

Vulva not Vagina, Why Terminology Matters

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Women are used to having to choose their words wisely when describing their reproductive anatomy. From childhood, infantile nicknames are used which persist into adulthood. These are reinforced by society through use of phrases such as ‘the flower’ or ‘intimate area’ as commonly seen on the labels of feminine hygiene products. In fact, two thirds of women between the ages of 16-35 admitted that they have a problem using the words vagina and vulva with 40% resorting to the use of code names such as ‘lady parts’ when discussing gynaecological issues.¹ Although unintentionally harmful, this ‘hush hush’ attitude is slowly erasing and replacing the appropriate terminology, contributing to a debilitating culture in which women are both ashamed to discuss their gynaecological problems and also cannot find the right words to do so.

The vagina and vulva are supplied by the pudendal nerve, providing sensation to the area. Anatomical terms are usually descriptive, sometimes even unimaginatively so. The term ‘pudendal’ however, is derived from the Latin verb ‘pudere’: to be ashamed. Anatomist, Dr Moxham, who has previously investigated sexism in anatomy states that “this is the *only* term which has a moral context to it”². This forms the underpinning to our understanding of why discussions about the female external genitalia are generally deemed ‘embarrassing’. This attitude has implications on health literacy. For example, despite the lungs being internal, even the lay person is quick to notice symptoms indicative of respiratory pathology, largely owing to neutral attitudes towards respiratory problems allowing for greater public understanding. Despite the vulva being external and almost more prominent, women struggle to recognise pathology and critically, struggle to verbalise their symptoms. In fact, one third of women between the ages of 16-35 admitted that they avoid going to the doctor with gynaecological issues due to embarrassment.¹ It is clear that this dated attitude of shame surrounding the female reproductive system has permeated into modern society.

The vulva describes the external female sex organs and comprises the mons pubis, labia majora, labia minora, the clitoris, urethra, Bartholin’s glands, Skene’s glands, the vestibule and the vaginal opening. The vagina is an elastic tube, muscular in nature which connects to the cervix and opens to the surface via the vulva vestibule. The main functions of the vagina are sexual intercourse, childbirth and an outflow for menses.³ Whilst women are used to referring to the whole system as their vagina, without the vulva, an intricate interplay of structures, these functions could not occur. The vulva, much like the vagina, can be susceptible in all of its parts to developing potentially harmful pathology. For many symptomatic women, an initial concern could be malignancy, whilst this is a possibility, it is not the most common diagnosis. Sexually transmitted infections (STIs) are also well recognised amongst the public and tend to be wrongfully associated with all vulval pathology. Although the vulva contributes to the functioning of sexual intercourse, vulval pathologies are not always caused by STIs. Despite this, the two are not always mutually exclusive, in fact Genito-Urinary medicine plays a huge role in the management of vaginal and vulval pathologies.

The issue with interchangeable terminology is a subsequent poor understanding. The use of topical treatment is an example that highlights the importance of distinction. In such a case, the patient must know where the treatment should be applied and specifically not to use it in the vagina if directed only for the vulva and vice versa as incorrect use may cause damage. Additionally, antiquated attitudes mean that women often feel ashamed to talk about sex. If they do not understand the anatomical distinctions, they may always associate vulval symptoms with sex and subsequently, shame. This can lead to prolongation of symptoms before eventually seeking medical advice. This was illustrated in a US study where one in five women reported having lower genital tract discomfort that persisted for over three months. This discomfort included knife-like or excessive pain, persistent itching or burning.⁴ These significant symptoms are common indicators for vulval pathologies such as vulvodynia or vulval dermatological conditions. These conditions require management by a multi-disciplinary approach due to their multifaceted effect on women's lives where management of the physical symptoms can be as important as managing the psychological impact with psychosexual or stress related therapies.

The issue of correct terminology is intensified by the ever-changing face of healthcare. As virtual interactions become commonplace, clinics readily schedule telephone consultations in favour of face to face appointments and many triage using virtual systems. These triage systems occasionally request images if, for example, a rash or lesion is mentioned prior to allocating an appointment. For obvious reasons, it may be completely inappropriate to request an image in such a scenario. Additionally, clinicians continue to face staffing related challenges and, should a clinic become understaffed, patients may be in a situation where the only available clinician is male. For some women, due to personal or cultural reasons, it may be appropriate to decline physical examination under such circumstances. These situations make the accuracy of the verbal information women can provide essential to their management. Despite this, in a study carried out at a UK teaching hospital where 191 participants were asked to label a diagram of the female external genitalia, only 9% were able to label all of the anatomical structures correctly.⁵ This worrying statistic suggests that, if placed in a situation where accuracy is critical, a large proportion of women will use incorrect anatomical terminology and consequently put their health at risk.

The vagina and the vulva are integral to functions which are joyous at times and challenging at others, but equally important to the female experience. By enabling interchangeable use of vagina and vulva (if used at all), we continue to let women down. It is clear that there is much room for improvement with regards to attitudes towards women's health issues. Crucially, it is clear that the choice of terminology is not a distinction without a difference, rather a distinction making all the difference.

Word Count: 999/1000

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