

An Emerging Public Health Issue: The (ab)use of sexual lubricants and Genital/Vaginal Tobacco (*taba*) in The Gambia.

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Definitions

Awareness: knowledge that something exists, or understanding of a situation or subject at the present time based on information or experience. (Cambridge Dictionary, nd)

Attitudes: a feeling or opinion about something or someone, or a way of behaving. (Cambridge Dictionary. nd)

Genital/Vaginal Tobacco (*taba*): A traditional herbal remedy composed of tobacco leaves and additional substances, used for various purposes, including medical treatment and sexual enhancement. (Jaiteh et al, 2022)

Practices: The behaviours, actions, or habits individuals engage in regarding a particular activity or product, influenced by cultural norms, personal experiences, and socio-economic factors. (Cambridge Dictionary, nd)

Qualitative Research: is the naturalistic study of social meanings and processes, using interviews, observations, and the analysis of texts and images. (Stewart, 2024)

Quantitative Research: Quantitative research involves the process of objectively collecting and analysing numerical data to describe, predict, or control variables of interest. (Mcleod, 2023)

Socio-Cultural Factors: Social cultural factors influence people's feelings, behaviours, attitudes, values, beliefs, and interactions. These factors shape social development, economic development, and cultural change. (Forsyth, 2023)

Sexual lubricants: Lube, short for lubricant, is a specially formulated gel or liquid substance designed to reduce friction and enhance comfort during sexual activities. (Indranil, 2023)

Glossary

FGM/C	Female Genital Mutilation/Cutting
FGD	Focus Group Discussion
GBOS	Gambia Bureau of Statistics
KAP	Knowledge, Attitude and Practice
KII	Key Informant Interview
STI	Sexually Transmitted Infection

Genital/Vaginal Tobacco or locally called as ***simankola, suruba or taba***

Sexual lubricants locally called as ***saf-safal***

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Abstract

The demand for sexual lubricants is rising globally, prompting the World Health Organization (WHO) to provide recommendations on pharmaceutical formulations that prioritize user safety. However, in The Gambia, the use of lubricants, including new, unregulated, and unconventional ones like Genital/Vaginal Tobacco is a new trend that has emerged over the past few years but is becoming popular, with little attention paid to potential risks.

Genital/Vaginal Tobacco, a concoction of tobacco leaves, herbs, tree bark, wood ash, and car battery acid, which is predominantly used by females, is applied to the vulva or inside the vagina for various purposes, including treating infections and enhancing sexual pleasure. This mixture is highly addictive, thereby making it difficult for users to quit. Additionally, an array of other sexual lubricants, ranging from sprays to powders and creams, are used for lubrication and sexual satisfaction.

This research is a response to the issue of the use of sexual lubricants and Genital/Vaginal Tobacco in The Gambia that was raised at the International Forum on FGM/C which was held in The Gambia 6-7 February 2023. At this Forum, public health concerns about the use of these substances and their harmful physical and psychological health impacts were raised. It became apparent that this topic required urgent investigation, so that this emerging public health issue could be tackled. This pilot research was funded by a grant from the British High Commission in The Gambia. Its aims were to explore knowledge, attitudes and the use of lubricants for sexual pleasure and Genital/Vaginal Tobacco (commonly called *taba*) in The Gambia and provide empirical evidence to guide policy formulation in response to the practice and to make recommendations.

This pilot study employed a mixed-methods approach, including quantitative and qualitative data collection methods. It involved a Knowledge, Attitudes, and Practices (KAP) Survey as well as focus group discussions (FGD) and in-depth interviews (KII) with key stakeholders such as *taba* vendors, users, religious leaders, healthcare workers, and health policy implementers. Data collection was undertaken with 225 participants in October - December 2023 in West Coast Region. The quantitative KAP Survey data was analysed descriptively, while the qualitative information from FGDs and KIIs were subjected to thematic analysis after transcription and coding.

The results showed that there was a very high knowledge of Genital/Vaginal Tobacco amongst the participants, with 93.3% of men and 94% of women having heard of it. This compares to much lower knowledge levels of other sexual lubricants (59.6% for men and 70.3% for women). In terms of usage, 58.7% of women reported having used Genital/Vaginal Tobacco, with a surprising proportion of men reported to have used it (35.3%). Genital/Vaginal Tobacco was most commonly used by men for the treatment of medical and surgical conditions, such as piles, hernias and STIs. Women mainly used these products to enhance sexual pleasure with and without a sexual partner. But women also claimed to use *taba* for the treatment of medical conditions, weight loss, fertility and the augmentation of child birth (labour).

The use of *taba* appears to be influenced by age, marital status, ethnicity and education level. The cohort with the highest proportion of usage was ages 40-59 with over 60% of participants in that age group, saying they had used *taba*. With respect to marital status, the highest proportion of usage was by widows and those who were separated or divorced. For those who were married, those that were not-cohabiting with their spouse reported higher usage of *taba* (56.3%) than those who lived with their spouse (47%). Thus, marital status and the availability of sexual relations appears to be an important determinant in the usage of *taba*. In terms of ethnicity, the Serahule reported the highest proportion of usage at 87.5% with the second highest usage proportion being amongst the Mandinka (54.9%). Education level and *taba* usage was as expected, with usage highest amongst those who had no education (64.7%) compared to those who had Tertiary education (25.7%). The issue of the links between FGM/C, type of FGM/C and *taba* use, divided opinions and requires additional research. Further research is also needed on why *taba* use has become so widespread over a relatively short period of time, despite being discouraged by religious leaders and healthcare professionals.

The findings provide insights into the knowledge, behaviours, and socio-cultural dynamics surrounding the use of genital/vaginal tobacco and other sexual lubricants in The Gambia. Understanding these factors is crucial for the development targeted interventions to promote safe sexual practices and mitigate potential health risks associated with harmful, unregulated use of these products. The report finishes with suggestions and recommendations for practitioners and policy makers so that measures can be taken to prevent (ab) use, of unregulated sexual lubricants, such as *taba*, becoming a much more serious public health issue.

Keywords: The Gambia, Genital/Vaginal Tobacco, *Taba*, sexual lubricants, health impacts, determinants, socio-cultural factors, mixed methods.

Background to the Study

A clinical research study undertaken in The Gambia in 2011, comparing the health complications on women with and without having practised Female Genital Mutilation/Cutting (FGM/C), showed that vulvar or vaginal pain affected 5% of women who had not undergone FGM/C, 17.4% of women with type I FGM/C, and 39.8% of women with type II FGM/C. Difficult penetration during intercourse was reported by 5.8%, 15.1%, and 50.5% of women, respectively to type I, II and III. (Kaplan et al 2013b).

Later, in 2018, following these findings and as sexual lubricants and *taba* were becoming more popular, interest and concern was raised concerning the sexual health and wellness of these women. Samples of *saf-safal* lubricants and *taba* were collected in order to know more on what is available in the market, their names in English, Wolof and Mandinka, sex of the user, desirable and undesirable effects, actions after use, preservation, expiry date, selling spot and cost. This brief data collected can be seen in Appendix IV of this report.

The current research is a response to the findings on the sexual problems women were facing in their intimate lives and the inclusion in a panel discussion on the (ab)use of *taba*, as an issue that was raised at the International Forum on FGM/C which was held in The Gambia 6-7 February 2023. This is an annual conference that is held to mark the UN Day of Zero Tolerance to FGM/C (6th February), was organised by Wassu Gambia Kafo. It was attended by healthcare professionals, medical students, policy makers both international and national, organisations that work on women's and girls' rights, faith leaders, researchers (national and international), national media as well as other stakeholders.

At the conference, a presentation was given by a civil society organisation (CBO), Mothers for Health Foundation (The Gambia) who was invited to share their experience on the use of what they termed intra-vaginal tobacco. This awareness raising presentation was based on female cases that had been brought to the notice of the organisation, and brought to the conference's attention the alleged physical, psychological, and social impacts of the use of *this* these products by women. The cases presented were shocking. At the end of the presentation panel, the conference floor was opened for discussion. What followed was a passionate debate concerning this alarming "new" practice.

Virtually, all Gambian participants had heard of Genital/Vaginal Tobacco (*taba*) being used in The Gambia and almost all medical professionals and students had seen and/or treated a case, many with appalling physical injuries including severe burns. Nobody could definitively state the ingredients of what is locally called *taba*. Delegates agreed the product came from Guinea Bissau and/or Casamance, in south Senegal, and suggested it contained tobacco, ashes of the baobab tree, caustic soda, sometimes marijuana and some, suggested it might contain car battery acid ('black battery substance'). It was apparent that *taba* was available across the country and was very affordable, costing as little as D20 (£0.30) for a single application.

Delegates and participants stated that users claimed it could be used to 'cure everything', even being given to babies as an oral (placed under the tongue) sedative to stop them crying and to toddlers to cure bed wetting. They even reported that as a result, some toddlers

aged as young as 3 years had become *taba* addicts. However, it was agreed that the main use of *taba* was for female sexual stimulation, a message amplified by social media. It was suggested this might be an outcome of high levels of FGM/C in the country that prevented women having a fulfilled sexual life. It was stated that some parents encouraged their daughters to use *taba* to keep virginity, prevent pre-marital sex and pregnancy.

It was claimed that the use of *taba* by females had resulted in addiction and marital break down, as well as serious short and long-term physical and mental health consequences. Some delegates did report that some men were also using *taba* by inserting it into their anus. It was not clear if this was for sexual pleasure or some other reason.

The overwhelming outcome of this conference floor discussion was that research (chemical, clinical and social) needed to be undertaken urgently so that *taba* (ab)use in The Gambia could be effectively tackled. In response to this, the British High Commissioner, who had attended the conference, was approached by Coventry University and Wassu Gambia Kafo and funding for a pilot study was requested and approved. This report is one of the outputs of this pilot study. It is hoped the empirical evidence presented in this report will inform future research on this topic and provide guidance for policy and public health interventions.

Chapter 1: Introduction

Since time immemorial men and women have been using lubricants and other products to make sexual activities more pleasurable. During the twentieth century many of these traditional lubricants were replaced with pharmaceutical grade products that had been rigorously tested for safety and efficacy, such as KY Jelly, Vaseline, and baby oil. A 'daily diary' internet study conducted in the USA by the Association of Lubricant Use found that the use of certified pharmaceutical lubricants, which were silicone and water-based, resulted in high sexual satisfaction ratings (Herbenick et al, 2011; Jozkowski et al, 2013). Despite the high customer satisfaction and the widespread availability of these pharmaceutical products, their cost, as well as user preferences, has meant that traditional lubricants continue to be available and used in many poor economies.

In The Gambia, traditional lubricants, fondly called *saf-safal*, are available in different forms from traditional medicine vendors in marketplaces across the country. They include local moisturizers such as shea butter, dissolvable crystals (composition unknown), and baby oil. These are commonly used by both men and women. However, since around 2020 a "new" traditional lubricant has come to public attention in The Gambia. Known as Genital/Vaginal Tobacco or locally called as *simankola*, *suruba* or *taba* (the term we will use in this report), this product has become widely used (Jaiteh et al, 2022). A product like *taba* often referred to as 'smokeless tobacco' has been consumed for generations in The Gambia, through smoking, sniffing, chewing, and licking or putting under the tongue (Cham et al, 2023). However, over the last five years, a similar powdered tobacco product with various unknown additives, and using the same local name, has become widely used. This 'new' product which is classed as Genital/Vaginal Tobacco is used mostly by women intra-vaginally (Cham et al, 2023; Jaiteh et al, 2022), although there are reports of it also being used by men on their genitalia.

There is little empirical evidence or scientific research into the perceived benefits, side effects and long-term complications associated with this widely used product (Cham et al, 2023) which is unregulated, cheap to buy (at around D20 (£0.30) per application) and is available in all local markets. The gap in knowledge about *taba* and its use in The Gambia has resulted in many health professionals becoming fearful that *taba* use, with its negative health and social impacts, has become an epidemic in the country and needs to be treated as an emerging public health issue.

Health professionals in The Gambia are calling for research to be undertaken on the chemical composition of Genital/Vaginal Tobacco used as a study undertaken on a similar product in Zambia found high concentrations of nicotine and toxic constituents including nitrosamines, arsenic, cadmium, chromium, manganese, and copper (Kalubula et al, 2020). Reports on *taba* and its use in The Gambia are available on social media but are all based on anecdotal information. These reports described additives such as shea butter, native plants, ashes, caustic soda, and cannabis being added to *taba* that is available in The Gambia.

