

vulva gazing

power and the gendered body

Aaliya Jamal Zaidi

VULVA GAZING

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by

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To Amma, Baba and Buttie,
Who cheer me on and kept me grounded.

To Akhil,
Who nudges me to follow my passions and lovingly holds my hand while I do it.

abstract

How does a gendered gaze determine what we feel shame about?

In patriarchal society, the male gaze is normal. Within its sights, the vulva, the external female sexual and reproductive organs, is consistently viewed negatively — censored and ignored, or labeled with euphemisms and slurs across cultures. The modern western medical canon upholds and reinforces this view of the vulva, through a combination of disinterest and omission. This cultural aversion leads to a personal aversion. For people with vulvas this manifests in a lack of information about their own bodies which leads to shame, pain and even fatalities.

Vulva Gazing is an invitation to become curious, empowered and shame-free. This work explores how sex-ed contributes to gendering, how shame is experienced in relation to the body through teenage years and well into adulthood, and the role art and design can play in challenging shame and promoting pleasure. The lens of pleasure offers a disruption of conventional social relations that stigmatizes female agency. I have found that the act of gazing at the vulva is critical to radically normalizing the gendered female body.

I ask you to imagine, what might happen if every person could live in their body without shame?

acknowledgements

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contents

(in)visible	18
female problems	32
clitty world	35
art, design and shame	48
expert opinions	58
the sh(r)ining	63
totally normal	70
vulva gazing	78
a note on terms	117
endnotes	119
image citations	125
bibliography	129



What do we hide?
How do we understand ourselves?



(in)visible

In the USA, 13 out of 50 states require medical accuracy in school sex ed, while the remaining 37 out of 50 states focus on abstinence as a form of sex education.¹ The censorship doesn't stop at the school level. Medical textbooks largely represent white, cis, male anatomy and male bodies and are used three times as often as female bodies to illustrate 'neutral body parts'.² Sex specific information is absent even in sections on topics where sex differences have long been established.³ Results from clinical trials are presented as valid for men and women even when women were excluded from the studies.⁴ The clitoral neural anatomy was only introduced into medical textbooks in July 2019.⁵ To date, the clitoral anatomy is only shown in a total of 8 leading medical textbooks globally.⁶ This gap in information results in unevidenced claims about what a normal vulva looks like, which means that the majority of doctors who operate on vulvas are largely unaware of the clitoral anatomy and unknowingly cause permanent damage to female genitalia.⁷

Clearly, sex- and gender-related issues are not systematically addressed in curriculum development. The area considered 'women's health' is still incredibly poorly researched or not at all.⁸ Until 2006, nine out of ninety

five medical schools offered a course that could be described as a 'women's health course'.⁹ Only two of these courses, obstetrics and gynecology, taught in the second or third academic years, were mandatory.

How does one challenge patriarchal ideas about bodies, especially the ones we consider female? What I mean specifically is how do we normalize talking and thinking about things like female anatomy, processes and pleasure so that it is less shameful to seek help, care for ourselves and learn more. If those of us with vulvas can achieve this, then we can make more informed decisions and communicate better with others. Last semester I started thinking about shame. In my journal there's a page where I have written "Things I've felt shame around." I meant to explore the reasons we hide and shrink ourselves to fit into boxes of what we should look like, think like, and what we should know and talk about. This is a sinister type of shame that controls our expression of self. An example of this is the preemptive dread I still get due to the awkwardness that my thesis material elicits from people sometimes. It makes me want to shrink, myself and my work. The shame monster in my brain goes,

“Oh how much should I tell this person? Maybe I am making too much out of something that is not so big. Are they going to die from the embarrassment of me telling them about how there is not only a wage gap but also a pleasure gap?” How so many people still don’t know the difference between a vagina and a vulva? And when I tell them about how vulvas are actually amazing and are inherited in the same way that your faces might make you resemble your parents’ - they will just get grossed out and bored.”

And then I realize first, how ridiculous this shame monster is. Gross AND boring?! I doubt I’ll be able to accomplish both of those qualities at the same time. Second, I realize that it is pretty normal for people to react that way and that it should instead strengthen my conviction and not weaken it. And eventually I remember. The fact that I still have this voice in my head telling me to shrink and cringe is part of the problem I’m trying to tackle. How many shame monsters do we all have in our heads that prevent us from knowing ourselves, from living full lives without pain or at least confusion? I remember my mission; to chip away at the walls built by shame in our minds, bit by bit, so that we can let a little more light and joy in.

Shame stops us from knowing and saying the words ‘Vagina’ ‘Vulva’ ‘Labia’ and ‘Clitoris’, preventing women from seeking care and articulating their

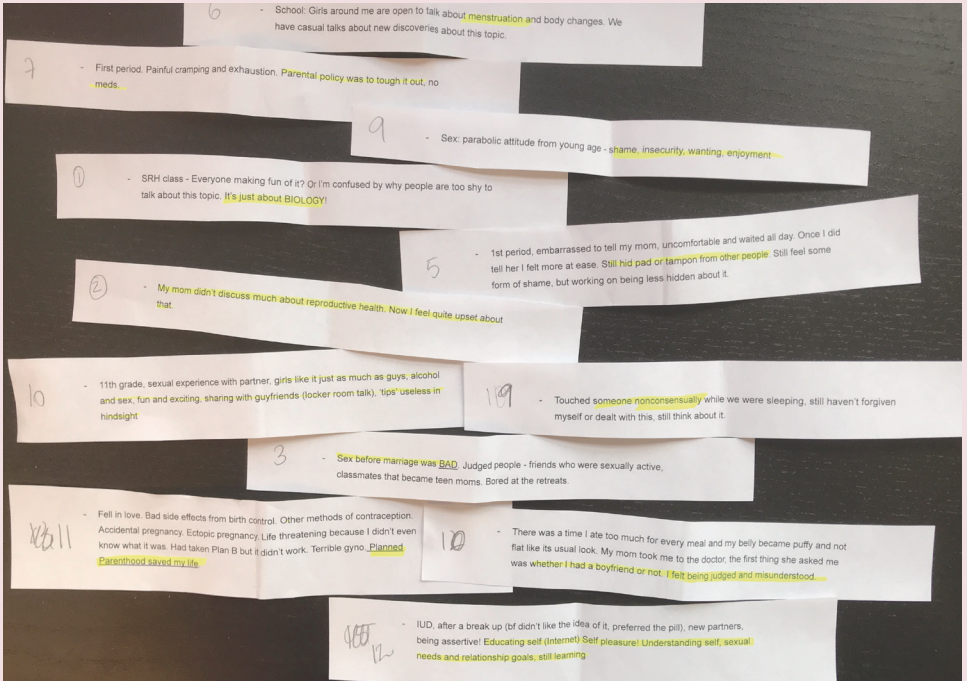
needs everyday. There are whole industries - cosmetic and medical - that profit off use of shame, the idea that vaginas and vulvas need to be fixed and that the stuff that comes out of a vagina (except for babies), like period blood and discharge, is dirty."

My first real sense of all this was when I was 12. I went to the bathroom and was confronted with an inexplicable brown wetness in my underwear. I remember being wholly confused. There was no way that I could remotely connect what I had learned about the abstract thing called a period, to this brown underwear event that was currently haunting me. Squirming with embarrassment but in an attempt to ignore it, I tossed it into my laundry hamper. A few days later, the cleaning lady exposed me to my mother, telling her my mahina, hindi for 'month', had started. I didn't know what she meant, but my bemused mother then sat me down to assure me it was my period and showed me how to use a pad.

Today there are so many ways, at least in the western, english speaking world, to access media about what it means to be a person with a vulva and/or a menstruating uterus. I definitely wish that existed in 2004 when I was panicking alone in my bathroom. But putting what you learn into practice is a different type of experience. Physically exploring your body and not just the need-to-know of googling stuff and remembering some of it, is a different

type of learning. Often, it happens in the bedroom, in the bathroom, in front of the mirror, or sitting on the toilet. Maybe with a partner, a best friend, or a mother, in a quiet indoor voice or even a whisper “I’m sorry. I didn’t know what to do”. It’s usually best if it’s met with a firm tone of reassurance “Don’t worry, it’s normal”.

Though often normality is constructed outside of what is real. Take, for example, that sex as a binary is a fallacy as much as the gender binary is.¹² As many as 1.7 percent of babies are born Intersex.¹³ That’s 134,300,000 people which is larger than the total population of Mexico. It is also normal to perform and recommend ‘normalizing’ surgical procedures, which help to categorize these babies as male or female.¹⁴ These procedures can inflict irreversible physical and psychological harm on Intersex people starting in infancy, and lasts throughout their lives.¹⁵ Doctors say its done to make it easier for these children to grow up “normal” and integrate more easily into society by helping them conform to a particular sex assignment.¹⁶ For more than 50 years, the medical community in the United States has defaulted to this practice.¹⁷ There is no research to support cosmetic infant genitoplasty for intersex babies,¹⁸ though there are over 70 conditions that fall into the umbrella of Intersex.¹⁹ If research has now found that sex differences affect every tissue and organ system in the body,²⁰ what does that mean for the ‘normal’ Intersex person? If we are



Exerpts from a survey on people's experiences learning about sexual and reproductive health.

