

DIVERSITY GAPS IN VAGINISMUS CARE: A QUALITATIVE ANALYSIS FOR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

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Background:

Research and clinical discourse for vaginismus have largely centred White, cisgender, and heterosexual women of reproductive age. This has limited the inclusion of diverse people with vaginismus in sexual and reproductive health and rights (SRHR) care for painful sex. Therefore, this qualitative study explored how clinicians understand and respond to patient diversity when assessing and managing vaginismus.

Methods:

Between 2023–2024, 23 clinicians across general practice, uro/gynaecology, physiotherapy, mental health, nursing, and clinical education in Australia participated in semi-structured interviews. Data were inductively analysed using a feminist poststructuralist framework. The analysis examined how clinicians' approaches to patient diversity were shaped by heteronormativity, cisnormativity, ethnocentricity, able-bodied normativity, and chrononormativity (which include societal expectations about age-appropriate life stages).

Results:

Two key themes were developed. First, '*asymmetric clinical attention to diversity*' revealed inconsistent consideration of sexuality, gender identity, ethnicity, religion, age, and disability in clinicians' presentation formulation of patients. Clinicians also noted a gap of gender-diverse care approaches that include non-binary or transgender patients with vaginismus. Second, '*Patient-defined care goals for vaginismus*' highlighted tensions between heteronormative care models that centre treatment on penis-in-vagina (PIV) sex and patients' differing goals, including non-PIV sexual pleasure, menstrual product use, and routine gynaecological procedures. Vaginismus was frequently constructed as a condition affecting young heterosexual women, which overlooks the treatment goals of older adults, people with disabilities, and LGBTQ+ populations.

Conclusion:

These findings provide a novel contribution by exploring how heteronormative, cisnormative, and other normative structures can shape asymmetric attention to diversity and marginalise patients' non-PIV treatment goals in vaginismus care. Clinicians should adopt intersectional and reflexive practices to support patients' diversity and goals over normative models. Inclusive frameworks for clinician guidelines and training can also advance Sustainable Development Goals 3.7 and 5.6. This can improve equitable and person-centred SRHR for diverse people with vaginismus.

Disclosure of Interest Statement:

None.

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