The health outcomes of using Genital/Vaginal Tobacco especially the systemic and dermal impacts, particularly on genitals and fertility, has not been scientifically researched (Cham et

al, 2023). But health professionals believe that the health impacts are likely to be similar to those caused by non-smoking tobacco (which most commonly includes taking tobacco orally or by sniffing). The health impacts of non-smoking tobacco have been well documented (WHO, nd; WHO, nd(a); Savitz et al, 2006; Hajat et al, 2021). Smokeless tobacco use is universally accepted by health professionals as being highly addictive and damaging to health. The health consequences include cancer, coronary heart disease, respiratory disease cardiovascular disease, oral, head and neck cancers as well as malnutrition and infertility. It is suggested that the contact of Genital/Vaginal Tobacco with genital mucosa may serve as a source of exposure to nicotine and other harmful chemicals that could result in physical harm as well as addiction (Cham et al, 2023). In an online newspaper article, doctors in Nigeria warn that the use of Genital/Vaginal Tobacco is associated with cancer, problems during birth and the natural flow of menstruation (Adejoro, 2021).

Interestingly, none of the research publications accessed by the authors of this report on smokeless tobacco mentioned Genital/Vaginal Tobacco. It can only be concluded therefore that no research has been undertaken on the health consequences of the use of Genital/Vaginal Tobacco by men or women. We are thus calling for clinical research to be undertaken as a matter of high concern.

In addition to the call for research into the health consequences of using *taba*, health professionals are highlighting the need for:

'Rigorous scientific research including qualitative and mixed methods is needed on the prevalence and demographic profile of people who use it [Genital/Vaginal Tobacco], health outcomes (including nicotine addiction), reasons for and risk-benefit perceptions, the chemical composition of the products used and its health and social consequences.' (Cham et al, 2023, 1-2)

Such research is necessary to inform clinical and policy interventions to tackle this public health issue. It is in this context that this pilot study was conceived and implemented. The study had the following objectives:

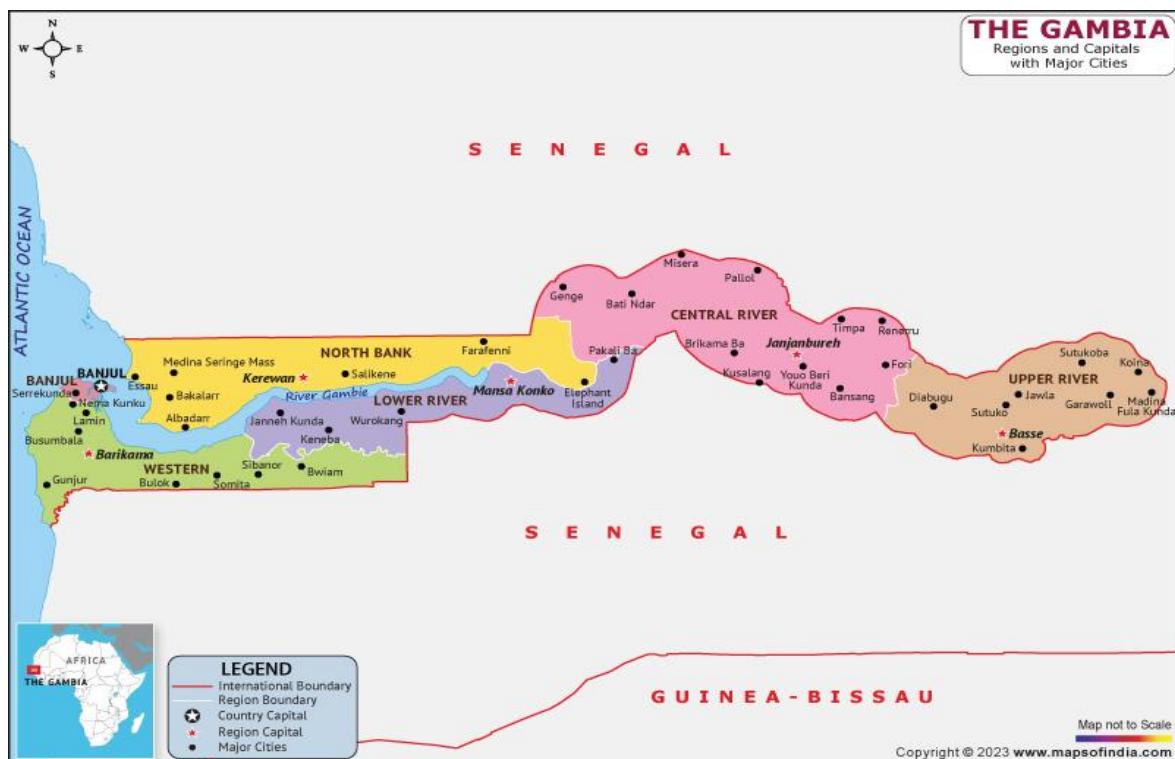
- To explore the knowledge, attitudes, and practices regarding sexual lubricant use and in particular the use of Genital/Vaginal Tobacco among different demographics in The Gambia.
- To investigate what knowledge and perceptions the public had of the types of ingredients used to formulate Genital/Vaginal Tobacco.
- To examine usage patterns and socio-cultural influences related to the use of Genital/Vaginal Tobacco and other sexual lubricants.
- To explore if there is any link between the use of Genital/Vaginal Tobacco and sexual lubricants on women who have undergone female genital mutilation/cutting.

Chapter 2: Methodology

Introduction

This pilot study was conducted in The Gambia; a small country in West Africa, with an estimated total population of 2.7 million people in 2022 (World Bank, 2022). The most recent census was undertaken in 2013 (the next one has been delayed until 2024) when the gender proportions were recorded as 49% male and 51% female (GBOS, 2013). The research data was collected in the West Coast Region of The Gambia (see Figure 1), which in 2013 had a population 700,000 and was equivalent to 37.1% of the Gambian population (GBOS, 2013). West Coast Region is home to people from various ethnic and cultural backgrounds. It has a mixed economy including rural agricultural and fishing communities, those supporting tourism as well as some of the most populous urban centres in the country. The study used mixed methods to assess the knowledge, attitude, practice, and health effects associated with the use of *taba* and other sexual lubricants in The Gambia. The data was collected between October and December 2023.

Figure 1: Map of The Gambia (www.mapsofindia.com, 2023)



Ethical Considerations

The research adhered to the ethical requirements and policies of Wassu Gambia Kafo and was deemed to be medium risk, as only adults (aged 18 or over) would be invited to participate. The purpose of the study was explained to potential participants, and it was made clear that participation was voluntary and that participants could withdraw from the study at any time without any negative consequences and need not answer questions or get involved in discussions they were not comfortable with. Those that chose to participate in the research were then asked to give Informed Consent verbally.

The safety and confidentiality of participants was a major consideration throughout the research. Anonymity was assured by giving all participants a code or pseudonym so their input into the research would remain confidential. In addition, all data obtained was kept locked in a secure filing cabinet in the Wassu Gambia Kafo Office and/or securely on a laptop. Hard copies were destroyed once they had been transcribed and stored on a computer.

Quantitative data collection: The KAP Survey

A KAP survey concerning *taba* and other sexual lubricants was undertaken with 194 participants. The survey contained three sections as follows:

1. Knowledge of *taba* and sexual lubricants.
2. Attitudes towards *taba* and sexual lubricants.
3. Practices of the use of *taba* and sexual lubricants.

A full copy of the survey questions can be found in Appendix 1.

The survey was undertaken in West Coast Region at the following locations: Bwiam, Brikama, Brufut, Sukuta, and Serekunda. The survey was carried out by data collectors of Wassu Gambia Kafo and Mothers for Health Foundation (Gambia), who had been trained on the data collection tool. The survey was conducted in the compound of the respondent or another place that they selected for their convenience and was carried out face-to-face with responses being recorded on hardcopy. The survey was undertaken in local languages and then translated into English by the data collectors.

Participants were all adults aged 18 or over and were able to give verbal informed consent. A purposive sampling method was used to include communities in geographical areas where people were expected to have a view about *taba*. Then a convenience sample was implemented to select participants from diverse groups of men and women from different socioeconomic backgrounds, ethnicities, and home location. In total 194 people accepted to participate in the survey, including 141 females and 53 males living in both rural and urban settings.

The KAP Survey data were analysed using statistical software to produce descriptive statistics. This was done using IBM SPSS Version 29. The results of the KAP survey will be presented in Chapter 3.

Qualitative data collection:

Focus Group Discussions (FGDs) and Key Informant Interviews (KIs)

On the completion of the KAP Survey, qualitative tools were employed to try to elucidate some of the issues identified in the survey. Three focus group discussions were undertaken, two with women (one in a rural and one in an urban setting) and one with men (in an urban setting) with an average number of 9 participants per session. These were undertaken in Bwiam, Brufut and Brusubi in West Coast Region, in sites that could guarantee the confidentiality of the conversations, such as at the Wassu Gambia Kafo Office for the FGD with men. The two FGDs with women were undertaken in locations agreed with the participants.

A purposive sampling method was used using snowball sampling with the aim to include a diverse range of participants in each FGD. The FGDs were undertaken in same sex groups to allow participants to speak freely. Each FGD was facilitated by staff from Wassu Gambia Kafo staff and Mothers for Health Foundation (Gambia) who had been trained in FGD facilitation skills. A topic sheet was produced to guide the FGDs. A copy can be found in Appendix 2. The FGDs were undertaken in Mandinka and English, they lasted on average 80 minutes. They were audio recorded (with informed consent) and then translated into English by the facilitators and transcribed.

In addition to the FGDs, five in-depth key informant interviews (KIs) were carried out with key stakeholders: a *taba* vendor, faith leader, healthcare workers (including a gynaecologist), and health policy implementer. The in-depth KIs were semi-structured in nature and followed themes that were particularly of relevance to the roles and professions of the key informants. A copy of the KII semi-structured interview guide is shown in Appendix 3. Interviews took place in locations where confidentiality could be ensured. Each KII was audio recorded and lasted around 60-90 minutes. The KIs were undertaken in English, Mandinka or Wolof and were transcribed in preparation for analysis.

Information collected from the FGDs and KIs were analysed using thematic analysis as is standard practice with qualitative data (Kiger & Varpio, 2020; Clarke & Braun 2021; Naeem et al, 2023). The analysis was undertaken manually with two people undertaking the coding independently, then discussing and agreeing codes and themes. Using manual analysis of the qualitative data offered a deeper understanding and nuance of the data. Unlike computer software, manual analysis allowed for a more flexible and iterative approach, enabling a close engagement with the data to enable the subtleties in patterns, and to interpret the context behind them. Additionally, manual analysis promoted a richer immersion in the data, fostering a more intimate connection with the information and potentially revealing insights that automated methods might overlook.

The thematic analysis identified five themes and will form the structure of the presentation of the results of the qualitative research tools (see Chapter 3).

1. Perceptions and knowledge of the origins of Genital/Vaginal Tobacco (*taba*).
2. Perceptions and knowledge of the composition and preparation of Genital/Vaginal Tobacco (*taba*).
3. Perceptions of when and who uses Genital/Vaginal Tobacco and its perceived benefits.
4. The socio-cultural beliefs and practices regarding the use of Genital/Vaginal Tobacco.
5. Perceptions of the unintended effects of using Genital/Vaginal Tobacco (*taba*).

Demographic Characteristics of the Research Participants

The demographic characteristics of the KAP survey participants are shown in Table 1.

Table 1: Demographic Characteristics of KAP Survey Participants

Variable	Frequency (n)	Percentage (%)
Sex	194*	100
Male	53	27.3
Female	141	72.7
Age (in years)	194	100
Less than 30	34	17.5
30-39	85	43.8
40-49	50	25.8
50-59	13	6.7
60 and above	4	2.1
Not Stated	8	4.1
Marital Status	194	100
Married and cohabiting	118	60.8
Married but not cohabiting	32	16.5
Divorced	18	9.3
Separated	2	1.0
Widowed	6	3.1
Never married	14	7.2
Not stated	4	2.1
Ethnicity	194	100
Mandinka	74	37.4
Wolof	29	15.4
Fula	37	19.0
Serahule	16	8.2
Jola	21	10.8
Serer	7	3.6
Other	6	3.1
Not stated	4	2.5
Education level	194	100
None	70	36.1
Primary	39	20.1
Secondary	40	20.6

Tertiary	36	18.6
Others	2	1.0
Not Stated	7	3.6

Of the 194 respondents, 53 were male (27.3%) and 141 were female (72.7%). The age distribution exhibited significant variation, with the largest age group being 30-39 years, comprising 85 respondents (43.8%). In terms of marital status, the majority of participants were married and cohabiting, constituting 118 individuals (60.8%), while the smallest group comprised those who were separated (1.0%). In terms of ethnicity, 37.4% were Mandinka, 19% were Fula, 15.4% Wolof and 10.8% were Jola. Education levels also varied among participants, with 70 (36.1%) respondents having no formal education.

