



“You have to be clean:” a qualitative study of pubic hair grooming behaviours among women living in Italy

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ABSTRACT

The majority of pubic hair and genital self-image research describes women living in the USA, UK and Australia. This may leave attitudes and behaviours across other cultures and geographic regions ambiguous. The purpose of this study was to describe pubic hair removal attitudes and behaviours among reproductive-age women living in Italy. Individual interviews were conducted with 46 women aged 18-45 years between June and July 2017, living in Florence, Italy and currently utilising the Italian healthcare system. Pubic hair removal was popular among participants. Women mainly removed pubic hair by waxing. Sexual partners influenced removal, as did cultural norms and the desire for cleanliness. Most participants indicated pubic hair removal onset during adolescence, often upon puberty. However, most participants had never discussed removal complications with providers. Pubic hair removal often related to a more positive genital self-image because of social norms surrounding hairlessness. Removal among this sample appears to differ from the literature in other contexts, with women living in Italy engaging in more frequent and earlier waxing. Findings offer opportunities for clinicians to proactively address safe pubic hair practices and women's genital concerns during consultations.

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Introduction

Most pubic hair research examines women living in the USA, UK and Australia (Braun 2010; DeMaria et al. 2014; 2016; Fudge and Byers 2017; Herbenick et al. 2010; Ramsey et al. 2009; Tiggemann and Hodgson 2008; Toerien, Wilkinson, and Choi 2005). Literature suggests women practice pubic hair removal due to media influences, personal preferences or sexual behaviour, with a significant proportion of reproductive-aged women practising some form of removal (Braun 2010; DeMaria et al. 2016; Grossman and Annunziato 2018; Schick, Rima, and Calabrese 2011). Choosing to

remove pubic hair is a conscious choice influenced by social norms and self-image that may not compare to other hair removal practises (Tiggemann and Hodgson 2008; Rowen et al. 2016; Craig and Gray 2019).

In the USA, shaving with a razor is the most popular hair removal method due to convenience and affordability, followed by waxing, electric razor and trimming with scissors (DeMaria and Berenson 2013; DeMaria et al. 2014; Hodges and Holland 2017; Trager 2006). Despite the popularity of pubic hair removal, complications may arise, including cuts, razor burn or abrasion, in-grown hairs and wax burns (DeMaria et al. 2014; Glass et al. 2012; Hodges and Holland 2017; Schmidtberger, Ladizinski, and Ramirez-Fort 2014). Skin irritation and bacterial infections and viral infections, such as some sexually transmitted infections (STIs), are other possible complications (DeMaria et al. 2014; Desruelles, Cunningham, and Dubois 2013; Hodges and Holland 2017; Ramsey et al. 2009; Rivers 2014; Schmidtberger, Ladizinski, and Ramirez-Fort 2014; Trager 2006).

It is difficult to generalise these results and outcomes to women outside of the USA, including those living in Italy, due to cultural and healthcare delivery differences. A small but growing body of literature on European pubic hair grooming behaviour exists but has focused less on examining women's attitudes toward pubic hair removal (Andro, Cambois, and Lesclingand 2014; Piazza 2014; DeMaria, Meier, and Dykstra 2019). Rather, studies within Europe, particularly the UK, Germany, Switzerland and France, have more heavily explored STIs and genital warts stemming from pubic hair removal, pubic hair onset, and female genital mutilation (Andro, Cambois, and Lesclingand 2014; Hodges and Holland 2017; Largo and Prader 1983; Maw, Reitano, and Roy 1998; Sieroszewski 1967).

Stone, Graham, and Baysal (2017) demonstrated 83% of UK respondents had removed pubic hair in the last four weeks, illustrating pubic hair removal is popular outside of the USA. A case study conducted in France addressed the relationship between pubic hair removal and STIs but did not explore participants' reasons for pubic hair removal (Desruelles, Cunningham, and Dubois 2013). Studies in Northern Europe demonstrated that sexual partners are influential in women's choices to modify or remove body hair, including pubic hair, with women frequently identifying how men feel about hairlessness and personal perceptions regarding hairlessness enhancing femininity as reasons for hair removal (Enzlin et al. 2019; Toerien, Wilkinson, and Choi 2005; Jóhannsdóttir 2019). One ethnographic study conducted in France and Italy explored adolescents' reasons for hair removal and cleanliness, suggesting seeing others engage in those practises and learning from those social norms and behaviours influenced their perspectives of hair and hair removal acceptability (Diasio 2017). The only additional literature examining body hair modification explored Italian hairdressers' knowledge of blood-borne disease transmissions from unclean equipment (Mariano et al. 2004). Similarly to other countries with understudied pubic hair removal practices (Crann et al. 2017), research has yet to examine the experience and influence of pubic hair removal among Italian women.