'correcting' them almost from birth, what do we really know about how sex differences affect them or any of us?

There are said to be sex differences in the 'prevalence, course and severity' of the majority of common human diseases like colds, allergies and stomach aches.²¹

There are sex differences in the fundamental workings of our hearts.²⁸

There are sex differences our lung capacities.²⁹

There are sex differences in the brain.³⁰

There are sex differences in our eyes and ears and noses and tongues.³¹

There are sex differences in our armpits, and butts and biceps.³²

You get the picture.

The result of this? One in eight women who have a heart attack report the classic male symptom of chest pain, making this description inaccurate and yes, fatal.²² Of the 8% of humans with autoimmune diseases, women are three times more likely to develop them than men.²³ What's worse is the lack of trust in women's self-reports about what they're experiencing, and

a tendency to dismiss or psychologize complaints.⁴ All of this is compounded by the intersection of other factors such as race, class, caste, sexuality and more. In 2019 the CDC reported that African-American, Native American and Alaska Native women die of pregnancy-related causes at a rate about three times higher than those of white women.⁵ Which is why it's important to note that we are also very alike. Studies have shown that sex has little to no effect on cognitive ability, personality development, or leadership abilities⁶.

So what's the value in naming how we are different? We are all different but very similar. Shame and stigma arises from being out of the norm, whether that is physical or intangible. It is most troubling when it is over an innate part of who we are, of things we can't control - skin color, sexuality, body shape, body hair and so on.

Feeling shame that I had an unkind thought or ate the last slice of pizza is different from feeling shame about how my body looks or what it does. The former comes from my own values around how I want to think and behave. The latter comes from the idea that if I don't look or behave in a certain way, I'm not worthy of care, or love, or freedom or happiness, which is less about being same or different, but more about the unequal worth we place on different bodies. Naming and celebrating differences helps to



Judged people - friends who were sexually active,



Scared, intimidated, confused



Still hid pad or tampon from other people.

validate diversity, bring equal worth, and ideally curiosity into our ever-diverging and converging experiences.

From 10th to 12th grade I went to a boarding school in a beautiful part of the Palani Hills in Tamil Nadu, India. When I first got there I was 15 years old and weighed 42 kilograms. By the end of my first semester I weighed 58 kilograms and had not had a period in 5 months. When I went home, my mother took me to a gynecologist for the first time who told me I had a condition called Polycystic Ovarian Syndrome (PCOS). I would have to control my sugar intake and weight or risk becoming prone to cancer, infertility and type 2 diabetes - a uniquely demoralizing trifecta. Naturally, I went on my first diet.

Sunday night study hall in boarding school was observed by staying in your dorm room, supposedly doing homework. That was when I would sit on my single bed with my laptop and email with the nutritionist, while my roommate watched a slew of horror films, each more gruesome than the previous one. One Sunday, I remember walking to my dorm for study hall, and passing a group of 12th grade boys, The Bullies. "Hey, Fatass!" one of them shouted at me. I got back to my room and checked the menu that the nutritionist had sent. Every week she would email me a list of things I could eat from the school dining hall menu that she'd check online. I

memorized her recommendations, and prayed that my diligence would pay off. I prayed that the sense of doom around my health (the impending triple whammy) and shame over my softening and expanding body, would be abated. This would be followed by the usual search on the internet, WebMDs, MedWorld, HealthLine, re-reading how to manage this newly found disorder that no doctor could really explain to me in detail.

*

The average person who menstruates spends about \$1,773 on period products in their lifetime.²⁷ After years of trial and error, and my fair share of dollars spent, I have recently discovered the latest menstruator-led innovation - period underwear. With this addition to my period product stock, I can waltz around my house, RISD campus, or anywhere really without the lingering caution of soiling upholstery, sheets, underwear, or clothes. Once I get home and I can throw them straight into the washing machine and put on a fresh pair. I can go to the bathroom on campus and not worry about whether I will have to put my pants back on, open the cubicle door to check who is around, hop over to the pad-and-tampon dispenser, grab one of the pads that I refill every few months myself, and scuttle back into the cubicle to stick it on my underwear. It feels luxurious.

As we design and redesign product solutions in 'feminine care', it is sometimes most impactful to simply change the terms of engagement. Like when period underwear is placed in the underwear section at the department store, or when pleasure devices for women are given awards for innovation in electronics, or simply when a healthcare practitioner lets you lead your own pelvic exam. With the acceptance of the fact, you can move what is siloed into something worthy of exploring.

Periods?

No problem, here's some ways to manage it!

Sex?

Your satisfaction is important. Here are some fun ways for both parties to orgasm!

Vulva?

Each one is amazing and unique! Here's how you can learn about yours.



The area
considered
'women's
health'
is still
incredibly
poorly
researched
or not at all.

female problems

“Did you learn about sexual and reproductive health in school? What did you learn? What topics were covered?”

In the journey of trying to understand why and how the gendering of bodies occurs, this was the first question I asked a group of captive peers. School tends to be fertile ground for shame and stigma, as teenage years are filled with major bodily changes and new desires. I wanted to understand the key proponents of explicitly gendered health.

What young minds get exposed to, easily becomes wrapped up in society's moral code; for example, sex and desire is bad/sinful so we won't talk about it if we can avoid it; periods are dirty, female problems. Thus it was no surprise to learn that the majority of people learned about their bodies and the bodies of the opposite sex in an awkward, disconnected and gender segregated way, through the lens of 'sex-ed' taught by an appropriately awkward gym teacher. The problem with this specifically (though there are many problems) is that in pigeon-holing sex and reproduction together we come to assume that sex = reproduction, thereby removing any talk of desire, pleasure and inter-personal relationships. We then take these assumptions into the world and when we encounter desire, relationships and of course sex. There is shame, confusion and much

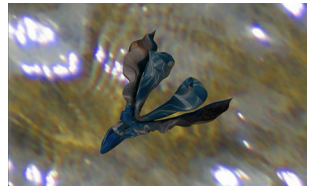
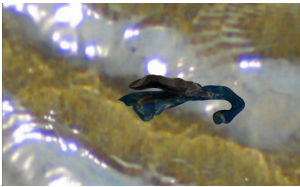
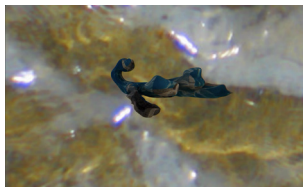
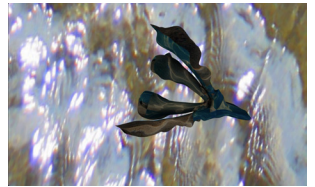
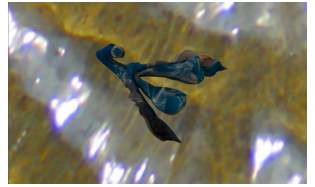
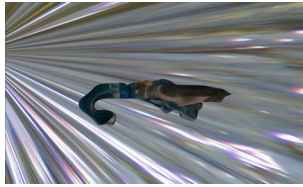
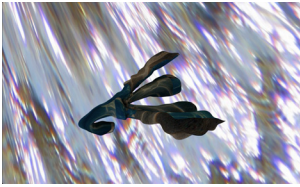
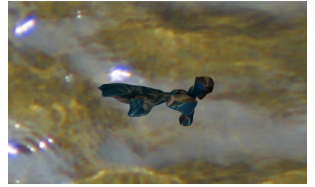
misinformation from a wide variety of similarly shamed and confused sources, namely our peers.

I started to see the connection between the arrangement of 'sex-ed' in school and what falls into this category of sexual and reproductive health; a lot, and also not enough. The connection of 'female problems' like periods, pregnancy, and contraception to the gaping void of interest and information in female bodies. The same children from an insufficient and awkward sex-ed class go into the wider world as researchers, doctors, policymakers and healthcare providers without any further education or inclination to be educated on what it means to be male, female, or intersex and how we are same or different.

So it makes sense that 50% of women are likely to be misdiagnosed after a heart attack and 17% more likely to die in a car crash.³³ Most things are designed for men including research and design to policy and, ironically, safety. We currently know a lot about how western, white male bodies work and look and to date it largely forms the basis of what we know about what it means to be human. You could say that those who are not white and/or male are the 'other' humans that we don't yet really know about, nor do we particularly care about. This would be consistent with the recent desire by those in power to overturn the *Roe vs. Wade* ruling in the United

States.³⁴ The logic goes - child-bearing people are not really human, but their potential white, male babies are. Even as we live in the age of information we have so much yet to learn about the billions of humans who are not conventionally 'male'. This should be a hugely alarming realization. Alarming and also motivating. It also means that the inclusion and mainstreaming of non-male people requires great creativity and ingenuity not just in what is made or re-made, but also what is re-arranged.

