Type of the Paper (Systematic Review)

Impact of Pubic Hair Grooming on Women's Sexual Health

Shaimaa A. A. Hassan[*1], Samar M. Ragaie[1], Wafaa Y. Abdel-Wahed[2], Sara M. Y. Tawf[1]

[1]Dermatology Department, Faculty of Medicine, Fayoum University, Fayoum 63514. Egypt.

[2] Public Health & Community Medicine Department, Faculty of Medicine, Fayoum University, Fayoum 63514, Egypt.

*Correspondence: Shaimaa A. A. Hassan, sa3696@fayoum.edu.eg, Tel: (002) 01018632969.

Received: 11 February, 2025 Reviewed: 23 June, 2025
Accepted: 27 Mars, 2025 Published online: 20 September 2025

Abstract:

Introduction: The impact of pubic hair removal on sexual activity among females is a complex topic, as it intertwines physical, psychological, and cultural dimensions. The methods of pubic hair removal, such as shaving, waxing, laser treatment, and the use of depilatory creams, each bring distinct advantages and challenges that influence sexual comfort and experiences.

Aim of the study: To evaluate, identify, and summarize the evidence from studies to comprehend the reasons behind women of various ages' grooming practices related to pubic hair.

Subjects and Methods: We searched Cochrane, Web of Science, PubMed, and SCOPUS for relevant articles. We utilized a strategy for our search by combining these keywords: (pubic hair grooming) OR (pubic hair removal OR Genital hairless OR Bikini hair removal OR pubic hair depilation). Quality evaluation of the involved studies was assessed regarding to Cochrane's risk of bias tool.

Results: Recent and lifetime removal of the pubic hair were statistically significantly predicted by age, race, and sexual history. The most frequent reasons for grooming were routine and/or hygienic grooming due to partner preference. The sexual practices of groomers and nongroomers did not differ significantly.

Conclusions: The impact of pubic hair removal on sexual activity among females is nuanced, influenced by physical, psychological, and cultural factors. The choice of grooming method should prioritize personal comfort, health, and individual preferences, rather than conforming to external expectations.

Keywords: Pubic hair; groomers; sexual health; shaving; laser.

1. Introduction

Pubic hair removal is a common grooming practice among females, influenced by cultural norms, personal preferences, and perceived aesthetics. Over time, societal expectations have increasingly favored hairless bodies, with various methods of hair removal gaining popularity, including shaving, waxing, laser treatment, and the use of depilatory creams. While the choice of grooming method often reflects

personal or cultural preferences, it can also have notable implications for sexual activity. These impacts manifest in physical, psychological, and relational dimensions, varying based on the method employed and individual experiences [1].

The physical effects of pubic hair removal are perhaps the most immediate and tangible. Methods such as shaving or waxing can create smooth skin, which some individuals and their partners find appealing, potentially enhancing physical intimacy and sexual pleasure. The absence of hair can increase skin sensitivity, potentially heightening tactile sensations during sexual activity. However, hair removal also carries risks such as skin irritation, ingrown hairs, and cuts, all of which can lead to discomfort or pain during intimacy. For instance, shaving often requires frequent upkeep and can cause stubble that may create friction, while waxing, though longer-lasting, can be painful and result in redness or irritation [2]. Beyond the physical, pubic hair removal influences psychological and emotional aspects of sexual activity. For many women, grooming enhances confidence and self-esteem, making them feel more attractive and comfortable during intimate moments [3]. This sense of self-assurance can lead to a more fulfilling sexual experience. However, the pressure to conform to societal beauty standards can also lead to stress or dissatisfaction, particularly if an individual feels obligated to remove hair to meet perceived expectations. The choice to remove or retain pubic hair can be a deeply personal decision, and how one perceives their own body often plays a critical role in shaping their sexual experiences [4].

The method of hair removal also impacts relational dynamics and communication between partners. For some couples, shared preferences or mutual agreement on grooming habits may enhance intimacy and understanding. However, differing opinions on grooming can lead to tension or discomfort. Open communication about such preferences is key to ensuring both partners feel respected and satisfied in their relationship [5]. Cultural and social factors further complicate the relationship between pubic hair removal and sexual activity. Media portrayals and societal trends often glorify hairless bodies, influencing grooming habits and perceptions of attractiveness. Conversely, movements promoting body autonomy and natural beauty challenge these norms, empowering women to embrace their bodies as they are. These opposing influences can shape how

women view their grooming choices and their impact on sexuality [6].