According to Ramsey et al. (2009), variations in body hair decorating, shaping and removal have existed for years, although the reasoning for removal may differ. The majority of pubic hair removal is for aesthetic or personal preference, rather than health-related needs (DeMaria and Berenson 2013; DeMaria et al. 2016; Herbenick

et al. 2013; Ramsey et al. 2009; Trager 2006). Women commonly remove pubic hair to appear visually or sexually appealing, to reduce irritation during sexual intercourse or to explore their bodies and/or sexuality (DeMaria et al. 2016; Herbenick et al. 2011; Ramsey et al. 2009; Trager 2006). Removing pubic hair may relate to body image concerns (Grossman and Annunziato 2018), specifically female genital self-image (DeMaria, Meier, and Dykstra 2019). Current literature shows an association between pubic hair modification/removal and female genital self-image, with pubic hair removers reporting higher female genital self-image (DeMaria et al. 2016; Herbenick et al. 2013). A qualitative study in Italy found women felt self-conscious about their genitals' odour and hygiene, especially if they were unaware of how genitals should look or smell (DeMaria, Meier, and Dykstra 2019). Negative female genital self-image also related to how others perceived a woman's genitals, illustrating that other's perceptions of acceptability are influential and may reflect cultural and social norms (DeMaria, Meier, and Dykstra 2019).

La bella figura, or "the beautiful figure," is an Italian cultural philosophy (Pipyrou 2014) reflecting appearance, beauty, body image and self-presentation ideals (Gatti et al. 2014; Mitchell 2015; Stefanile, Nerini, and Matera 2014). *La bella figura* provides a standard guiding individuals' preferences, thoughts and behaviours to align with societal expectations (Tiggemann, Verri, and Scaravaggi 2005; Severgnini 2007). Internal and external perceptions contribute to behaviour regulation in an attempt to avoid embarrassment and improve social status, influencing behaviour, preferences, and appearances, (Goffman 1979), even those behaviours that may not be as apparent. Thus, the ubiquity of *la bella figura*, including both private and public self-presentation, may impact how Italian women perceive their genital appearance and pubic hair removal-related behaviours, as these behaviours and preferences are often socially and culturally constructed (Herbenick and Reece 2010).

The purpose of the current study was to explore pubic hair removal attitudes and behaviours among reproductive-aged women living in or near Florence, Italy via in-depth interviews. Exploring Italian women's reasoning and attitudes regarding pubic hair removal may illuminate women's needs and concerns and provide opportunities for clinicians and others to address them effectively.

Methods

Sample selection

As part of a larger study examining women's reproductive health behaviours and attitudes, researchers conducted in-depth interviews between June and July 2017 to provide insight into Italian women's perceptions of and experiences with pubic hair removal. A total of 46 in-depth interviews were conducted with reproductive-aged women, aged 18 to 45 years, living in or near Florence, Italy, who used the Italian healthcare system and could be interviewed in English. Women outside of this age range, those who had never used the Italian healthcare system, and those unable to complete an English interview were excluded from the study.

Participants were recruited through printed flyers, social media advertisements, and in-person recruitment. Recruitment flyers were placed on advertisement boards in libraries, schools, restaurants and stores. A Facebook advertisement was used to recruit

a wider audience. The flyers and the Facebook advertisement were available in both Italian and English and provided a brief description of the study and eligibility criteria, hyperlinks to the study website and study email, and principal investigator information, including institutional review board (IRB) protocol approval number. Additionally, women were approached in public spaces (e.g.cafés, shops) and invited to participate in the study by handing them a flyer. Participants were also asked to refer other eligible women to the study through snowball sampling (Berg and Lune 2012). Sampling continued until saturation (i.e. new data did not improve theme explanation or add novel information) and study concepts were fully developed. Purdue University's IRB, with a letter of support from the Florence University of the Arts, approved this study. Protocol procedures, and measurement and recruitment tools were reviewed by two Florence University of the Arts faculty to confirm cultural appropriateness and language accuracy.

