

GENERAL GYNECOLOGY

Complications related to pubic hair removal

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OBJECTIVE: We investigated the prevalence and correlates of complications related to pubic hair removal among a diverse clinical sample of women attending a public clinic.

STUDY DESIGN: Women (aged 16-40 years) who received care from April to June 2012 at 2 publicly funded clinics completed an anonymous, self-administered questionnaire ($n = 369$). After excluding women with missing data, analyses were conducted on 333 women. Additional measures were retrieved through a medical chart review. A χ^2 and a multivariable logistic regression were used to analyze participant characteristics, pubic hair removal behaviors, and complications related to pubic hair removal.

RESULTS: Most women (87%) admitted to current removal of at least some pubic hair, whereas the remainder responded that they had removed pubic hair in the past. Under- or normal-weight women were

more likely to report total pubic hair removal than overweight or obese women. The majority (60%) had experienced at least 1 health complication because of the removal, of which the most common were epidermal abrasion and ingrown hairs. Black and Hispanic women were less likely than white women to report complications. Overweight or obese women were almost twice as likely to report a complication and almost 3 times as likely if they also had total hair removal. Only 4% had seen a health care provider for a complication related to hair removal and only 4% discussed safe removal practices with their doctor.

CONCLUSION: Minor complications commonly occur as a result of pubic hair removal. Gynecological visits could provide a safe environment for women to discuss pubic hair removal practices.

Key words: clinical complications, genital injury, genital shaving, pubic hair

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More than 50% of young women (18-24 years old) in the United States have admitted to removing pubic hair recently.¹ Most women remove pubic hair for sexuality or aesthetic reasons.^{2,3} This practice may result in adverse health consequences, including genital burns from waxing, severe skin irritation leading to post inflammatory hyperpigmentation,

vulvar and vaginal irritation and infection, and the spread or transmission of sexually transmitted infections.⁴⁻⁷ Less serious complications that may be experienced as a result of pubic hair removal include epidermal abrasion, ingrown hairs, folliculitis, vulvitis, or contact dermatitis.

Pubic hair removal is now a contemporary trend, with total hair removal

increasing in popularity, especially among adolescents and young adults.^{1,3,4} This practice is associated with being partnered (rather than single or married), having looked closely at one's own genitals in the previous month, cunnilingus in the past month, and more positive genital self-image and sexual function.^{1,3}

Little information is available on the frequency of clinical complications associated with this behavior, especially among adolescents and women from diverse ethnic and racial backgrounds. The purpose of this study was to report on pubic hair removal practices, complications, and characteristics associated with complications among a clinical sample of low-income, racially diverse women.

MATERIALS AND METHODS

Participants were recruited from 2 publicly funded reproductive health clinics at the University of Texas Medical Branch (UTMB) between April 2012 and June 2012. All women between 16 and 40 years old who presented for an appointment on a day that a research assistant was assigned to that clinic were

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Dr DeMaria, a postdoctoral fellow at the University of Texas Medical Branch at the time of data collection, has since joined the Department of Health and Human Performance, School of Education, Health, and Human Performance, College of Charleston.

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eligible to participate. When approached, women were informed their participation was voluntary and that they would be answering questions related to pubic hair removal and sexual health. Those who agreed to participate were then handed an anonymous, self-administered, written survey in either Spanish or English, which took approximately 30 minutes to complete. Upon returning the form, they chose a small gift valued at \$3 or less for their time and effort.

To ensure women completed the survey only once during the data collection period, a cumulative database containing the names of those who participated and those who declined participation was maintained. Overall, 79 women who were approached to take the survey (17.6%) declined to participate. Women who refused did not significantly differ from those who participated in age (25.7 years vs 24.7 years; $P = .16$) or race/ethnicity.

The UTMB Institutional Review Board approved all procedures and protocols for this study, including a waiver of written consent. Participants consented verbally to complete the survey.

Participants were excluded if they had never removed their pubic hair ($n = 8$), did not indicate how much pubic hair they removed ($n = 6$), did not select a race/ethnicity ($n = 7$), or had missing body mass index (BMI) data ($n = 15$). Of the original 369 women who were surveyed, 333 were included in this study. The survey included questions about current or past hair removal, amount and method of removal, and health complications resulting from removal (Table 1). Women who responded that they typically remove all of their pubic hair were assessed as total removers whereas all others were assessed as partial removers.

Women who removed their pubic hair in the past but were not currently removing it were asked why they discontinued. Possible responses included the following: "I am not sexually active; I developed an infection; I did not like the side effects (stubble, bumps, rashes, ingrown hairs); it was too expensive; it was too much of a hassle; it was too

TABLE 1

Characteristics of clinical sample of women who have removed pubic hair currently or in the past ($n = 333$)

Characteristic	Entire sample, n (%) ($n = 333$)	Total removers, n (%) ($n = 207$) (62.2%)	Partial removers, n (%) ($n = 126$) (37.8%)	P value
Race/ethnicity				
Hispanic	151 (45.4)	89 (58.9)	62 (41.1)	.31
Black	84 (25.2)	51 (60.7)	33 (39.3)	
White	98 (29.4)	67 (68.4)	31 (31.6)	
Age, y				
16-20	85 (25.5)	60 (70.6)	25 (29.4)	.18
21-30	196 (58.9)	116 (59.2)	80 (40.8)	
31-40	52 (15.6)	31 (59.6)	21 (40.4)	
BMI ^a				
Under- or normal weight	96 (28.8)	72 (75.0)	24 (25.0)	.002
Overweight or obese	237 (71.2)	135 (57.0)	102 (43.0)	
Pubic hair removal practices				
Do you currently remove your pubic hair?				
Yes	289 (86.8)	192 (92.8)	97 (77.0)	< .001
No but have in the past	44 (13.2)	15 (7.2)	29 (23.0)	
What methods have you used to remove your pubic hair?				
Razor blade	297 (89.5)	191 (92.7)	106 (84.1)	.01
Depilatory cream/foam	53 (16.0)	31 (15.0)	22 (17.5)	.56
Electric razor	50 (15.1)	22 (10.7)	28 (22.2)	.004
Trim	39 (11.8)	14 (6.8)	25 (19.8)	< .001
Wax	24 (7.2)	15 (7.3)	9 (7.1)	.96
Laser	2 (0.6)	1 (0.3)	1 (0.3)	—
Pluck	3 (0.9)	3 (1.46)	0	—
Sugar	0	—	—	—
Thread	0	—	—	—
Have you ever experienced any of the following health complications as a result of removing your pubic hair?				
Any complication	194 (59.5)	126 (62.1)	68 (55.3)	.23
Epidermal abrasion	120 (36.7)	77 (37.9)	43 (34.7)	.55
Ingrown hairs	107 (32.7)	68 (33.5)	39 (31.4)	.70
Severe itching	69 (21.1)	44 (21.7)	25 (20.2)	.74
Cuts	60 (18.4)	44 (21.7)	16 (12.9)	.05
Rash	43 (13.2)	28 (13.8)	15 (12.1)	.66
Bruise	0	—	—	—
Allergy	7 (2.1)	6 (3.0)	1 (0.8)	—

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