**Women’s engagement in pubic hair removal: Motivations and associated factors**

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**KEYWORDS**

Genital image, Pubic hair removal, Pornography, Vulva satisfaction

**ABSTRACT**

**Objectives:** To examine the relationship between women’s pubic hair removal (PHR) and genital satisfaction and explore whether attitudes toward, and personal consumption of, pornography are associated with women’s engagement in PHR. **Methods:** Data were collected by online survey from women (*N* = 152) who were then categorised into groups based on the prevalence and extent of PHR during the previous four weeks. Groups were compared on demographic, background and behavioural variables. **Results:** Eighty-three percent of respondents reported PHR in the previous four weeks and 40% of respondents removed all their pubic hair. Women who were younger, White, and more satisfied with their genitals were more likely to engage in PHR. Of these, being younger, not having a degree, reporting less positive attitudes towards erotica, and three reasons for PHR predicted extensive pubic hair removal over limited removal. **Conclusions:** Findings provide insights into the reasons for, and extent of, PHR among women and factors associated with the practice. The possible influences of partners’ preferences for genital hair removal by women and partners’ consumption of pornography are important areas for future research.

**INTRODUCTION**

In Western societies the practice of pubic hair removal (PHR) by women has become normative and part of the body ideal for young Western women (Ramsey, Sweeney, Fraser, & Oades, 2009; Smolak & Murnen, 2011; Tiggemann & Hodgson, 2008; Toerien, Wilkinson, & Choi, 2005). Although pubic hair does not in itself have any sexual function other than those attributes given to it by individuals or within a cultural context, it does have a clear biological purpose. Pubic hair serves as a barrier to irritants and friction and, in women specifically, it serves to protect the vulva and vaginal opening from bacterial infection; it is the first line of physical defence against pathogens (Trager, 2006). Some also believe pubic hair functions to catch and trap pheromones which signal readiness to mate and which can increase sexual arousal in potential partners (Morris, 2004).

In recent years, there has been a shift in the prevalence and extent of PHR being undertaken by women (Braun, Tricklebank, & Clarke, 2013; Labre, 2002; Ramsey et al., 2009). A U.K. study found 86% of women aged 16+ years had undertaken PHR at some time in their lives (Toerien et al., 2005). In a U.S. sample of over 2,000 women aged 18-68 years, 80% had performed some degree of PHR during the previous month (Herbenick, Schick, Reece, Sanders, & Fortenberry, 2010) and half of U.S. female university students in a recent study described their pubic hair status as “typically hair free” (Butler, Smith, Collazo, Caltabiano, & Herbenick, 2015). In a Canadian study, 30% of women aged 16-50 years reported usually removing all their pubic hair (Riddell, Varto, & Hodgson, 2010), whilst in New Zealand, 26% of women aged 18-35 years removed “all,” and a further 25% removed “most,” of their pubic hair (Terry & Braun, 2013). Along with the documented changes in PHR practices, research has established that there is a recognised morbidity to removing pubic hair, including skin irritation and an increase in bacterial and viral infections (DeMaria, Flores, Hirth, & Berenson, 2014; Desruelles, Cunningham, & Dubois, 2013; Ramsey et al., 2009; Schmidtberger, Ladizinski, & Ramirez-Fort, 2014). In one U.S. study, 60% of women who engaged in PHR reported at least one minor complication due to removal, the most common being epidermal abrasion and ingrown hairs (DeMaria et al., 2014).

Both the media and researchers have suggested that the trend toward more extensive PHR may be related to media representation of women’s bodies and accessibility of Internet-based pornography (Fahs, 2014; Ramsey et al., 2009; Schick, Rima, & Calabrese, 2011; Simmons, 2016). An analysis of *Playboy* centrefolds from 1953-2007, for example, found that hairless genitalia appeared more frequently across time (Schick et al., 2011). Furthermore, the Internet has enabled women greater opportunity to view images of other women’s genitals. Such media do not typically present female genitalia in their natural state and can therefore distort women’s (and men’s) perception of what is considered “typical” or “expected,” possibly increasing genital concerns and dissatisfaction (Braun, 2005; Mowat, McDonald, Dobson, Fisher, & Kirkman, 2015; Schick et al., 2011). Indeed, previous literature has provided consistent evidence of the negative impact that exposure to media images can have on women’s general wellbeing, satisfaction with their bodies and self-objectification, and how women use such images as a social comparison standard and a benchmark for approval and acceptance (Groesz, Levine, & Murnen, 2002; Ward, 2016).