Interviews lasted between 45 and 75 min and occurred in locations and times comfortable for participants and researchers (e.g.private offices, rooms in public buildings). Each participant provided written informed consent, which included consent for audio-recording. The semi-structured interview guide allowed flexibility for the researcher to add, change or reorder questions and participants to introduce new and relevant concepts during the interview process. Interviews began with general questions about the participant's daily routine to build rapport and increase comfort level and disclosure (Berg and Lune 2012). The interview protocol included questions related to genital perceptions (e.g. What comes to mind when you hear the words "genitals" or "vulva and vagina"? and How do you feel about your genitals? [such as the size, appearance, and smell]) and pubic hair removal (e.g. Pubic hair removal is common among American women. Would you say this is common among Italian women? and Why do women choose to remove their pubic hair or not to remove pubic hair?) to capture both personal experience and social norms. This question range allowed participants to discuss pubic hair attitudes, perceptions and behaviours holistically. Following each interview, participants completed an anonymous demographic survey. All participants received a 20-Euro gift card.

Research team

Data were collected and transcribed verbatim by 15 female graduate and undergraduate students participating in a research-based study abroad programme offered by Purdue University, which is why all interviews were conducted in English. All students were trained in graduate-level qualitative research methodologies and immersed in the Florence community and culture for two months during the data collection period. Each student conducted three or more interviews with women living in Florence. Coding and analyses were completed by the first author, with a robust history of qualitative research, and three graduate and undergraduate students.

Data analysis

All researchers met during data collection to modify the interview guide and discuss interview findings. Thematic analysis used an expanded grounded theory approach,

allowing for the inclusion of additional theoretical concepts (e.g. female genital self-image/*la bella figura*) to explore the data (Corbin and Strauss 2008). Theory development was not our goal; however, we used grounded theory to centre the analyses using women's voices. An iterative process, including using participants' words and experiences as codes and existing theoretical and literature concepts, resulted in codebook development. Researchers undertook line-by-line open and axial coding to identify patterns within the data (Corbin and Strauss 2008). These patterns facilitated the building of conceptual categories. HyperRESEARCH 4.0 was used to organise and code the data. The use of constant comparative method between coded interviews allowed researchers to identify emerging themes. Researchers met frequently to discuss these themes and ensure consistency, with all discrepancies being addressed via consensus.

Results

Participants

The mean age of participants ($n = 46$) was 32.1 ± 6.3 years (range = 19-45). Nearly all participants ($n = 43$, 93.5%) lived in Florence. The majority of participants were in a non-marital relationship (65.2%; $n = 30$), while a few were married (13.0%, $n = 6$) or single (19.6%, $n = 9$). Participants self-identified as straight (84.8%, $n = 39$), bisexual (13.0%, $n = 6$), or lesbian (2.2%, $n = 1$). Only two participants had children ($M = 1.5$, $SD = 0.5$). The majority of participants had initiated or completed college (84.8%, $n = 39$), while 7 (15.2%) participants had completed high school or lower.

Waxing initiation at adolescence

Most participants perceived that Italian women participated in some form of pubic hair removal but methods varied, with waxing being the most popular method. One participant noted, 'I would say almost everyone uses wax.' Another participant noted, 'I prefer waxing especially in the summer,' while yet another participant suggested waxing may be common among Italian women, 'I think many go to use the wax, they go to the [aesthetician].' Participants described shaving as an alternative, but not preferable to waxing. However, one participant noted 'if I have to go away for just the weekend, I shave,' illustrating convenience or timing effects. Another participant explained, '[waxing is] more ideal [than shaving], especially at this time of year [summer] when you have to go to the beach [...] because a lot of times you have less bumps and visible trace of the removal.'

Participants frequently described waxing first taking place during adolescence '[between] twelve to fifteen,' including at puberty onset. One participant said, 'maybe when they are teenagers. I started when I was 16, but you know I probably belong to an older generation, whereas now girls will probably start 13, 14 as soon as they [have] got a woman[s] body.' Young waxing age was common among participants, who described mothers making appointments with aestheticians or waxing at home. One participant said, 'I did my first wax when I was 13 years old. My mom brought me to the aesthetician and she was like, "It's the time you have to be clean."' Women also noted waxing during adolescence because they saw female family members using the

method. One participant elaborated, 'I said you know what, I'll just remove it. And also because my sisters used to do it, my mom used to do it, so I thought I'll do it myself.'

