

Sex, Shame, and the White Coat

Introduction

I remember lying on the hospital bed, anxiously waiting for the sonographer to finish the ultrasound. Why anxious, you ask? Because society has long made it clear that an unmarried twenty-three-year-old woman has no business engaging in any sexual activity. And in that moment, the sonographer reminded me of it without needing to say much at all.

How ironic, isn't it?

I have never been one to shy away from boldly enjoying my sexual and reproductive health rights, and I wasn't about to start now. So, when I began experiencing painful sex during the second half of last year, I did what I believed was responsible: I visited a health facility earlier this year, seeking answers, support, maybe even a solution. Instead, what I got was judgment dressed as medical advice.

The Moment in the Clinic

The ultrasound was just supposed to be a routine procedure, but the sonographer's words hit me harder than the cold machine on my abdomen. 'You only experience pain when you have sex?' he asked. Thinking that this might be a genuine question necessary for the findings he was to make, I answered honestly: "Yes." The corners of his mouth thinned into a smile as he asked again, 'Are you married?'

I found this to be unnecessary, but I responded nonetheless. "No."

He paused, and with an almost dismissive tone, he said, "Then why not just stop having sex until you're married?"

His words hung heavily in the air. Sensing my discomfort, he tried to laugh it off, perhaps hoping that his laughter would somehow lessen the sting of what he had just said.

Sting?

But yes, I felt stung. Despite the confidence I project, the boldness with which I unapologetically claim my right to sexual and reproductive health, I realized in that moment how deeply ingrained the shame of having sex before marriage is, not just in society, but in me, too. That realization silenced me. The weight of that shame, so deeply ingrained in me, seemed to crush my voice, silencing me when I needed to speak up most.

Painful Sex is a Medical Concern, Not a Moral One

Pain during sex, otherwise referred to as dyspareunia, is a common medical condition than many care to acknowledge. It is often a symptom of legitimate health concerns such as endometriosis, vaginismus, pelvic inflammatory disease, hormonal imbalances, or vaginal infections. It mostly signals a need for thorough medical assessment and compassionate care, not unsolicited moral judgment.

Despite this, when women and girls speak up about painful sex, they encounter shame, silence, or spiritualized advice. But let's make one thing clear: adult women, regardless of their marital status, have the legal right to engage in consensual sexual activity. Incidentally, they have a right to access the highest attainable standard of healthcare services, including reproductive health. To mean they have a right to access reproductive healthcare without discrimination, judgment, or denial based on the choices they make.

The Kenyan Constitution enshrines this right in Article 43(1)(a), which guarantees the right to the highest attainable standard of health, which includes the right to healthcare services, including reproductive healthcare. Various international instruments support it, including the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), which mandates member states to eliminate all forms of discrimination against women in the healthcare field, including reproductive health.

Women and girls are vulnerable groups within society according to Article 21(3) of the Constitution. When healthcare professionals impose their religious, personal, and cultural morality onto such vulnerable patients, they blur the line between care and control. Painful sex, regardless

of marital status, is not a sin; it is a symptom. Like every other symptom, it deserves to be treated clinically, compassionately, and free from shame.

The Cultural & Religious Lens: Purity, Stigma, & Silence

Cultural and religious narratives around purity, particularly for unmarried adult women, often conflate sexual activity with shame. These narratives make it harder for women to advocate for their rights within medical setups. In my case, seeking medical help for painful sex made me feel like I was breaking an unspoken taboo. Instead of compassionate and objective care, I encountered judgment. That disapproving glance communicated clearly: good girls don't have such problems, and if they do, they do not discuss them openly.

This culture of silence creates a significant gap in healthcare. The risk of judgment conditions women to normalize pain and discomfort rather than seek help. Society teaches us to prioritize other people's comfort over our health needs. Medical professionals, who are also products of the same conditioning, perpetuate these narratives by failing to create safe and objective spaces for honest conversations. My experience is not just about one dismissive sonographer; it reflects a broader system where the sexual rights of women are trivialized. It exposes a broader system where the very act of women acknowledging and embracing their sexuality triggers institutional discomfort.

Breaking this vicious cycle requires us all to challenge this deeply ingrained notion that female sexuality is something to be hidden away!

A Call for Rights-Based, Shame-Free Care

It is time to revolutionize how healthcare addresses women's sexuality, moving from judgment to justice. All medical personnel who dismiss sexual health concerns reinforce a system that values propriety over well-being. This has to end. Healthcare institutions should establish clear protocols prioritizing patient dignity, encapsulating comprehensive education for providers on sexual health, and accountability measures for those who impose personal biases on clinical care. Our bodies are not moral battlegrounds; they have a right to evidence-based treatment delivered with respect and compassion. The path forward is not about politeness; it is about power. When we demand shame-

free care, we are not asking for a favor; we are claiming our fundamental right to bodily autonomy and access to the highest attainable standard of sexual and reproductive health.

Sources

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