Ultimately, the impact of pubic hair removal on sexual activity is highly individual and multifaceted. While some find it enhances their sexual experiences by boosting confidence or increasing physical comfort, others may experience challenges such as discomfort or stress related to grooming practices. The decision of whether and how to remove pubic hair should prioritize personal comfort, health, and open communication with partners, recognizing that there is no universal standard for what constitutes an ideal grooming choice (6). In this review, our primary objectives are to evaluate, identify, and summarize the evidence from studies to comprehend the reasons behind women of various ages' grooming practices related to pubic hair and to investigate how significantly which methods of removing pubic hair are associated with sexual, psychological, relational, and demographic characteristics, involving STIs and female sexual function.

2. Subjects and methods

2.1. Information Sources and Search Strategy

We performed this study based on the PRISMA guidelines and recommendations [7]. We utilized a strategy for our search by combining these keywords: (pubic hair grooming) OR (pubic hair removal OR Genital hairless OR Bikini hair removal OR pubic hair depilation). Regarding the sources of data, we utilized the Web of Science, Google Scholar, Cochrane Library, PubMed, and SCOPUS databases in the search process. We searched these databases till December 2024.

2.2. Study selection

We started by screening the titles and abstracts. We then carried out a full-text screening. Finally, we chose the qualifying articles in accordance with the following eligibility requirements: Case cohort: women who remove their pubic hair (Groomers), Control cohort: women who did not remove their pubic hair (non-groomers), and Outcome: method of hair removal, adverse effects of pubic hair removal, and STDs in the controls and cases.

2.3. Subjects

Inclusion criteria

We included papers that met our eligibility criteria, which were recent studies above 2010, studies that included only females, studies that evaluated the effect of pubic hair removal on the sexual activity and behavior of the women, double-arm studies that have case and control cohorts, and articles in English. We chose observational studies and blind or non-blind and non-randomized or randomized controlled clinical trials (RCTs).

Exclusion criteria

We excluded reviews, surveys, abstracts, and meta-analyses. Also, we excluded single-arm studies that assessed only one group and studies in languages other than English.

2.4. Quality evaluation

Since we involved five observational studies, we used the Cochrane risk of bias (ROB) assessment that evaluates 14 categories in each clinical study [8]. Each study got a score from 1 to 14, and the overall average score was calculated.

2.5. Data extraction

Two different categories of data were taken from the included papers. The first type includes the demographic information about the patients involved and the data baseline for our results. The second type was data on quality assessment. Microsoft Excel was used to carry out the data collection process [9].

3. Results

3.1. Summarization of the involved studies

The results of our search are identified in the PRISMA flow chart **(Figure 1)**. In this systematic review, we involved seven studies [10-16]. that had the inclusion criteria of our systematic review. Our study involved 58669 women divided into two cohorts: the case cohort, which involved 55892 women, and the control cohort, which involved 2777 women. The average age of the included individuals in the case cohort was 29.8 years, while that of the control cohort was 29.5 years. **Table 1** declares the baseline features of the involved individuals and studies.

Table 1: The baseline features of the incorporated individuals and studies.

Study ID	Country	Study design	Method of grooming	Sample size		Age (years	
				Case	Control	Case	Control
Beksinska 2020	South Africa	Clinical trial	Non-electric blade razors	705	506	24.2	24.9
Javidi 2024	USA	Cross-sectional	All methods used with no specification	260	323	48.36	47.4
Rowen 2016	USA	Cross-sectional	Non-electric blade razors	2778	538	35	39
Gaither 2020	USA	Cross-sectional	All methods used with no specification	54	4	31	32
Luster 2019	USA	Cross-sectional	Non-electric blade razors	209	5	20.7	21.2
El-Tahlawi 2024	USA	Cross-sectional	Laser, wax, and shaving	500		33	