Younger waxing initiation may link to cultural norms. One participant described how she first waxed 'the bikini line, I started when I was like 17 because I didn't want nothing to go out of my swimsuit.' She continued, 'and then totally when my [aesthetician] suggested to me.' When women could not afford to wax, they waxed at home. One participant discussed, 'when you are young, and they don't have like big budget, I think you do it at home with friends or by yourself.' This suggests a desire for waxing across different price points and accessibility. Additionally, a participant who began pubic hair removal at 15 described, 'I was shaving it just a little bit and I really didn't know how to do it, but after probably 2 or 3 times, I started going to a specialist to have it waxed,' indicating she quickly changed to wax as her preferred removal method.

Contextual factors and removal

Removal frequency depended on the season and personal preference for amount of hair removed. The beach was often associated with pubic hair removal, with one participant stating, 'when I go to the beach, I like to have everything inside.' How often women expected to wear a bikini changed their pubic hair removal behaviours, with some women removing pubic hair 'in the summer once a month or maybe once every month and a half or so. In the winter once every couple months,' and other women saying 'when I go to the seaside for maybe a week or something, I go the cosmetician and I use the wax.' Another participant noted that when she was young, she would think to herself, 'I have to go to the seaside. I don't want to have [pubic hair]. Boys are gonna look at me and I don't want it.' She associated the beach and sexuality with removal.

Women typically removed pubic hair as needed or monthly, depending on the removal method. One participant said 'ideally once a month, once every two months, sometimes I'll shave a little and go every three months,' while most participants were less specific saying, 'I regularly wax.' Other women based their hair removal practices on appearance, saying, 'it's a personal matter. It depends on the person. There are some that care [...] but in general, it is a [aesthetic] reason.' Although pubic hair removal was practised, the amount of hair removed did not appear consistent. Women often gave nonspecific answers, such as 'not complete pubic hair removal, but a little,' or 'most women shave around their pubic area not completely.' However, another woman stated, 'I think it's very common to do the wax so they do like a Brazilian wax now and it's very popular' suggesting a clear preference for complete removal.

Women indicated pubic hair removal behaviours were common among Italian women, with one woman describing it as 'pretty normal' and another stating, 'we are all shaved in Italy.' One participant noted removal related to her ethnicity, 'I'm Italian, I'm hairy.' However, some women felt Italian culture influenced their pubic hair removal behaviours, specifically media expectations. One participant believed pubic

hair removal was 'related to the fashion of these days.' Another participant described removal 'tried to emulate the static standards according to which you have to be like a Victoria's Secret angel.' These participants expressed the belief that society expected pubic hair removal as part of a positive body image. Other women denoted this as a cultural expectation. One participant stated, 'we have no culture of [a] hairy pussy. Most of us have shaved pussies,' suggesting pubic hair removal is the standard in Italy. Another participant demonstrated what she felt was the real reason for removal,

I think the real answer is found in society. The pressure that society puts on our self. Always looking perfect, and looking like what we see on television, and this image is constantly thrown at us. The expectation that we look like it.

She reasoned societal pressure greatly impacted women's choice to engage in pubic hair removal, to present a 'perfect' appearance to others. One participant disapproved of this removal culture, asserting, 'pubic hair is useful for a reason,' while another woman noted, 'no one else can decide about you being comfortable with doing something on your body or not doing it.' Whether women chose to remove pubic hair or not, discussions about pubic hair removal were immersed in conversations about cultural values and expectations.

Cleanliness norms

Participants frequently discussed beauty and hygiene norms, with removal often practised 'for beauty' and '[to] feel more confident.' Women generally liked how their genitals looked and felt after removing some or all pubic hair. One participant said, 'I don't like to have a hairy pussy,' while another participant stated, 'I feel more comfortable without [pubic hair].'

