit rich and thick data, and reduce social desirability bias.

Participants were drawn from three different salons located in the Durban CBD. The interviews were held on different dates and times since the participants were available at different times, depending on how busy they were. The interviews were conducted in rooms which were mostly used for storing hair products in the salons. The participants selected the venues that were convenient for them. Apparently, they felt comfortable being interviewed in their own spaces. The venues were also conducive for interviews since other staff members in the salons knew that there were interviews taking place, hence they did not disturb.

### **Data analysis**

The analysis in this study began with repeatedly listening to the audio recordings, followed by the process of transcribing. The recordings were not transcribed verbatim since the process excluded sociolinguistic aspects such as intonation, repetitions, pauses, and other conversational aspects. Data were analysed using thematic analysis. This entailed the process of identifying patterns or themes within qualitative data (Braun & Clarke, 2006). It involved reading and reflecting on the written transcripts and audio recordings. The six steps taken to analyse data included: familiarising with data, generating initial codes, searching for themes, reviewing themes, defining themes and writing up (Braun & Clarke, 2006).

We achieved transferability, which refers to the extent to which the findings of the study can be applied to other situations (Shenton, 2004) through collecting detailed descriptions of data; we 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 SPESs to increase the likelihood of the findings being representative of female hair salon workers who used such substances.

### **Ethical considerations**

Formal permission to conduct the study was obtained from the Humanities and Social Sciences Research Ethics Committee at the University of KwaZulu-Natal (Protocol number: HSSREC/00000410/2019). The aim of the study was explained prior to each interview session. Participants were asked for informed consent and they signed a declaration to participate in the study voluntarily. Permission to use an audio-recorder was sought from individual participants. Participants were informed about the right to withdraw from the study without expecting any negative consequences and that there were no financial benefits for participating in the study.

### **Findings**

This section of the paper presents the findings elicited from the participants during in-depth interviews.

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

It emerged that the practice of using SPESs was common among young hair salon workers in Durban. The most prevalent essentials that young women were using were usually ingested a few hours before engaging in sexual activity. Other substances are inserted into the vagina, often used for steaming. Participants revealed that the substances which they were using were easily accessible. These were purchased from either retail outlets or street vendors. The following sub-themes illustrate in detail what emerged from

the data analysis.

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

Participants explained that they were using SPESs primarily for the purpose of increasing the pleasure of the sexual activity. Most participants shared a common belief that the substances they were using had an immense effect on their body organs, particularly the vagina. They explained that the substances increased body temperature, making their bodies hot. High body temperature heightened sexual pleasure. What was common among the participants was that if the body and vagina are hot, the intimacy will be more pleasurable.

*I also use it to make myself hot during sex. It also helps to make my vagina tight as well as to be wet during sex. If the vagina is tight, hot or warm, he will definitely enjoy having sex (Zodwa).*

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

Participants mentioned a variety of substances that they were using to improve their sexual experiences. Nevertheless, the most common substances that participants mentioned were mixtures that they would consume. Apart from increasing vaginal temperatures, these mixtures also tightened the vagina, thereby increasing the pleasure of penetrative sex. These were prepared using a combination of the following ingredients;

(1) Cinnamon mixed with milk

(2) Med-lemon mixed with Stoney fizzed drink and black Halls sweets. The mixture is warmed using a microwave and served warm.

(3) Raw green pepper, which is sliced and consumed. After eating it, one must drink dry lemon.

Some of the participants mentioned that they would consume Chinese sweets which had local names such as “*Swidi ka gir*” (The girl's sweet) “*Koze kuse*” (Till the sun rises), “*Awema*” (Oh



my word!) and “*Hlephuka umbhede*” (Till the bed breaks).

*I've also heard that others say they eat different Chinese sweets, which are known as “Swidi ka girl”, “Awema”, “Hlephuka mbhede” and “Koze kuse”. The sweet is not mixed with anything, you just eat it as it is (Thandeka).*

Participants also indicated that snuff or “Ntsu”, made of tobacco was a common substance that BAW would insert into the vagina. The snuff is also known to make the vagina hot and intact. *Ntsu* is originally a traditional drug that elderly people insert in their noses to cure headache.