Table 2: Demographic Characteristics of FGD and KII participants

Variable	Frequency (n)	Percentage (%)
Sex	31	100
Male	11	35.5
Female	20	64.5
Age	31	100
18- 29	4	12.9
30-39	16	51.6
40-49	7	22.6
50-59	1	3.2
60 and above	3	9.7
Ethnicity	31	100
Jola	9	29
Mandinka	13	41.9
Wolof	6	19.4
Fula	3	9.7
Occupation	31	100
Health Professional	2	6.5
Religious leader	1	3.2
Housewife	11	35.5
Business	5	16.1
Welder	1	3.2
Tailor	1	3.2
Student	2	6.5
Teacher	2	6.5
Carpenter	1	3.2
No Occupation	4	12.9
Mason	1	3.2

Table 2 contains the demographic characteristics of the participants in the qualitative elements of the study. The gender breakdown was approximately two-thirds women and a third men, with 51.6% being aged 30-39. In terms of ethnicity 41.0% were Mandinka, with 29% Jola and 19.4% Wolof. The table shows that 35.5% of participants were housewives,

with the next largest group classified as business people. Five professionals were selected to be part of the KIIs, including the two health professionals.

As can be seen from Tables 1 and 2, the demographic characteristics of the participants that took part in the study were diverse, as had been the aim of the sampling. When compared to Table 3 showing selected demographic statistics for The Gambia, it is clear that the social characteristics of the survey participants are representative of the country.

Table 3: Selected Demographic Statistics for The Gambia in 2013 (GBOS, 2013)

<i>Demographic Characteristic</i>	
Total Population	1.86 million
Females as proportion of total population	51%
Males as proportion of total population	49%
<i>Ethnicity as proportion of total population</i>	
Mandinka	34.4%
Fula	24.1%
Wolof	14.8%
Jola	10.5%
Serahule	8.2%
<i>Marital Status of people aged over 12 years</i>	
Never married	46.8%
Ever married	48.8%
In polygamous marriages	30.3%
Divorced	1.2%
Widowed	2.9%
Separated	0.4%
<i>Education level</i>	
No education	44.7%
Primary education	22.3%
Secondary education	25.6%
Tertiary education	2.2%
<i>Religion</i>	
Muslim	96%
Christian	3.8%
Other	0.2%

Please note that this research was a pilot study. We recommend a larger nation-wide analysis be undertaken to confirm if the findings from this pilot can be generalised across the country.

Chapter 3: Research Results

Introduction

This was a mixed-methods study. It included the following tools:

- KAP Survey with 194 participants.
- 3 FGDs with 26 participants, average of 9 participants per group.
- KII with 5 participants.

In total 225 participants took part in the study which was undertaken in the West Coast Region of The Gambia. The quantitative KAP survey results will be presented first, followed by the qualitative results from the FGDs and KIIs. The chapter will conclude with a summary of the main findings.

Quantitative Results:

The results of the KAP survey will be presented under the headings of:

- Knowledge of Genital/Vaginal Tobacco (*taba*) and sexual lubricants
- Attitudes towards Genital/Vaginal Tobacco (*taba*) and sexual lubricants
- Practices in the use of Genital/Vaginal Tobacco (*taba*) and sexual lubricants.

1. Knowledge of Genital/Vaginal Tobacco (*taba*) and sexual lubricants

Table 4 shows knowledge about Genital/Vaginal Tobacco is widespread with 94.3% of men and 95% of women who took part in the survey having heard of it. It is therefore a topic that nearly all adults had heard about. Those least likely to have heard of *taba* were aged 18-30 years. But even amongst this cohort the percentage of participants who had heard of *taba* was 82.9%. Everyone aged 40 or over had heard of *taba*.

Knowledge of *taba* varied across age groups. Younger respondents (18-29 years) had less awareness of *taba* (82.9%) compared to older age groups, reaching 100% knowledge of *taba* in the 40-59 and 60 and above age groups. The data suggests that knowledge of *taba* increases with age, possibly due to exposure to information and use over time or potentially greater interest in sexual enhancing substances among older age groups.

Knowledge about *taba* was lowest among participants who had never married but was still 78.6% and was 95% and over in all other marital status categories: married and cohabiting, married but not cohabiting, separated, divorced, or widowed. Married people, both cohabiting and non-cohabiting showed high knowledge of *taba* (94.9% and 96.9% respectively), indicating that being married is associated with higher knowledge of Genital/Vaginal Tobacco. Those respondents who had never been married had a lower awareness level (78.6%) of *taba*. This suggests that marital status plays a role in awareness of *taba*, possibly due to exposure within marital relationships or social networks.

Seven categories of ethnicity of participants were identified in the survey. The largest number identified as Mandinka (74), followed by Fula (37), Wolof (29) and Jola (21). Six

people did not belong to the six ethnicities identified. In terms of 'having heard of *taba*' all Serahulis had heard of *taba*, with 97.3% of Mandinka and Fula. The ethnic group which had the lowest knowledge of *taba* was the Serer, but even amongst this group, 71.4% of participants had heard of *taba*. This variation suggests that cultural factors associated with different ethnic groups, or ethnic differences in information dissemination networks may influence knowledge levels of *taba* across Gambia's different ethnic groups.

With respect to educational attainment, there was very little difference in 'having heard about *taba*'. Over 97% of participants who had completed Primary or Tertiary education had heard of *taba*. The lowest proportion (91.3%) was amongst participants who had had no formal education. This indicates that education level plays a minor role in knowledge acquisition concerning *taba*.

Table 4: Knowledge of Genital/Vaginal Tobacco (*taba*):
Answers to the question: 'Have you ever heard about vaginal tobacco before?'

Variable	Frequency (n)	% Yes	% No
Sex	194		
Male	53	94.3	5.7
Female	141	95.0	5.0
Age (in years)			
18- 29	34	82.9	17.1
30-39	85	95.2	4.8
40-49	50	100.0	0
50-59	13	100.0	0
60 and above	4	100.0	0
Not Stated	8		
Marital Status			
Married and cohabiting	118	94.9	5.1
Married not cohabiting	32	96.9	3.1
Divorced	18	100.0	0
Separated	2	100.0	0
Widowed	6	100.0	0
Never married	14	78.6	21.4
Not Stated	4		
Ethnicity			
Mandinka	74	97.3	2.7
Wolof	29	89.7	10.3
Fula	37	97.3	2.7
Serahule	16	100.0	0.0
Jola	21	90.5	9.5
Serer	7	71.4	28.6
Other	6	100.0	0.0
Not Stated	4		
Education level			
None	70	91.3	8.7

Primary	39	97.4	2.6
Secondary	40	95.1	4.9
Tertiary	36	97.2	2.8
Others	2	100.0	0
Not Stated	7		

In contrast to *taba*, knowledge about other sexual lubricants was an average of 64.95% amongst all survey participants and was higher among females compared to males (70.3% vs 59.6%). Interestingly, this is 20-30 percentage points lower than knowledge about *taba* (see Table 5). Knowledge of other sexual lubricants was highest in the age groups 30-49 years at 73% and lowest among the 18-29 cohort at 51.5%. This difference could be attributed to various factors, including differences in experience and in exposure to sexual relations and health education, societal norms and cultural factors surrounding discussions concerning sexual wellness.

There is a noticeable trend of increasing awareness of sexual lubricants with age. Among respondents younger than 30, there was a moderate level of knowledge about sexual lubricants, with approximately half of them indicating familiarity. However, there was also a significant proportion who had not heard about sexual lubricants, indicating a potential knowledge gap in this demographic. This could be due to limited exposure to sexual health education or being less experienced with sexual activity compared to older age groups.

Respondents aged 30 to 39 exhibited the second-highest levels of awareness, with 72% reporting familiarity with other sexual lubricants. This finding highlights a consistent trend of relatively high awareness among individuals in their thirties and forties, indicating a strong interest in sexual health and well-being during these life stages.

People in the 40-49 age range demonstrated the highest level of awareness of other sexual lubricants, with 74% indicating familiarity. This suggests that this demographic is particularly well-informed about sexual wellness products, possibly due to increased sexual experience and a greater emphasis on sexual health as individuals approach middle age and women enter the stages of the menopause.

Awareness levels among those aged 50-59 were slightly lower compared to the previous age groups, with approximately 61% indicating familiarity with sexual lubricants. While still relatively high, this decline in awareness may reflect changing attitudes towards sexual health and activity as people transition into their fifties and beyond. Surprisingly, awareness levels surge again among respondents aged 60 and above, with around 66.7% indicating familiarity with other sexual lubricants.

Among respondents who were married and cohabiting, 70.7% indicated familiarity with other sexual lubricants. This relatively high level of awareness suggests that individuals in committed relationships may actively seek out information about sexual wellness products to enhance intimacy and pleasure within their sexual relationships.

Married individuals who were not co-habiting demonstrated a similar level of awareness, with 74.2% indicating familiarity with other sexual lubricants. This finding suggests that even in relationships where partners do not live together, there remains a significant interest in sexual wellness and exploration. The slightly higher awareness in this group could be attributed to factors such as increased autonomy in decision-making or the pursuit of sexual satisfaction outside of traditional living arrangements.

Divorced, separated, and widowed individuals also exhibited varying levels of awareness, with 58.8%, 0%, and 66.7%, respectively, indicating familiarity with other sexual lubricants. The lower awareness among divorced respondents may reflect a period of transition or adjustment following the dissolution of their marriage, where sexual health may not be a primary focus. Interestingly, those who were separated reported no awareness of other lubricants, which could indicate a lack of engagement with sexual wellness products during this phase of relationship uncertainty. Widowed individuals, however, demonstrated a relatively high level of awareness, suggesting that adults who have experienced loss may still be proactive in seeking information about sexual health and intimacy.

Among respondents who have never married, 53.8% indicated familiarity with sexual lubricants. This lower level of awareness may be attributed to a variety of factors, including less exposure to sexual health education or fewer opportunities for sexual exploration within committed relationships. However, it's important to note that nearly half of never-married individuals still reported awareness, indicating a significant proportion who actively seek information about sexual wellness despite their single status.

This finding suggests that older adults maintain a considerable level of awareness about sexual wellness products, challenging stereotypes about sexual health knowledge declining with age.

When considering the knowledge of other sexual lubricants by ethnicity, all were 20-30 percentage points lower than knowledge of *taba*. The same was true for educational level. In terms of ethnicity, the Serahule had highest proportion of those who had heard of other sexual lubricants (87.5%), followed by the Jola (76.2%). The lowest proportion was recorded by the Serer at 57.1%. These differences may stem from social and cultural taboos, as well as contextual factors such as varying levels of access to sexual health resources or differences in exposure to mainstream media messaging.

With respect to educational level the highest percentage of 73.7% was recorded by those who had Secondary education with the lowest proportion (60%) recorded by participants with Tertiary education. Respondents with higher education levels tended to have slightly lower awareness levels of sexual lubricants, which appears counter-intuitive. This could be attributed to a variety of factors including differences in the quality of sexual health education received, varying degrees of engagement with health-related information or differing priorities and needs in seeking out such knowledge.

Thus, it can be said that virtually all adults in the survey had heard of *taba*. Thus, knowledge appears to be widespread across the genders, by age, marital status, ethnicity, and educational level. *Taba* is therefore universally known in The Gambia. Knowledge of *taba* is

much higher amongst all demographic categories than knowledge of other sexual lubricants. This may suggest that a public health campaign is needed to raise awareness of safe regulated forms of sexual lubrication.

Table 5: Knowledge of sexual lubricants based on respondents' demographic characteristics. Answers to the question: 'Have you ever heard about other sexual lubricants before?'

