

# Healthcare professionals' perspectives on supporting people diagnosed with vaginismus: A qualitative study



**Presenter: Rashmi Pithavadian** (BA, MRes, FHEA, PhD candidate),  
Vijay Ramanathan, Sowbhagya Micheal & Tinashe Dune



**WESTERN SYDNEY**  
UNIVERSITY

# When women say sex is painful, the healthcare system can be dismissive and rarely hears their full story, identity or their truth

These women can have the female sexual pain disorder vaginismus

Strain relationships

Difficulty undertaking health checks e.g. pap smears



Common cause of unconsummated relationships

Vaginismus makes vaginal penetration painful, difficult and/or impossible

Difficulty to start family

Low self-esteem, anxiety, depression, poor mental health



# Healthcare system issues for those help-seeking for vaginismus



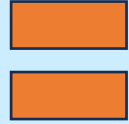
Lack of awareness in public & healthcare



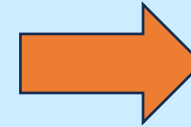
Terminology changes – GPPPD (DSM) & SPPD (ICD)



Stigma – difficult to discuss



Difficult & costly to gain information, diagnosis, treatment, and support



Delayed diagnosis & misdiagnosis



Inappropriate treatment



Sexually and gender diverse and/or culturally and religiously diverse further marginalised



# Study Aim & Methods

**AIM:** Given lacking research on health professionals' navigation of patients' healthcare challenges for vaginismus, *this qualitative study aimed to examine healthcare professionals' perspectives on how to holistically support people with vaginismus.*

**METHODS:** Semi-structured interviews with 23 participant health professionals in 2023–2024 across Australia

**SAMPLE:** Participants aged between 25–74 years old, supported 3–300 patients with vaginismus, and worked in general practice, gynaecology, pelvic floor physiotherapy, mental health, or nursing

**DATA ANALYSIS AND INTERPRETATION:** Inductive thematic analysis and lens of constructivist feminist theory led to development of four themes

# *Vacillation between biomedical and biopsychosocial approaches in healthcare practice*

“Vaginismus is more like when you're inserting that speculum, that's where most of the tenderness is. They won't really experience it as much around the outside.”

- Sam, GP, F, 25–35 y.o., 3 years experience, metro & regional, NSW

“I suppose with trauma, always trying to keep it to be a safe place, that they only need to share what they're comfortable sharing.”

- Rachel, physio, F, 45–55 y.o., 18 years experience, metro, SA

- *Large biomedical focus on physical external and internal examination of genitalia/pelvis, speculum examination, palpation, STI tests, questionnaires*
- *Some biopsychosocial consideration of individual's story including past trauma*

# *Continued usage of vaginismus despite changing terminology*

“... until I started my Master's, I would have just said vaginismus. \*laughs\* But with the patients, I don't use long names. So, I stick to vaginismus... And it is shorter than the GPPPD because if you say GPPPD, then you're adding another P or missing a P.”

*- Macey, GP, F, 45–55 y.o., 13 years experience, metro, NSW*

“... vaginismus is a bit more challenging, it's more multi-factorial and, less likely to respond to physical therapy alone and stuff like that. It's probably a bit unfair to be lumping it with something else, you know. It deserves its own category. And again it downplays the significance of it. It has such a, you know, such a major impact on the person's wellbeing, sense of self.”

*- Ben, GP, M, 45–55 y.o., 27 years experience, metro, NSW*

- *Vaginismus preferred over changing terms in DSM & ICD*
- *New terms too long, too clinical, not always practical for conversation*
- *Vaginismus as separate category more effectively captures women's experiences and story*

# *Patients' cultural and religious values inform holistic healthcare*

“... when you go back through the family legacies, there's cultural issues that come in. They present as sort of Anglo-Saxon Australian women, but cultural burdens are absolutely part of the picture.”

*- Ariella, mental health professional & educator, F, 45–55 y.o., 3.5 years experience, regional, QLD*

“I had a Coptic patient that, I worked with their priest to help her to accept that it was religiously and culturally okay for her to do the homework exercises, which, you know, were inserting her own dilator and touching her own genitals.”