Participants associated hair removal with increased comfort of genital appearance and self-image. One participant expressed her preference for removal related to cleanliness, explaining 'you want to be clean as much possible because otherwise if there is any kind of smell or something, that makes you feel self-conscious.' She believed less pubic hair allowed for a reduced negative genital self-image. Other women echoed this reason for removing pubic hair. One participant stated, 'it makes me feel [tidier] and that I am taking care of my hygiene better that way.' Participants associated cleanliness with pubic hair removal, which improved attitudes toward genital appearance. Another participant said, 'I prefer I don't have pubic hair. Also, to wash it's easier and cleaner. But it's also, of course, a cultural fact [even though] it's a big pain to do it.' She described multiple factors influencing removal, including a preference for hairlessness and cleanliness norms. Even when 'the gynaecologist says it's better if you don't remove pubic hair because it's protective, women think it's not hygienic, so they do it anyway.' Providers may caution against removal but women still perceive pubic hair as unsanitary, suggesting this may be one reason influencing removal.

Additionally, participants described removal as serving a dual cleanliness purpose for both the woman and her partner. One participant shared, 'because it is also something like [a piece of] advice in a religious way to keep this part cleaner, it is better to shave it for both the men and the women.' Another participant suggested a possible reason why men preferred removal, 'sometimes I ask him because, you know, [pubic

hair is] considered gross so I worry about him finding it gross.’ In this participant’s narrative, she worried her partner would find her pubic hair unhygienic and unattractive and that these served as reasons for her to remove pubic hair. Thus, participants held nuanced views of pubic hair that intersected cleanliness and perceived partner preferences for hairlessness.

Complications associated with removal

More than half of the participants described experiencing complications related to pubic hair removal. One participant said she endured intense pain during waxing, ‘I wax and suffer like a bastard. I scream. I scream it’s so bad.’ Additionally, one participant described ‘sometimes if it’s a bit too aggressive you can feel uncomfortable, but apart from temporary swelling, I was just like maybe some ice or something. But nothing more serious than that.’ Participants also described complications, such as ingrown hairs, cuts, burns and ‘maybe bleeding a little bit sometimes.’ Another participant described the severity of burns associated with waxing, ‘this aesthetician, I didn’t know her, and she burned my skin. I was like “it’s burning, it’s burning.” And she was like “no, it’s normal.”’ Additionally, another participant described issues from waxing, ‘I had a problem with hair, they just did it really hard so it just created a bump with blood from waxing.’ These narratives suggest complications arose even when professionals did the removal. One participant discussed scarring from a cut she received while self-removing, ‘I have a scar [because] I cut myself [shaving].’ Although she did not seek medical care, she acknowledged she should have, ‘I think I would go to the doctor to resolve this. Or an aesthetic shop. There is a person more qualified to do this.’

Injuries and complications indicated waxing may be an issue if conversations about proper hair removal do not occur, especially with healthcare providers. Most individuals agreed pubic hair was not a topic to discuss with healthcare providers, ‘it is seen as an aesthetic issue, not a health issue.’ Another participant said, ‘it’s not a problem, like a [health] problem.’ However, one woman had discussed other removal practices with providers, ‘sometimes people ask about whether it’s dangerous to remove hair from your armpits by using wax because some are concerned your [sweat glands] can be irritated and swell and that it might increase the chances of getting cancer.’ She continued, saying ‘I’ve asked [a provider] once because I’ve noticed that sometimes it swells a bit and they say “it’s nothing, it’s absolutely not related to that it’s just you have got to be careful because it’s a very delicate area.”’

However, while underarm hair removal might present a concern, this did not apply to pubic hair removal because ‘it’s not thought as being an issue at all.’ Women perceived removal as ‘our own choice, [providers] don’t ask you. They don’t care about it.’ Participants did not feel removal warranted discussion with providers even if they needed information or experienced a complication, with one participant suggesting, ‘you [should] discuss [with a healthcare provider] because it is a really delicate area but we don’t have this kind of culture.’ Another participant suggested, ‘it’s a personal choice but if maybe the doctor said, it’s bad to do this, it’s really bad, you don’t have to do it, maybe [women] will not do it.’ Although conversations with healthcare

providers rarely occurred, women may disregard conversations that discouraged removal unless they were strongly urged to forego removal.

Sex and pubic hair removal

Participants noted sexual partners preferred women with less pubic hair. When asked why she removed her pubic hair, one woman responded, 'I don't know, because my partner likes that.' Another participant echoed this, saying 'my boyfriend he prefer[s] without hair.' Women perceived removal to be more sexually alluring, illustrated by one participant who said 'it's way more appealing for men.' Another participant recognised preference may vary between individuals, but 'most of them prefer [a] shave[d] pussy.' In addition to the sexual appeal, other participants discussed removal as courteous to their partners. One participant said, 'I do it because I have a boyfriend and I want to be nice.' Another participant said, 'it was just me being considerate I guess.' Though some participants described partners indifferent to removal, one participant stated, 'sometimes you find people who will not have [a] sexual relationship with you if you don't [remove your pubic hair].' On the other hand, pubic hair grooming and maintenance appeared less important with decreased sexual activity. One participant discussed what she called a 'wasted wax' suggesting some women chose to wax only if someone else would be viewing their genitals.