Variable	Frequency (n)	% Yes	% No	No answer	Don't know
Sex					
Male	53	59.6	28.8	3.8	7.7
Female	141	70.3	16.7	2.2	10.9
Age (in years)					
18- 29	34	51.5	33.3	6.1	9.1
30-39	85	72.0	17.1	2.4	8.5
40-49	50	74.0	16.0	2.0	8.0
50-59	13	61.5	23.1	0.0	15.4
60 and above	4	66.7	0.0	0.0	33.3
Not Stated	8				
Marital Status					
Married & cohabiting	118	70.7	15.5	1.7	12.1
Married not cohabiting	32	74.2	19.4	3.2	3.2
Divorced	18	58.8	23.5	11.8	5.9
Separated	2	0	50.0	0	50.0
Widowed	6	66.7	0	0	1.1
Never married	14	53.8	46.2	0	0
Not Stated	4				
Ethnicity					
Mandinka	74	66.7	22.2	0	11.1
Wolof	29	64.3	25.0	7.1	3.6
Fula	37	61.1	22.2	5.6	11.1
Serahule	16	87.5	6.3	0	6.3
Jola	21	76.2	9.5	4.8	9.5
Serer	7	57.1	28.6	0.0	14.3
Other	6	67.7	0	0	33.3
Not Stated	4				
Education level					
None	70	67.6	14.7	4.4	13.2
Primary	39	66.7	23.1	2.6	7.7
Secondary	40	73.7	15.8	0	10.5
Tertiary	36	60.0	28.6	2.9	8.6
Others	2	100.0	0	0	0
Not Stated	7				

2. Attitudes towards Genital/Vaginal Tobacco (*taba*) and other sexual lubricants

Table 6 below provides an overview of the perceived motivations behind women's use of Genital/Vaginal Tobacco. The findings reveal the complexity of perceptions surrounding *taba* use.

A significant number of respondents (8.2% for self, 2.6% for partner, and 4.1% for both) believe that genital/vaginal tobacco can enhance sexual pleasure. This highlights a perceived association between *taba* use and heightened sexual sensations. The varying percentages for self, partner, and both, indicate individual preferences and relationship dynamics influencing this perception.

The finding that 4.6% of respondents believed that the use of *taba* for sexual pleasure when lacking a spouse or sexual partner, suggests that it may serve as a means of self-gratification or fulfilment in solo sexual experiences. This highlights the role of Genital/Vaginal Tobacco in fulfilling individual sexual desires and needs.

With 13.4% of respondents perceiving *taba* as a treatment for infections, there is a notable belief in its medicinal or therapeutic properties. This suggests that some women view *taba* not only as a source of sexual pleasure but also as a potential remedy for health issues, indicating a multifunctional perception.

The low percentage of respondents (2.1%) considering vaginal tobacco as a safe alternative to smoking suggests a minority viewpoint. This perspective may stem from a belief in the reduced health risks associated with *taba* compared to traditional smoking methods. However, it also indicates that most respondents do not share this perception.

The presence of respondents (4.6%) providing other unspecified reasons for using Genital/Vaginal Tobacco indicates the complexity of motivations, which may not fit into predefined categories. Additionally, 7.7% of respondents expressed uncertainty and 5.7% abstained from answering the question, reflected a lack of knowledge or understanding about *taba* or simply a lack of willingness to discuss the issue.

The findings reveal various combinations of motivations, such as enhancing sexual pleasure while treating infections or viewing *taba* as a safe alternative to smoking while increasing sexual pleasure. These combinations illustrate the multifaceted nature of women's perceived motivations and the complexity of their decision-making processes regarding Genital/Vaginal Tobacco use. Certain combinations of motivations, such as addressing sexual pleasure, infection treatment, and relationship dynamics simultaneously, indicate a holistic approach to sexual and reproductive health. This suggests that women consider multiple factors, including pleasure, health, and interpersonal relationships, when deciding to use Genital/Vaginal Tobacco.

Table 6: Attitude towards the use of *taba*: Answer to the question: “*Why do you think women use vaginal tobacco.*” Participants were able to give multiple responses.

Responses	Count	Percentage
Safe alternative to smoking	4	2.1
To increase sexual pleasure of self	16	8.2
To increase sexual pleasure of partner	5	2.6
To increase the sexual pleasure of both	8	4.1
For sexual pleasure in the absence of a spouse or sexual partner	9	4.6
Treatment of infections	26	13.4
To increase sexual pleasure of self and increase sexual please of partner	1	0.5
To increase sexual pleasure of self and for sexual pleasure in the absence of a spouse or sexual partner	5	2.6
To increase sexual pleasure of self and for treatment of infections	16	8.2
To increase sexual pleasure of self and for other things	1	0.5
To increase the sexual pleasure for partner and to increase the sexual pleasure for both	3	1.6
To increase the sexual pleasure for partner and for other things	1	0.5
To increase the sexual pleasure for both and For sexual pleasure in the absence of a spouse or sexual partner	1	0.5
For sexual pleasure in the absence of a spouse or sexual partner and for treatment of infections	3	1.6
For sexual pleasure in the absence of a spouse or sexual partner and for other thing	1	0.5
For the treatment of infections and for other thing	3	1.6
Is a safe alternative to smoking, to increase the sexual pleasure of self and increase the sexual pleasure of partner	4	2.1
To increase the sexual pleasure of self, partner and both	23	11.9
To increase the sexual pleasure for self, for sexual pleasure in the absence of a spouse or sexual partner and treatment of infections	4	2.1
To increase the sexual pleasure for self, for sexual pleasure in the absence of a spouse or sexual partner and for other thing	1	0.5
It's a safe alternative to smoking, To increase the sexual pleasure of self, partner and both	18	9.3
To increase the sexual pleasure of self, partner, both and treatment of infections	2	1.0
To increase the sexual pleasure for self, to increase sexual pleasure of partner, for sexual pleasure in the absence of a spouse or sexual partner and for treatment of infections	3	1.6
To increase the sexual pleasure for self, for sexual pleasure in the absence of a spouse or sexual partner, treatment of infections and for other thing	1	0.5

Other	9	4.6
Don't know	15	7.7
No answer	11	5.7
Total	194	100

Table 7: Relationship between FGM/C and the use of genital/vaginal tobacco “Does female circumcision (FGM/C) increase a woman’s chances of using genital/vaginal tobacco?”

Responses	Frequency (n)	%
High likely	40	20.6
Less likely	34	17.5
Not likely	36	18.6
No answer	19	9.8
Don't know	65	33.5
Total	194	100.0

Approximately 20% of respondents believed that there was a direct relationship between FGM/C and *taba* usage, perceiving FGM/C as highly likely to increase a woman's chances of using *taba*. This perception suggests a belief among participants that there may be a direct association between FGM/C and *taba* use among women, although this belief may not be overtly part of women's decision making process.

On the other hand, 17.5% of respondents held the opposite view, believing that FGM/C was less likely to increase a woman's likelihood of using genital/vaginal tobacco. This divergence of views highlights the complexity of the issue. Moreover, 18.6% of respondents expressed scepticism or disbelief that there was any direct causal relationship between FGM/C and female *taba* usage.

When asked this question, 43.3% of respondents answered that they did not know or preferred not to answer the question. The uncertainty or denial by such a high proportion of respondents that there is a link between FGM/C and the use of *taba*, indicates a need for further research on the topic to clarify misconceptions or fill knowledge gaps. The reluctance to answer might also be indicative of the cultural and social sensitivities surrounding both the practice of FGM/C and the use of Genital/Vaginal Tobacco. These topics can be deeply personal and tied to cultural norms and traditions, making them difficult to be shared and discussed openly.

As indicated in Table 8, the most frequently reported reasons for using sexual lubricants were to enhance sexual pleasure. Reasons mentioned included sexual enjoyment, lubricating the area, and to avoid pain during intercourse.

Table 8: Attitudes towards Other Sexual Lubricants: “Why do you think women use lubricants?”

Responses	Frequency (n)	Percentage (%)
To increase the sexual pleasure of the self	68	35.1
To increase the sexual pleasure of partner	40	20.6
To increase the sexual pleasure of both	28	14.4
To prevent bruising of self or partner	3	1.5
Other	2	1.0
Don't know	18	9.3
No answer	35	18
Total	194	99.9

The survey results shown in Table 8 provide insights into the reasons behind women's use of other lubricants. Findings suggest that the primary motivations for other lubricant use among women were centred around enhancing sexual pleasure, both for themselves and their partners (70.1%). However, there is also a significant proportion of respondents who were either unsure or did not answer the question (27.3%), indicating a gap in awareness or willingness to discuss the topic.

3. Practices in the use of Genital/Vaginal Tobacco (*taba*) and sexual lubricants

Table 9 shows the response given to the question ‘have you or your spouse/sexual partner ever used *taba*?’ The proportion of women stating that they had used *taba* was 58.7%, but a surprising number of men also reported using *taba*, with 35.3% of male respondents stating that they had used *taba*. This suggests that the use of *taba* is not exclusively confined to women, but that a significant proportion of men are also using the product. The reasons for and practices of *taba* use by men require investigation, as well as the health and social implications of male usage of the product.

In terms of usage by age, the majority of those who had used *taba* were aged 40-49 (62%), 50-59 (61.5%) and 30-39 (53.7%). The age cohort that stated they used *taba* the least was the 60 years and over group with only 25% saying they had used the product. This gives rise to the question about the links between the male and female menopause and *taba* use, which could be another interesting research topic.

Marital status appears to be an important factor influencing Genital/Vaginal Tobacco use. The highest proportion of usage was reported in widows (100%), people who were separated (100%) and those who were divorced (76.5%). Participants who had never been married showed the lowest usage (15.4%). Interestingly of participants who were married, usage was lower amongst those who were cohabiting (47%) compared to those who were married and not cohabiting (56.3%). Thus marital status and more importantly, availability of sexual relations (namely cohabiting marriage) does appear to be a determinant in the usage of *taba* and could explain the high use of *taba* in solo sexual pleasure of women. This link requires more research to determine the causal factors which might be cultural, social or related to gender norms such as polygamy and even FGM/C and type of FGM/C practiced.

The data of self-reported usage of *taba* by ethnicity shows some large disparities. Serahule participants reported the highest proportion of usage at 87.5%. The second highest usage was amongst the Mandinka which was over 30 percentage points lower at 54.9%, followed by the Wolof (44.8%). The lowest usage rate was reported by the Serer at 33.3%. Such ethnic diversity in the usage of *taba* is worthy of further investigation, again focusing on cultural, social or gender norms including marriage and FGM/C practices.

Education level and usage of *taba* is, as would be expected. The highest usage was reported amongst those with no education (64.7%) through to the lowest proportion amongst those with a Tertiary education (25.7%). Thus, the education factor appears to be an important determinant of *taba* usage. The challenge therefore, is how to engage with people who have had no or very little formal education so they can be informed of the dangers of using *taba*.

**Table 9: Use of Vaginal Tobacco (Practice): Answers to the question:
'Have you or your spouse/sexual partner ever used *taba*?'**

Variable	Frequency (n)	% Yes	%No	No answer	Don't know
Sex					
Male	53	35.3	52.9	3.9	7.8
Female	141	58.7	34.1	1.4	5.8
Age (in years)					
Less than 30	34	34.4	46.9	0	18.8
30-39	85	53.7	41.5	1.2	3.7
40-49	50	62.0	26.0	6.0	6.0
50-59	13	61.5	38.5	0.0	0
60 and above	4	25.0	75.0	0.0	0
Not Stated	8				
Marital Status					
Married and cohabiting	118	47.0	47.8	1.7	3.5
Married not cohabiting	32	56.3	28.1	3.1	12.5
Divorced	18	76.5	5.9	5.9	11.8
Separated	2	100.0	0.0	0.0	0.0
Widowed	6	100.0	0.0	0.0	0.0
Never married	14	15.4	69.2	0	15.4
Not Stated	4				
Ethnicity					
Mandinka	74	54.9	39.4	2.8	2.8
Wolof	29	44.8	34.5	0.0	20.7
Fula	37	44.4	50.0	2.8	2.8
Serahule	16	87.5	6.3	0.0	6.3
Jola	21	42.9	42.9	4.8	9.5
Serer	7	33.3	66.7	0.0	0.0

Other	6	66.7	33.3	0.0	0.0
Not Stated	4				
Education level					
None	70	64.7	27.9	2.9	4.4
Primary	39	61.5	30.8	5.1	2.6
Secondary	40	42.1	50.0	0.0	7.9
Tertiary	36	25.7	60.0	0.0	14.3
Others	2	50.0	50.0	0.0	0.0
Not Stated	7				

Table 10 provides data from the survey on participant's use of other sexual lubricants. 40.2% of participants reported that they or their spouse/sexual partner had used other sexual lubricants.

Table 10: Answers to the question: “Have you (female) or your spouse (male) used other lubricants?”

