

Variation in contraceptive disparities by age has implications for interventions. Blacks and, to a lesser extent, Hispanics at highest risk of nonuse of contraception or use of less-effective methods are those who are younger. Public health interventions designed to reach these women may be enhanced by the use of nonclinical methods of communicating information about contraceptive methods and risk of unintended pregnancy, including social media and peer-to-peer interventions.

These results provide further insight into disparities in contraceptive use and offer guidance on how to mitigate these

disparities and the resulting disparities in unintended pregnancy. Ensuring that young women of color have information about and access to effective methods that can help them achieve their reproductive goals may be the best approach to reducing disparities in reproductive outcomes.

CLINICAL IMPLICATIONS

- Racial/ethnic disparities exist in use of any contraceptive method, as well as use of more effective methods, and may contribute to disparities in unintended pregnancy rates.

- Disparities in contraceptive use are concentrated among younger women, suggesting the need to ensure that young women of color have information about and access to effective methods.

- Public health interventions designed to reach younger women of color, who may have had less exposure to the medical system, may be improved by the use of nonclinical methods of communicating information about contraceptive methods and the risk of unintended pregnancy, including social media and peer-to-peer interventions. ■

Complications related to pubic hair removal

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

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

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

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

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

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BACKGROUND AND OBJECTIVE

More than 50% of young US women aged 18-24 years have admitted to removing pubic hair for sexuality or aesthetic reasons. This practice may result in adverse health consequences, including genital burns from waxing, severe skin irritation leading to post-inflammatory hyperpigmentation, vulvar and vaginal irritation and infection, and the spread or transmission of sexually transmitted infections. Less serious complications include epidermal abrasion, ingrown hairs, folliculitis, vulvitis, and contact dermatitis.

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

MATERIALS AND METHODS

Participants were recruited from 2 publicly funded reproductive health clinics at the University of Texas Medical Branch from April 2012 through June 2012. All women aged 16-40 years who presented for an appointment on a day that a research assistant was assigned to that clinic were eligible to participate. Those who agreed to participate were given an anonymous self-administered written survey in either Spanish or English.

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

Participants were asked whether they had ever experienced complications from pubic hair removal, whether they

TABLE

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

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

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(continued)

TABLE

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

Characteristic	Entire sample, n (%) (n = 333)	Total removers, n (%) (n = 207) (62.2%)	Partial removers, n (%) (n = 126) (37.8%)	P value
Burns	4 (1.22)	4 (2.0)	0	—
Infection	16 (4.9)	8 (3.9)	8 (6.4)	.31

BMI, body mass index.

^a BMI values for underweight to normal weight are less than 25 kg/m², and BMI values for overweight or obese are 25 kg/m² or greater.

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had obtained health care for these complications, and whether they had ever been counseled by a provider on hair removal practices. BMI was calculated with the use of self-reported height and clinical measurements of weight obtained at their clinic visit. Participants were classified into 1 of 2 categories: underweight or normal weight (BMI <25 kg/m²) vs overweight or obese (BMI ≥25 kg/m²).

RESULTS

A significantly higher proportion of women reported removing all, as compared with only some, of their pubic hair ($P < .001$). Most were current removers (86.8%). Current removers were more likely to remove all their pubic hair ($P < .001$). Almost 90% reported using a razor blade, at least sometimes, to remove pubic hair.

Nearly one third of participants were under/normal weight and the majority classified as overweight/obese. Under/normal-weight women were more likely to be total removers than were overweight/obese women ($P < .01$).

More than half of the respondents indicated experiencing at least 1 health complication because of pubic hair removal. Of those who experienced any health complication, 90.7% reported shaving with a razor. Only 3.9% had ever seen a health care provider for a complication related to pubic hair removal, and only 3.7% reported

discussing safe pubic hair removal practices with a health care provider.

Hispanic and black women were less likely than white women to experience a complication from pubic hair removal. Women who were overweight/obese were almost twice as likely to report experiencing complications than those under/normal weight. The most common complication reported by overweight/obese participants was epidermal abrasion (39.1%), followed by ingrown hairs (34.3%). These frequencies were similar to those experienced by under/normal weight women.

COMMENT

Although prior reports have focused on the frequency of pubic hair removal among primarily white, college-aged women, we focused on women from underrepresented minorities and found this practice had been adopted by women from diverse backgrounds. In fact, more than half of the women we surveyed reported removing all pubic hair. This practice was especially common among women who were underweight or normal weight. These practices are a source of health complications among women from these groups as well as among white women.

Similar to past studies, we found that shaving with a razor was the most frequently used method of pubic hair removal. The popularity of this method is probably related to the fact that shaving is a low-cost, easily accessed

method that can be done in the privacy of home. We found a large majority of complications related to pubic hair removal occurred among women who had shaved with a razor. This could have been due to the frequency of using razors or because shaving all areas of the pubic region is more difficult and exposes more sensitive vulvar regions to trauma.

Total removers who were overweight/obese had a much greater risk of sustaining an injury than were those who were normal/underweight. Overweight/obese women may have a more difficult time adequately viewing the entire pubic region when removing pubic hair. These women may avoid complications when only partially removing their pubic hair because the insides of the thighs and outside of the vulvar region are easier to view and require less flexibility to remove hair in these areas.

Overall, this study supports the need for women to receive health advice on pubic hair grooming from their physician, with an emphasis on teaching safe removal practices, particularly among overweight/obese women. Gynecology visits could provide a safe context at which to discuss this issue with their providers.

CLINICAL IMPLICATIONS

- The practice of removing pubic hair is prevalent among US women, regardless of weight or race/ethnicity.
- According to self-report, women attending a public clinic most frequently shave with a razor, possibly because of low cost, convenience, or privacy.
- Although minor complications are reported most often, more serious injuries have required visits to the emergency room.
- Providers have an opportunity to discuss safety and prevention issues when encountering patients who engage in the practice of removing pubic hair or exhibit associated complications. ■