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

Another fascinating finding was that participants also used other traditional substances apart from snuff to enhance sexual pleasure. The traditional substances are used for steaming the vagina and for bathing. The quote below illustrates this:

*Steaming the vagina and bathing with traditional herbs is yet another method. You take herbs (amahlamvu othando) and put them in a bucket of boiling water. You then cover yourself using a cloth with your face facing the bucket so that the steam from the boiling water can cover your face. You also sit on the bucket so that the steam enters your vagina (Zinhle).*

Participants were asked about the use of traditional herbs and the effects they had and this is what one of the participants said:

*The steam, which you get from this will cleanse your face so you can glow and your partner finds you more attractive. He will definitely want to be intimate with you*

*all the time. Further, steaming of the vagina helps with making it both tight and hot. It also cleans any dirt in the vagina and when the vagina is clean, the sex will definitely be amazing (Zinhle).*

Among the collection of traditional substances, “*umchamo wemfene*” (baboon urine) was the most common liquid which was mentioned. Participants indicated that they drink baboon urine. The effect is that it makes the man to ejaculate only when he is having sex with the woman in question. The following was said:

*Some women use “umchamo wemfene” (baboon urine). They say that they drink it every day in the morning. Umchamo wemfene 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).*

Other participants gave a different interpretation of how baboon urine works. They indicated that the use of baboon urine delays ejaculation, which eventually increases sexual pleasure. The following was said:

*The use of 'umchamo wemfene' significantly improves sexual experience. It helps to prolong the duration of sex and prevents early ejaculation. If sexual experience is prolonged, chances that both parties enjoy are quite high (Zinhle).*

### **Access to sexual pleasure enhancing substances**

It emerged that most of the commercial products used by participants such as milk, green pepper and cinnamon, were mostly purchased from retail outlets such as Shoprite and Pick 'n' Pay. The traditional herbs and “*umchamo wemfene*” were sold at the popular 'Market' located in the Warwick Junction area. While “*swidi ka girl*” and snuff were mostly sold in informal shops run by retailers of foreign origins such as Pakistanis, it was discovered that there were women who were selling some of these products in

public spaces such as toilets illegally.

*There are women who sell these things inside public toilets. For example; “swidi ka girl” can be accessed through informal channels such as mobile, secret women traders. We also purchase some of the substances like baboon urine from the Market where they sell herbs and organs of wild animals. Another product is snuff; this is sold in Pakistan shops. Women who sell stuff in public toilets also sell snuff(Abigail).*

An important aspect shared by the participants was that street vendors known for selling fruits and vegetables also sell SPESs, yet most people do not know about this underground market. This is known by BAW that use SPESs. What was also intriguing was that there were women who frequented hair salons to sell SPESs.

*There are many women who come here at the salon who sell this stuff; even some street vendors who sell on the streets push this merchandise. However, it is good to buy your stuff from one person. There are many street vendors selling fruits and vegetables that also sell this stuff but some most people don't know this. We know because we are loyal customers who usually buy this stuff(Zinhle).*

Participants 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 sold illegally.

Further, participants mentioned that it was best practice to buy sexual pleasure enhancing paraphernalia from trusted sources since there were many counterfeit and ineffective substances on the underground market.

*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 that you know won't go around telling everyone that you use the*

*stuff*(Zinhle).

### **Factors promoting the use of SPESs among young BAW**

There are many underlying factors that influence participants to use SPESs. These included; the desire to sexually satisfy male partners, financial security, cultural and traditional beliefs and peer pressure.

#### **The desire to sexually satisfy male partners**

Participants revealed that satisfying their sexual partners was critical to sustaining love relationships. Most young women believed that when the partner is sexually satisfied, their grip and dominance in the relationship increases:

*If you use the stuff that we use, I'm telling you a man will go crazy and want 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).

#### **Increasing the young woman's financial security**

It emerged from the qualitative interviews that most BAW promoted the use of SPESs, which was hypothetically linked to increased economic stability. However, the desire to increase financial stability was linked to multiple concurrent partners.

*I'm not ashamed to say that I have more than one partner. I ensure that I prepare myself well for sex if I'm going to sleep with any of my partners. Men go crazy if you use snuff. I know that I satisfy them because they always give me money on their pay days, and even when one discovers that he is being criss-crossed, he won't risk ending the relationship* (Zotha).

### **Cultural and traditional beliefs**

Some participants revealed that the use of baboon urine, commonly known as “*umchamo wemfene*” was influenced by a

known traditional belief in the Zulu culture. They mentioned that a baboon is known to urinate in one place. This belief influenced young women to use baboon urine to promote faithfulness on the part of the male sexual partner as a way to maintain a grip of a man and ensuring that he will not cheat on them.

*Culturally, we know that the baboon has a tendency of urinating in one place. That's why we drink "umchamo wemfene" because we know it will discourage the man from cheating. If you drink "umchamo wemfene" and have sex with your partner, he will not cheat on you (Zotha).*

### **Peer pressure**

Most of the participants in this study stated that their friends and colleagues introduced them to SPESs. Some of the young women did not know about these substances until they began working at salons. They were introduced to this phenomenon and decided to try it as they also wanted to keep their partners happy and satisfied.