Response	Frequency (n)	Percentage
Yes	78	40.2
No	68	35.1
No Answer	11	5.6
Don't Know	37	19.1
Total	194	100

Similar to the perceptions of the use of Genital/Vaginal Tobacco, a high number of respondents (40.2%) indicated that they or their spouse had used other sexual lubricants, suggesting that a considerable number of people recognise the potential benefits of lubricants for sexual activities. In contrast, 35.1% do not use lubricants, showing a notable portion of the population with different preferences or needs. Additionally, 5.6% of respondents did not provide an answer, which could suggest discomfort or privacy concerns in discussing sexual lubricant use.

Furthermore, a considerable 19.1% expressed uncertainty, pointing to a lack of clear information or awareness about other sexual lubricants. This uncertainty highlights the need for further research to explore the reasons behind this lack of clarity. Factors such as cultural norms, personal beliefs, or insufficient sexual health education could contribute to this gap in knowledge.

Summary of results of KAP Survey

The quantitative survey provides insights into the knowledge, attitudes and practices concerning *taba* and other sexual lubricants. It shows there is a high awareness of Genital/Vaginal Tobacco, particularly among older, married people. Attitudes toward its use are diverse, with motivations ranging from enhancing sexual pleasure to treating infections. Usage patterns are influenced by demographic factors such as age, marital status, and education level, emphasizing the need for targeted interventions. Disparities in awareness

of other sexual lubricants across demographic groups indicate the influence of cultural factors on knowledge dissemination.

Sections of KAP Survey	Main results
Knowledge of Genital/Vaginal Tobacco (<i>taba</i>) and other sexual lubricants	<ul style="list-style-type: none"> Knowledge of <i>taba</i> is widespread across the genders, by age, marital status, ethnicity and educational level. Males: 94.3%. Females: 95%. Knowledge of <i>taba</i> is much higher amongst all demographic categories than knowledge of other sexual lubricants. Knowledge of other sexual lubricants was 20-30 percentage points across all demographic categories.
Attitudes towards Genital/Vaginal Tobacco (<i>taba</i>) and other sexual lubricants	<ul style="list-style-type: none"> Many respondents believed that <i>taba</i> could enhance sexual pleasure for self, partner and both. There was a view that <i>taba</i> was used for sexual pleasure when lacking a spouse or sexual partner as a means of fulfilling solo sexual experiences. Notable belief that <i>taba</i> had medicinal or therapeutic properties. There are multifaceted motivations to use <i>taba</i>. Findings reveal various combinations of motivations to use <i>taba</i> eg enhancing sexual pleasure whilst treating infections. 20% of respondents believed there was a direct relationship between FGM/C and <i>taba</i> useage. 17.5% of respondents said that FGM/C was unlikely to be a determinant of <i>taba</i> useage. Interestingly 43.3% said they did not know or preferred not to answer the question about the link between FGM/C and use of <i>taba</i>. This reluctance to answer the question might be indicative of the cultural and social sensitivities surrounding FGM/C and the use of <i>taba</i>. Both topics deemed to be deeply

	<p>personal and thus difficult to discuss openly.</p> <ul style="list-style-type: none"> • The main reason given for the use of other sexual lubricants was to enhance sexual pleasure, to lubricate and to avoid pain during intercourse.
<p>Practices in the use of Genital/Vaginal Tobacco (<i>taba</i>) and other sexual lubricants.</p>	<ul style="list-style-type: none"> • 47% of participants reported that they had used <i>taba</i>. A surprising number of men reported using <i>taba</i>. Males: 35.3%. Females: 58.7%. This suggests that the use of <i>taba</i> is not exclusively confined to women, but that a significant proportion of men are also using the product. • The majority of those who had used <i>taba</i> were aged 40-49 (62%), 50-59 (61.5%) and 30-39 (53.7%). The age cohort that stated they used <i>taba</i> the least was the 60 years and over group with only 25% saying they had used the product. • Marital status appears to be an important factor influencing Genital/Vaginal Tobacco use. The highest proportion of usage was reported in widows (100%), people who were separated (100%) and those who were divorced (76.55). Participants who had never been married showed the lowest usage (15.4%). • Interestingly of participants who were married, usage was lower amongst those who were cohabiting (47%) compared to those who were married and not cohabiting (56.3%). • Thus marital status and more importantly availability of sexual relations (namely cohabiting marriage) does appear to be a determinant in the usage of <i>taba</i> and could explain the high use of <i>taba</i> in solo sexual pleasure. • Usage of <i>taba</i> by ethnicity shows some large disparities. Serahule reported the highest proportion of

	<p>usage at 87.5%, followed by the Mandinka at 54.9%, and Wolof (44.8%). The lowest usage rate was reported by the Serer at 33.3%.</p> <ul style="list-style-type: none">• Education level and usage of <i>taba</i> is, as would be expected. The highest usage was reported amongst those with no education (64.7%) through to the lowest proportion amongst those with a Tertiary education (25.7%). Thus the education factor appears to be an important determinant of <i>taba</i> usage.• 40% of respondents reported that they or their spouse/sexual partner had used other sexual lubricants. This is 7 percentage points lower than those who had used <i>taba</i>.• It is not clear if those who use <i>taba</i> are also using other sexual lubricants.• 35.1% of respondents do not use other sexual lubricants. From the survey it is not possible if these respondents were using <i>taba</i>.
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Qualitative Results:

The analysis identified five themes from the data collected from the FGDs and KIIs, providing a framework for presenting the results:

1. Perceptions and knowledge of the origins of Genital/Vaginal Tobacco (*taba*).
2. Perceptions and knowledge of the composition and preparation of Genital/Vaginal Tobacco (*taba*)
3. Perceptions of who uses Genital/Vaginal Tobacco (*taba*) and other sexual lubricants and their perceived benefits.
4. The socio-cultural beliefs and practices regarding the use of Genital/Vaginal Tobacco (*taba*) and other sexual lubricants.
5. Perceptions of the unintended effects of using Genital/Vaginal Tobacco (*taba*) and other sexual lubricants.

Theme 1: Perceptions and knowledge of the origins of Genital/Vaginal Tobacco (*taba*).

All participants claimed that the *taba* available in The Gambia, is originated and imported from Guinea Bissau and/or the Casamance Region of Southern Senegal. These countries share similar ethnic groups and cultural practices with The Gambia. Interestingly, nobody knew of any *taba* being produced in The Gambia. The import of these products is not surprising, as West Coast Region has a long porous border with Casamance, which has strong connections with Guinea Bissau (see Figure 2).

Although *taba* is not illegal in The Gambia, the perception by the study participants was that it was smuggled over the border. A male-tailor aged 34 said:

'In my point of view, it can be obtained from where it originated rather than here, Bissau. It's a link and they smuggle it like the way they smuggle marijuana', (FGD02).

It should be noted that possession of marijuana is illegal in The Gambia, but large quantities are smuggled over the border from Casamance by rebels who have been fighting for independence from Senegal for over 40 years (Theobald, 2015; Evans, 2022). Along with other contraband, the income is used to fund the insurgency. The border is closely monitored by the Gambian authorities, but it is thought that illegal imports cross the border by night and using bush paths, thus avoiding border control officials.

The supply chains can be varied as they may also involve family connections as described by a female ex-vendor of *taba* who explained the source of the *taba* she used to sell:

'My elder sister who is in Casamance in a village called XXXXX sent it for me to sell it for her'. (FGD03).

Thus, the strong ethnic and family ties between West Coast Region and Casamance may be facilitating the trade in *taba*.

More understanding of the supply chains of *taba* are needed, so that interventions can be targeted appropriately. Intervening in a complex gang smuggling ring that trades large

batches of *taba* will involve a different approach than dealing with household produced *taba* that is traded using kinship networks.

Other sexual lubricants are found throughout the country, including pharmaceutical lubricants which are available in clinics and pharmacies as well as local traditional concoctions, which can be made in the compound or bought in local markets or from traditional healers.

Samples of lubricants and *taba* were collected during the course of this pilot research, as well as some relevant information in order to know more on what is available in the market, their names in English, Wolof and Mandinka, sex of the user, desirable and undesirable effects, actions after use, preservation, expire date, selling spot and cost. This brief data collected can be seen in Appendix 5 of this report and can be compared to the table in Appendix 4, collected in 2018. We can see that in 2023, the variety is much wider, there are more products for men, the packaging is more elaborate and marketed with different designs which are more attractive. None contain information about the ingredients or have an expiry date or alert of possible health risks. Most are produced in China.

Theme 2: Perceptions and knowledge of the composition and preparation of Genital/Vaginal Tobacco (*taba*).

All participants believed the Genital/Vaginal Tobacco available in The Gambia originated in Guinea Bissau and Casamance. *Taba* produced in these regions was perceived by most participants, both vendors and users, to be of 'good' quality and to contain few chemicals. Participants assumed that imported *taba* contained tobacco and other unspecified leaves, as well as the bark of trees which had been dried and powdered. The product was then either applied as a powder, or mixed with substances such as shea butter or local cooking soda (which is commonly used as a meat tenderiser) that contains Sodium Bicarbonate and other unspecified local ingredients which moisten the powder so it can be applied.

Most participants reported that as *taba* moves through The Gambian supply chain they believed other substances such as battery acid, cooking soda, and tea bags were added to maximize profits. A *taba* vendor described the various types of preparation as follows:

'But now some of these sellers will be drying tea bags and adding to it. They add "lubby" (locally made cooking soda), imagine someone gives you her treatment medicine and you add stuff to it, meaning you've already killed her. Lubby can change the looks of the meat, talk less of human skin'. (FGD01)

"I went up to the extent of making business out of it. It comes all the way from Guinea to me, but anyone who use it from me will not say it gives me problems. So, if you bought it, then added somethings to it. It will give you problem". (FGD01)

A female former vendor explains:

"Some women will also add acidic products like the black portion of batteries, to make it burn because they have a concept that the more pain the more it works" (IDI)

However, the ingredients of the *taba* sold and used in The Gambia is unknown. A gynaecologist who is also a senior member of staff at the Ministry of Health explained the uncertainty of the ingredients of *taba*:

'I don't know what other mixtures they add there to make it variable, but the base is that the tobacco leaves are what they use to make it in powdered for insertion into the vagina.' (IDI01)

Other sexual lubricants are available and used in the country. Some are pharmaceutical products such as KY Jelly, baby oil, mentholated balm, and petroleum jelly/Vaseline. These are available in clinics and most pharmacies. A gynaecologist, explained that he sometimes advised the use of, or prescribed, pharmaceutical lubricants, which he describes as mostly liquid-based:

'There are different types; KY jelly, there are also non-liquid-based lubricants, and all other types. But you don't want to be talking about brands and other things.' (IDI01)

The participants agreed that oil-based lubricants are commonly used and are widely available in pharmacies. The following were specifically mentioned in the data; baby oil, mentholated balm, and petroleum jelly/Vaseline. The following quotes demonstrate the wide knowledge of these products as sexual lubricants.

'I knew baby oil', said a male carpenter aged 22yrs (FGD02)

A 33-year-old male tailor stated:

'I know of mentholated balm, locally known as "mintlaat". Some of the names you cannot imagine, we don't even hear from them. "Mintlaat" and "Pastille Valda" both have similar compositions.' (FGD02)

'Some use Vaseline, petroleum jelly.' reported a 33yr old male teacher, (FGD02)

It was reported that some people use candy, mint, and Pasti Valda, which are inserted into the vagina to dissolve and provide lubrication. This was mentioned by a large proportion of the respondents. A 35-year-old male teacher explains:

'Some women also do use "pastille valda mint". It's very common yes.' (FGD02)

Participants also reported that traditional sexual lubricants made from roots (called *kamareeh*), flower buds, and herb extracts were also widely used. These were soaked in water to make a solution and then either drunk or used to sit in or for washing genitals. A 34-year-old male tailor explains:

'The flower bud mentioned includes cloves locally called "Horompolleh", there are other roots they use, it's called "kamareeh". They used to put it in a bottle add water to it and drink it. Some do put it into their jar, it's just small roots so they believe that can add water into their system, etc. They won't get dry during the intercourse. It's a natural lubricant, it ties in bundles some use to boil and drink it, and some put it into the bottled water.' (FGD02)

Interestingly, men were more open and knowledgeable than women during the qualitative data collection. However, most participants knew of other sexual lubricants, including pharmaceutical and traditional products. What is interesting, is how and why, in such a short time, *taba* has become the sexual lubricant of choice. This requires further investigation, including if it is due to the addictive qualities of *taba*.