Women also described having conversations about removal behaviours with their sexual partners. One woman stated she was not comfortable discussing pubic hair removal at the beginning of the sexual relationship, but was more open to this later, 'when I got to know my sexual partner I [tried] to talk about the issue.' She also wanted to ensure her partner understood any removal was for herself, not for him. However, another participant described other reasons for discussing removal with a partner: 'it's important for the sexual partner, too. It's important to hear his/her opinion.' Participants therefore illustrated the complex dynamic between personal choices and partner preferences, highlighting the roles of sexual norms and perspectives in pubic hair removal practices.

Discussion

Interviews allowed for a rich understanding of pubic hair removal among women living in and around Florence, Italy, illustrating the complexity of Italian pubic hair removal behaviours and attitudes. Participants began removing pubic hair during adolescence, with waxing serving as a primary and preferred grooming method. Cleanliness was associated with grooming and hairlessness. Sexuality also served as a driver for removal. Others' and societal expectations impacted women's grooming practices. Many participants reported complications arising from removal, including complications and injuries due to waxing, but did not frequently discuss removal with healthcare professionals.

Pubic hair removal among reproductive-aged Italian women emerged as common practise (Butler et al. 2015; DeMaria and Berenson 2013; DeMaria et al. 2014; 2016; Herbenick et al. 2010; Tiggemann and Hodgson 2008; Toerien, Wilkinson, and Choi

2005). Waxing appeared more popular than shaving, with participants frequently visiting an aesthetician for waxing services. Factors such as waxing appointments starting at a young age served as a social norm in this sample. Further, the overarching framework of *la bella figura* may provide one cultural reason for waxing preferences, as waxing ensures women can maintain the ideal hairless body type that was frequently demonstrated among close friends and family members, and reinforced by cultural standards.

Pubic hair grooming and removal initiation occurred during adolescence and particularly puberty. This reflects prior literature that women generally begin some form of pubic hair grooming or modification during adolescence and sexual debut (DeMaria, Hollub, and Herbenick 2011; Stone, Graham, and Baysal 2017). However, notably, participants described waxing, and waxing appointments, as the initial method of hair removal during adolescence. This differs from prior research (DeMaria et al. 2016; DeMaria and Berenson 2013; Rowen et al. 2016) in which most women shave or trim pubic hair at grooming onset. This suggests the onset of puberty may be a critical time for providers to discuss safe removal practices with Italian girls, aligning with other sexual health conversations relevant to this period including menarche, menstruation, sexuality and sexual behaviour. These conversations should include how to judge the safety and hygiene of waxing salons, safe at-home removal, and what to do in case of injury, given that participants described various injuries and concerns. Further, discussions should centre on women's and girls' ability to choose if, when, and how much pubic hair they want to remove, while indicating a range of genital appearances and hair is satisfactory and healthy (McDougall 2013).

Since most participants waxed, removal occurred every month or two, differing from past research in which most participants shaved frequently (DeMaria and Berenson 2013; Herbenick et al. 2010). Few women expressed reluctance to wax due to inconvenience and removal complications. However, participants did note complications such as burns, bleeding, swelling, and bruising due to waxing. Some of these complications related to lack of communication between aestheticians and participants during appointments. This suggests discussions about safe waxing, including how to communicate with aestheticians or choose a salon, are critical to ensure genital health. Some women may have also failed to indicate removal complications because of perceptions of removal as purely aesthetic. Clinicians should be aware women may not perceive pubic hair removal complications as health-related and should address potential complications and ways to safely remove pubic hair during wellness visits, as part of broader conversations on genital health hygiene.

