

For
debate

Dry sex practices and HIV infection in the Dominican Republic and Haiti

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"Dry sex" has been documented in a number of sub-Saharan African countries.¹⁻¹⁷ These practices involve the introduction of intravaginal douching and/or astringent preparations before sexual intercourse. In Zambia, 86% of women across a range of socioeconomic and ethnic groups reported use of such techniques,¹ and a study in Zimbabwe found 93% of women had practised dry sex.² Focus groups in central Zaire identified extensive use of washing and wiping procedures as well as 30 different substances, including leaves, powders, and small stones, that were inserted to produce a desired drying and/or tightening effect.³ Researchers in Zimbabwe found that herbal preparations were most frequently utilised (by 21% of women), although douching with water and soap (19%), wiping inside the vagina with newspaper, cloth, or tissues (17%), douching with Dettol or Betadine (15%), and inserting cotton wool (14%) were also commonly mentioned.⁵

Pervasive dry sex practices have similarly been described in several other African countries including Malawi,⁶ Botswana (Edward Green, personal communication, May 1999), and South Africa.^{7,8} The most commonly stated reason for engaging in such behaviour is for pleasure, particularly for the male partner.^{1-5,7-10} Some studies suggest an association between these often mucosally abrasive practices and increased risk of infection by HIV^{4,6,11-17} and other sexually transmitted infections,^{4,5,7,15} although the evidence is not entirely conclusive.

Other than a US study which found 16% of African-American and 4% of white American women in the Seattle area reporting dry sex related behaviours,¹⁸ the existence of such practices in the western hemisphere—for example, Haiti and Costa Rica, has been mentioned only briefly in the epidemiological literature.^{3,4,9}

During the course of a USAID/Family Health International sponsored HIV/STD prevention project in the Dominican Republic in February–March 1999, the author conducted 20 interviews and five focus groups with adults from diverse socioeconomic backgrounds (n=69). The majority of Dominican men, particularly those from the lower economic social classes including those of more African descent, described a preference for "tight" and/or "dry" sex, entailing intravaginal introduction of alum or other astringent and/or douching substances before intercourse. Along with Haiti, the other nation comprising the Caribbean island of Hispaniola, this may be one of the few

areas in the western hemisphere where dry sex techniques are pervasively utilised. Similar practices have been reported by women, including sex workers, of African descent in Guyana and Surinam (Edward Green, personal communication, July 1999).

In the interviews and focus groups, a number of Dominican women also disclosed practising dry sex, although this is not normally a publicly discussed practice. In addition to alum (*alumbre*), an inexpensive substance widely sold in pharmacies, public markets, and elsewhere, women reported using boric acid and a variety of commercial bactericides. Typically, mothers and other older female family members discretely convey these techniques to adolescent girls. Use of dry sex substances is reported to be especially prevalent among female sex workers in the Dominican Republic (Antonio de Moya, Luis Moreno, personal communications, March 1999). Both women and men explained to the author that an overly "wet" (*aguá/aguada*) wife/female partner runs the real risk of being abandoned by her mate. Many men described a preference for the greater "friction" of dry and tight intercourse, complaining that with a "loose" or "too wet" woman "you just can't feel anything." Furthermore, some men expressed the notion that a partner's "wetness" would indicate that she is "promiscuous."

Data from focus groups conducted by the author with Haitian immigrants residing in the "Bienvenido" sugar plantation located outside the capital, Santo Domingo, suggest that dry sex is almost universally practised by men and women in this shanty town area, which is consistent with reports that these practices are very common in Haiti (Marie Bloch RN, Max Blanchet, personal communications, March, October 1999).¹⁹ In focus group research conducted in the semirural Leogane area of Haiti in 1993 by Judith Brown (n=90), the majority of participants in all 10 group interviews (five with women and five with men) agreed that a woman should ideally have a "dry" or "tight" vagina (personal communication, November 1999). They described a "bad," undesirable vagina as being too loose or wet, employing a wealth of metaphors to describe this: "feels like soft dough," "corn meal mush," ". . . no muscle," "like walking in mud," "nothing inside . . .," etc (Judith Brown, personal communication, November 1999).