Theme 3: Perceptions of uses of Genital/Vaginal Tobacco (*taba*) and other sexual lubricants and their perceived benefits.

The following sub-codes were identified under this theme: Who uses *taba* and other sexual lubricants; uses as a medical treatment; enhancing sexual satisfaction; augmentation of labour.

Who uses *taba* and other sexual lubricants?

Most of the study participants believed that *taba* was mainly used by women, both old and young. A male tailor explained, in response to a comment by another FGD participant:

'What he says is true, some of those I see their age is less than 35 years, I have seen some unmarried girls too saying they use this. I also witnessed an incident where she was vomiting, and I asked what was happening with her. Colleagues told me that she has taking women's medicine, and that female is less than 33 years. She's very young.' (FGD02)

Some participants stated that men were also using the product, mainly for treatment of medical conditions like genital infections, and surgical conditions like hernia.

"My aunt once called me to say that even men used it because she narrated one man who was having hernia. Upon using it, the hernia faded away and the next day he went to the hospital the nurses were surprised that it disappears" FGD 03

Other sexual lubricants are used by both sexes, according to the participants, to prevent friction during sexual activity and to make sexual intercourse more enjoyable. Some products were inserted or orally consumed by women, while men either applied them externally to their penis or drank it. A 42-year-old female summarises:

'As I told you earlier, some husbands do buy these and give them to their wives to use before intercourse. So, men, have their's and women use their's, but finally, both meet at the same place.' (FGD01)

Another woman in the FGD gave this explanation:

"Some men do want their women to use it, because one man said his girlfriend uses it, that's why he can function well in bed compared to his married housewife".
(FGD01)

***Taba* used as a medical treatment:**

Most participants believed that *taba* could be used to treat several medical conditions, ranging from vulvo-vaginal and penile infections such as yeast infections, musculo-skeletal

problems, infertility, wounds, overweight, piles/haemorrhoids, hernia, as well as sexually transmitted infections. A 20-year-old male university student explained:

'Some believe it can treat STI disease, and sexually transmitted diseases, for example, candidiasis [note this infection is not only sexually transmitted]. It's a fungal disease. Some believe using vaginal tobacco can cure such related infections. (FGD02)

A 61-year-old female respondent narrated:

'I have seen a boy who suffered from a swollen penis, and I ask if he sees a doctor, he said yes but the doctor gives him penicillin because it uses to scratch him. Then he said someone also recommended mint and taba substances for him to apply. Then later I asked him how it was now. He told me that taba was good because it was the one that treated what I was suffering from. He's a young male beyond 20 years. (FG01)

The use of *taba* for the treatment of sprains, strains, and other musculoskeletal problems was outlined by some participants. A 36-year-old male called stated '*It treated my knee anyway*'. (FGD 002). A 33-year-old housewife explained how she tried to discourage a friend from using *taba* but the woman insisted on using it:

'She insisted that it cured her because she was experiencing pain in her ribs and then this taba substance was the medicine that helped her cure that.' (FGD 02)

Some participants believed that *taba* could help treat infertility and traced the origin of this belief to it being recommended to a man to treat his wife's infertility. A female *taba* vendor explained:

'So, history have it that, the theology behind the mystery taba substance is that a man was living with his wife and the wife wasn't able to conceive, then the man went to bush and met with a hunter, then the hunter collected this random herb and gave to the man. Then he instructed the man to pound the herb until it was dusted to powder substance, then he could give it to his wife to apply it, and she would have a baby. Which was said to be successful.' (FG01)

Similarly, the same 46-year-old *taba* vendor explained how the product brought an end to her friend's childlessness:

'She uses taba because it's been a while she did not conceive, even after intimacy with her husband few months later, the pregnancy becomes futile [miscarriage]. So she talked to someone who promised to get her a good taba which she did, after usage few months upon the arrival of her husband from abroad, she was able to be pregnant and sustainable. So she said to me that, taba works for her.' (FGD01)

The perception that *taba* can heal wounds on different body parts was held by some of the participants as a male tailor stated:

'One thing also, I know about is, if you have wounds when you applied it there it cures it because I had one around my knee. They applied it with the shea butter mixture, but later, it relieved the symptoms for him'. (FGD02)

Overweight women were reported to have been advised to use *taba*, to reduce their weight, as one participant explains:

'One day a lady came and told me to use tobacco because am obese and if I used it my weight would be reduced.' (FGD03).

Another participant stated:

'I also see someone with a big tummy, but after her usage of the taba substance, the belly went back to being small.' (FGD01)

Taba was perceived by a few of the respondents to be useful in treating some surgical conditions such as piles/haemorrhoids, and scrotal hernia. They explained that *taba* is applied directly to the affected part. For the treatment of piles/haemorrhoids, it is inserted in the rectum, and for scrotal hernias, it is applied externally to the scrotum. A female ex-*taba* vendor explained:

'My aunt once called me to say that even men used it because she narrated one man who had a hernia, upon using it, the hernia faded away, and the next day he went to the hospital the nurses were surprised that it had disappeared.' (FGD03).

Another female ex-vendor narrated:

'There comes a time I was feeling pile, but after applying taba substance through my buttocks it disappeared, it treats pile as well.' (FGD01)

***Taba* can enhance sexual satisfaction:**

The study revealed that most of the male participants and a female lubricant vendor believed that the main benefit of vaginal tobacco use was enhancing the sexual satisfaction for the user (mainly women) with or without physical intercourse.

Some participants stated that they believed *taba* was used for self/solo sexual satisfaction when a woman did not have or want a sexual partner. A female vendor of other sexual lubricants states:

'They enjoy sexual feelings from it even without having a romance or sexual pleasure with a man.' (IDI 04)

The data suggest that long distance relationships are highly linked to the use of Genital/Vaginal Tobacco by women. *Taba* is used by women to get sexual satisfaction without intercourse when it is inserted into the vagina. As a male welder explains:

'Yes, without seeing your spouse for a month or two, three or four, it's hard for some women to keep themselves, they will prefer to go for tobacco than going for another man.' (FGD02)

The use of *taba* as a form of sexual lubricant was unanimously agreed by men during the FGD the majority of whom mentioned that shea butter and similar products when added to *taba* prevent friction during intercourse as explained by a 22-year-old male carpenter:

'They said it causes comfort during sexual intercourse; it reduces friction during sex.' (FGD02)

Most participants agreed that the main benefit of the use of other sexual lubricants was for the sexual satisfaction for themselves and/or for the spouse/sexual partner. Sexual lubricants were said to prevent friction and therefore make sexual intercourse enjoyable for both. As a female participant explained the experience of a man who enjoyed sexual intercourse more with a 'side chick' (girlfriend) who used sexual lubricants, compared to his wife. (FGD01)

A 34-year-old male teacher states that other sexual lubricants:

'It might be helpful on the women's side because science tells us that during intercourse women need to be wet. Because she's the one receiving everything. If there's no lubrication it might cause bruise etc. So, with lubricants, it can help to avoid the pains she may encounter.' (FGD02)

A female vendor of other sexual lubricants adds that the benefits of these products:

'Lubricants help women to stay long in their marriages, it also makes sex good between partners, help men stay long.' (FDG 01).

Other sexual lubricants are widely known and used in The Gambia. Interestingly all participants acknowledged their benefits for sexual satisfaction. Nobody mentioned any medical or other benefits of their use.

Augmentation of child birth (labour):

Participants reported that is a common practice for *taba* to be inserted into the vagina during labour. It is believed that *taba* augments labour (quick delivery). This practice has been observed by a gynaecologist who states:

'We have seen other cases during labour, in which it [taba] was used to precipitate labour (make labour fast). Vaginal tobacco is made from chemicals and these women do not know the chemical content, overdose, and under-dose and the impact this might have on the baby, they are just using it.' (IDI P5)

No participants mentioned the use of other sexual lubricants during labour.

Theme 4: The socio-cultural beliefs and practices regarding the use of Genital/Vaginal Tobacco (*taba*) and other sexual lubricants.

The sub-codes under this theme included: the influence of religion of the use of *taba* and other sexual lubricants; and the link between FGM/C and the use of *taba* and other sexual lubricants.

Religion and the use of *taba* and other sexual lubricants:

The Gambia is a country where over 95% of the population are Muslim (GBOS, 2023; 2021). The study shows that *taba* use is not condoned or recommended by Muslim leaders in the country. In fact they are preaching against the use of the product due to its harmful health consequences. An Imam was asked his opinion, as a faith leader, concerning of the use of *taba*. He responded:

'I have no opinion on vaginal tobacco, I am representing Islam, whatever I say is all under Islam and Islam said, "Don't do anything that will hurt you lead you to the wrong path" and this substance is medically proven that is harmful and you that is using it, do know that is very harmful'. (IDIP3).

A 33-year-old male teacher tried to explain this position:

'It's [taba] a drug because it's addictive, that's why even religious leaders are preaching about it for people to stop it.' (FGD02).

Thus, the use of *taba* has no Islamic backing in The Gambia and in fact, the use of *taba* is believed to be against Islamic teachings.

However, from the data collected, some forms of sexual lubricants, especially natural herbs and roots, are accepted by Islam, provided that apparently they do not adversely affect the health of the user. A faith leader explained the Islamic perspective of the use of other sexual lubricants:

'I don't know any local lubricants, but when it comes to Islam, some lubricants are accepted by Islam, and it is not haram under conditions provided that there is no harm to the person. Anything that is given to us by God is good for us to use as far as there is no haram, but if you use it and it has a negative effect then it is haram. Had it been today, we have our herbs, which is not forbidden for a man to drink and perform better sexually with his wife, there is nothing wrong with that. Likewise, if a woman drinks it to help her perform better with her husband, then there is nothing wrong with that'. (IDI P3)

It is curious that a country with such a high proportion of Muslims have chosen to reject the advice given by faith leaders that the use of *taba* is forbidden, due to its harmful effects. Yet people prefer to use *taba* in preference to other sexual lubricants (pharmaceutical and traditional), which faith leaders condone.

Links of Female Genital Mutilation/Cutting to the use of *taba* and other sexual lubricants:

FGM/C is highly prevalent in The Gambia, with 73% of women aged 15-49 reported to have undergone FGM/C (GBOS, 2021). Of those who had FGM/C, 73% had Type 2, 17% Type 3 and 1% Type 1. There was no evidence of Type 4. The prevalence of the practice is higher in urban areas at 75% compared to rural areas (67%). The prevalence rate has been static for some time, with 74% of women aged 45-49 living with FGM/C and 73% of 15–19-year-old females. For girls 0-14 years, it has been reduced to 51% (MICS 2022).

The data shows divided opinions on the relationship between the practice and the use of *taba*. 55% of the qualitative participants believed that FGM/C positively influenced *taba* use, while 45% believed that it did not. The participants who believed that there was a link between FGM/C and *taba* use, based their views on the fact that FGM/C involves the partial or complete removal of the clitoris and extreme disfigurement of the female sex organ and thus can affect female sexual satisfaction. Participants thought that *taba* was used by women who had undergone FGM/C to gain sexual satisfaction. This view was expressed by a 33-year-old male teacher:

'Am saying yes to this, FGM/C increases women's chance of using tobacco, why do I say that is because they have taken something out of them, as a result, that reduces their sexual desire, so with the help of tobacco, they can easily get their satisfaction, with or without a man. In that case, I said yes to this.' (FGD02)

Others disagreed. A woman aged 38 years summarised these arguments stating that if FGM/C was linked to the use of *taba*, then it would have been an extremely long-term practice, she blames the high use of *taba* on curiosity:

'What I wanted to say is that the notion that women who were circumcised [had FGM/C are the ones who used vaginal tobacco. That's not the case here. Women are just inquisitive to test and see. If that was true our elders would have been using it.' (FGD03)

Participants stated that they strongly believed that FGM/C was linked to the use of other sexual lubricants. Participants explained that due to FGM/C women needed sexual lubrication to prevent bruises and pain during intercourse and to make sexual intercourse more enjoyable for the couple. A gynaecologist explained:

'I don't have the evidence, but I think from the pathogenesis is more likely those with FGM/C will need it more. Because of one, it may be difficult for them to be wet, I mean to release the fluid in the vagina. And two they could be tighter because of the scar and all that. So normally if the woman can secret a lot of the fluid and all, then there is no need for lubricants but if there is difficulty because the sensation is low, then it becomes very tight then you may need that.' (IDI01)

Opinions are very divided and polarised on the issue of the links between FGM/C and *taba* use. Yet most agreed that the use of other sexual lubricants was associated with the sexual difficulties encountered due to the practice. What is not understood is why *taba* is preferred to these other sexual lubricants and if FGM/C and the difference types, are a determinant in choice of lubricant. The role of social media may be relevant here. More research needs to be undertaken on this divisive topic.

