

Case Report

“You Shall Make Lake Victoria, and Become a Goddess of Love”: A Case Report about Traditional Female Ejaculation Techniques in Kenya

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Abstract: *Kunyaza* is a traditional sexual technique reported in some regions of Central Africa that aims to trigger peri-orgasmic fluid production. A personal narrative experience of a 29-year-old unmarried woman from Kenya suggested that this particular technique may have also been practiced in Kenya for a long time. Indeed, an oral tradition about “how to make Lake Victoria”, a peculiar local expression used to indicate peri-orgasmic fluid production, is reported here. This tradition is transmitted from grandmothers to granddaughters and concerns not only fluid emission but also teachings on personal hygiene, sexual interactions with a partner, and, interestingly, the importance of the woman’s sexual pleasure. In this narrative case report, we compared anecdotes and personal experiences with literature evidence about herbal medicine and traditional practices, suggesting the presence of a particularly woman-centered sexual culture in some more sex-positive ethnic groups in Kenya.

Keywords: *kunyaza*; female ejaculation; G-spot; squirting; cultural studies



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1. Introduction

“I bless the rains down in Africa; Gonna take some time to do the things we never had.” Toto, 1982 [1].

The aim of this narrative case report is to present a traditional sexual technique practiced in Kenya, concerning the triggering of the expulsion of peri-orgasmic fluids through the personal experience of a young, 29-year-old unmarried woman. According to the literature, the custom of triggering peri-orgasmic fluid expulsion using special traditional practices has only been reported before in Burundi, Rwanda, the Eastern Democratic Republic of Congo, Western Uganda, and Western Tanzania [2]. Here, we documented an interview with a 29-year-old woman from Kenya that suggests this technique may also be encountered in the Kenyan oral tradition. However, unlike other reports of this practice that flourished in other cultures in the African Great Lakes region, in Kenyan oral tradition, this traditional term has been lost and consequently replaced with more generic expressions. Indeed, what in Rwanda and Burundi is still known as *kunyaza* and in Uganda as *kachabal* [2],

in Kenya, it has lost its traditional name, and it is usually referred as “to make Lake Victoria”, an allegory for Africa’s largest lake that bathes part of the western border of Kenya. During colonialism, local culture and traditions were banned in favor of more “Western” ones [3,4], especially those of the teachings of Christian missionaries, who frequently condemned openness regarding sex [5]. Originally, the traditional handover of teachings regarding sexuality and sexual health used to be a sort of public celebration between the elders of the community and the youth. Later, new beliefs and external cultural stimuli transformed what used to be a communal ceremony into a set of notions only whispered about in the privacy of the houses and passed directly from one single family member to another. The most obvious consequence was the loss of many specific terms, now replaced by more generic “this”, “that thing”, or “make Lake Victoria”, although the traditional word *kunyaza* is still somewhat recognized by most.

We glimpsed the beauty of this ancient Kenyan oral tradition by recording the words of a 29-year-old unmarried woman, whose name will be referred to as Sarah, for the sake of privacy. The material used for this article has been collected from an informal (non-clinical), non-paid, in-person interview. The interview was conducted in a familiar environment for the interviewee in the presence of E.C. and F.P., who performed an unstructured, interactive interview. The interview was not recorded, but written notes were taken from both the interviewers. The data obtained were not divulged elsewhere. The interviewee granted the authors permission for the publication of this case.

For the purpose of narration, it is useful to remark that, although this particular fluid emission is mostly referred to as female ejaculation (FE) in the literature, based on the description provided both by the literature on the subject and by Sarah, we can confidently call the peri-orgasmic fluid addressed in this article as squirt (SQ).

2. Discussion

*“I come from a small village near Nairobi, but I was raised in the main city by my mother. I remember the time my mother drew me back to the village where I was born. It was around the time of my menarche; I was 10–11 years old. At that time, together with 6–7 cousins, I was called for a sort of meeting by my grandmother. I did not know what to expect, but my cousins, who were raised in the village, already knew. I was naïve in their eyes. For such reason, they used to call me *borntao*, a slang word meaning ‘a naïve girl as that one born in the town’...”*

When she was still young, Sarah left the native village where her family members were living to move to Nairobi only with her mother. Her mother had her at 19 years old, which was considered a “late age for having children” by the standards of the community. Indeed, her birthplace is a small rural village, where young girls receive little education and where marriages are combined as soon as sexual maturity is reached—thus, when girls are 15 years old [6].