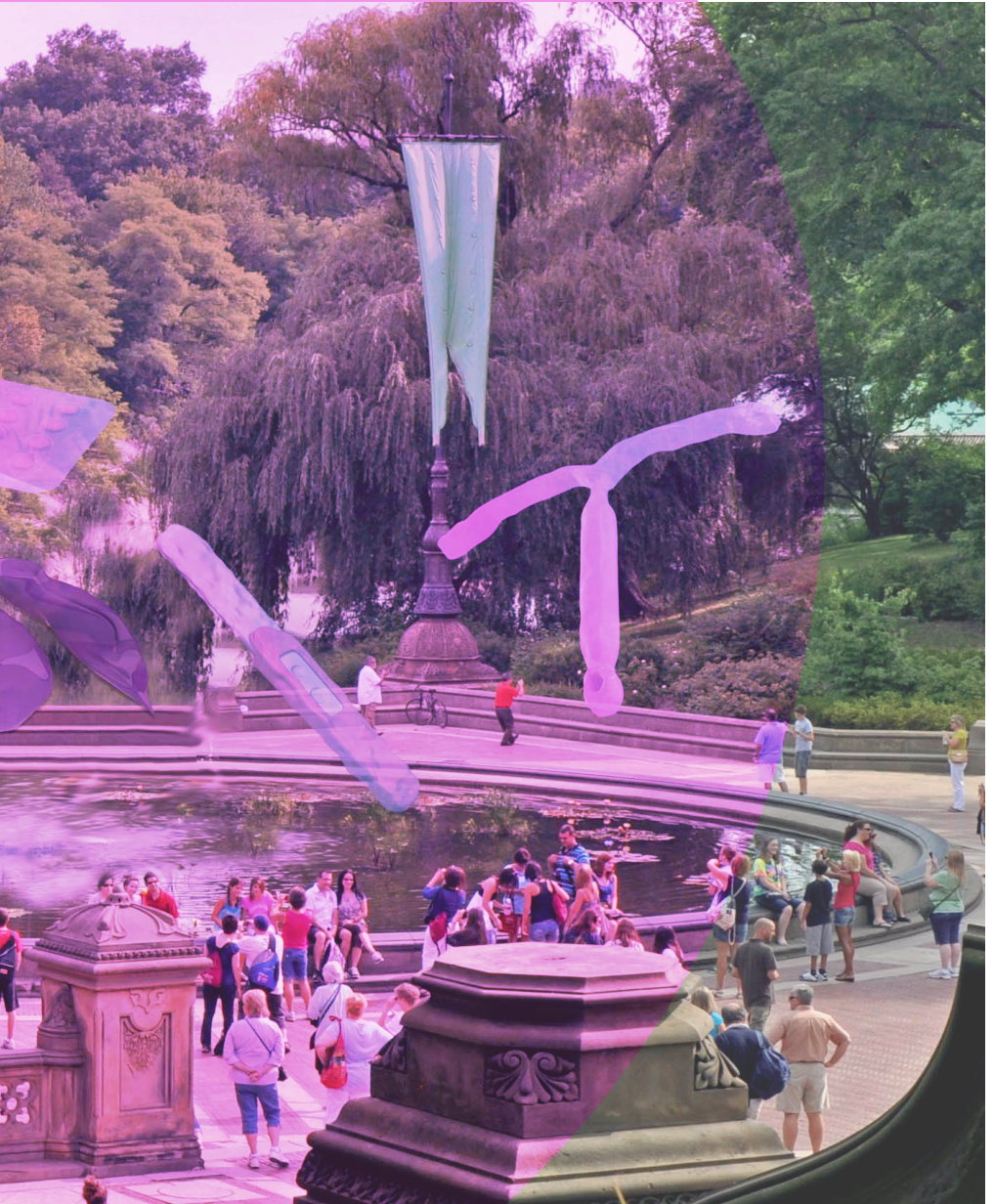
My work revolves around moving what is female and therefore marginal, into the normal, mainstream. How often do you see the same product designed for men and women but for some reason they are separated by gender, which is denoted through a variety of messages - colour, metaphors, language, even functionality. Most commonly, razors for men: black and blue, for the face, 'manscaping'. Razors for women: pink and white, for the whole body, 'silky-smooth'. Design should then be interested in meaningful differences in gender and/or sex instead of manufacturing superficial ones. Like incorporating diaper-changing stations in restrooms irrespective of gender, or making menstrual products as common and accessible as toilet paper.

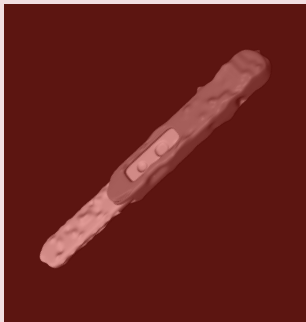
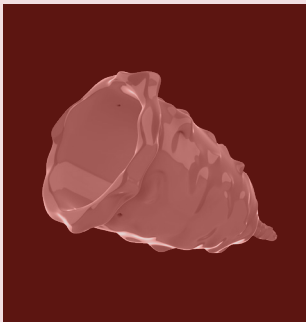
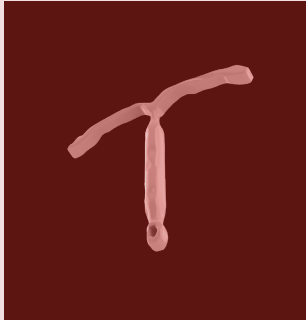


clitty world

I created the character Clitty from a found 3D file of a model of the clitoris. Unlike the anatomically focused original, my own version is fluid, distorted, textured and layered. In the video Clitty, the free clit, hurls through a mossy-wet cyberspace to the audio track: Ritual Union by Little Dragon. When I showed this video to my peers, I got a variety of reactions; amusement, surprise, confusion and most importantly; interest and curiosity. “That’s the clit?! I’ve never seen what it looks like!” My next step was to insert Clitty and their friends - IUD, Birth Control Pills, Menstrual Cup and Home-Pregnancy Test into a variety of public scenarios to indicate the celebration of designs that make or break a female bodied person’s life. With the exception of the IUD, the they are all female-pioneered innovations.





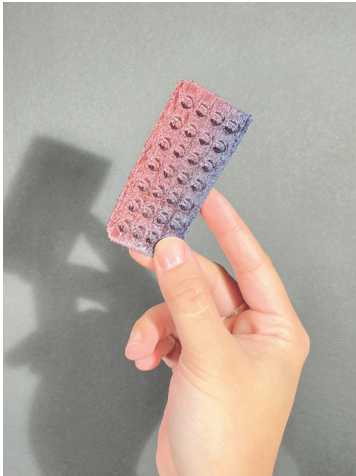
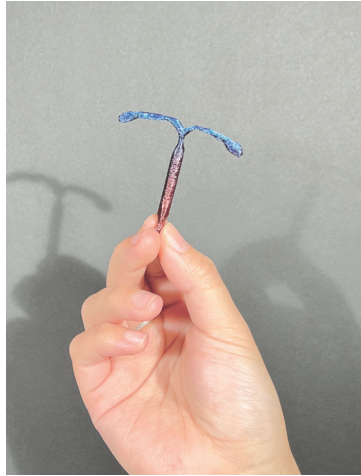


In drawing attention to female pleasure through the motif of the Clitoris, it made me think about what it takes to have pleasure. Female people have to rely on the ability to prevent pregnancy in order to have sex for pleasure. This is achieved through the many types of contraception that are designed for women, as if women are the only ones responsible for conception. It is maintained by the ability to check for pregnancy through managing menses, which if missed are indicated through at home pregnancy tests. Thus in order for non-child bearing people to have consensual, mutually pleasurable sex with child-bearing people many of us rely on innovations not just the people who can bear children.





How do objects inform our sense of

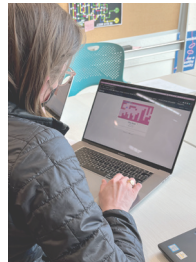


what's normal, exciting, or inspiring?



Imagining Clitty World in a format that is typically masculine and also familiar to many. Video games are a great way to present narrative that is at once open-ended as well as structured. Clitty World the video game highlights the experience of a person with a Clitoris, who is relatively sexually empowered, attempting to manage their bodies. It is a way to generate empathy and pull more people into thinking about the structural inequity that lies within thinking about this typically taboo topic of female pleasure.





User Testing: Getting people to interact with the objects and game individually in order to document and asses how they respond to these objects. I realize that materiality is key to making even the weirdest objects feel familiar or approachable. The game requires expansion in order to truly draw the user into a complete experience. In video form, the game can be observed with more distance. The game generates emotions like frustration and confusion but also intrigue, enjoyment and satisfaction as the user is able to collect menstrual pads, IUDs and gain 'time'.