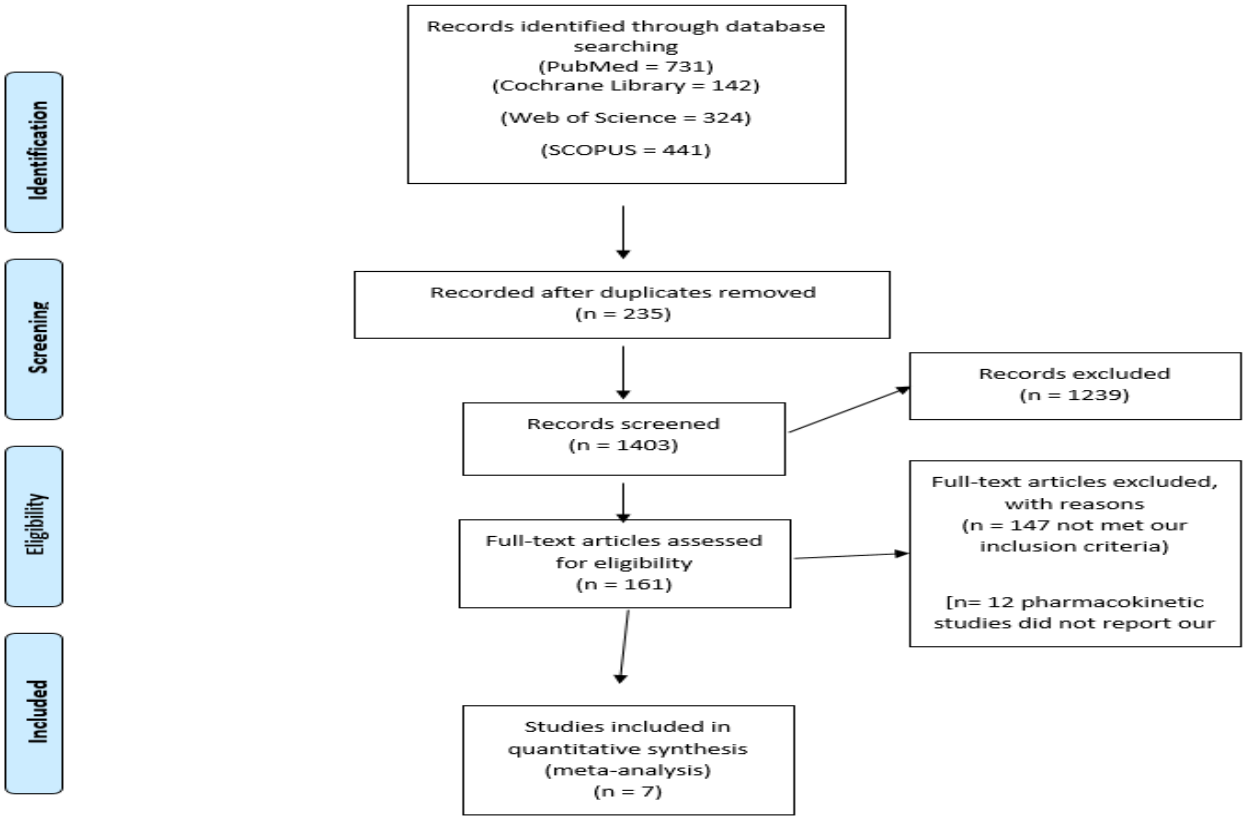

Figure 1: Literature search's PRISMA flow diagram**.**

3.2.Results of quality assessment

Since we included seven observational studies (10-16), Cochrane's tool was employed to assess the quality of the incorporated articles. Cochrane's tool proved that the observational studies' mean score was 11 out of 14. The quality determination of the observational articles is shown in detail in **Table 2.**

Table 2: The quality evaluation of the involved articles.