Furthermore, the Haitian women described a number of substances inserted into the vagina to remedy looseness or wetness, mentioning both traditional herbs or plants as well as

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chemical products available in pharmacies or open air markets. The women sometimes use a single substance, and sometimes a mixture of chemicals and traditional leaves, for their vaginal washes. When asked specifically about any harmful effects of vaginal tightness and dryness, some participants admitted that an extremely dry vagina could cause problems. One man reported, "It's natural for all guys to go crazy for a woman who is dry, but you have to make love carefully. If you want to be rough, you can get hurt. A man can get cuts and wounds and catch diseases" (Judith Brown, personal communication, November 1999).

During the author's 1999 fieldwork, a possible interaction was suggested among dry sex practices, lack of male circumcision, and heterosexual HIV infection. Many of the Haitian men, along with a number of Dominicans, complained that during intercourse—particularly of the "drier" variety—the prepuce/attached frenulum occasionally ruptures and may bleed noticeably. It is possible that this type of foreskin-dry sex interaction may be one of the factors accounting for the historically severe HIV seroprevalence in these countries, which have the highest rates in Latin America (5.17% of Haitian and 1.89% of Dominican adults²⁰). Five prospective and 28 cross sectional studies conducted in 11 countries have identified a significant association between lack of male circumcision and increased risk of female to male transmission of HIV.²¹⁻²⁴

Dry sex practices appear to be primarily restricted to certain predominately non-male circumcising regions of eastern and southern Africa, including many of the countries reporting the world's highest HIV seroprevalence (for example, Zimbabwe, Botswana, Zambia, Malawi).²³ Presumably, such practices would appear to be less appealing to the drier (non-prepuce secreting) circumcised males of western Africa or other regions. Reportedly, very few men in the Dominican Republic or Haiti have been circumcised (Osvaldo Cruz Pineda, Antonio de Moya, Marie Bloch, Max Blanchet, personal communications, March, October 1999).

Luis Moreno, an HIV prevention specialist who has worked for many years with female sex workers in Santo Domingo, is developing interventions for promoting greater awareness of the potentially harmful effects of alum/dry sex, in addition to promoting condom use and STD treatment. Antonio de Moya, an AIDS epidemiologist and ethnographer,²⁵ has advocated a pan-island HIV/STD intervention programme including public health education about dry sex as well as availability of safe and affordable male circumcision services.²⁶ In a pilot intervention project in Zambia, 67% of women who attended counselling sessions on the health problems of dry sex decided to cease this practice.¹ The time may be near to begin integrating, on a broader scale, dry sex related

health education into AIDS and STD prevention programmes in some regions.