*I was influenced by my friends to use snuff. They told me that as a woman, you need to do something to keep your man. So if you want to keep him, you must use snuff so that everything will be good. If everything is good in the bedroom, then he will definitely stay (Zodwa).*

### **Challenges emanating from the use of SPESs**

The overall aim of the study was to explore how young women that use SPESs fared in terms of safe sex practice. Understanding how the use of SPESs influence safe sex practice is critical to the promotion of SRH. Several factors that impinge on safe sex practices were identified. Several factors that were linked to the use of SPESs were identified.

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

Most of the participants explained that they were not using condoms with their partners. The young women believed that condom use compromised the efficacy of SPESs. The following was said:

*I have heard my colleagues saying that if you don't use a condom, 'Stuff sa girl' becomes more effective because it will be skin on skin. Due to 'Stuff sa girl', you become hotter and the sex is good since there is no plastic (Promise).*

Most participants indicated that condoms posed as a barrier to sexual pleasure, hence most young women chose not to use them. Nevertheless, their partners did not resort to using protection because they found sex more pleasurable without a condom, not because they were aware that the young women were using SPESs. When participants were asked if using SPESs had an impact on taking any steps to ensure safe sex, one of the participants responded:

*To be honest, using 'Stuff sa girl' does have an impact on deciding to use a condom. We don't use a condom because a condom makes sex boring. 'Stuff sa girl' doesn't work if we use a condom. If we go skin on skin, then my partner will feel that I am hot, tight and nice. Men also don't enjoy sex if there is a condom so it is better not to use it (Mumsi).*

The findings showed that it was evident that, among the young women, sex with a condom was considered less pleasurable. The following comment from one of the participants illustrated this phenomena:

*Since we use stuff like 'sweet ka girl' to make sex pleasurable, it is better not to use a condom since a condom just makes sex dull. So if you have used 'sweet ka girl' and you can feel that you already warm, it is better not to use a condom (Zinhle).*

## Multiple sexual partners

The findings revealed that some of the participants were not resorting to the use of protection during sex with their multiple partners. The decision not to use a condom was largely informed by the desire to satisfy their partners. This is because it is generally believed that sex without a condom is more pleasurable. Further, SPESs are effective during unprotected sex.

*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 prepared myself for sex using either snuff or green pepper with dry lemon. My partners will not feel that I am tight and hot. If that happens, I am afraid they may not be satisfied and there is risk of them being less interested in me. I'm telling you, men lose interest in you if you do not satisfy them in bed (Nompilo).*

Participants indicated that some of the male partners do not want to use a condom with the young women, hence the women agree to engage in unprotected because they do not want their partners to leave them. The young women also felt that if they were to negotiate condom use, their partners will lose trust in them since some of their partners were not aware that the women had multiple partners. One participant said:

*It becomes an issue if I tell any of my partners to use a condom because they become suspicious that I am cheating. Men sometimes think that if you want to use a condom then that means you are sleeping with many people. Therefore, best is not to negotiate condom use with any of them (Mumsi).*

Furthermore, the young women revealed that losing their partners would result in them losing financial privileges such as 'girlfriend allowance'. When the participants were asked if they were using condoms with their multiple partners, this is how one participant responded:

*I don't use condoms with both partners. Actually, we do use condoms and sometimes we don't. I just pray that they don't have HIV. Well, if they do, I guess there is nothing much I can do (Zodwa).*

What was outstanding in the findings was that the participants valued making their partners happy and satisfied at the expense of safe sex.

*If we use a condom, then my partner will not feel that my vagina is tight and hot. Believe me, he will not be satisfied and that is something I don't want. Remember a condom is made of latex, so he might not feel the pleasure if we use it (Thandeka).*

Participants shared that it was commonly believed that if the male enjoys sexual intimacy, then he will keep the woman happy and the chances of him leaving her for other women were slim. Participants were asked if they were not concerned about contracting HIV/AIDS or other STIs since they were not using protection with their multiple partners.

*Sometimes I get worried about my health, especially because I know that some of my partners have other partners that they sleep with. But remember that we need to keep our men happy. A man must be satisfied, sexually. He must be kept happy, that is the most important thing (Nompilo).*

### **Family planning vis-à-vis safe sex practice**

It was significant to establish how the young women were protecting themselves from contracting STIs, including HIV/AIDS since they were not using protection with their partners. Most of the young women revealed that they were not protecting themselves from contracting these diseases as they trusted their partners. The young women pointed out that they are aware that this might be risky; nevertheless, they were compelled



to trust their partners and hope that they do not get infected with any of the communicable diseases.