There is a well-established link between genital satisfaction and sexual functioning (Herbenick et al., 2011; Schick, Calabrese, Rima, & Zucker, 2010) and there is also emerging evidence that pubic hair grooming may carry benefits such as increased sexual sensation and satisfaction (Herbenick et al., 2010; Herbenick et al., 2011; Ramsey et al., 2009).

In the Riddell *et al.* (2010) study of Canadian women, the authors explored women’s motivations for PHR and found that swimwear aesthetics, attractiveness, femininity, cleanliness, and comfort were most commonly reported. Few participants indicated that they engaged in PHR based on societal expectations (i.e., “the thing to do”). Other researchers, however, have noted that, although women do not explicitly acknowledge the social pressures to remove pubic hair, certain body standards are so entrenched in popular culture that they are accepted unquestioningly by many women (Tiggemann & Hodgson, 2008). Indeed, attempts have been made at theorising mass media influences on sexually related behaviour (Brown, 2002; Ward, 2016) and more specifically on the socialising impact of pornography (Wright, Bae, & Funk, 2013).

Little is still known about whether the practice and extent of PHR is associated with genital satisfaction, or about other factors which influence the practice among different segments of the female population. The aims of this study were to explore women’s motivation for PHR, whether engagement in PHR is associated with genital satisfaction and to determine whether women’s attitudes towards, and consumption of, pornography are associated with the likelihood and extent of PHR.

**METHOD**

**Participants and Procedure**

One hundred and fifty-two participants completed a survey examining vulva satisfaction administered using iSurvey (a university web-based survey tool) over a four week period in March-April 2015. Women[[1]](#footnote-1) at least 18 years of age were recruited via advertisements placed on social media sites (including Facebook and Twitter), relevant listservs, and a university psychology research website. After reading a study information sheet and confirming eligibility and consent to participate, respondents completed the survey online in a location of their choosing; no identifying information was collected. Participation took approximately 20 minutes. Approval for the study was obtained from the University of XXX ethics committee.

**Measures**

*Demographics*

Information was obtained on age (using age-group categories 18-24, 25-34, 35-44, 45-54 and 55+), race/ethnicity, sexual orientation (heterosexual, homosexual, bisexual, other), current relationship status (single, casually dating/not in a relationship, in an established relationship), duration of established relationship, and highest educational level achieved. Women were also asked: “In your lifetime, how many sexual partners have you had (a sexual partner is defined as anyone you have experienced genital contact with)?” (response categories included: none, 1-2, 3-5, 6-9, 10+).

*Female Genital Self-Image Scale* (Herbenick et al., 2011)

The Female Genital Self-Image Scale (FGSIS) is a validated scale assessing women’s feelings and beliefs about their own genitals. Sample items include “I like how my genitals look” and “I am not embarrassed about my genitals.” The 4-item version was used and rated on a 4-point Likert scale (1 = strongly disagree to 4 = strongly agree). Higher FGSIS scores indicate a more positive genital self-image. Cronbach alpha for the sample FGSIS was .87.

*Consumption of Pornography*

Four questions regarding consumption of pornography were developed for this study: “Do you use pornography?” (yes/no); “If yes, how often do you use pornography?” (5-point scale from rarely to very often); “Of the times that you have consumed pornography in the past 3 months, what proportion of the times were you alone?”; and “…what proportion of the times were you with a partner?” (measured using 5-point scales from never to all the time).

*Attitudes Toward Erotica Questionnaire* (Lottes, Weinberg, & Weller, 1993)

The 21-item Attitudes Toward Erotica Questionnaire assessed participants’ views regarding the i) harmful effects of erotica, ii) positive effects of erotica, and iii) attitudes toward erotica restriction and regulation. Sample items include “The material may teach people sexual techniques”; and “In this material, the positioning and treatment of women is degrading to women” (measured using a 5-point scale from strongly agree to strongly disagree). Higher scores on each of three sub-scales indicated greater support for the relevant statements. Sample Cronbach alphas for the Harm and Positive effects subscales were .72 and .70 respectively; the Restriction subscale, however, had poor internal consistency (.44) and was deemed unsuitable for further analysis (Bland & Altman, 1997).