**It is
sometimes
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engagement.**

art, design and shame

Attempting to understand the state and scope of a systemic problem, I turned to art and design interventions to see how others have used creativity to move beyond shame and understanding needs of those with 'othered' bodies. There are wide range of existing initiatives that are out there, both in the Western, english-speaking world, and in India, my own home. This led me to take a more analytical approach. There are many milestone pop culture-moments too which have changed the way we have conversations around female bodies #MeToo included. They lie along the spectrum from universal to highly context-specific in their content and approach. From challenging mindsets; to explicitly disseminating information and dispelling myths; sharing resources for actionable context-specific information; and designing actual products and services which address more physical needs.

Artworks can help challenge stigma though vivid imagery and subversion that can change perceptions. For example, Judy Chicago's work from the 1974-79 "Dinner Party"³⁵, an installation where where she created symbolic place settings for women through the history of civilization using traditionally feminine crafts such as embroidery, ceramics evoking the context of the domestic. It turned

what was previously considered uninteresting and/or taboo into something iconic, reverent and monumental. It paved the way for many feminist artworks, by inspiring and by shifting the status quo in the art industry. This however, takes an abundance of time for the ripple effects to be seen at a societal level, though it may personally profoundly impact the privileged few who can pay \$20 to enter and view the work at the Brooklyn Museum.

Sexual and Reproductive Health Education in schools is woefully inadequate or non-existent in patriarchal cultures too. Over the past couple of years Netflix shows such as *Big Mouth* and *Sex Education* have put the content of what should have long been integrated into educational systems into TV shows.³⁶ Through this medium they are able to portray the very human, awkward, funny, painful embarrassing moments that constitute growing up and learning about your body. Who would have thought that an animated *Hormone Monster* would help you better understand the connection of your thoughts and desires to your hormones and body? Or that the *Depression Kitty*, would so accurately depict how and when mental health issues can become crippling. The constraints of this are that again, this is more media catering to a select audience that has the means and interest in having a Netflix account and speaks any of the languages offered (English, French,

German, Italian or Spanish).

In a world designed for cis, white men, it would make sense then that many/most systems require objects to be truly innovative to cater to a female needs (they are after all still considered too 'complex' and 'expensive'). Luckily in 2022 we have never before had so many products officially designed for the management of menses, and we have about 12 different types of contraceptive products available for people with uteruses.³⁷ This is a huge feat, though for contraception, it has to be noted that a man can impregnate scores of women every a month, whereas a woman can only get pregnant once every nine months.³⁸ Mathematically it would make sense to design more contraceptive methods for the male body. The constraints to the development male contraceptive are particularly indicative of the nebulous nature of patriarchy. Pharmaceutical companies are not interested in investing money behind robust research around male contraceptives³⁹. When they have been known to start testing them, participants and the companies are quickly discouraged by the side-effects, of which there are now relatively few especially when compared to female contraceptives⁴⁰. Meanwhile globally, nearly half of pregnancies are unwanted.⁴¹ So when thinking about products, one has to think about objects in relation to the attitudes embedded in the users and



Artworks to shock, poke fun at and glorify the embodied experience of being a woman

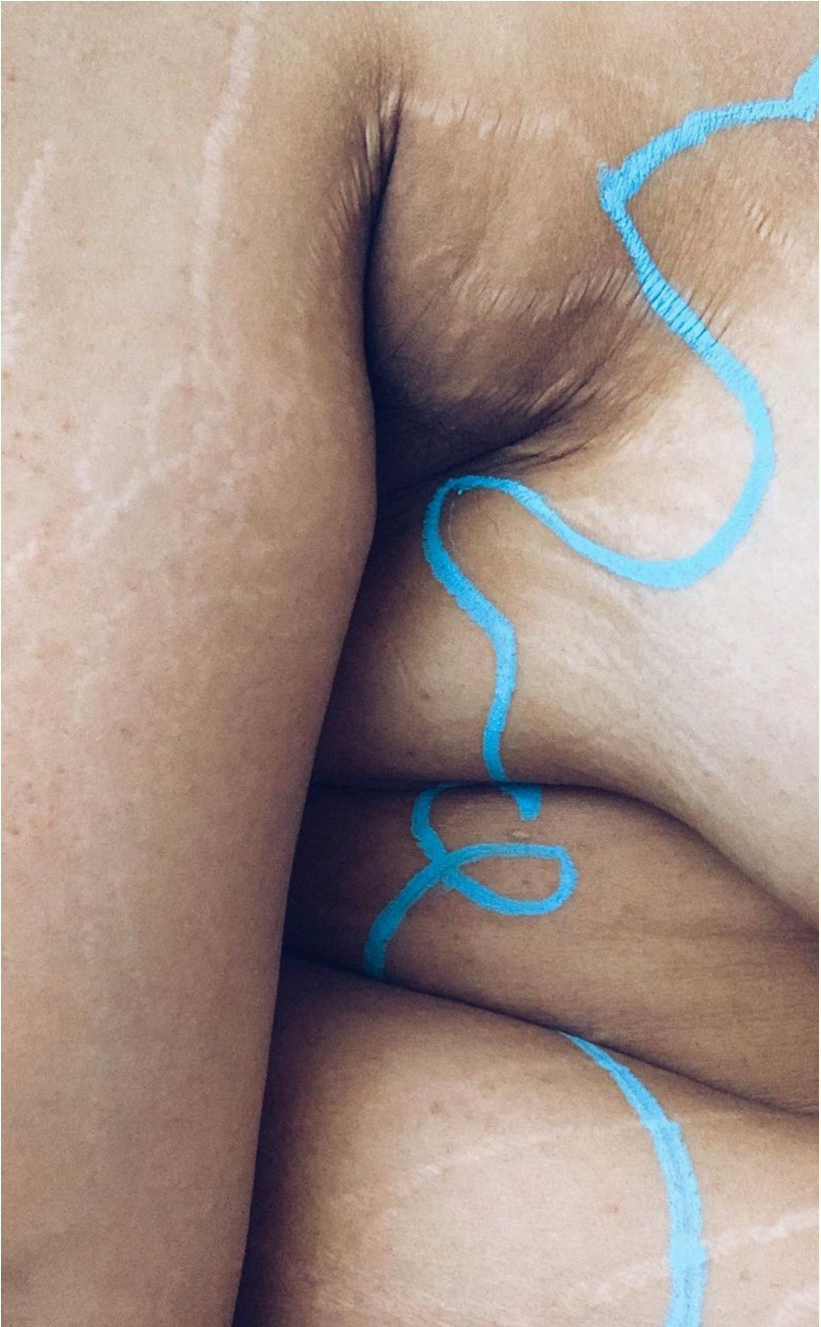
their contexts.

Health experts on social media can have a profound impact. They can act as a means of disseminating information in local languages, that's context- and culturally-specific and engaging, especially to younger people. In countries like India and Egypt where sex-ed extremely taboo, disseminating medically accurate information is life-changing for many men and women alike.⁴² Where sex education is missing, women are left feeling ashamed and ignorant of their own bodies. The internet allows for this essential gap in information and awareness to be filled, where formal structures like school and healthcare fail to⁴³.

Policy can make or break access to education, services and products that may already exist including contraception, menstrual products and health care services. Without appropriate attention to policy, we would still have tampon companies putting toxic absorbents in tampons leading to the deaths of thousands of women.⁴⁴ Unregulated industries like those selling vaginal washes and probiotics for vaginal and vulvar health put many women at risk of other health complications.⁴⁵ As of May 2022, the future of abortion is under threat in the United States, underscoring the need to support innovation, research and access with policy in order to achieve true equity for female people.

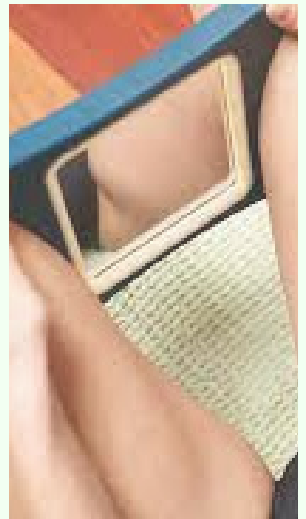
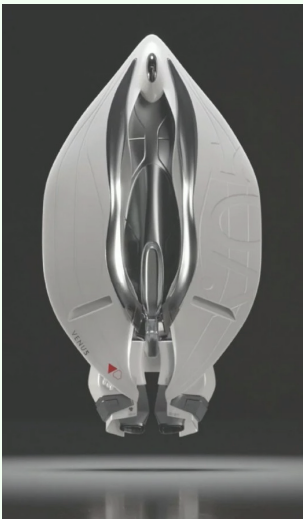
Where is the line between public and private?







How can we use storytelling to envision and manifest a more desirable reality?





**What's the
value in naming
how we are
different?**

expert opinions

So often its less about creating new products or redesigning existing products. It can be really impactful to just change the language we use around it.