*I know this is risky because I might get diseases but there is nothing I can do. I just have to take the risk, hoping that I do not get infected. However, I do take contraceptives, the three months injection, because I don't want to fall pregnant (Mumsi).*

Furthermore, the young women indicated that they were concerned about an unplanned pregnancy. One of the participants highlighted that sometimes she would engage in unprotected sex with her partner and her first concern was making sure that she prevented getting pregnant. She revealed that she takes the morning-after pill to prevent unplanned pregnancy. The comment below illustrates this:

*Sometimes we use a condom but there are times when we don't use it and I always make sure I take the 'Morning after pill' to prevent pregnancy (Nqobile).*

It was evident from the findings that safe sex among the young women was a practice that is less practiced and largely regarded as being secondary.

## **Discussion**

This study has reported qualitative findings on the use of SPESs among female hair salon workers in Durban. The overall aim of the study was to explore this practice and understand how it impacts on both safe sex practices and SRH. Findings from this study revealed that the use of SPESs was a common practice among young hair salon female workers in Durban. The most prevalent substances that the young women use are those that are ingested a few hours before they engage in sexual activity. Other substances are inserted into the vagina. There are also substances that are used for steaming the vagina or bathing including the genital areas. The use of these products has implications for safe sex practice.

The ingested products are commercial products that are mixed and consumed. The young women also consume Chinese sweets such as “swidi ka girl which makes the body and vagina warm and tight”. The women also drink baboon urine, which helps to make sex pleasurable and compels the man not to cheat on their partner. The inserted products include snuff, a traditional substance originally used by older people to cure a headache or communicate with ancestors. These findings are similar to Scorgie et al. (2009), that women apply or insert substances topically to the genital area shortly before sexual intercourse, which include snuff, toothpaste and knorrox cubes. Chimbala, Nabuzoka and Paul (2020) conducted a study among Zambian women who consume snuff through the nose, mouth and vaginal insertion. The aim of the study was to investigate the factors associated with snuff usage and its neurocognitive effects among women. The results showed a significant relationship between the frequency of using snuff with attention and working memory as snuff impairs both attention and memory. This suggests that snuff places women at risk of attention and memory impairment. In addition to this, Chimbala et al. (2020) highlighted that snuff has increased risk of mouth and vaginal cancer, cardiovascular diseases, fatal stroke as well as oral pathologies. This points out that there are many negative health implications linked to the use of snuff. For example, use of snuff affects SRH; it can cause vaginal cancer.

The participants reported that commercial products were obtained at local supermarkets while Chinese sweets and snuff were sold at Pakistani shops. The baboon urine was obtained from the local market in the Berea area. These products were also sold illegally in town by women in public toilets. This poses questions if these products are approved by legal acts that regulate pharmaceutical products. According to Piennar et al. (2018), only a registered pharmacist can sell medicines directly to consumers.

The distribution of medicine in South Africa requires a licence that must be obtained from the South African Health Products Regulatory Authority (Piennar et al., 2018). This means that only drugs that are registered in South Africa can be sold to the public. The sale of medicines to consumers is determined by the Medicines and Related Substances Control Amendment Act, No 94 Of 1991 as it determines the types of medicines that may be provided, at what frequency, quantity, by healthcare professionals to the public, and on which conditions such as prescription (Pienaar et al., 2018). This might mean that these products, which are not used in mainstream society, pose health risks to people as they have not gone through the relevant protocols.

The women also mentioned that they were buying SPESs from street vendors and people did not know about this, it was only those who were using these products who knew that street vendors also sell such SPESs. It was also mentioned that it was better to buy the substances from one person as they did not want people to know that they were using SPESs. Hence, this means that there was a stigma associated with using these products. These findings corroborate the findings from a study conducted by Gafos et al. (2010), indicating that women who use intra -vaginal substances were using them in secrecy without the knowledge of their partners.

The substances consumed and inserted into the vagina by the young female salon workers might have negative effects on their health as these substances are not regulated by professional acts. These products may cause both short and long term effects on users' SRH. This confirms Klebanoff et al.'s (2010) findings that women who undertake vaginal practices are at risk for bacterial vaginosis. Hence, vaginal practices may cause 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 SRH outcomes such as childbirth. According to Klebanoff et al. (2010), SRH outcomes such as pre-term labour are common among women that undertake vaginal practices.

