

Brazilians, pubic hair sculpting and more...



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As gynaecologists, we are trained to identify and deal with specific organic or anatomical problems. Where the female external genitalia are concerned, we all have a good idea of what constitutes 'normality' and if the presenting problem involves the area, we know what to look for – there are infections, rashes, cancers and so on. Otherwise, we pay little attention to the appearance of the vulva and perineum in a routine gynaecological examination. In fact, most of us probably give only a cursory glance, to assure ourselves of normality, before plunging in to more clinically exciting areas of gross pathology.

However, no practitioner of gynaecology or women's health can fail to have noticed, over the past few years, an increase in the number of women, particularly young women, who regularly undergo removal of all or part of their pubic hair. The most common method used to achieve this is the waxing procedure known as the Brazilian, which results in the almost complete removal of all pubic hair apart from a small area over the mons.

As a female practitioner who began training in the early 1970s, I was initially quite surprised by this phenomenon. When I was a registrar in the United Kingdom, I was involved in campaigns to do away with the total pubic shave that all women endured at that time, usually in conjunction with a good douching of Dettol, for every gynaecological or obstetric procedure, even D&C. Doing away with pubic shaving (and indeed shaving of body hair anywhere) was regarded as liberating for women in the 1960s and 1970s. 'When and why did all this change?' I wondered.

While what a woman does with her pubic hair may seem a trivial topic for a magazine such as *O&G*, it does tell us a lot about how women view their bodies, and particularly their external genitalia. In fact, for many women, the appearance of the area is extremely important, particularly as most women – unlike most men – have little opportunity to compare their own appearance with that of other women. Many women worry that they may be 'abnormal' and want reassurance about this. In practice, I have often been struck by the fact that the most anxious and frightened women presenting for procedures such as colposcopy nevertheless display the complete Brazilian treatment. Given that

the Brazilian involves the spreading of hot wax across the mons, vulva and perianal region, and its stripping off once hardened, this has surprised me.

It was therefore in a spirit of scientific enquiry that, at the instigation of the Editorial Committee of this magazine, I made my way to The Wax Room in the inner suburbs of Cairns. There I met Becc, to whom I am most grateful for giving me her time and insights into the subject of Brazilians. Becc has been a waxing therapist for the past two years. Here is what she told me.

Becc, in your opinion, what are the reasons women want Brazilians?

It's cleaner, it definitely makes women feel cleaner. They look cleaner, it's easier to manage periods or pregnancy, it's easier to wear most clothes, it's even easier to sit down. It's less likely than shaving to cause infections of the hair follicles. It makes women feel more comfortable with their own sexuality. The young women of today feel liberated by having a Brazilian.

When did Australian women start to adopt the practice?

Some women have always done it, but at home. Over the past few years, more and more women have come to do it and have it done in waxing parlours. It's partly peer pressure, women dress and do things to get the approval of other women. It's also easier for them to see how they look, sexually, and to gain confidence in their own sexuality, with a Brazilian.

Do women's partners express a preference for Brazilians?

Yes, most women will say that's the case. Amongst young women it's come to be normal, just like shaving your legs. Their partners expect it. Occasionally, a client will stop having Brazilians when she has a new partner because he doesn't like it. (Having a Brazilian is not confined to heterosexual women though, Becc has many lesbian women as clients. She also does Brazilians for men, both heterosexual and gay.)

Is it becoming more common amongst older women?

Yes, especially women with careers and strong personalities. I also have a large number of clients who are mothers of young children. Having a Brazilian makes them feel they are getting back into shape after childbirth, that they are showing that they are still attractive to their partners. My youngest client was 13, my oldest was aged 80 and was treated to a Brazilian for her birthday.

Do you have women who want to be reassured that their genitalia look 'normal'?

Yes, but they usually won't ask directly. The reassurance comes from the attitude of the waxing therapist. Once women feel comfortable with me, they may make a reference to some part of their anatomy, most commonly the labia minora.

Removal of the pubic hair over the labia majora, Becc explains, makes the labia minora appear more prominent and this is of concern to some women and to their partners – there is the worry that they are 'abnormal'. On being told by Becc that she has seen many women and that their appearance is normal, women often express great relief. Women are often concerned that they look different from a man's previous partner or that they look different following childbirth. Becc will tell them that there is a wide range of normal appearances.

Without my even asking, Becc answered my query as to how women who were extremely anxious about gynaecological procedures could nevertheless submit freely to the Brazilian treatment.

It's all about feeling comfortable. We don't have a white, clinical atmosphere like you do in hospital or surgeries.

Indeed the room was in shades of pink and lilac, warm, with padded toweling on the couch; there was music and the soothing conversation of the operator.

We always chat with the client first, about all sorts of things, just to put her at ease. Women feel they can talk to us freely. If a woman is relaxed and comfortable, she won't be anxious and the procedure will be less painful, even enjoyable.

There may be a lesson in that for us as medical practitioners.

How often does a woman need to have Brazilians, once she starts the process?

About once a month, depending on the thickness of the hair and the speed of re-growth. A treatment costs \$35.

How painful is it?

The first time, quite sore. The hair is firmly attached to its follicle and is ripped out as the wax is removed. On subsequent occasions, because the attachment to the follicle has been weakened, it's not so painful.

Does she often see women with labial rings or tattoos of the vulva?

Rings, yes. Usually anteriorly, usually placed at the request of the woman and not through partner pressure. No tattoos actually on the labia, ever, in Becc's experience, but certainly over the mons or the inguinal region, often with partners' names entwined with a design.

I asked Becc about sculpting and designs in the hair that's left over the mons but these appear to be the province of a few specialist parlours. A quick ring around Cairns showed one entrepreneur offering basic sculptures of hearts and crosses at an economical \$100 (considerably more than the schedule fee for a specialist medical consultation), while representations of a smiley face or the Playboy bunny will set you back \$150 (compare this with the schedule fee for say, a hysteroscopy, which is \$92).

Is the Brazilian a passing fad in Australia? It is now widely available in all cities and smaller towns. Given its present popularity, it would appear to be here to stay. Similar depilation has been practiced for centuries by Middle Eastern women and has been well-established in South American and eastern European countries for decades at least. Australian women are clearly very interested in how their external genitalia appear and in controlling and altering that appearance to their own expectations of attractiveness.

Perhaps as gynaecologists we should be paying more attention to the concerns of our patients in this regard. Listening and reassurance may be as important in overall care as complex investigations and surgery.



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* Peaceman *et al.* Fetal Fibronectin as a Predictor of Preterm Birth in Symptomatic Patients: A Multicenter Trial. *Am J Obstet Gynecol* 1997; 177: 13–9.

** Source: Adapted from Garite TJ *et al.* *Contemp Obstet Gynecol* 1996; 41: 77–93.