Michelle Millar Fisher,
Writer, Educator, Curator,
Museum of Fine Art
Boston

At home, parents are not comfortable talking about sex, sexuality at the dinner table... adults are sometimes not willing to talk to people they live with about a diagnosis.

Kristina Lambert,
Nurse Practitioner (20+
years),
Planned Parenthood,
Providence

Engaging men in the conversation is important to having a meaningful impact on the women. It would take a significant burden off the women to have to educate them or hide from them.

Tanya Bhandari,
Design Lead, YLabs

Like 10 years ago sex shops used to be in the side of town noone went to. You used to mostly get men in. Now the shop is on a main street, where there's a post office, super visible and now you get a lot more women walk in.

Renee Gomez,
Mural Artist,
Former Manager Amazing
Essentials, Providence

It think its important to remember that not all bodies are considered equal. It helps to think about how to articulate that through existing scientific models - like the social determinants of health. Then you can say - this is how health equity can be achieved. For sexual health, you can then see how tangibly you can improve equity.

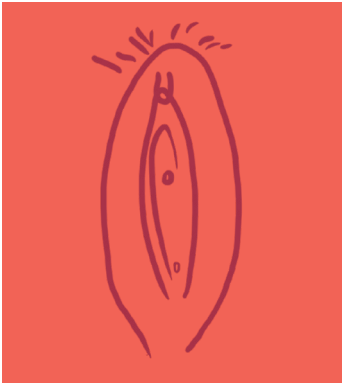
Leah Meadows,
Senior Manager, Insights
and Experience Strategy,
Johnson & Johnson

Right now there aren't too many approaches to sex. Why? Because of the ageism and sexism in the products and the language. They are still juvenile and dumbed down, making pleasure novel when it is really no normal and essential. Look at the mass beauty industry - it has been young for so long. Now you have so many brands diversifying the industry, catering to different lifestyles and interests. We want the same thing to happen for sexual wellness.

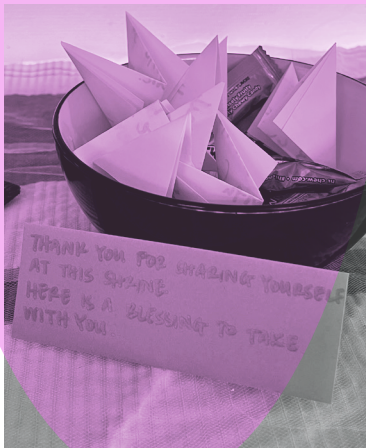
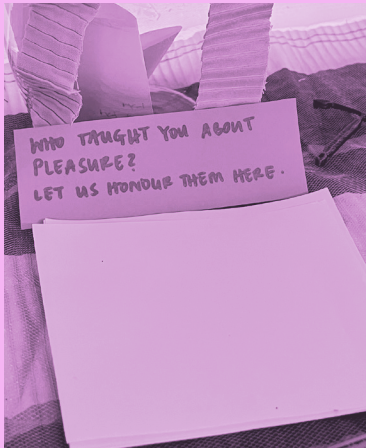
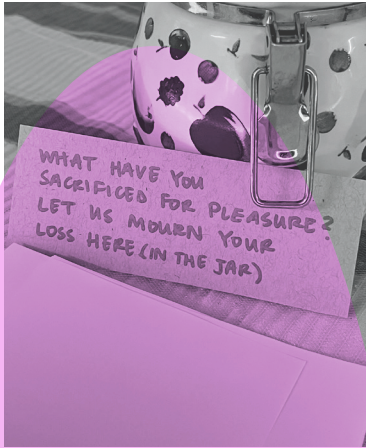
Éva Goicochea,
Founder, Creative Director,
Maude

You have to consider what previous connotations people might have with the work. Will they identify with the symbol[s] you are using? It depends on the community whether or not your message will be received.

Yarrow Thorne,
Founder, Avenue
Concept,
Providence



Vulvas drawn by peers. Taken from a survey done to learn about how much is known about the vulva by both people with and people without vulvas.



the sh(r)ining

Clitty World was helpful in acting as a way to spark conversation, but the question of ‘measuring’ or guiding the conversation to be most impactful nagged me. In order to get users to empathise with the idea of pleasure as being inequitable, I decided to use a ‘frame’ that set up cues and a more personal, reverent tone for engagement - enter ‘Shrine to Clitty, the organ of female sexual pleasure’. I set up a shrine in a visible corner of our studio space and invited people to engage through three modes -

1) Personal Reflection on Inequity

“What have you sacrificed for pleasure? Let us mourn your loss here.”

2) Personal Reflection on Joy and Gratitude

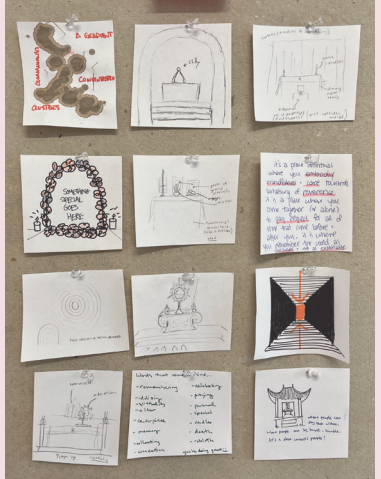
“Who taught you about pleasure? Let us honour them here”

3) Blessing

“Thank you for sharing yourself at this shrine. Here is a blessing to take with you”

The outcome was profound, as the few responses I read were very emotional and personal. In appropriating the frame of the Shrine, I realised that I couldn’t qualitatively record the responses since it contradicted the mutual respect and sincerity value of the Shrine. Overall, there were more responses for honouring over sacrifice, and surprisingly the blessings acted as keepsakes for some participants.

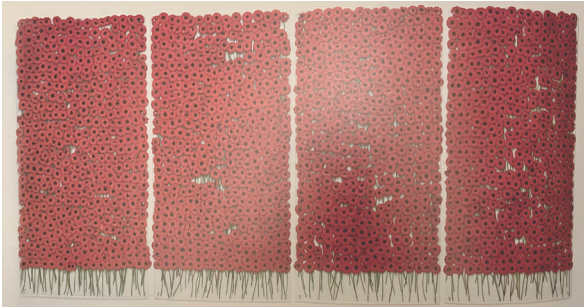
How do you flip the script on who/what is worthy?

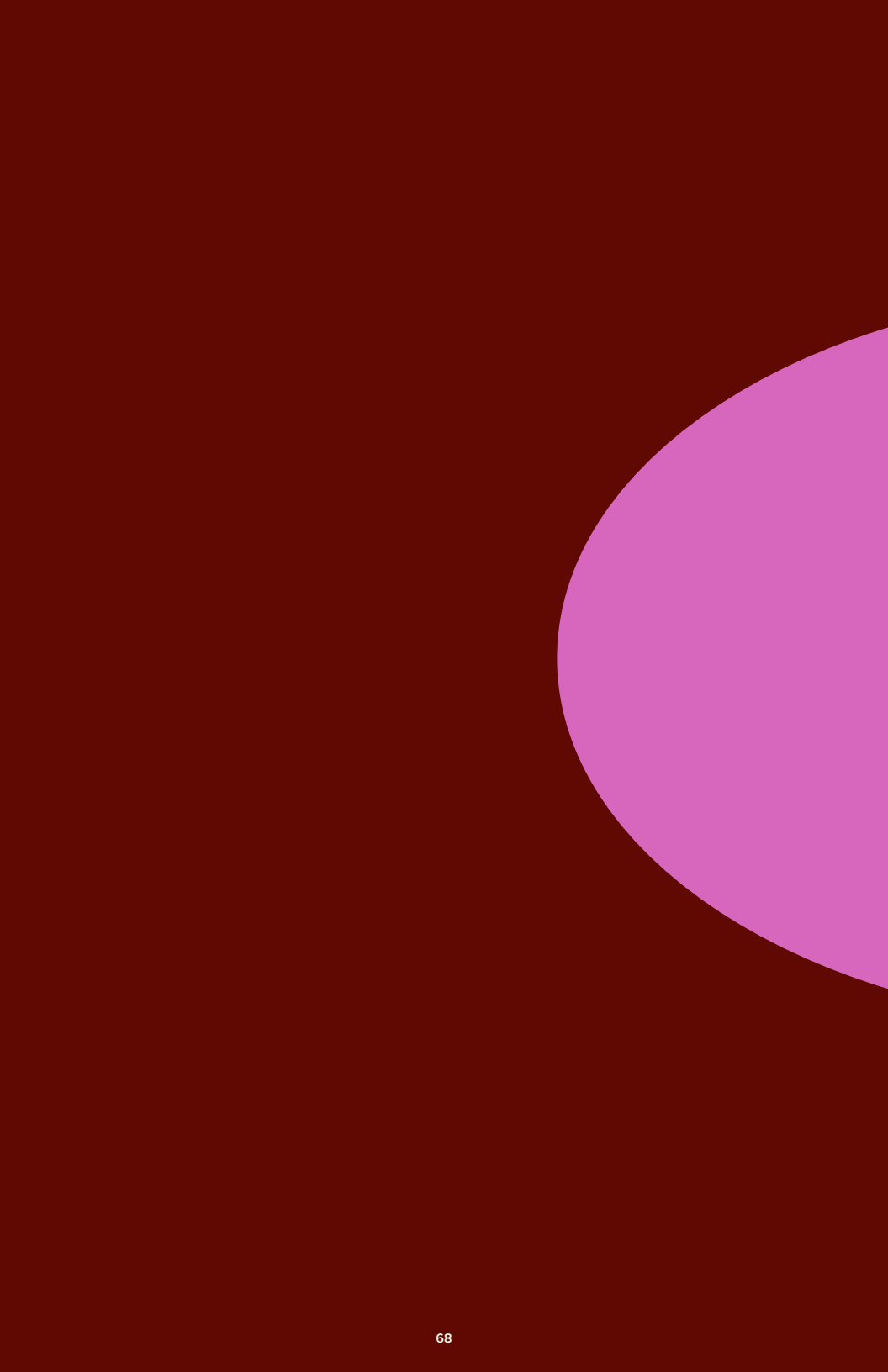







How do you make difficult, intimate questions approachable? Do they need to be?