In this study, societal pressure was found to be one of the reasons behind the use of SPESs among young women. The young women were introduced to this practice by friends and colleagues. Similarly, Lees et al. (2014) found that vaginal practices were conducted to enhance sexual pleasure, hence teachings from older women or peers emphasized the importance of cleansing and tightening their vaginas to ensure sexual pleasure for men. In addition to this, traditional and cultural influences were some of the driving forces pushing BAW to engage in this practice. The use of “umchamo wemfene” was influenced by traditional beliefs. In contrast, Gafos et al. (2010) found that women in KwaZulu-Natal insert traditional substances to enhance sexual pleasure. The substances include *imbulu* oil (oil and fat from a water monitor), *mamlambo*, which is made of snake oil, hippopotamus fat and *umganu* (Amarula tree) bark (soaked and then the water is inserted in the vaginal).

In this study, a strong motivation for the use of SPESs was that women wanted to sexually satisfy their partners. Partner satisfaction was linked to the women being dominant and having power as well as control in relationships. Scorgie et al. (2009) reported similar findings that vaginal practices among Zulu women provided a means to take control of a relationship and ensure balance as well as harmony. In addition to this, transactional sex with multiple partners is linked to the use of SPESs. The young women do not engage in safe sex practices with their multiple partners as they believe that the substances will not be effective if they use protection. Consequently, this will affect the financial benefits linked to increased sexual pleasure.

The above beliefs and irresponsibility impact the spread of STIs, including HIV/AIDS. Most studies suggest that material considerations are driving relationships nowadays, which places young, poorer women at particular risk of contracting HIV and unwanted pregnancies (Shefer & Strebel, 2012). The findings revealed that female salon workers preferred to risk their health rather than not satisfying their partners. Hence, they choose not to engage in safe sex practices with their partners. As such, HIV/AIDS might be widespread among young women who use such substances. This may confirm the findings of Alcaide et al. (2013) that studies have shown that in some parts of Africa, vaginal practices are more common among women with HIV. In addition to this, vaginal practices and the use of SPESs place women at risk of HIV. Vaginal practices may be associated with an increased risk of HIV when they facilitate increased friction during sex and dry the vagina (Alcaide et al, 2013). This makes the young women vulnerable to HIV as they do not practice safe sex and some of the substances used may cause inflammation with swelling of the vagina.

The study's findings revealed that not using a condom was seen as a breach of trust between the young women and their partners. This is a concern as the condom is a barrier method to the spread of STIs, including HIV/AIDS. However, in this study, the condom is viewed as a betrayal of trust in relationships. This makes the young women vulnerable to STIs as they are often afraid that their partners might assume that they are cheating if they negotiate safe sex. Humphries et al. (2018), confirm these assertions by stating that one of the reasons why young women do not negotiate condom usage is because they fear losing their partners and partners may assume they are sexually active with other people.

The findings also revealed that a major challenge associated with the use of condoms is that they are often regarded as a barrier to sexual pleasure. The young women felt that if they used protection

during sexual intimacy, the desire to increase sexual pleasure will not be achieved. This is because the young women believed that if they used a condom during sex, the SPESs will not be effective. According to Runganga, Pitts and McMaster (1992), women in male-oriented cultures claim that they undertake vaginal practices not to dry the vagina per se but to make it tight and hot and engage in unprotected sex, which results in their sexual partners experiencing enhanced sexual pleasure. This raises concerns as it means that the practice of using SPESs among young women contributes to HIV/AIDS and other STIs.

The findings of this study suggest that young women valued family planning than safe sex practices. The young women viewed unplanned pregnancies as a bigger challenge than the long-term consequences of unsafe sexual practices. According to Fennell (2011), contraceptives have a high degree of normalisation for both men and women whereas safe sex is less considered. Protecting themselves from communicable diseases was seen as less important hence that is why they preferred to take contraceptives rather than using a condom during sex as this will result in their partners leaving them since SPESs will not be effective. This also remains a concern to the spread of STIs, including HIV/AIDS, as safe sex practices are not prioritised among this population. The young women indicated that they were aware that not using protection is risky, but they also revealed that they prefer taking the risk of hoping that they do not get infected. This is a major concern because one protects themselves from such diseases through safe sex practices and not by hoping that they do not get affected if they do not engage in safe sex practices.

## **Conclusion**

The use of SPESs remains a cause for concern as its implications on safe sex practices and SHR 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 BAW 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 and SRH. Clearly, the use of SPESs contributes to high HIV and AIDS prevalence in KwaZulu-Natal.

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