From the narration, the fact emerges that, in some rural areas of Kenya, there is still a consistent oral tradition that passes on certain beliefs and peculiar practices from one generation to another. Sarah was introduced to these long-established teachings during a long night with her grandmother. She admitted she underwent the experience with fear, shock, and a great deal of confusion, because she did not know what to expect, being a *borntao*, unlike the girls grown in the village who had been eavesdropping on these conversations since they were children; hence, they already partially acknowledged them.

Intriguingly, according to Sarah’s personal experience, such teachings also—and mainly—involve sexual aspects, and this topic is usually discussed with the grandmother rather than the mother. Indeed, since the mother has a protective role, her responsibility concerning the discussion of topics such as sex, reproduction, and the couple’s relationship is limited, while it is the grandmother herself who “enlightens” the girls about these aspects. Habitually, girls are deemed ready to acquire this information when they have their menarche—hence, around 10 to 14 years old. Sarah reported that, unlike in the past, when girls from different families were assembled as they were entering adulthood, the

rite of passage represented a sort of public celebration. Nowadays, these rituals take place in more familiar settings, with all the female cousins of similar ages being gathered by the grandmother under one roof.

“...for your stomachache, you can drink the tea from the weed in your garden...”

Once having their menarche, young girls are introduced to a new set of information. The teachings include personal hygiene practices, such as recognizing the physiological secretions of the vagina and preserving hygiene during their period. They are also taught about the menstrual cycle and the amount of vaginal discharge occurring during its different phases. Another critical skill is learning how to count the days of their menstrual cycle to better identify the more fertile days. Such a practice, known to have a poor efficacy rate compared to other contraceptive methods [7], is still widely practiced in rural areas of Kenya. Indeed, a high persistence of myths and misconceptions around the topic has been associated with a low contraceptive uptake in sub-Saharan Africa (with an estimated 53 million (60%) of 89 million women in need of contraceptives) and Kenya, in particular [8]. Traditional medicine is often preferred to modern medicine, which is considered “un-African” and, in some communities, is overtly mistrusted for cultural reasons. In fact, in Kenya, many communities, especially poor rural areas, still rely on herbal remedies, even when they can access modern medicine [9]. For instance, as Sarah also revealed, using a cannabis decoction as a remedy for various painful conditions, such as period cramps, is very popular [10].

“There are many ways a woman can reach the peak of pleasure just like the lake has many uses to the people, in terms of water, food, transportation...”

Grandmothers not only explain the physiological changes that occur when entering womanhood but also teach the girls how to approach the sexual aspects connected with marriage, including sexual intercourse itself. The grandmother teaches the girls how to recognize their own erogenous zones by caressing or tickling them and explains that everyone is different and has diverse triggers for arousal, just like for tickles, and that it is up to them to find their own. Indeed, self-knowledge and empowerment are considered an essential step for a woman to achieve in order to lead a partner to please her.

Young girls are introduced to the practice commonly called Kegel exercises, a set of training exercises to strengthen the pelvic muscles. The girls are encouraged to practice them both before and after giving birth, in order to keep their vagina tight and to improve their pleasure [11]. The girls are encouraged to imagine their vaginal opening being contracted and then relaxed, and the grandmother may even insert a finger in their vaginal opening or put a hand on their lower abdomen to check for proper contractions to better guide them during the learning phase of these exercises. Through daily exercise, the woman can increase the tightness and strength of her vaginal canal, going as far as managing “to feel the heartbeat in the partner’s penis” (i.e., the pulsation through the dorsal penile artery) through the vagina.

According to this report, Kegel exercises are the only practice taken into consideration for vaginal tightening both before and after having given birth, since dry sex, present in other regions of Central Africa, is not commonly performed. Dry sex is a practice, documented in sub-Saharan regions, that employs various astringent substances to give the impression of a tight and “hot” vagina by drying the normal lubrication created by sexual arousal [12] and/or to avoid the recently defined Lost Penis Syndrome (LPS) [13]. This supposedly results in a more pleasurable experience for the partner but, in reality, may cause vaginitis, pain, and lesions to the vaginal mucosa, and it increases the chance of sexually transmitted infections (STIs).

“Don’t act like a cockroach, it is important for the woman to take the lead and embrace her inner goddess”.