**Often,
normality is
constructed
outside of
what is real.**

totally normal

The funny thing about female anatomy, specifically the vulva, is that it tends to exist on either end of the spectrum between euphemism and slur in public consciousness. It is through these extremes of morality - from pure virginal flower to dirty immoral promiscuous cunt - that female people remain siloed and flattened. What if the female body and sexuality were so normal you could actually say the words out loud and not feel yourself shrink? Let's try and say some of these lovely, totally normal words out loud together. I'm sitting at my desk saying these out loud as I type, at least keep me company.

Vulva? Vulva. Vulva!

Vagina? Vagina. Vagina!

Clitoris? Clitoris. Clitoris!

Menstruation? Menstruation. Menstruation!

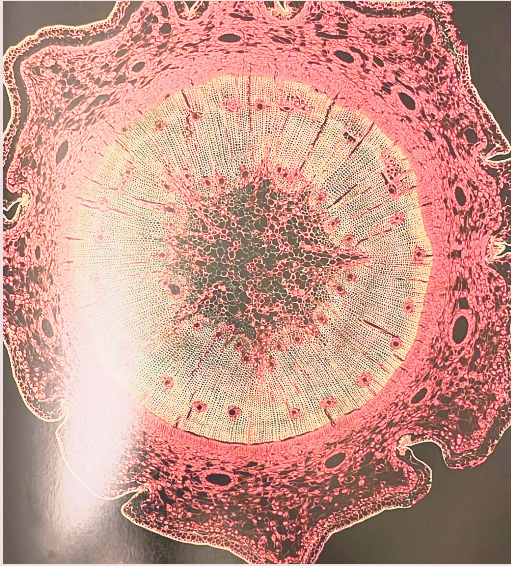
Menstrual Blood? Menstrual Blood. Menstrual Blood!

There, that wasn't so bad was it? My hope is that the next time you want to say "down there" you are one step closer to feeling comfortable enough to JUST. SAY. IT.

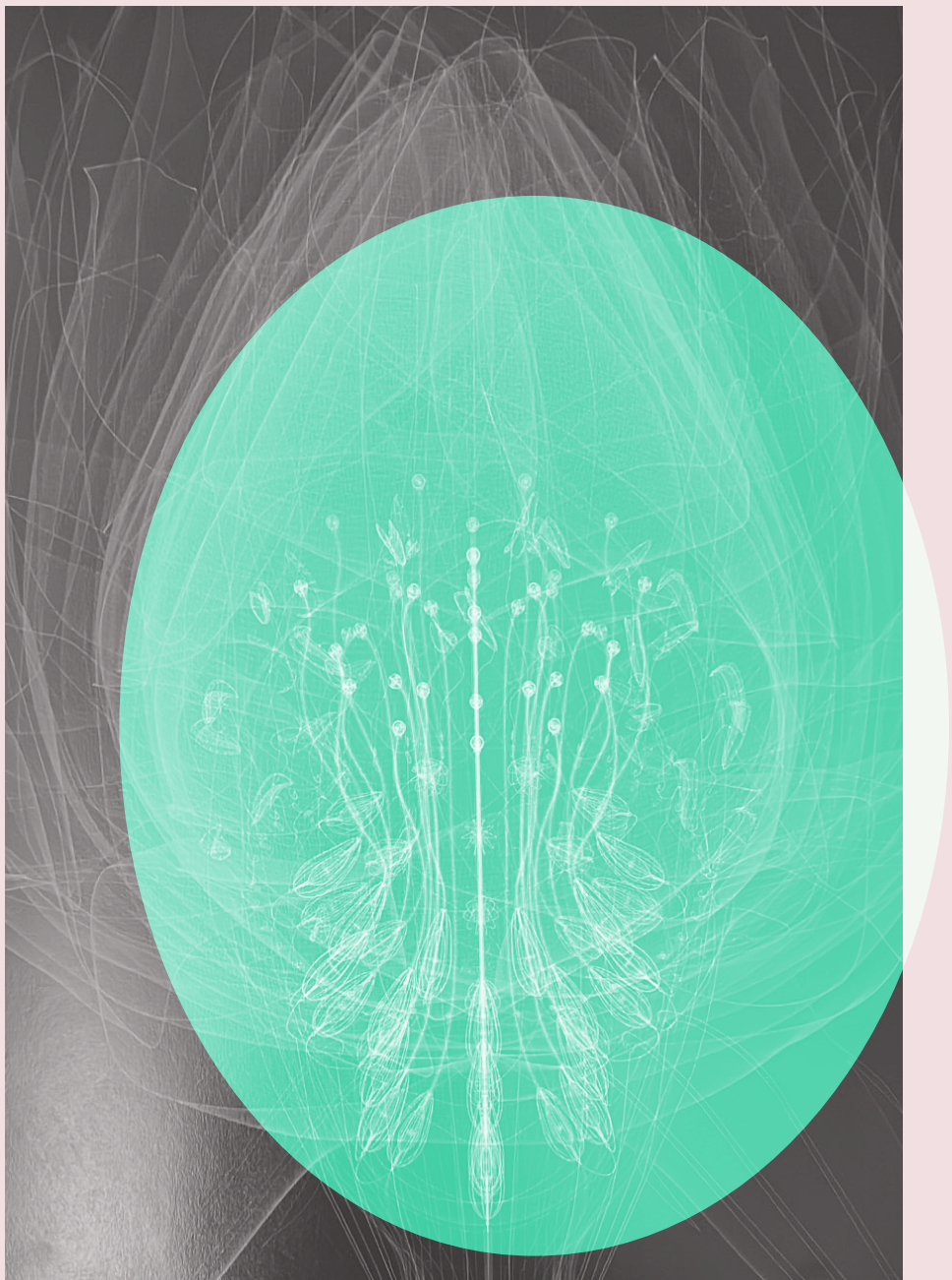
This might seem trivial. But consider how even those you'd consider medical and objective; doctors, researchers, healthcare practitioners; continue to avoid, censor and discourage any inquiry into female needs and experiences.

Everyone lives in this system. Even doctors grew up in censored homes where their parents were too uncomfortable to talk about sex and/or periods. Even researchers live in a society which continually attempts to diminish the rights of anyone with a uterus or presents as feminine.

We all go home to have conversations with our friends and/or family about our fears, pains, desires and dreams. As a student of design, I have then been concerned with how to bring these questions about our bodies home. In an age where your opinion on an issue can be reinforced or formed by a 30 second Tiktok video, or you can go online to battle with those who disagree with you - what are the transformative moments in which we are able to have our perceptions challenged?