Theme 5: Perceptions of the unintended effects of using Genital/Vaginal Tobacco (*taba*) and other sexual lubricants.

The sub-codes under this theme were: the immediate effects of using *taba* and other sexual lubricants; and the long terms effects using *taba* and other sexual lubricants.

Immediate Effects:

Some of the unintended effects of *taba* are said to be experienced immediately following the use of the product. These effects are reported to include, dizziness, vomiting, diarrhoea, scratching the vulva, vaginal bleeding, and some level of unconsciousness. A female aged 34 who was an ex-user of *taba* explained her experience:

'When I used it [taba], it did not favour me. I have been vomiting for far too long. I just see myself, vomiting and being dizzy I will never tell anyone that taba substance is good.' (FGD01)

There were no immediate unintended effects of other sexual lubricants reported by participants.

Long-term Effects:

The long-term unintended effects of *taba* use as reported by the participants included, erosion of the vaginal wall, infertility, addiction, infection, pre-term birth or miscarriage, stillbirth, tightening of the vaginal wall, (which is perceived to lead to perineal tear during labour), and excessive genital wetting. A medical doctor reported the long-term unintended effects of *taba* use as follows:

'Yes, if it [taba] is used it can cause erosion of the vaginal area, it can also cause infections because it is a substance that has not been scientifically tested and proven and they don't know the sterility of that substance, the way it is processed, under what conditions. It is not only the acidic content about it but all these may lead to infections.' (IDI05)

The unintended effects of using other sexual lubricants that were identified by participants were all long-term effects, these included: bad odour from the vagina and excessive vaginal discharges. As one 37-year-old female participant explains:

'My mum always advises us that during their time, there was a lady who uses these lubricants, but she experiences a very negative impact on her because she experience very bad odour from her vagina'. (FGD03)

It is clear from the experiences and perceptions of the study participants that in comparison to other sexual lubricants, that *taba* has well known immediate and long-term health consequences, yet people continue to use the substance. Research is therefore needed to understand this trend and to evaluate if it is due to addiction, social/peer pressure, tradition, cost and social media, or a combination of these factors or something else.

Summary of qualitative results

Qualitative findings provide rich insights into socio-demographic characteristics, cultural beliefs, perceived benefits, and unintended effects associated with these substances. The majority of respondents, primarily women from the Mandinka ethnic group aged 30-39 and identifying as housewives, were familiar with Genital/Vaginal Tobacco. The substance,

originating from Guinea-Bissau and the Casamance Southern Region of Senegal, they believed underwent alteration by local vendors, impacting its safety and efficacy. Users attributed various benefits to genital/vaginal tobacco, including therapeutic treatments, fertility, sexual enhancement, and assistance in birth labour. However, socio-cultural beliefs surrounding its use contrast with the advice from religious leaders and healthcare professionals that *taba* use is harmful. The physical and psychological effects of *taba* use highlight the importance of public awareness and further research.

Theme	Description
Origin of Genital/Vaginal Tobacco (<i>taba</i>)	<ul style="list-style-type: none"> Claimed to be imported from Guinea-Bissau and the Casamance Region of Senegal. Imported into The Gambia clandestinely. Enters The Gambia using a number of different supply chains (gangs, kinship networks?).
Additives/Mode of Preparation	<ul style="list-style-type: none"> Initially composed primarily of tobacco leaves and unspecified bark/ashes. Process involves drying and powdering the leaves, then applied directly or mixed with additives like cooking soda or shea butter to make them easier to apply. Undergoes various modifications throughout the supply chain, with additional substances such as battery acid, cooking soda, tea bags, and shea butter added.
Users and Perceived Benefits	<ul style="list-style-type: none"> Mainly used by women of various ages. Also used by men for medical and surgical conditions. Perceived benefits included treatment of diverse medical conditions, enhancing sexual satisfaction, and augmentation of labour.
Socio-Cultural Beliefs and Practices Regarding <i>taba</i> Use	<ul style="list-style-type: none"> <i>Taba</i> use not endorsed by Islamic leaders due to its harmful effects and addictive nature. Divided opinions on the relationship between FGM/C, type of FGM/C and <i>taba</i> usage. Commonly used as a substitute for physical intimacy in long-distance relationships.
Unintended Effects of <i>taba</i>	<ul style="list-style-type: none"> Immediate effects of using <i>taba</i> include: dizziness, vomiting, diarrhoea, itching, vaginal bleeding, and unconsciousness.

Theme	Description
	<ul style="list-style-type: none">• Long-term effects of using <i>taba</i> include: vaginal erosion, infertility, addiction, infection, preterm birth/miscarriage, stillbirth, tightening of vaginal walls, and excessive genital wetting.

Chapter 4: Discussion, Conclusion and Recommendations

This pilot study combining quantitative and qualitative methods aimed to understand the perception, practice, and how some cultural practices influence the use of genital/vaginal tobacco and other sexual lubricants in The Gambia. The findings show that sexual lubricant use, especially genital/vaginal tobacco, is widely practised in The Gambia, with little consideration of the harmful short or long term health (physical and psychological) impacts of its use.

The integration of qualitative and quantitative results provides a nuanced understanding of the awareness, attitudes, and practices regarding the perception and use of genital/vaginal tobacco (*taba*) and other sexual lubricants within the surveyed population. By synthesizing these findings, we gain deeper insights into the complex interplay of factors influencing perceptions and behaviours related to sexual wellness products.

Knowledge and Awareness:

Both qualitative interviews and quantitative surveys revealed a considerable level of awareness among respondents regarding Genital/Vaginal Tobacco. Qualitative data further elucidated the sources of knowledge, with many citing personal experiences, social networks, and traditional beliefs as influential factors. Interestingly, while quantitative data confirmed high overall awareness, it also uncovered significant variations across demographic groups. For example, older individuals and those with lower levels of education exhibited higher awareness levels, suggesting the influence of life experiences and socio-economic factors on knowledge acquisition.

Attitudes and Perceptions:

Qualitative insights delved into the diverse attitudes towards genital/vaginal tobacco and other lubricants, revealing a spectrum of beliefs and motivations driving product use. Some participants viewed Genital/Vaginal Tobacco as a natural remedy with therapeutic benefits, while others perceived it primarily as a means of enhancing sexual pleasure. Similarly, attitudes towards other lubricants varied, with some individuals valuing their role in improving sexual comfort and reducing friction during intercourse. These qualitative findings were complemented by quantitative data, which quantified the prevalence of different attitudes across demographic groups. For instance, younger individuals and those in urban areas exhibited more positive attitudes towards Genital/Vaginal Tobacco and other sexual lubricants, reflecting potential shifts in societal norms and values.

Practices and Behaviours:

Quantitative data provided statistical evidence of disparities in the practice of Genital/Vaginal Tobacco and other sexual lubricant use among different demographic groups. For example, while prevalence rates were higher among older individuals and those with lower levels of education, usage patterns differed based on marital status (in particular co-habiting or not co-habiting) and ethnicity. The qualitative study offered contextual insights into these disparities, highlighting the influence of cultural beliefs and social norms. Additionally, qualitative data revealed the role of personal experiences and peer influence in

shaping individual behaviours related to sexual wellness product use. What was interesting was that despite health care professionals and religious leaders discouraging the use of *taba* on the grounds of physical and psychological harm, the knowledge and use of the product has become widespread in a short period of time.

The findings of this pilot study on the knowledge, attitudes and practices concerning Genital/Vaginal Tobacco in The Gambia underscore the importance of addressing knowledge gaps, promoting positive attitudes, and implementing targeted interventions to safeguard reproductive and sexual health. Tailored approaches, informed by both qualitative and quantitative insights, are essential for mitigating disparities and promoting informed decision-making among diverse demographics.

Recommendations:

Health/Clinical

- Undertake laboratory analysis of the chemical composition of *taba* samples that are on sale across the country. This will help determine the harmful ingredients and allow the health and legal authorities to take appropriate action.
- Undertake research on the health consequences of *taba* use including the physical and psychological (addiction) impacts.
- To explore how, why and the consequences of men using *taba*.
- Health Professionals to be trained in how to deal with the physical and psychological impacts of *taba* use.
- To investigate the health related links between FGM/C, types of FGM/C and *taba* usage.
- To investigate the health related links between the menopause (female and male) and the use of *taba*.
- To initiate a public health campaign highlighting the negative impacts of *taba* usage and how other regulated sexual lubricants can contribute to sexual wellness.

Social:

- Undertake a nationwide study to get reliable information on the prevalence of *taba* use.
- To collect data on the demographic profile of *taba* users, both female and male, across the country.
- To investigate where people, and in particular users, get their information on *taba* and where to buy it.
- Undertake a survey of the supply networks of *taba* and in particular where additives are added.
- To explore in detail the reasons why females and males use *taba*.
- Why is usage so widespread?

- To investigate the cultural and social connections between FGM/C, types and *taba* usage.
- To investigate the cultural and social associations between the menopause (female and male) and the use of *taba*.
- Explore the legality and regulation of *taba*.
- To explore appropriate and sensitive ways the public can be given information about the harmful effects of *taba* use and where to get help and advice.

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Appendix 1: KAP Survey Questions

Participant number.....

Informed Consent Given
Yes/No

Data collector's I.....

Date: /.... /.... /2023

PILOT STUDY ON KNOWLEDGE, ATTITUDES, AND PRACTICES THE USE OF LUBRICANTS AND VAGINAL TOBACCO IN THE GAMBIA

AREA: _____; OCCUPATION: _____ AGE: ___ years

SEX:	EDUCATION LEVEL:
1. Male 2. Female 3. Others (specify) _____	1. None 2. Primary 3. Secondary 4. Tertiary
MARITAL STATUS:	ETHNIC GROUP:
1. Married and cohabiting 2. Married, not cohabiting 3. Divorced 4. Separated 5. Widowed 6. Never married	1. Mandinka 2. Wolof 3. Fula 4. Serahule 5. Jola 6. Serer 7. Other (Specify) _____

No	QUESTION	RESPONSE	INSTRUCTION
			KNOWLEDGE
1.	Have you heard about vaginal tobacco before?	Yes..... No..... No Answer..... Don't Know <i>If no, skip to Question 10</i>	

No	QUESTION	RESPONSE	INSTRUCTION
2.	Where did you hear about vaginal tobacco?	Friend..... Relative..... Sexual partner..... Health worker..... Social media	
3.	Why do you think women use vaginal tobacco.? Multiple choice responses	It is a safe alternative to smoking	
		To increase the sexual pleasure of self..... To increase the sexual pleasure of partner..... To increase the sexual pleasure of both..... For sexual pleasure in the absence of a spouse or sexual partner..... Treatment of infections..... Others (specify)	
		No answer	
		Don't Know	
4.	How familiar are you with Vaginal Tobacco?	Very familiar	
		Somewhat familiar	
		Not familiar at all	

No	QUESTION	RESPONSE	INSTRUCTION
9.	Do you think vaginal tobacco pose health risks?	Yes No..... No Answer..... Don't Know	
10.	Have you heard about other sexual Lubricants before?	Yes..... No..... No Answer..... Don't Know	
		<i>if no, skip to Question 19</i>	
11.	Why do you think women use lubricants?	To increase the sexual pleasure of self..... To increase the sexual pleasure of partner..... To increase the sexual pleasure of both..... To self or partner from sustaining bruises..... Others (specify)..... No answer..... Don't Know.....	
12.	How familiar are you with Lubricants?	Very familiar Somewhat familiar Not familiar at all	
13.	Which lubricants have you heard about?	KY Jelly..... Shea butter..... Baby Oil..... Petroleum Jelly..... Others Specify..... No Answer..... Don't know.....	
15	Where can you obtain/buy lubricants? And how much does it cost?	Pharmacy.....Cost D..... Health Center.....Cost D..... Market.....Cost D..... Friend.....Cost D..... Relative.....Cost D..... Made in the household.....Cost D..... Online.....Cost D..... Others, Specify.....Cost D.....	
16	In your opinion, does circumcision increase a woman's chances of using Lubricants?	High Likely Less Likely Not Likely..... No Answer..... Don't Know	

No	QUESTION	RESPONSE	INSTRUCTION
17	In your opinion, does long distance relationship increase a woman's chances of using Lubricants?	High Likely Less Likely Not Likely..... No Answer..... Don't Know	
18	Do you think Lubricants pose health risks?	Yes No..... No Answer..... Don't Know	
ATTITUDES			
19	How comfortable are you, discussing sexual talks with your spouse/partner?	Very comfortable Somewhat comfortable..... Not comfortable at all.....	
20	How comfortable are you discussing vaginal tobacco	Very comfortable Somewhat comfortable..... Not comfortable at all.....	
21	Would you recommend vaginal tobacco to a friend, spouse or other relatives?	Yes..... No..... Maybe..... No Answer..... Don't Know	
22	How comfortable are you discussing other lubricants, with your partner?	Very comfortable Somewhat comfortable..... Not comfortable at all.....	
23	In your opinion, is it important to use lubricants during sexual activities?	Yes, always Yes, sometimes No, not necessary No Answer..... Don't Know	
24	Would you consider trying alternative lubricants, instead of vaginal tobacco?	Yes..... No..... Maybe..... No Answer..... Don't Know	
25	Would you recommend other Lubricants to a	Yes..... No..... Maybe.....	