*Vulva Satisfaction*

Questions used in two previous studies (Braun, 2005; Goodman et al., 2010) were adapted for use: “Are you happy with the appearance of your vulva?” (yes/no/unsure), “If no, would you consider undergoing surgery to change it?” (yes/no/unsure) and “If yes, what is the reason(s) for consideration of surgery?” (list of options provided, including “to relieve discomfort” and “to satisfy my partner”).

*Pubic Hair Removal (PHR)*

Three questions were asked: “In the last four weeks, have you trimmed/removed your pubic hair?” (yes/no); “Which of the following best describes your pubic hair status in the last four weeks?,” (Au-naturel, Basic Bikini, French/Playboy or Full Brazilian/Hollywood[[2]](#footnote-2)), and “What are the reason(s) for removing your pubic hair?” (respondents were asked to select all that applied from a list provided; see Figure 1).

**Data Analyses**

All univariate, bivariate and regression analyses were conducted using the IBM Statistical Package for the Social Sciences v20. Descriptive statistics were calculated to describe the characteristics of the sample. For bivariate analyses, independent t-tests and chi-square tests were used to identify differences between groups. Logistic regression modelling was employed to investigate the factors associated with women’s PHR in the previous four weeks, using the binary response of (1) *pubic hair removal* or (0) *no pubic hair removal*. Among women who reported recent pubic hair grooming, extent of removal was recoded into a binary response of (0) *limited removal* (just bikini waxing), or (1) *extensive removal*,combining Playboy and Hollywood waxing. Logistic regression modelling was used to explore differences between these two groups of women.

**RESULTS**

**Sample Characteristics**

Descriptive statistics and sample characteristics are presented in Table 1. Fifty-eight percent of the participants were aged between 18 and 24 years, 74% identified as White, and 87% as heterosexual. Sixty percent of women were in an established relationship and seven percent had yet to experience genital contact with a partner. Half of the women reported accessing pornography, of whom 46% accessed it rarely or not often; of those reporting access, 74% reported always using pornography alone during the previous three months.

Sixty-one percent of women reported that they were satisfied with the appearance of their vulva. Of those who reported dissatisfaction, 21% stated that they would consider undergoing surgery to change it. Participants’ mean score on the FGSIS was 12.01 (*SD* 1.91, maximum possible = 16). Mean scores on the Harm and Positive Attitudes Toward Erotica subscales were 27.99 (*SD* 6.27, max = 45) and 24.38 (*SD* 4.21, max = 35), respectively.

A large majority of participants (*n* = 126, 83%) reported removing or trimming their pubic hair in the previous four weeks. All but two women who had recently engaged in PHR reported reasons for doing so (see Figure 1). The most commonly cited reasons for PHR included to “feel groomed” (80%), “cleanliness” (79%), “attractiveness” (61%) and to “enhance self-confidence” (53%). No participants reported that they performed PHR because of cultural or religious reasons, but 39% (*n* = 48) said they engaged in PHR because of societal expectations (“it’s what people do”), 32% reported that sexual partners expected it and eight women (7%) said they performed PHR because their partners urged them to. Significant variation in the reported reasons for PHR was evident when comparisons were made by age. Just over half of women aged 18-24 years (53%) reported PHR because of societal norms compared to 39% of 25-34 years olds and no women in the older two groups (*χ2* = 24.46, *df* = 3, *p* < 0.001). Forty percent of younger women reported PHR because of perceived expectations by sexual partners compared to 33% of women aged 25-34, 10% of 35-44 year olds and 6% of those aged 45+ (*χ2* = 10.48, *df* = 3, *p* = 0.015). Removal of pubic hair for reasons of “sexual enhancement” did not differ by age.

**Predicting Engagement in Pubic Hair Removal**

The logistic regression analysis revealed that the occurrence of PHR was significantly associated with younger age, being White, reporting vulva satisfaction, and scoring higher on the FGSIS (see Table 2). Engagement in PHR was not significantly related to sexual orientation, number of sexual partners, relationship status, or level of education. Adding measures of personal pornography consumption and attitudes towards erotica did not enhance the model; that is, these variables did not predict recent PHR among the sample.