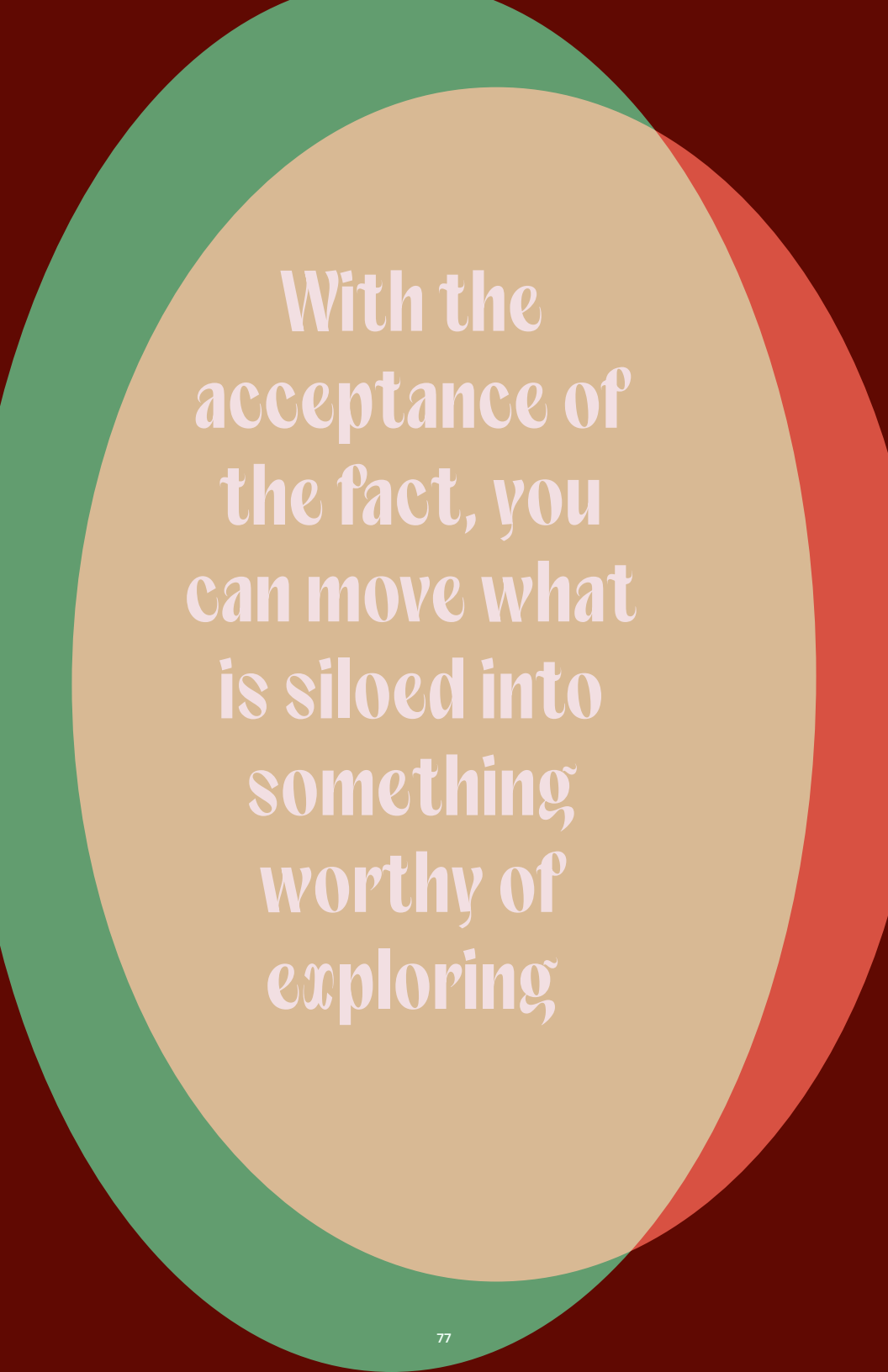
What forms are most comforting? Most intuitive?



If one-size-can't-fit-all, who is this for? Why?







**With the
acceptance of
the fact, you
can move what
is siloed into
something
worthy of
exploring**

vulva gazing

If you google “male sexual anatomy” you’ll be inundated with penises and testicles in such grand depth and variety of visual and medical perspectives that you’d be reassured that yes, we do know a lot about how men’s sexual and reproductive systems work.

If you google “female sexual anatomy” you’ll largely see many diagrams of uteruses and ovaries, and a few diagrams of vulvas that never use the word vulva, or worse, are labelled “Anatomy of Human Vagina”. You’ll even find a rogue diagram of the male reproductive system. All of which is to say that the connection between female genitalia to sex and reproduction is severely lacking.

When I did a survey of my peers, both with vulvas and without, I learned that no, we don’t really know that much about vulvas. Most of my participants weren’t able to fully label a diagram of female genitalia - some attempted to label parts with their own descriptors like “lips” and “opening” instead of labia and vagina. In fact 60% of American women can’t label their sexual and reproductive anatomy and 1 in 4 women don’t know where their vagina is. I guess this makes sense because again, culturally, we are not really meant to look “down there” at your “vag” “vajayjay” “lady parts”. If we can’t even say the words, we’re definitely not going to look there, let alone explore our vulvas physically.

When I first mentioned Vulva Self Exams to my peers and teachers, they were surprised and confused. We talk about breast exams because Breast Self Exams are not stigmatised in the same way Vulvas are.⁴⁶ Though anyone who is has hit puberty already should be getting familiar with the way their vulva looks and feels so that they can identify what is normal or abnormal for them.⁴⁷ Abnormal bumps, warts and discomfort or pain can be examined with the help of a mirror in the comfort of the home.⁴⁸ You can then decide "Oh this looks/feels off. I better go show this to my doctor." If you don't look, you won't know. And if you don't know, then you might not ever do anything about it which would be life-threatening at worst, and life-changing at best.

Which brings me back to pleasure. Much of what we know or talk about with relation to sex tends to err on the side of either being too medical and focused on reproduction, or novel in a way that feels fetishised and alien. With the objective of talking about pleasure and looking at the vulva, my aim is to normalise the female body so that taking care of yourself is totally normal and integrated into the everyday objects you furnish your home with.

I have noticed many people taking a stand against gender inequity by trying to bring up the topic of consent. Consent is definitely important but talking about sex from the perspective

of consent doesn't do much to move the overall flawed power dynamic. A pleasure based approach is a complete paradigm shift.⁴⁹

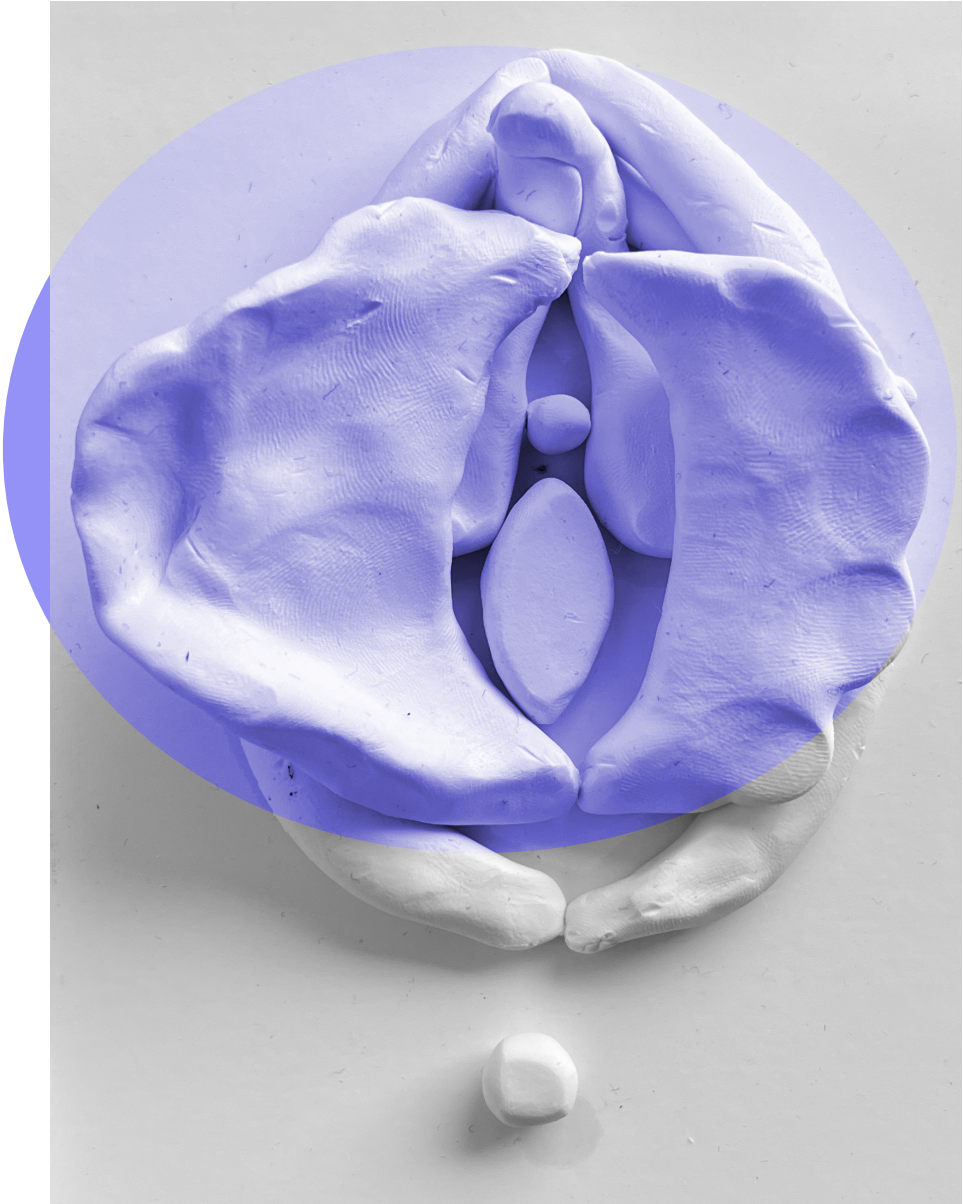
Ellen Willis said it better, "Women's liberation should no be about fending off men's sexuality but about trying to embrace your own."^{50:51}

The normalised vulva mirror is then an object that seeks to help people with vulvas to -

- 1) Overcome the stigma associated with the vulva,
- 2) Become literate in one's own anatomy
- 3) Engender curiosity in the vulva owners body

These mental shifts are made habitual by designing for the integration into the home space, specifically the bedroom where we are most likely to engage in the intimate exploration of the body. One of my peers even suggested - "You can use this with a partner for pleasure and body exploration." to which I responded with a resounding YES! to unlocking ideas for seeking out more information, more exploration and ultimately more pleasure.