	Beksinska 2020	**Javidi 2024**	**Rowen 2016**	**Gaither 2020**	**Luster 2019**	**Sangiorgi 2017**	**El-Tahlawi 2024**
1. Has the influence of significant possible confounding factors on the relationship between exposure and outcome been measured and adjusted for statistical significance?	1	1	1	1	1	1	0
2. Did the study look at the connection between various exposure levels and results for exposures that can vary in amount or degree (such as exposure categories or exposure evaluated as a continuous variable)?	1	1	0	1	1	0	1
3. Were the participants' exposure statuses hidden from those assessing the results?	*	1	*	1	*	*	*
4. Did at least half of those who qualified take part?	1	1	0	1	1	1	1
5. Was the purpose or research question of this work clearly stated?	1	1	1	1	1	1	1
6. Were the outcome measurements, or dependent variables, appropriately defined, reliable, valid, and applied uniformly to each research participant?	1	1	0	1	1	1	1
7. Did the follow-up loss equal the baseline by 20% or less?	1	1	1	1	1	0	1
5. Was there a statement of power, a justification for sample size, or estimates of variation and effect?	1	0	1	1	0	1	1
10. Were the exposure or exposures evaluated more than once over time?	0	0	1	0	0	1	0
4. Did everyone engage within the same time period, and did they all originate from similar or the same populations?	0	*	1	*	1	1	1
9. Were the exposure assessments, or independent variables, precise, reliable, and applied consistently to every research participant?	1	1	1	1	1	1	1
6. Did you want to quantify the exposure or exposures before deciding on the outcome or outcomes for this paper's analysis?	1	1	1	1	1	1	1
2. Did the study have a well-defined and determined target population?	1	1	1	1	1	1	1
7. Was the duration such that, if a relationship between outcome and exposure existed, one could fairly anticipate seeing it?	1	1	1	1	1	1	1
Total score (out of 14)	11/14	11/14	10/14	12/14	11/14	11/14	11/14

*Key: 0 = No, 1 = Yes, N/A = Not applicable, * = Not reported.*

Table 3: The findings of the involved studies.

Author ID	Findings
Beksinska 2020 [10]	705 women (58.2%) claimed to have their pubic hair removed; the incidence was marginally greater at the urban site (59.6%) than at the peri-urban area (56.1%). 8.4% of the groomers cut their pubic hair once a week or more, and half (51.4%) did so at least once a month. Razors were the most popular hair removal tool (78.3%, n = 552), followed by hair removal creams (17.3%, n = 122). 567 (80.4%) of the women reported having ever had hair removal-related adverse effects. Blisters or pimples (43.9%, n = 249) and itching (77.1%, n = 439) were the most often reported grooming adverse effects. On the day of the assessment, 32 ladies (4.5%) had these injuries. 799 (72.1%) of the women reported having at least one sexual encounter and not always using a condom, whereas nearly all (n = 1153, 95.2%) reported having a primary sex partner during the preceding three months. The sexual practices of groomers and nongroomers did not differ significantly.
Javidi 2024 [11]	According to research, nearly half of American women have had their pubic hair removed in the last month, and nearly all of them have done it at some point in their lives. Women's PHR frequency and preferred styles differed, suggesting a broad range of personal preferences. Perceived comfort, cleanliness, and the desire to look attractive in a bikini were among the main drivers of removing pubic hair. Recent and lifetime removal of the pubic hair was statistically significantly predicted by age, race, and sexual history.
Rowen 2016 [12]	The most frequent reasons for grooming were routine (1292 [45.5%]) and/or hygienic (1640 [59.0%]). 586 (21.1%) mentioned grooming due to partner preference, while 875 (31.5%) claimed grooming because they think it makes their genitalia look more attractive. When asked what circumstances they groom for, women most frequently cited sex (1544 [55.6%]). There was no variance in the proportion of married women who stated grooming, while separated, widowed, and single women were less likely to groom. Additionally, there was no variation in grooming practices by number of recent sexual partners or geographic region.
Gaither 2020 [13]	The average age difference between groomers and nongroomers was smaller (median age: 31 years versus 34 years; P =0.01). Except for genital gonorrhoea, there were no significant differences in the STI diagnoses between groomers and nongroomers. Compared to 2% of groomers, 11% of non-groomers received a diagnosis of genital gonorrhoea. the proportion of participants who had a STI, stratified by how often they trimmed their pubic hair and how often they groomed overall. Overall, there were no statistically significant differences in the distributions of STI diagnoses and pubic hair grooming frequency. The prevalence of genital STIs was higher among participants who reported eliminating all of their pubic hair more than six times in the previous year (33.3%, 6–10 times; 28.6%, >10 times) than among those who never did so (15.3%, P = 0.01).
Luster 2019 [14]	The majority of respondents (82.9%) said they most frequently shave with a non-electric blade razor, either with shaving cream (41.2%) or soap (41.7%). The average lifetime number of grooming injuries was 4.9 (SD = 3.8), and nearly two-thirds (63.3%) had experienced one at some point. In a convenience sample of females, we could not