The final model accounted for 26% of the observed variation in PHR (Cox and Snell *R2*). After controlling for all other factors, women aged 45-54 were 96% less likely to have engaged in PHR than women aged 18-24 years. For every one single point increase on the FGSIS (indicating a more positive genital self-image), women were 66% more likely to have engaged in PHR in the previous month.

**Predicting Extent of PHR**

Women who had engaged in PHR (*n* = 126) were asked to report their typical pubic hair status over the previous four weeks. One third (33%) reported that they only removed the hair extending beyond their bikini line, 18% chose a French/Playboy wax (only a small mound or strip being left), and 48% described their status as hairless. Younger women who engaged in PHR were significantly more likely than older women to remove more of their pubic hair (*χ2*= 27.17, *df* = 4, *p* < 0.001); for example, 65% of women aged under 25 reported full removal compared to only 11% of all women aged 45 or over.

FGSIS scores differed significantly as a function of hair status (*F*(2,126) = 3.54, *MSE* = 13.39, *p* = 0.032), with women removing just bikini line pubic hair reporting a more positive genital self-image (*M* = 12.71) than those who removed the majority (*M* = 11.52) or all of their pubic hair (*M* = 11.87).

Logistic modelling was used to explore the differences between women who chose (0) *limited removal* of their pubic hair (basic bikini only) and those who chose (1) *extensive removal* (French/Playboy or Full Brazilian/Hollywood)*.* Table 3 displays the factors that were significant in the model, explaining 44% of the observed variation: age, education, attitudes regarding the harmfulness of erotica/pornography and three reasons given for pubic hair grooming (sports participation, sensation, and partner pressure). After controlling for all other factors, the likelihood of extensive PHR was significantly greater among women aged 18-24 years than all other ages. Compared with women without a higher degree, women who had completed at least one university degree were approximately eighty percent less likely to engage in extensive hair removal than those without a degree. Women who removed their pubic hair for the “purposes of sport” were significantly more likely to opt for limited removal than extensive removal. On the other hand, women who said they groomed because they “liked the feeling” or because their “partner urged” them to were 33 and 65 times more likely to engage in extensive rather than limited PHR, respectively. Further, regarding erotica as harmful was associated with a lower likelihood of engaging in extensive PHR. After controlling for all other significant factors in the model, each single point increase on the Attitudes Toward Erotica Questionnaire Harm subscale was associated with a ten percent reduction in the likelihood of engaging in extensive PHR.

**DISCUSSION**

Consistent with previous studies (Herbenick et al., 2010; Toerien et al., 2005), PHR was practised by the majority of women in this sample, with 83% of women reporting PHR in the previous four weeks. Engagement in PHR was not associated with variables such as sexual orientation, number of sexual partners, relationship status, pornography consumption, and education, possibly underscoring the increasingly normative nature of the practice. Consistent with other studies, the findings demonstrate the importance of age and ethnicity in predicting the likelihood of PHR (DeMaria & Berenson, 2013; Herbenick et al., 2010). Previous research has reported that African-American women tend to regard themselves as more sexually attractive and rate their own sexuality more positively than White women (Bancroft, Long, & McCabe, 2010). If Black women feel more comfortable than White women with their natural genital state, this may help explain why Black women were less likely to engage in recent PHR.

After accounting for ethnicity and age, we found that women who expressed satisfaction with their vulva and those who scored higher on the FGSIS were more likely to have engaged in recent PHR. As suggested by the reasons for PHR reported by women in this study (“it is the done thing”, “sexual partners expect it”), and by the findings of previous research, there are clear social pressures on women to engage in pubic hair grooming (Smolak & Murnen, 2011; Tiggemann & Hodgson, 2008; Toerien & Wilkinson, 2003). It appears, however, that women in this study who followed convention were more satisfied with the look and function of their genitals. This supports the findings of Smolak and Murnen (2011); in their study of U.S. undergraduate students PHR was unrelated to body shame and women who engaged in PHR were less sexually self-conscious than those who did not engage in the practice. In our study, appearance, attraction, and self-confidence were also major reasons, along with cleanliness, why women reported engaging in PHR (see also Braun et al., 2013; Riddell et al., 2010; Smolak & Murnen, 2011).