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- 1 Nyirenda MJ. A study of the behavioural aspects of dry sex practice in urban Lusaka. *Int Conf AIDS* 1992;8:D461 (abstract no PoD 5448).
- 2 Runganga A, Pitts M, McMaster J. The use of herbal and other agents to enhance sexual experience. *Soc Sci Med* 1992 35:1037-42.
- 3 Brown JE, Ayowa OB, Brown RC. Dry and tight: sexual practices and potential AIDS risk in Zaire. *Soc Sci Med* 1993;37:989-94.
- 4 Brown JE, Brown RC. Traditional intravaginal practices and the heterosexual transmission of disease: a review. *Sex Transm Dis* (in press).
- 5 Van de Wijgert J, Mason PR, Ray CS, et al. Use of intravaginal preparations, presence of lactobacillus in the vagina, and risk for HIV in Zimbabwean women. *Int Conf AIDS* 1996;11:34 (abstract no MoC 223).
- 6 Dallabetta G, Miotti P, Chipangwi J, et al. Traditional vaginal agents: use and association with HIV infection in Malawian women. *AIDS* 1995;9:293-7.
- 7 Beksinska ME, Rees HV, Kleinschmidt I, et al. The practice and prevalence of dry sex among men and women in South Africa: a risk factor for sexually transmitted infections? *Sex Transm Inf* 1999;5:178-80.
- 8 Morar NS, Karim SS. Vaginal insertions and douching practices among sex workers at truck stops in KwaZulu-Natal. *South Afr Med J* 1998;88:470.
- 9 Civic D, Wilson D. Dry sex in Zimbabwe and implications for condom use. *Soc Sci Med* 1996;42:91-8.
- 10 Sandala L, Lurie P, Sunkutu MR, et al. "Dry sex" and HIV infection among women attending a sexually transmitted diseases clinic in Lusaka, Zambia. *AIDS* 1995;9(Suppl 1):S61-8.
- 11 Hira SK, Mangrola UG, Mwale C, et al. Apparent vertical transmission of human immunodeficiency virus type 1 by breast-feeding in Zambia. *J Pediatr* 1990;117:421-4.
- 12 Gresenguet G, Kreiss JK, Chapko MK, et al. HIV infection and vaginal douching in central Africa. *AIDS* 1997;11:101-6.
- 13 Mann JM, Nzilambi N, Piot P, et al. HIV infection and associated risk factors in female prostitutes in Kinshasa, Zaire. *AIDS* 1988;2:249-54.
- 14 Irwin K, Mibandumba N, Mbuyi K, et al. More on vaginal inflammation in Africa. *N Engl J Med* 1993;328:888-9.
- 15 La Ruche G, Messou N, Ali-Napo L, et al. Vaginal douching: association with lower genital tract infections in African pregnant women. *Sex Transm Dis* 1999;26:191-6.
- 16 Mbizvo MT, Chipato T, Mashu A, et al. Trends in HIV-1 prevalence and risk factors in pregnant women measured by clinic on-site testing and laboratory confirmation in Harare, Zimbabwe. *Int Conf AIDS* 1996 (abstract no MoC 1485).
- 17 Jinju M, St Louis ME, Mbuyi K, et al. Risk factors for heterosexual HIV transmission: a case-control study among married couples concordant and discordant for HIV-1 infection. *Int Conf AIDS in Africa*. Dakar, December 1991 (abstract no TO 105).
- 18 Foxman B, Aral SO, Holmes KK. Interrelationships among douching practices, risky sexual practices, and history of self-reported sexually transmitted diseases in an urban population. *Sex Transm Dis* 1998;25:90-9.
- 19 Lowenthal I. *Tivo to tango: Haitian men and family planning*. USAID/Haiti Report, 1984.
- 20 UNAIDS/WHO. *Report on the global HIV/AIDS epidemic*. Geneva: WHO, June 1998.
- 21 Moses S, Plummer FA, Bradley JE, et al. The association between lack of male circumcision and risk for HIV infection: a review of the epidemiological data. *Sex Transm Dis* 1994;21:201-10.
- 22 Moses S, Bailey RC, Ronald AR. Male circumcision: assessment of health risks and benefits. *Sex Transm Inf* 1998;74:368-73.
- 23 Halperin DT, Bailey RC. Male circumcision and HIV infection: ten years and counting. *Lancet* 1999;354:1813-15.
- 24 Buve A, Carael M, Van Dyck E, et al. Differences in HIV spread in four sub-Saharan African cities: summary of multi-site study. Lusaka: UNAIDS Report, 14 September 1999.
- 25 Tabet SR, de Moya EA, Holmes KK, et al. Sexual behaviors and risk factors for HIV infection among men who have sex with men in the Dominican Republic. *AIDS* 1996;10:201-6.
- 26 De Moya EA. Sinergia de factores bioculturales de riesgo de infección por VIH probablemente prevalentes en Africa y el Caribe. University of Santo Domingo, working paper, 1999.