	find any evidence of a correlation between the prevalence of GC or CT infection and severe pubic hair grooming (over the previous 12 months or 30 days).
Sangiorgi 2017 [15]	Complete removal of women's pubic hair was chosen by the majority of women (64.3%) and men (62.2%), with younger women and men showing a stronger preference. Depilation was done at home by the majority of women (55.8%), with 40.1% using a razor blade and 44.4% using hot wax. Two to three times a week, approximately half of the men (50.1%) and women (44.7%) reported engaging in sexual activity. Total pubic hair removal was associated with women's sexual pleasure and frequency of sexual activity.
El-Tahlawi 2024 [16]	The majority of individuals (99.2%) said they would rather have their pubic hair removed, while shaving and creams were the most commonly suggested methods (43.8%). Among our subjects, 50.5% had female sexual dysfunction. The mean FSFI ratings of the various PHR techniques varied significantly; users of lasers reported higher FSFI values in the arousal, lubrication, and satisfaction domains (P <0.05). Compared to those who shaved, waxed, or used sweet products, laser users expressed greater satisfaction with their body image.

4. Discussion

The impact of pubic hair removal on sexual activity among females is a complex topic, as it intertwines physical, psychological, and cultural dimensions. The methods of pubic hair removal—such as shaving, waxing, laser treatment, and the use of depilatory creams—each bring distinct advantages and challenges that influence sexual comfort and experiences. From a physical standpoint, the smoothness achieved through hair removal is often associated with increased sensitivity and enhanced tactile experiences during sexual activity. For instance, methods like shaving and waxing provide a temporary but effective solution for achieving smooth skin. However, the side effects of these methods, such as irritation, razor burns, ingrown hairs, or skin redness, can detract from the comfort and pleasure of intimacy. For some, the discomfort from stubble regrowth or waxing-related irritation may even discourage physical closeness [17].

Laser hair removal, as a more permanent method, eliminates the need for frequent upkeep and reduces irritation over time, which can positively impact sexual activity. However, the process is expensive and requires multiple sessions, during which temporary skin sensitivity might hinder intimacy. Depilatory creams, while painless, can sometimes cause chemical burns or allergic reactions, which can also detract from physical comfort during sexual encounters. Conversely, for individuals who opt to retain their natural pubic hair, the

physical benefits include reduced risk of skin friction and irritation during intimacy [18]. Pubic hair acts as a natural barrier, minimizing the likelihood of infection and discomfort caused by direct skin-to-skin contact. However, the choice to forego hair removal may conflict with societal norms, potentially impacting confidence and self-perception. The psychological effects of pubic hair removal are significant. Many women report feeling more attractive, confident, and desirable after removing pubic hair. These feelings often enhance their overall sexual satisfaction, as confidence plays a pivotal role in intimate relationships. The sense of control and personal grooming may contribute to positive body image and self-esteem, both of which are crucial for a fulfilling sexual experience [19].

However, societal and cultural pressures often dictate grooming habits, creating stress or feelings of inadequacy for those who do not conform. For some, the expectation to maintain a hairless aesthetic can feel burdensome and detract from the spontaneous enjoyment of intimacy. Women who embrace natural grooming choices may face criticism or negative perceptions, which can influence their self-esteem and sexual confidence [20]. Cultural attitudes toward pubic hair removal vary significantly, influencing how women perceive their grooming choices. In many Western societies, hairlessness is often associated with cleanliness, youthfulness, and attractiveness, leading many women to prioritize hair removal. Conversely, movements advocating for natural beauty and body autonomy challenge these norms, encouraging women to make choices based on personal preferences rather than societal expectations [21].

In relationships, grooming habits can influence partner dynamics and intimacy. Some couples share similar preferences, enhancing mutual satisfaction. However, mismatched expectations or lack of communication about grooming habits can create tension or discomfort. Open discussions about personal preferences and boundaries are essential to maintaining a healthy and respectful sexual relationship [22]. Health and hygiene play a crucial role in the decision to remove pubic hair. While many associate hairlessness with better hygiene, pubic hair serves important protective functions, such as reducing friction, trapping bacteria, and preventing infections. Overzealous grooming or improper techniques can increase the risk of micro tears, ingrown hairs, or infections,

ultimately detracting from physical comfort and sexual activity. Choosing a method that minimizes health risks while aligning with individual comfort is critical. For instance, proper aftercare, such as moisturizing and maintaining hygiene, can mitigate the negative effects of hair removal methods like waxing or shaving [23].

