

411 – “THE NAME ITSELF WEIGHS ON ME”: A QUALITATIVE STUDY ON VAGINAL LAXITY IN HETEROSEXUAL WOMEN

Hassun L¹, Pereira G¹, Sanchez O¹, Surita F¹, Lara L², Juliato C¹, Oliveira Brito L¹

1. University of Campinas, 2. University of Sao Paulo, Ribeirao Preto Medical School

Hypothesis / aims of study

Vaginal laxity (VL) is rarely discussed among patients and their physicians possibly due to the lack of evidence-based treatments, embarrassment, and lack of knowledge in recognizing this condition.

Aim of study: to understand the meanings that women attribute to the sensation of VL.

Study design, materials and methods

- This is a qualitative study using in-depth interviews and thematic analysis.
- Sixteen participants were intentionally selected from February 2020 to December 2021.
- One researcher interviewed each participant in a private room guaranteeing that rapport was established.
- Two independent researchers performed a complete transcript of each interview immediately after its end.
- Data collection was interrupted when theoretical saturation criteria were reached. We followed the thematic analysis proposed by Braun and Clarke.

Results

Figure 1 – Word frequency based on NVivo



Of 16 patients, only one did not undergo delivery. Her complaint was not different from the rest of the group. Figure 1 contains the words that most frequently emerged from the women’s transcripts.

Table 1 - Sociodemographic and clinical characteristics of the included women (n=16)

Participant	Age	Marital Status	BMI	Type of Birth	Parity	Instrumental Delivery
1	39	Married	> 25 Kg/m ²	Vaginal	Primiparous	No
2	37	Married	< 25 Kg/m ²	C-section	Multiparous	No
3	48	Married	< 25 Kg/m ²	Vaginal; C-section	Multiparous	No
4	31	Married	> 25 Kg/m ²	Vaginal	Multiparous	No
5	45	Married	> 25 Kg/m ²	Vaginal	Multiparous	No
6	43	Married	< 25 Kg/m ²	Vaginal	Multiparous	No
7	43	Married	> 25 Kg/m ²	Vaginal	Multiparous	No
8	35	Divorced	> 25 Kg/m ²	Vaginal	Multiparous	Yes
9	47	Single	< 25 Kg/m ²	Vaginal	Primiparous	No
10	48	Divorced	< 25 Kg/m ²	Vaginal	Multiparous	No
11	36	Divorced	< 25 Kg/m ²	Vaginal; C-section	Multiparous	Yes
12	39	Married	> 25 Kg/m ²	Vaginal; C-section	Multiparous	Yes
13	50	Divorced	> 25 Kg/m ²	C-section	Multiparous	No
14	48	Single	> 25 Kg/m ²	No	Nulliparous	No
15	44	Married	> 25 Kg/m ²	Vaginal	Multiparous	No
16	41	Married	< 25 Kg/m ²	C-section	Multiparous	No

Sixteen women were interviewed for a total of seven hours and 25 minutes; table 1 shows their sociodemographic and clinical-related characteristics. The participants’ age ranged from 31 to 50 years. Most of women were married and self-declared white ethnicity, premenopausal, multiparous, with previous vaginal delivery.

Three major themes and ten subthemes were identified: the pathway towards the identification of symptoms of VL (from the invisibility of VL to the perception of symptoms; emotional reactions experienced when dealing with VL complaint and the help-seeking process), meanings associated with VL complaints (“I think the name itself weighs”, women’s perceptions, explanations and beliefs about causes of VL) and the impact of VL symptoms on women’s relationships (with themselves, on sexual intercourse and their partner) (Figure 2).

Figure 2 - The three major themes and their respective sub-themes

Theme 1. The pathway taken in the identification of symptoms of vaginal laxity

From the invisibility of VL to the perception of their symptoms.	Emotional reactions experienced when dealing with the complaint	Help-seeking process
<ul style="list-style-type: none"> ▪ VL is an unknown and little-spoken topic. ▪ Talking about the topic is difficult and embarrassing. ▪ Other symptoms are added to their perception of VL. 	<ul style="list-style-type: none"> ▪ Concern when identifying the symptoms. ▪ Fear and shame usually prevent seeking help. ▪ Guilt for behaviors in the past 	<ul style="list-style-type: none"> ▪ Home treatment and exercises on the Internet. ▪ Surgeries as an alternative treatment. ▪ The demand for specialized treatments.

Theme 2. “I think the name itself weighs” meanings associated with vaginal laxity complaints.

Women’s perceptions about VL complaint	Women’s explains and beliefs about causes of VL
<ul style="list-style-type: none"> ▪ The term causes embarrassment. ▪ Qualifiers describing vaginal laxity. 	<ul style="list-style-type: none"> ▪ Blame for vaginal use. ▪ Blaming the health professional. ▪ Pregnancy and childbirth accentuated the symptoms.

Theme 3. Symptoms associated with vaginal laxity: their impacts on women’s relationships

Self-relationship: “I don’t feel like a complete woman”	Effect of VL on sexual intercourse	Relationship with the partner
<ul style="list-style-type: none"> ▪ Difficulties identifying the symptoms of VL. ▪ VL complaints impact the participants’ self-image. ▪ Responsibility to generate pleasure in their partners. 	<ul style="list-style-type: none"> ▪ Lack of sensation during sexual intercourse. ▪ To adopt sexual practices to please the partner. ▪ Longer foreplay activities to reduce penetration duration. 	<ul style="list-style-type: none"> ▪ Avoid talking about VL with their partner. ▪ Concern with the partner’s pleasure nullifying their own. ▪ The negative impact of VL on the affective bond with their partners.

Interpretation

- Obtaining a diagnosis of VL is a long and difficult process.
- The lack of knowledge about the body and its physiology becomes evident, as well as the subordinate and passive women’s position in the affective-sexual relationship.
- Feelings of shame and embarrassment by women reinforces the barriers for treatment and subsequent notification.
- The invisibility of VL reinforces the need for discussion and research on the topic.
- The scarcity of evidence on the pathophysiology of VL and the lack of objective diagnostic tools contribute to this underreported condition.
- The improvements in the symptoms associated with VL are understood as to recover their femininity.

Conclusions

VL is a symptom that is still little understood by women, and little explored by health professionals, with repercussions on personal and marital life.

References

- [1] Pereira GMV, Juliato CRT, de Almeida CM, de Andrade KC, Fante JF, Martinho N, et al. Effect of radiofrequency and pelvic floor muscle training in the treatment of women with vaginal laxity: A study protocol. PLoS One 2021;16:e0259650.
- [2] Dietz HP, Stankiewicz M, Atan IK, Ferreira CW, Socha M. Vaginal laxity: what does this symptom mean? Int Urogynecol J 2018;29:723–8.
- [3] Braun V, Clarke V. Using thematic analysis in psychology. Qual Res Psychol 2006;3:77–101.
- [4] Pauls RN, Fellner AN, Davila GW. Vaginal laxity: a poorly understood quality of life problem; a survey of physician members of the International Urogynecological Association (IUGA). Int Urogynecol J 2012;23:1435–48. <https://doi.org/10.1007/s00192-012-1757-4>.