Regarding extent of PHR, our findings are consistent with other studies indicating that women engage in a wide range of grooming practices, from basic trimming and shaping through to full removal. Previous studies have shown genital satisfaction to be a significant predictor of extent of PHR, along with sexuality and relationship characteristics (Herbenick et al., 2010). In the current study, a binary association was also found between magnitude of hair removal and female genital self-image; however, in contrast to earlier findings, it was women who opted for limited removal of their pubic hair who reported being more satisfied with their genitals than those engaging in more extensive practices. Given that it is younger women engaging in more extensive pubic hair removal practices, it is notable that they are reporting lower genital satisfaction; this warrants further investigation.

Unlike earlier studies (Herbenick et al., 2010; Herbenick et al., 2013; Tiggemann & Hodgson, 2008), we found that women’s relationship status, number of previous partners, sexual orientation and sexual activity were all unrelated to extent of PHR. The women in this study who engaged in extensive PHR (removing the majority or all of their genital hair) were generally younger, less educated, and more likely to report PHR for sexual sensation reasons or due to pressure or requests from sexual partners.

Previous research has reported an association between more extensive PHR and accessibility and use of pornography (Fahs, 2014; Ramsey et al., 2009; Schick et al., 2011). Although we found no relationship or mediating effect of personal pornography consumption (including frequency and whether consumption occurred with or without a sexual partner) on extent of PHR, women’s attitudes towards erotica were related to personal PHR practices, with women choosing to remove the majority or all of their pubic hair scoring lower on the Attitudes to Erotica Questionnaire Harm Subscale i.e., indicating less support for the idea that pornography is harmful than those who engaged in limited removal. We also found evidence that a partner’s desire for PHR influenced the extent of removal a woman engages in.

In recent decades, popular culture has become infused with sexualised images and ideas and, more recently, the concept of sexualisation has become a major public and political concern and the focus of various high-profile reports (American Psychological Association, 2010; Bragg & Buckingham, 2012; Lumby & Albury, 2010; Ward, 2016). Mainstream culture has seen a marked increase in the sexualised images found in pornography (Attwood, 2009; McNair, 1996). As such, non-consumers of pornography are likely to be affected by these sexual scripts as they filter through mainstream media, and via peers and partners (Buckingham & Bragg, 2004; Sun, Bridges, Johnson, & Ezzell, 2016). Given that women who removed most or all of their genital hair in this study reported less satisfaction with their genitals, our findings seem to lend support to the popular thinking that pornified media exposure (in its various forms) may increase the likelihood of dissatisfaction with one’s genitals (Fahs, 2014). It is possible that partners’ attitudes towards, and consumption of, pornography (not explored in this study) also affect women’s self-esteem, body image, and genital self-image, as well as the likelihood of more extensive PHR; these are important areas for future research.

There are several limitations of the current study. The sample was a small, convenience sample of women. We did not ask women who did not engage in PHR the reasons why they did not do so, nor about the methods women used to remove pubic hair, and if they had experienced any negative effects of their PHR practices. We also only asked about PHR during the previous four weeks which may not fully capture the extent of seasonal variation in PHR due to warmer weather or holidays.

Notwithstanding these limitations, the findings of this study provide insights into the prevalence and extent of PHR among women, and how it varies by selected variables. From a health promotion perspective, this level of understanding is particularly pertinent given that greater and more extensive PHR has the potential to result in negative health outcomes, including increased risk of molluscum contagiosum, a viral infection of the skin (Desruelles et al., 2013; Glass et al., 2012; Schmidtberger et al., 2014; Trager, 2006).

The findings also raise interesting social and cultural questions regarding female body image empowerment (Braun et al., 2013). Given that pubic hair begins to appear at the onset of puberty, discussions about pubic hair and PHR practices should be incorporated into early health and sexuality education, training, and skills programmes for both girls and boys alike.

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*Figure 1: Percentage distribution of reasons women give for pubic hair removal*