5. Conclusion

The impact of pubic hair removal on sexual activity among females is nuanced and influenced by physical, psychological, and cultural factors. While smoothness achieved through hair removal can enhance confidence and tactile experiences, the potential side effects of irritation, pain, and societal pressures can create challenges. The choice of grooming method should prioritize personal comfort, health, and individual preferences, rather than conforming to external expectations. Ultimately, communication between partners about grooming preferences and a focus on body autonomy are vital for fostering confidence and satisfaction. By embracing a holistic approach that considers health, comfort, and self-esteem, women can make empowered decisions about their grooming practices and enhance their overall sexual well-being.

Acknowledgment: None
Ethical approval and consent to participate: Not applicable
Funding: No funding
Conflicts of Interest: No conflict

AI Declaration: Not applicable

Authors' contributions: SMR: Protocol/project development, Data collection and management, manuscript writing/editing. WYA: Data analysis, manuscript writing, Protocol/project development, and editing. SAA: Data management, Protocol/project development, Manuscript writing/editing. SMY: Protocol/project development, Data analysis, Manuscript writing/editing. All authors have read and approved the manuscript.

References

1. Luster J, Turner AN, Henry JP, Gallo MF. Association between pubic hair grooming and prevalent sexually transmitted infection among female university students. Ojcius DM, editor. PLoS One. 2019;14(9):e0221303. Doi: 10.1371/journal.pone.0221303
2. Galbarczyk A, Marcinkowska UM, Klimek M, Jasienska G. Extreme pubic hair removal as a potential risk factor for recurrent urinary tract infections in women. Sci Rep. 2023;13(1):19045. Doi: 10.1038/s41598-023-46481-6
3. Deans R, Cui CK, Tam C, Coronel ABL, Rosa G, Gerstl B. Attitudes and practices associated with pubic hair grooming behaviours: A cross-sectional study. Aust New Zeal J Obstet Gynaecol. 2023;63(1):109–17. Doi: /10.1111/ajo.13633
4. Bourchier L, Bittleston H, Hocking J, Coombe J. Changes to pubic hair removal practices during COVID-19 restrictions and impact on sexual intimacy. Cult Health Sex [Internet]. 2023;25(4):505–20. Doi: 10.1080/13691058.2022.2056246