What do we know about our bodies?





What makes us feel different?



How does the process affect the vision?

How does the individual affect the system?







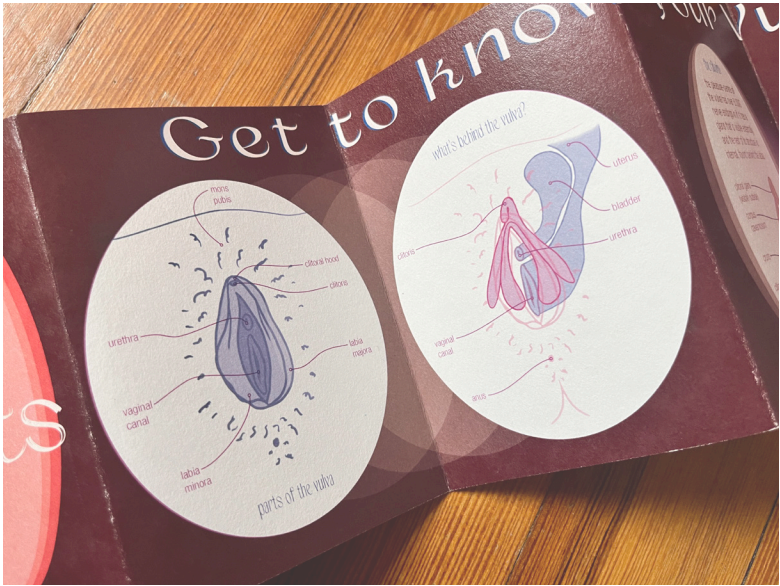


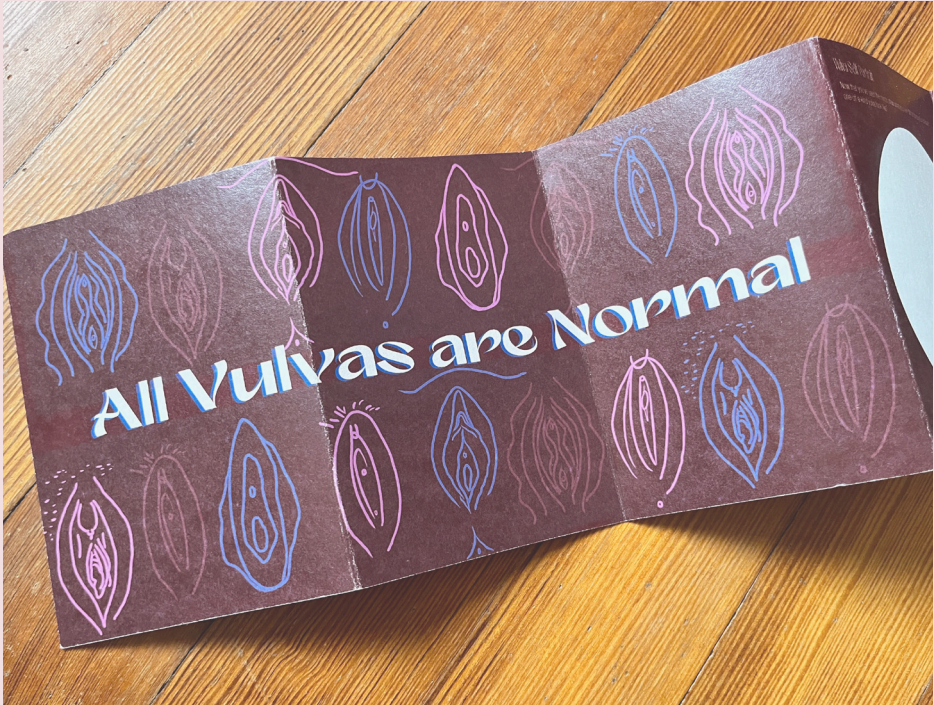
















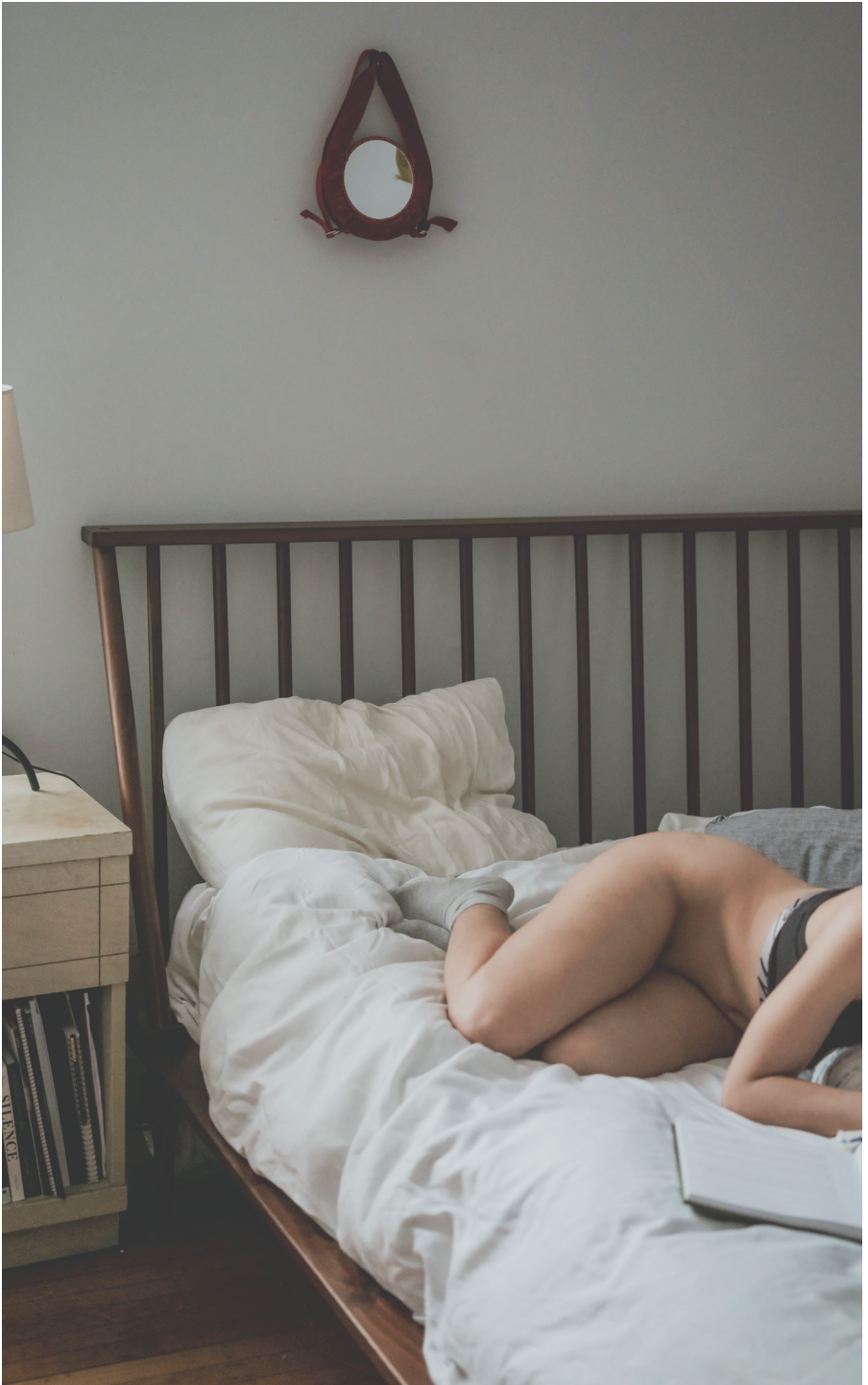
































a note on terms

Gender: the socially constructed characteristics of women, men, boys and girls. Including the norms, behaviours and roles associated with being a woman, man, girl or boy, as well as the relationships between them. As a social construct these continually vary with place and time.⁵²

Sex: A label assigned at birth of female, male or Intersex. Sex assignment is the designation of biological sex by a doctor at the birth of a child which appears on a person's birth certificate.

OR the act of vaginal, anal or manual intercourse or oral stimulation with a partner.⁵³

Men: including trans men.

Women: including trans women.

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