No	QUESTION	RESPONSE	INSTRUCTION
	friend, spouse or other relatives?	No Answer..... Don't Know	
PRACTICES			
26	Have you (if female) or your spouse(if male) ever used vaginal tobacco?	Yes..... No..... No Answer..... Don't Know <i>if no or no answer skip question 30</i>	
27	If yes, How do you (if female) or your spouse(if male) usually obtain your tobacco?	Purchased from a neighbour..... Purchase from market Prepared in the household Other (please specify).....	
28	If yes, how frequently do you or your spouse use vaginal tobacco?	Daily Weekly Monthly Other please state.....	
29	What was your reason (if female) or your spouse's reason for using Vaginal Tobacco	Sexual enhancement..... Treatment of infections..... Absence of Spouse..... Peer influence..... Social media..... Experimenting with sexuality..... Others, (Specify).....	
30	Have you (if female) or your spouse (if male) ever used Other lubricants?	Yes..... No..... No Answer..... Don't Know <i>if no or no answer skip question-34</i>	
31	If yes, How do you usually obtain your lubricant?	Purchased from a neighbour..... Purchase from market Prepared in the household Other (please specify).....	
32	If yes, how frequently do you or your spouse use Other Lubricants?	Daily Weekly Monthly	
33	What was your reason (if female) or your spouse's reason for using lubricants	Sexual enhancement..... Treatment of infections..... Absence of Spouse..... Peer influence..... Others, (Specify).....	

No	QUESTION	RESPONSE	INSTRUCTION
34	Have you ever received information or counselling about the health risks of vaginal tobacco	<p>Yes.....</p> <p>No.....</p> <p><i>If no skip to question 36 ???</i></p>	
35	If yes, where did you receive this information?	<p>Healthcare provider</p> <p>Traditional Healers.....</p> <p>Online sources</p> <p>Friends or family</p> <p>Radio/Television.....</p> <p>Others (please specify).....</p>	
36	Have you ever received information or counselling about the health risks of lubricants?	<p>Yes.....</p> <p>No.....</p>	
37	If yes, where did you receive this information?	<p>Healthcare provider</p> <p>Traditional Healers.....</p> <p>Online sources</p> <p>Friends or family</p> <p>Radio/Television.....</p> <p>Others (please specify).....</p>	
<p>Thank you for taking part in this survey! Your answers will remain anonymous and confidential.</p>			

Appendix 2: Themes for Discussion at FGDs

- Perceptions and knowledge of the origins of Genital/Vaginal Tobacco (*taba*).
- Perceptions and knowledge of the composition and preparation of Genital/Vaginal Tobacco (*taba*).
- Perceptions of who uses Genital/Vaginal Tobacco (*taba*) and its perceived benefits.
- The socio-cultural beliefs and practices regarding the use of Genital/Vaginal Tobacco (*taba*).
- Perceptions of the unintended effects of using Genital/Vaginal Tobacco (*taba*).

Appendix 3: KII Interview Questions:

IN-DEPTH INTERVIEW VAGINAL TOBACCO AND OTHER LUBRICANTS

DATE:		INTERVIEWER:
NAME:		LANGUAGE:
PROFESSION :		LENGTH OF INTERVIEW:
POSITION:		
		TRANSCRIBED by:

1. What do you know about vaginal tobacco?

2. Do you know the different types of vaginal tobacco?

3. If yes what are they?

4. What is your opinion on the use of vaginal tobacco

5. What are the reasons behind the use of vaginal tobacco

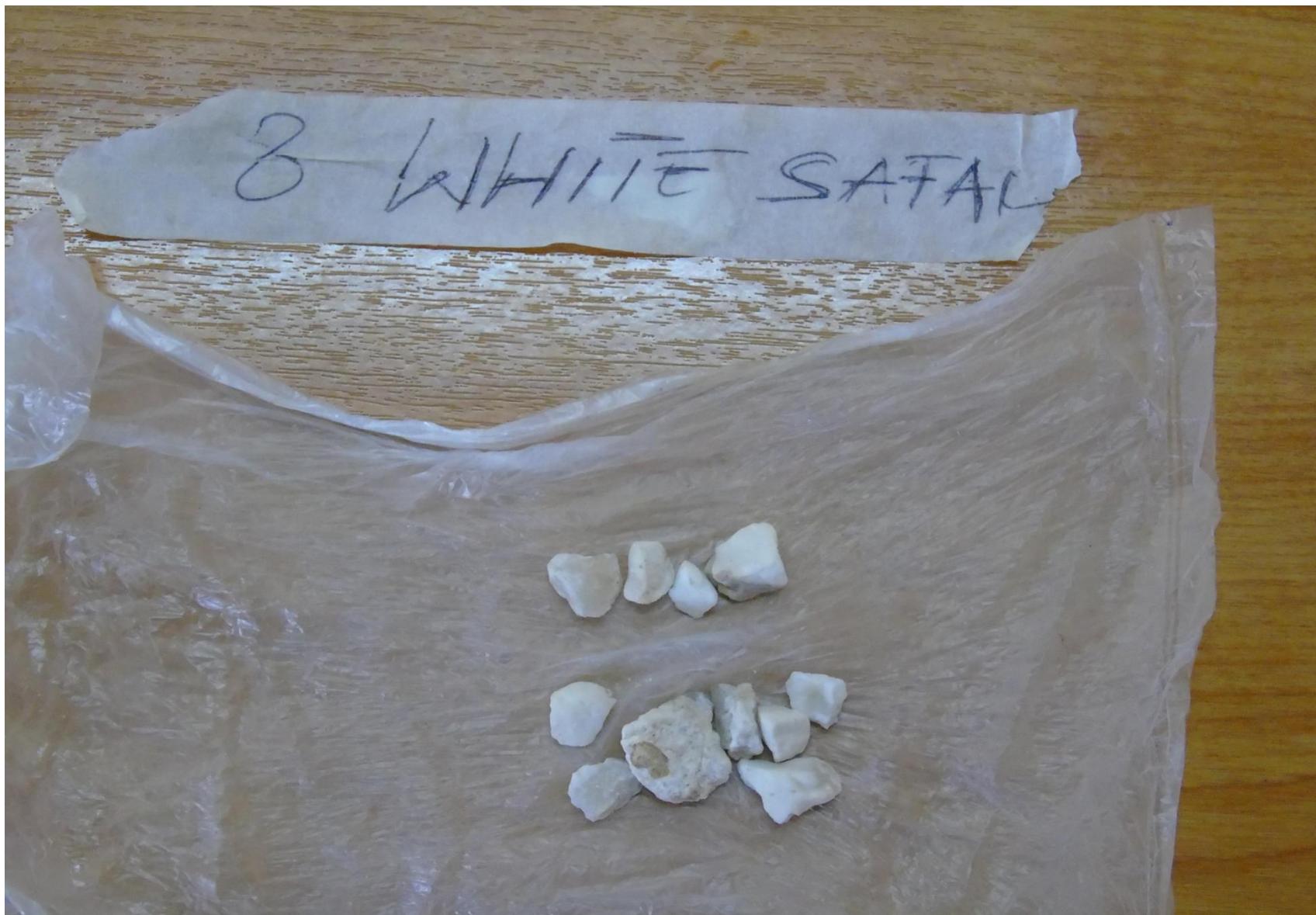
6. Do people in your area use vaginal tobacco ?

APPENDIX 4: SAMPLE COLLECTION OF SEXUAL LUBRICANTS IN 2018

Name English	Name Wolof	Name Mandinka	APPLICATION	SEX	EFFECTS	Undesirable effects (chafing, itching, pain, numbness, dryness, other)	Actions after use (nothing, removal, washing)	PRESERVATION	SELLING SPOT	Expire DATE	COST
Chocolate	Chocala	Chocola	Put some quantity on the penis or in the virgin to lick	both	Stimulation	X	Washing	Keep in cupboard	Shops in Serekunda	X	D200
Crystal	X	X	Put some quantity in the vagina to melt	F	To be sexually active	burning	Washing	Keep in cupboard	Shops in Serekunda	X	D150
Champion	Naidegarr	Ay-bambang	Put some quantity in water to drink. Every night 30 minutes before sex	M	For effective erection	X	X	Keep in cupboard	Shops in Serekunda	X	D300

X	Tohal	X	3 drops inside the vagina	both	Vaginal dryness and tightness	Itching	Washing	Keep in cupboard	Shops in Serekunda	X	D100
X	Pobarr	Pobarr kesso	4 pieces in the vagina	F		X	Washing	Keep in cupboard	Shops in Serekunda	X	D150
Honey	Lem	Liyo	Put some quantity on penis and on vagina	both	Stimulation	X	Washing	Keep in cupboard	Shops in Serekunda	X	D100
Black lubricant	Safal bunyull	Safal fingo	1 or 2 pieces inside vagina	F	Lubricates vagina	X	Washing	Keep in cupboard	Barra market	X	D50
White lubricant	Safal-buwekh	Safal-koyo	1 or 2 inside vagina	F	Lubricates vagina	X	Washing	Keep in cupboard	Barra market	X	D50





7 BLACK SAFAL





5 POBARR







2 CRYSTAL





APPENDIX 5: SAMPLES OF TABA AND LUBRICANTS - SAFAL COLLECTED AUG/SEPT 2023

Name (Eng)	Name (Wol)	Name (Man)	Application	Sex	Effects	Undesirable effects (chafing, itching, pain, numbness, dryness, other)	Actions after use (nothing, removal, washing)	Preservation	Selling spot	Expire	Cost
Vaginal tobacco	Taba	Taba	inserted inside the vagina	F	Sexual desire enjoyment. Infection tightens the vagina	Vomiting, dizziness the first time	Washing with water	Put in a jar or cover	Households	No	D50
	Ndem-ndem	Bano	Put inside the vagina (mixed with water)	F	Sexual desire Enjoyment Infections	Itching	Washing with water	Put in a plastic bag	Serekunda market	No	D50
Max man	Dëgëral goor	Kewo bamba ndig	Drink with hot water like tea/coffee	M	Strong and hard penis for sex	Stomachache Lower abdominal pain	Nothing	In the bag	Serekunda market	No	D150

Max man: Men enlarging gel	Dëgëral goor	Kewo bamba ndig	Apply on the penis	M	Makes the penis big and strong	No effects	Washing with water	In the box	Serekunda market	17/01/2026	D500
Lubricant product	Safal	Safal	Apply inside the vagina	F	To make it softer for easy penetration	No effects	Washing with water	In the box	Serekunda market	18/12/2024	D500
Crystal	Nyeme na ayeh	Nhanyita singorlaleh	Put in boiling water to disolve. When it is cold, wash the genital with it.	F	Cleaning the genial before sex	No effects	Washing with water	In the pot	Serekunda market	No	D250
Super bonne cream	Chaabi Kerr gi	Korda chabo	Put inside the vagina	Both	It gives quick sexual feelings	No effects	Washing with water	In the box	Serekunda market	12/2025	D300
Long-lasting lubricant	Kayutu Kerr gi	Korda kayto	Put inside the vagina	Both	Decrease the dryness and increase sexual desire	No effects	Washing with water	In the box	Serekunda market	10/2023	D300
Penis strenghting lubricant	Koy bu degerr	Foto bangbangdi rango	Apply on the penis	M	Make the penis strong and larger	No effects	Washig with water	In the pot	Serekunda market	No	D250
Black Pepper	Pobaar	Pobaroo	Insert inside vagina	F	Tightens the vagina	No effects	Washing with water	In the pot or plastic bag	Serrekunda Market	No	D50