5. Zare A, Janghorban R. Awareness and practice of female beauty salon staff about human papilloma virus and its transmission in pubic hair removal using wax in Shiraz, Southwest of Iran. Adv Biomed Res [Internet]. 2020;9(1):24. Doi: 10.4103/abr.abr_241_19
6. Beksinska M, Lulie B, Beesham I, Smit J. Pubic hair grooming practices in KwaZulu-Natal, South Africa: prevalence, side effects and association with sexually transmitted infections. Int J STD AIDS. 2020;31(11):1034-1039. doi: 10.1177/0956462420941709.
7. Habboush S, Kagita NV, Gadelmawla AF, Elmoursi A, Merza N, Abdo AA, Zahran AHM, Eldeib M, Almarghany AA, Abdelfadil MM, Abdelkarim MA, Shawky I, Mohammed OM, Alharran A, Ali MM, Elbardisy S. Triple Therapy with Telmisartan, Amlodipine, and Rosuvastatin (TAR) Versus Telmisartan/Amlodipine (TA) and Telmisartan/Rosuvastatin (TR) Combinations in Hypertension and Dyslipidemia: A Systematic Review and Meta-analysis. High Blood Press Cardiovasc Prev. 2025;32(1):49-60. doi: 10.1007/s40292-024-00689-3.
8. Higgins JPT, Altman DG, Gøtzsche PC, et al. The Cochrane Collaboration's tool for assessing risk of bias in randomised trials. BMJ. 2011;343(7829):d5928-d5928. doi:10.1136/bmj.d5928.
9. Katz A. Microsoft Excel 2010. Style (DeKalb, IL). Published online 2010.
10. Beksinska M, Lulie B, Beesham I, Smit J. Pubic hair grooming practices in KwaZulu-Natal, South Africa: prevalence, side effects and association with sexually transmitted infections. Int J STD AIDS. 2020;31(11):1034-1039. doi: 10.1177/0956462420941709.
11. Javidi H, Walsh-Buhi ML, Houghton RF, Herbenick D, Walsh-Buhi ER. Pubic hair removal practices among women: Findings from a U.S. nationally representative survey. Womens Health (Lond). 2024;20:17455057241296982. doi: 10.1177/17455057241296982.
12. Rowen TS, Gaither TW, Awad MA, Osterberg EC, Shindel AW, Breyer BN. Pubic Hair Grooming Prevalence and Motivation Among Women in the United States. JAMA Dermatol. 2016;152(10):1106-1113. doi: 10.1001/jamadermatol.2016.2154.
13. Gaither TW, Fergus K, Sutcliffe S, Cedars B, Enriquez A, Lee A, Mmonu N, Cohen S, Breyer B. Pubic Hair Grooming and Sexually Transmitted Infections: A Clinic-Based Cross-Sectional Survey. Sex Transm Dis. 2020;47(6):419-425. doi: 10.1097/OLQ.0000000000001176.
14. . Luster J, Turner AN, Henry JP Jr, Gallo MF. Association between pubic hair grooming and prevalent sexually transmitted infection among female university students. PLoS One. 2019;14(9):e0221303. doi: 10.1371/journal.pone.0221303.
15. Sangiorgi MLPO, Lara LADS, Lerri MR, Ferriani RA, Romão APMS. The Preference of Women and Men Regarding Female Genital Depilation. Rev Bras Ginecol Obstet. 2017;39(9):488-495. doi: 10.1055/s-0037-1604472.
16. El-Tahlawi, Samar M.a; Abdel Wahed, Wafaa Y.b; Ahmed, Shaimaa A.c; Yaseen, Sara M.d. Pubic hair removal methods and associated factors on female sexuality in Fayoum Governorate, Egypt. Egyptian Journal of Dermatology and Venereology, 2024;44(3):184-191, DOI: 10.4103/ejdv.ejdv_67_23.
17. Younis I, Ibrahim MA, Abd Alrahman A. Effect of Body Hair Removal on Female Sexual Function. Benha J Appl Sci. 2018;3(1):17–20. doi: 10.21608/bjas.2018.179328.
18. Galbarczyk A, Marcinkowska UM, Klimek M, Jasienska G. Extreme pubic hair removal as a potential risk factor for recurrent urinary tract infections in women. Sci Rep. 2023;13(1):19045. doi: 10.1038/s41598-023-46481-6.
19. Deans R, Cui CK, Tam C, Coronel ABL, Rosa G, Gerstl B. Attitudes and practices associated with pubic hair grooming behaviours: A cross-sectional study. Aust N Z J Obstet Gynaecol. 2023;63(1):109-117. doi: 10.1111/ajo.13633.
20. Bourchier L, Bittleston H, Hocking J, Coombe J. Changes to pubic hair removal practices during COVID-19 restrictions and impact on sexual intimacy. Cult Health Sex. 2023;25(4):505-520. doi: 10.1080/13691058.2022.2056246.
21. Greenstadt E, Walsh-Buhi ML, Robertson M, Dao B, Walsh-Buhi ER. "While You're Down There": The Unexplored Role of Estheticians in the Health of Their Clients. J Sex Res. 2022;59(3):321-329. doi: 10.1080/00224499.2020.
22. Zare A, Janghorban R. Awareness and Practice of Female Beauty Salon Staff about Human Papilloma Virus and Its Transmission in Pubic Hair Removal Using Wax in Shiraz, Southwest of Iran. Adv Biomed Res. 2020;9:24. doi: 10.4103/abr.abr_241_19.
23. Eltobgy A, Aljabali A, Farag A, Elshorbgy M, Hamed M, Hamouda E, Hamouda H, Refaey N, Kabeel M, Amro S, Abouheseba T, Tarek M. Effects of pubic hair grooming on women's sexual health: a systematic review and meta-analysis. BMC Womens Health. 2024;24(1):171. doi: 10.1186/s12905-024-02951-1.