According to the teachings of Sarah's grandmother, every woman must find the best way and the best man to express her "inner goddess" and to "imagine it and then to make it happen". With such words, Sarah alludes to the act of ejaculation; such a process results from both reciprocal stimulation from a partner and sexual arousal, and it stems from the woman's crucial ability to guarantee her own wellbeing during sexual intercourse. For this reason, girls are taught, as soon as they reach sexual maturity, about the importance of being responsible for their own sexual pleasure. Women have to guide their partner during sexual intercourse and provide their own comfort and satisfaction as well as their partner's. Fantasy represents an essential role in accomplishing this goal: indeed, the woman can reach orgasm by simply, as Sarah said, envisioning "their inner goddess", meaning the strength and the power of the woman's body and evoking arousing thoughts that amplify physical sensations. Communication with the partner also plays a key role during sexual intercourse; the woman must be proactive by communicating her desires to the partner, ensuring he is able to fulfill them. Traditionally, as Sarah revealed, girls are also taught to supplement their natural vaginal lubrication with Vaseline or lubricants derived from a cannabis decoction. While the role of cannabis in facilitating female sexual behavior is well known, the topical application of cannabinoids in the vagina has not yet been reported [14,15].

In the more sexually competent communities, such as Sarah's, girls and boys alike are taught by their elders to avoid the practices of painful and coerced intercourse known as "marital rape", which is related to an increase in STIs [16] and a lesser chance of procreation. The woman must be consensual while undertaking sexual intercourse, not "being like a cockroach in the bed" but "embracing her inner goddess", using Sarah's words. In this way, the girl achieves two important goals: not only does she guarantee her own pleasure and wellbeing during intercourse but she also sexually satisfies her partner. This particularly modern and interesting sexual perspective might have, following Sarah's opinion, a primarily social reason: in fact, in polygamic relationships, very frequent amongst Kenyan groups [17], the wife must secure herself the role of the "favorite" and increase the chances of procreation by having more numerous and pleasurable physical encounters with her husband compared to the ones he has with other wives.

Interestingly, to a specific question regarding the practice of female genital mutilation (FGM), Sarah answered that when she was younger, it was still practiced. Indeed, results from the 2008 Kenya Demographic and Health Survey revealed that this practice is still diffused in three quarters of the country, with an overall prevalence of 28.2% and an estimated 10.3% of the women interviewed supporting the continuation of FGM [18]. Prevalence rates vary by province, and, specifically, Sarah's village/ethnic group not only did not practice FGM but also condemned it, encouraging members of the community to not interact (nor get married) with people from villages that did practice it. Nowadays, FGM is strictly prohibited by law, and its practice has been diminished [19]. Nonetheless, as Sarah confirmed, the gap between these two mentalities (i.e., those who legitimize the practice and those who challenge it) is still present [20].

"Allow your body to expand and to make Lake Victoria".

In many villages of Kenya, kunyaza [2] is practiced and transferred from one generation to another, but Sarah reports that there are conflicts between those who do practice it and those who do not [21]. It is relevant to note that traditional teachings such as this sexual practice are still present in villages and more rural settings, while in big cities, like Nairobi, they have often been lost. Nevertheless, kunyaza, as it is taught and traditionally passed down, is unrelated to the sexual act we are used to seeing portrayed in pornography [22], a vision that our interviewee defined as being "deviated, as it shows that SQ is mainly a man's merit". Indeed, according to the traditional cultural view she reported, SQ is rather a tangible proof of a deep physical and emotional connection with the partner. The elders of the community particularly stress this point, preparing their nieces more for the emotional and mental part of their first sexual encounter rather than for the physical act itself. The description of the kunyaza techniques as reported by Sarah corresponds to the one given by

Bizimana in a previous study [2]. Traditionally, there are rhythmic movements that the man must do with his penile glans on the labia minora and the clitoris in a zig-zag path, from top to bottom and vice versa, from left to right and vice versa [2], but the most essential tool to achieve peri-orgasmic fluid production is, according to Sarah, the imagination. Indeed, arousal comes from a deep intertwining of mental and physical stimuli and is favored by a long period of foreplay, during which the woman is extremely focused on her body and its sensations, in locking the partner’s gaze, and assuming traditional sexual positions that ensure maximum leverage for the penis. Indeed, female orgasms obtained by the unique use of erotic fantasies has been objectively demonstrated by the use of functional magnetic resonance [23].

As is shown by different studies [24,25], not all women can ejaculate and neither can all the women who receive these teachings. According to the cultural view of Kenyan people [26], the inability to ejaculate is not to be considered a disadvantage nor a shame; however, the woman must acknowledge and use her other “strengths” to her advantage during intercourse. Here, the metaphor with Lake Victoria proves useful once more: indeed, the woman’s body has numerous ways of ensuring her pleasure, as well as her partner’s, just as the famous body of water (i.e., Lake Victoria) has many varied resources. Nevertheless, it was proven that the inability to ejaculate is sometimes considered shameful or unattractive in other regions; for example, in Rwanda, the term *rwasubutare* refers to women who cannot produce any ejaculation as opposed to the ones who can, called *kingindobo* or *shami ryikivu* (Table 1).

