Intravaginal insertion of tobacco among women in sub-Saharan Africa

INTRODUCTION

Intravaginal tobacco use is the practice of inserting powdered or ground tobacco (often mixed with other substances) into the vagina.[1–3]Although there are very few published studies on intravaginal tobacco use, these studies and evidence gathered from staff of a civil society organisation that provides support to women suggests that it is being practised in several countries.[1–4] Intravaginal tobacco goes by different names. In The Gambia, a tobacco product called 'taba' in Mandinaka (a local language) has been consumed for generations through smoking, snuffing, chewing, licking or placing it under the tongue. In recent years, a similar powdered tobacco product (often modified by adding other substances) bearing the same name, taba (figure 1), is in circulation and used mostly by women intravaginally. A recent study in Zambia revealed that a form of smokeless tobacco product locally called 'insunko' has been used orally by older women for generations when bored and also to cure headaches.[1] Recently, it was reported that younger women use insunko with the belief that it gives them an ideal 'youthful' and 'tight' vagina, enhancing pleasure for their partners during sexual intercourse.[1 3 4] Women who use tobacco intravaginally have reported varied reasons for this practice, including enhancing sexual pleasure.[1–5] It is reported that it is being locally prescribed for intravaginal use by some vendors as traditional medicine, with the claim that it can cure a wide variety of illnesses, including epilepsy, hypertension, infertility, candidiasis, diabetes, arthritis, general body pain, fistula, hernia and bed wetting among children.[5 6] Some users in Zambia believe it can increase the CD4 T lymphocyte count (an indicator of the immune system's health) of patients with HIV/AIDS and can also be used to prevent respiratory infections including COVID-19.[1]

POSSIBLE HEALTH CONSEQUENCES OF VAGINAL TOBACCO USE

Little is known about the health consequences of using vaginally inserted tobacco paste/powder, especially the systemic and dermal effects. However, based on what we know about health effects of smokeless tobacco, intravaginal tobacco is likely to have negative health effects. Health effects of oral smokeless tobacco use are well established, although they vary for different types of smokeless tobacco products.[7 8]A report on smokeless tobacco and tobacco-specific N-nitrosamines commissioned by the International Agency for Research on Cancer has established the presence of numerous toxic and carcinogenic substances in smokeless tobacco products.[8] Several studies and systematic reviews reported an association between oral use of smokeless tobacco products and different types of cancers,[9] including oral cancer, which has been explained by the dermal contact of the tobacco with the tongue, palate, buccal mucosa, alveolar mucosa and/or the gingival mucosa.[10] The 2014 US Surgeon General's Report has shown that nicotine bioavailability through the oral mucosa is high as it reaches the systemic circulation before reaching the liver.[11] There is also consistent evidence on the association between smokeless tobacco use and cardiovascular diseases.[12] Based on the aforementioned evidence on other forms of smokeless tobacco use, it is reasonable to expect that contact of the vaginal mucosa with tobacco may serve as a source of exposure to nicotine and other chemicals in tobacco. The evidence on the systemic and dermal effects of oral tobacco use[10 12] indicates a need for further research on the cancer and other health risks of dermal contact of the vaginal mucosa with tobacco.

To our knowledge, there is only one study that assessed the chemical composition of smokeless tobacco products inserted vaginally.[3] This study assessed toxic substances in vaginally inserted tobacco (insunko) in Zambia and found high concentrations of nicotine and toxic constituents including nitrosamines, arsenic, cadmium, chromium, manganese and copper.[3] In addition, some reports described preparations of intravaginal tobacco that include other substances, such as alcohol, shea butter, native plants, ashes, caustic soda and cannabis.[1 2 5 6] These modifications can further increase health risks.

RESEARCH AND POLICY IMPLICATIONS

Although intravaginal insertion of tobacco is practised in several countries,[1–5] scientific research on this practice is scant and limited mainly to articles conducted without rigorous standards and published in low-quality journals. Therefore, rigorous scientific research including qualitative and mixed methods is needed on the prevalence and demographic profile of people who use it, health outcomes

Figure 1 Sample of 'taba'/vaginal tobacco (photo credit: Mothers' Health Foundation, The Gambia).

(including nicotine addiction), reasons for and risk–benefit perceptions, the chemical composition of the products used, and its health and social consequences. Systematic and rigorous study of individuals who use vaginally inserted tobacco is important to guide clinical and policy interventions. Because it appears that different countries and communities use different additives to modify the products,[1 5] cross-country comparative research should be conducted to explore similarities and differences in intravaginal tobacco use.

CONCLUSION

There is limited scientific information on intravaginal tobacco use. Research is needed to explore the extent of, nature of usage, and the health and social consequences associated with intravaginal tobacco use.

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