*- Megan, GP + mental health professional, F, 65+ y.o., 40 & 13 years experience, metro, NSW*

- Some discussion on the need to understand cultural and religious diversity, even among Anglo-Saxon women raised in conservative Christian, Catholic, or European backgrounds
- However, only few mentioned actionable strategies to support cultural or religious diversity, e.g. engaging religious figures

# *Limited healthcare consideration of sexual and gender diversity*

When asked if there was a difference between heterosexual and non-heterosexual women's help-seeking goals, most responded with long pauses or stated:

*“You know, I haven't thought about it, but, I wouldn't think there was.”*

*- Megan, GP + mental health professional, F, 65+ y.o., 40 & 13 years experience, metro, NSW*

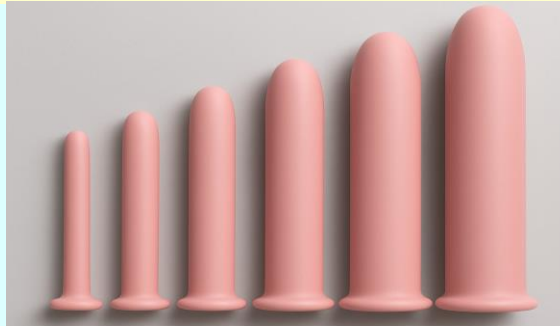
Only 4 health professionals referred to the help-seeking goals of sexually and gender diverse people with vaginismus, specifically those who are non-binary, transgender, and intersex.

- Not all people with vaginismus are heterosexual identifying cis-women, yet interview questions on sexual & gender diversity prompted limited participant responses*
- Responses suggested a ‘sexual and gender diversity blind approach’ where these aspects of identity were not considered or factored to adapt healthcare management or treatment*

# Recommendations for research and practice

Health professionals' history-taking, assessment, and treatment plans should consistently use a biopsychosocial approach which incorporates biomedical and holistic health

Vaginismus more well-known than GPPPD or sexual pain-penetration disorder (SPPD) to explain diagnosis to patients. More international consensus on changing terminology needed to improve diagnostic accuracy for vaginismus



Cultural and religious background sometimes considered BUT gender and sexual diversity rarely factored in holistic care. Future research and healthcare practice should adapt heterosexual and cisgender approaches to treatment (e.g. CBT, vaginal trainer progression) to support same-sex couples and non-binary gender identifying people with vaginismus

# Related publications

Pithavadian, R., Dune, T., Chalmers, J., & Ramanathan, V. (2024). The interrelationship between women's help-seeking experiences for vaginismus and their sense of self: a qualitative study and abductive analysis. *Health Psychology and Behavioral Medicine*, 12(1). <https://doi.org/10.1080/21642850.2024.2396134>

Pithavadian, R., Dune, T. & Chalmers, J. (2024). Patients' recommendations to improve help-seeking for vaginismus: a qualitative study. *BMC Women's Health*, 24(203). <https://doi.org/10.1186/s12905-024-03026-x>

Pithavadian R, Chalmers J, Dune T. (2023). The experiences of women seeking help for vaginismus and its impact on their sense of self: An integrative review. *Women's Health*. 19. <https://doi.org/10.1177/17455057231199383>

Pithavadian, R., Chalmers, Jane., Ramanathan, V., & Dune, T. (2024). People discuss the men who can't get it up, but what about the women who can't get it in? Women's help-seeking experiences for sexual pain-penetration disorder *SSM Qualitative Research in Health*, 6, 100480. <https://doi.org/10.1016/j.ssmqr.2024.100480>

# Key messages

- Vaginismus affects not only sexual health but overall quality of life therefore a biopsychosocial approach is appropriate for holistic care
- The persistence of vaginismus alongside changing terminology highlights that more diagnostic consistency is necessary
- More actionable strategies need to be implemented to support cultural, religious, gender and sexual diversity amongst people with vaginismus to support and empower their identities, stories and truths

## **PRESENTER CONTACT INFORMATION**

Rashmi Pithavadian – health researcher

Website: [www.rashmipithavadian.com](http://www.rashmipithavadian.com)

Email: [rpithavadian@gmail.com](mailto:rpithavadian@gmail.com)

# Disclosures

## **Disclosure of Interest Statement:**

*The authors have no disclosure of interests to declare.*

## **Funding Disclosure:**

The Australian Government Research Training Program (RTP) provided funding administered through Western Sydney University to support this research.