*Note:* Multiple responses permitted

*Table 1: Percentage distribution of women, by selected characteristics*

|  |  |  |
| --- | --- | --- |
| Characteristic | *N* | % |
| **Age** |  |  |
| 18-24  | 88 | 58.3 |
| 25-34 | 20 | 13.2 |
| 35-44 | 14 | 9.3 |
| 45-54 | 22 | 14.6 |
| 55+ | 7 | 4.6 |
|  |  |  |
| **Ethnicity** |  |  |
| White British/White Non-British | 111 | 73.0 |
| Asian/Asian British | 8 | 5.2 |
| Black African/Caribbean/Black British | 22 | 14.5 |
| Mixed & Other  | 11 | 7.2 |
|  |  |  |
| **Relationship Status** |  |  |
| Single | 47 | 30.9 |
| Casually dating/not in a relationship | 14 | 9.2 |
| Established relationship | 91 | 59.9 |
|  |  |  |
| **Sexual Orientation** |  |  |
| Heterosexual | 132 | 86.8 |
| Homosexual | 6 | 3.9 |
| Bisexual | 12 | 7.9 |
| Other | 2 | 1.3 |
|  |  |  |
| **Number of sexual partners** |  |  |
| None | 11 | 7.2 |
| 1-2 | 32 | 21.1 |
| 3-5 | 34 | 22.4 |
| 6-9 | 33 | 21.7 |
| 10+ | 42 | 27.6 |
|  |  |  |
| **Use of pornography in last 3 months** |  |  |
| Yes | 76 | 50.0 |
| No | 76 | 50.0 |
|  |  |  |
| **Satisfaction with vulva**  |  |  |
| Yes | 92 | 60.5 |
| No | 23 | 15.1 |
| Unsure | 37 | 24.3 |
|  |  |  |
| **Pubic hair status in the last 4 weeks**  |  |  |
| Au Naturel | 25 | 16.6 |
| Basic bikini | 42 | 27.8 |
| French/Playboy wax | 23 | 15.2 |
| Full Brazilian/Hollywood | 61 | 40.4 |

*Note. N* varies due to missing data.

*Table 2: Odds ratios from logistic regression analyses predicting the likelihood of pubic hair removal among women in the last 4 weeks.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Factor** | **Category** | **Odds Ratio** | ***p*** |
| **Vulva Satisfaction** | No/unsure (ref) | 1.00 | - |
| Yes | 3.09 | 0.074 |
|  |  |  |  |
| **Ethnicity** | White (ref) | 1.00 | - |
| Black | 0.09 | 0.002 |
| Asian | - | - |
| Other | - | - |
|  |  |  |  |
| **Age** | 18-24 (ref) | 1.00 | - |
| 25-34 | 0.40 | 0.378 |
| 35-44 | 0.03 | 0.001 |
| 45-54 | 0.04 | 0.000 |
| 55+  | 0.00 | 0.000 |
|  |  |  |  |
| **Female Genital Self-Image Scale** |  | 1.66 | 0.017 |
|  |  |  |  |
| *Constant*  |  | *0.06* | *0.189* |
| *-2 log likelihood* |  | *89.32* |  |
| *df* |  | *9* |  |

*Table 3: Odds ratios from logistic regression analyses predicting the likelihood of* *extensive pubic hair removal among women in the last 4 weeks.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Factor** | **Category** | **Odds Ratio** | ***p*** |
| **Highest educational qualification** | Less than degree (ref) | 1.000 | - |
| Degree or greater | 0.21 | 0.028 |
|  |  |  |  |
| **Age** | 18-24 (ref) | 1.000 | - |
| 25-34 | 0.15 | 0.021 |
| 35-44 | 0.12 | 0.023 |
| 45+ | 0.05 | 0.001 |
|  |  |  |  |
| **Attitudes toward erotica questionnaire**  | Harm scale | 0.90 | 0.034 |
|  |  |  |  |
| **PHR for sensation**  | No (ref) | 1.00 | - |
| Yes | 33.05 | 0.000 |
|  |  |  |  |
| **PHR for sport activities** | No (ref) | 1.00 | - |
| Yes | 0.03 | 0.003 |
|  |  |  |  |
| **PHR because partner urged** | No (ref) | 1.00 | - |
| Yes | 65.01 | 0.039 |
|  |  |  |  |
| *Constant*  |  | *8.35* | *0.198* |
| *-2 log likelihood* |  | *109.78* |  |
| *df* |  | *8* |  |

1. All participants self-identified as being a woman and indicated their gender as female. [↑](#footnote-ref-1)
2. Definitions provided to respondents. Au-naturel - no removal of pubic hair; Basic bikini - only pubic hair extending beyond the bikini line is removed and a triangle of hair is left; French/Playboy - only a narrow strip or small mound of pubic hair is left; Full Brazilian/Hollywood - full removal of all pubic hair from front to back. [↑](#footnote-ref-2)