Media influences and societal expectations of women's bodies encouraged some women to remove pubic hair even if they did not desire to, as current literature suggests (DeMaria, Hollub, and Herbenick 2012; Grossman and Annunziato 2018; Koning et al. 2009; Schick, Rima, and Calabrese 2011; Stone, Graham, and Baysal 2017; McDougall 2013; Howarth et al. 2016). Visibility of hair to others, including sexual partners, served as increased motivation for hair removal. This demonstrates the critical role others have in shaping women's perceptions of their desires and what is acceptable, despite, in general, only a few people observe women's genitals. Further, this suggests that adherence to *la bella figura* standards influences female genital self-

image, impacting women's choices regarding whether or not to modify pubic hair. Thus, they may subvert their initial preferences because of reinforcement by others that pubic hair removal is appropriate, cleaner, and ideal.

Hairlessness was often associated with comfort and confidence in the way genitals look. Although cleanliness was not necessarily the strongest or only indicator for pubic hair removal, it was a frequently cited reason for removal, building on prior work conducted on female genital self-image among Italian women (DeMaria, Meier, and Dykstra 2019). Hairlessness or grooming may also serve as a visual mark of cleanliness representative of taking care of one's health and presenting the best possible self to others. Cleanliness via pubic hair removal became a key component of a pleasing aesthetic and female genital self-image. This is consistent with *la bella figura* as Italian women may forego their preferences or subscribe to particular beauty and self-presentation standards conforming to others' expectations (Guida 2013; Severgnini 2007; DeMaria, Meier, and Dykstra 2019). This may be pertinent given the self-consciousness and stigma already associated with the female genitals (McDougall 2013; Schick et al. 2010).

The value of genital health among participants, especially as it related to pubic hair removal, indicated this may be a correlate of female genital self-image. Positive female genital self-image may lead to an increased willingness for providers to examine genitals (DeMaria, Hollub, and Herbenick 2012); therefore a positive feedback loop may emerge regarding good sexual health practises and positive female genital self-image. Italian women's perceptions of 'perfect' beauty standards (Jones 2008; 2017) of hair-free genitals may be internalised by *la bella figura* cultural standards and reinforced by others (Nurka 2018). Understanding the relationship between pubic hair removal and female genital self-image may inform interventions for improving sexual health knowledge, safe genital hygiene practices, and overall body positivity, related to pubic hair removal practices.

The study provides novel information on pubic hair attitudes and behaviours among Italian women in this sample that may transfer to other contexts. Future research should expand the geographic scope of investigations to further inform providers. Additionally, future research should examine how female genital self-image and pubic hair presence or acceptability affects other areas of women's health (e.g. contraceptive choice, menstruation experiences, healthcare seeking). Finally, future research should explore reasons for differences in pubic hair removal, including waxing, among Italians and women in other countries to improve our understanding of pubic hair removal differences.

Strengths and limitations

Like all research, this study had its limitations. Our sample was limited to women who felt comfortable and confident interviewing in English and to those who self-selected into the study after briefly learning about the research scope. Results may not be generalisable to geographically and demographically dissimilar populations, as participant recruitment was limited to one city in central Italy and primarily captured educated, employed women. Additionally, most participants self-identified as straight, which

excludes the opinions and experiences of other women. Men's experiences with their own or their partners' pubic hair removal were also not captured and should be explored in subsequent research to provide a broader view of social norms governing pubic hair grooming in Italy.

The research protocols were reviewed for cultural appropriateness by Italian experts and approved by both Italy- and US-based institutions. Interviews were conducted by female research assistants who received graduate-level training in methodology and were immersed in the community as part of an extended study abroad experience. Researchers were all women, which may have increased the comfort level of the participants; however, because of the nature of a large research team, interview experiences and insight gained from the interviews may have varied.

Conclusions

Italian women in this sample primarily employed waxing to remove pubic hair, which has implications for healthcare providers' discussion of safe hair removal practices with patients. Choosing safe and hygienic salons and identifying and addressing waxing-related complications should be prioritised in health education for women living in Italy as early as puberty. Cultural norms of aesthetic, self-presentation and cleanliness aligned pubic hair removal practices with the important Italian cultural construct *la bella figura*, which guides appearance, behaviour and attitudes. Pubic hair removal may enhance female genital self-image and genital acceptability in this population, but the desire to appease others and self or to satisfy social norms with pubic hair removal should be appropriately balanced with personal values and preferences to allow women to feel comfortable and confident with their genital appearance regardless of pubic hair removal status. With this information, healthcare providers in Italy may be better equipped to discuss safe pubic hair removal, particularly waxing, with their patients, in order to promote genital health and positive body image.

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Disclosure statement

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