Table 1. Definitions of terms and their countries of origin [2].

GLOSSARY	LAKE VICTORIA: Africa’s largest lake, geographically divided among Kenya, Uganda and Tanzania.
	KACHABAL (Uganda): technique for triggering peri-orgasmic fluid expulsion.
	GUCUGA and GUCUMITA (Rwanda): coital thrust that stimulates the vagina in order to achieve female ejaculation.
	RWASUBUTARE: literally, “granite splitter”, referencing the difficulties in having sexual intercourse with women who do not ejaculate.
	KINGINDOBO (Rwanda): literally, “put a bucket under her”, referring to the great amount of liquid produced by the woman.
	SHAMI RYIKIVU (Rwanda): literally, a branch of Lake Kivu, similarly to the use in Kenya of the allegory with Lake Victoria.

According to Sarah, the ability to ejaculate usually arises after years of frequent Kegel exercises practice, which ensures the tonicity of the pelvic floor muscles as well as the enhanced voluntary control of such muscles. Indeed, according to Sarah’s narration, a woman may even become able, by tightening the pelvic muscles, to control ejaculation (i.e., stop/start liquid flow) as well as her partner’s. Pelvic muscle strength can be so strong as to be able to hold the penis inside the vaginal canal, giving the partner a stimulus to stop ejaculation (a sort of partnered-squeeze technique [27]), able to counteract the mentioned LPS produced by the ineffectiveness of the vaginal structures and/or of the penis size [13].

“Making Lake Victoria” can be uncomfortable for the woman and unexpected for the man; hence, the woman must take the lead and explain what is going to happen to her partner. Indeed, Sarah reported that, in order to not scare the partner, a woman can impede ejaculation from happening, but this voluntary inhibition may have some repercussions such as headache, dizziness, and general soreness. These symptoms are only reported when the woman refrains from ejaculating, whereas, after ejaculation, the symptoms are usually those of muscle soreness and general tiredness.

Remarkably, Sarah reported a different need in liquid intake since regularly starting to ejaculate years ago, the increased thirst being so evident that it could be easily correlated with the fluid lost during SQ. The consumption of water, milk, fruits, and vegetables that are high in water content can compensate for the fluids lost. Traditionally, grandmothers encourage, in fact, the use of mangos and other watery fruits. The increase can be up to 1 L of milk every morning and another 2 L of water during the day, without considering other sources.

The last aspect that is still uncertain is whether SQ is actually urine or not [28–31]. The word *kunyaza* is derived from the verb *kunyaàra*, meaning “to urinate”, and biochemical analysis actually differentiates squirting (similar to that described by Sarah) from proper female ejaculation, produced by the Skene glands [32]). Although strongly affirming that her ejaculate appears different in color and smell from urine, Sarah differentiates it from those occurring in cases of masturbation: she described it as “more of a slow gush of water than a pressured spray”, since the position of the penis blocking the vaginal outlet usually increases the pressure of the liquid. The fluid can exit anteriorly, from the vaginal orifice, but, depending on its amount, can also exit along the sides or closer to the back, directly stimulating the scrotum of the partner in such a case.

3. Conclusions

“Who exactly started this practice? . . . A woman. . . The King’s wife. The King had gone off to war, the queen, all alone touched herself and the water sprang. When the King came back the Queen showed him how to tap for her to reach an orgasm. . . So the woman shared this knowledge, this is how the tradition was born.” [33].

Thanks to this precious personal narrative report, we might infer that the traditional technique of *kunyaza* is just the tip of the iceberg of a more vast and complex set of long-established teachings passed down for generations. Young girls are taught to take care of their personal hygiene, to differentiate normal vaginal discharge from pathological ones, to recognize which days are more fertile by keeping track of their menstrual cycle, as well as to use herbal medicine for menstrual cramps. In this context, SQ, or “*making Lake Victoria*”, is only one of the numerous aspects that characterize the cultural elements distinctive to more sex-positive ethnic groups. This interview, hopefully, will encourage researchers to deepen our knowledge of female sexual function, and it reminds us that, in sexual medicine, cultural diversity should become a powerful instrument to change perspectives on these topics.

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