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ORIGINAL RESEARCH

Vagina, Pussy, Vulva, Vag: Women's Names for Their Genitals are Differentially Associated with Sexual and Health Outcomes

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Abstract

Feminist scholars have long emphasized the power of language in shaping women's feelings and behaviors towards their bodies, yet this proposition remains underexplored with regard to women's genitals. This study examined the terms women use to name their genitals and their associations with genital attitudes, sexual pleasure, and genital health behaviors across both non-sexual and sexual contexts. A total of 475 women from the United States, representing diverse age groups, reported their most commonly used genital terms. We identified nine categories of genital naming: anatomical, vulgar, playful/childish, euphemisms, gender identity, clitoris, edible, nature, and receptacle. The results revealed that in non-sexual contexts 75% of participants used at least one anatomical term; however, euphemisms (14%) and playful/childish terms (15%) remained prevalent. Playful/childish terms were associated with a negative genital self-image, aspects of sexual pleasure, and genital health behaviors in non-sexual contexts, but had no such effect when used in sexual contexts. Vulgar terms such as "pussy" were linked to increased sexual pleasure, higher orgasm rates, and a higher desire for oral sex when used in sexual contexts. These findings provide preliminary evidence that the language women use to describe their genitals is significantly associated with various aspects of their health and well-being.

Keywords Genital naming · Women's genitals · Body image · Sexual pleasure · Health behaviors

> "I'm worried about vaginas, what we call them and don't call them."
>
> – V (The Vagina Monologues, 1998, p. 3)

In her renowned play, *The Vagina Monologues*, V explores how societal discourse shapes women's experiences with their bodies, particularly their genitals. Unlike other body parts, which typically have fixed, neutral names, genitals—especially those of women—are often described using informal slang, euphemisms, and culturally loaded terms (Braun & Kitzinger, 2001a). Some compilations list over 1,200 synonyms for women's genitals, highlighting the linguistic complexity and sensitivity surrounding them (Allan, 1990).

Naming genitals is not simply a matter of personal choice or linguistic variation; it is deeply embedded within broader gender structures and social hierarchies (Bartky, 1990). Scholars argue that much of the language surrounding bodies and sexuality marginalizes women in comparison to men, a pattern that extends to genital terminology (Braun, 2000; Braun & Kitzinger, 2001a; Murnen, 2000). Feminist research has long emphasized that the language we use to name our genitals plays a significant role in how we view and relate to our bodies, as culture and behavior are not only reflected in, but also shaped by, the act of naming (Braun, 2000; Peteet, 2013). For example, scholars suggest that using correct anatomical names not only aids in sexual abuse prevention, by enabling people to clearly communicate about their bodies, but also facilitates open discussions

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about personal (sexual) experiences (Burrows et al., 2017; Chang et al., 2024). This debate has expanded beyond academia, with mainstream media increasingly emphasizing the importance of accurate genital naming in empowering women and supporting advocacy efforts (Hormone University, 2024; Koshutova, 2023).

In their landmark study with undergraduate students from the United Kingdom, Braun and Kitzinger (2001a) conducted the first—and to date, only— comprehensive analysis of the diversity of women's genital naming, identifying various categories of genital terms. Given the rapid cultural changes over the past two decades and the dynamic nature of language (Khan, 2024), our research aims to update and extend their work by examining genital naming in a more age-diverse sample of women from the United States, thus enabling the exploration of generational patterns. Additionally, we aim to analyze genital naming across different contexts (everyday, non-sexual contexts and sexual contexts) to investigate how language use varies by situation. Most importantly, as research on the psychological and behavioral outcomes associated with genital naming remains largely absent, we further build on their study by empirically investigating whether genital naming is linked to women's genital attitudes, sexual pleasure, and genital health behaviors.

Socio-Cultural Perspectives on Women's Genitals

To understand the language surrounding women's genitals, it is essential to consider the socio-cultural environment in which this language is created. In Western society, women's bodies are often portrayed or discussed as flawed or inadequate (Fahs, 2016; Fredrickson & Roberts, 1997; Tiggemann & Zaccardo, 2015). At the same time, traditional gender roles further dictate women to remain passive, pleasing to others, and derive their value through physical appearance (Eagly & Wood, 2012; Fredrickson & Roberts, 1997; Kwan & Trautner, 2009). These cultural prescriptions contribute to widespread body dissatisfaction among women—significantly more so than among men (Mellor et al., 2010).

This broader pattern extends to women's genitals, which are largely regarded as taboo areas or associated with negative qualities (Braun & Kitzinger, 2001a; Fahs, 2014). As such, women's genitals are often considered dirty or passive (Braun & Wilkinson, 2001; Fahs, 2014) and are more strongly tied to feelings of shame than men's genitals (Braun & Kitzinger, 2001a). This mirrors a broader cultural tendency to shame women's sexuality more than men's (Endendijk et al., 2020; Klein et al., 2024). It is therefore not surprising that women overwhelmingly report negative perceptions and feelings towards their genitals (Berman & Windecker, 2008; Braun & Wilkinson, 2001; Fahs, 2014).

Women's Genitals as Inadequate and Shameful

Insights from qualitative studies reveal several recurring themes in women's perceptions of their genitals, reflecting broader socio-culturally shared narratives (Braun & Wilkinson, 2001; Fahs, 2014). One of the most prominent themes is women's feelings of inadequacy and shame towards their genitals, often arising from the societal association of femininity with an idealized form of cleanliness and modesty (Bareket et al., 2018; Braun & Wilkinson, 2001; Fahs, 2014; Kahalon et al., 2019; Liu et al., 2023). These feelings of shame are frequently linked to the concept of disgust, particularly when women encounter messages that frame their genitals or natural processes, such as menstruation, as unsightly or distressing (Kissling, 2006). Advertisements for menstrual products may reinforce this shame by emphasizing stereotypical feminine values like cleanliness, purity and the desire to conceal natural bodily functions like menstrual blood (Liu et al., 2023), fueling a multi-billion-dollar market for vaginal cleansing products (Nicole & Scott, 2014). These products perpetuate the belief that women's genitals require purification, often overlooking the potential health risks (Bui et al., 2016). Research shows that many women prioritize appearance and cleanliness over health, using these products despite potential harm (Bui et al., 2016; Yanikkerem & Yasayan, 2016).

Women's Genitals as Passive and Inferior to the Penis

Another broader cultural perception that may influence the language surrounding women's genitals is the view that women's genitals are passive and inferior to the penis (Braun & Wilkinson, 2001). One manifestation of this is the widespread lack of knowledge about women's genital anatomy compared to that of men. The term "vagina" is often misused to refer to all external genitalia, though it specifically denotes the muscular canal connecting the cervix to the vaginal opening, while the correct term for the outer parts of women's genitalia is "vulva" (Thong & Doyle, 2023). Medical texts and professionals have historically failed to make this distinction, a misconception that persists until today (El-Hamamsy et al., 2022). In contrast, men's genital anatomy is rarely mischaracterized, with clear distinctions between the penis and testicles being widely understood. Similarly, research on dictionary definitions of genitals reveals a stark contrast in how women's and men's anatomy is framed. While the penis is often defined by its

function, the vagina and clitoris are primarily described by their location within the body (Braun & Kitzinger, 2001b). By emphasizing structure over function, this framing diminishes women's sexual agency, reinforcing the notion of male bodies as active and purposeful while rendering women's bodies passive and secondary.

Why Language Matters

Given ingrained negative societal views on women's genitals, it is crucial to explore how language may shape, reinforce, and challenge these perceptions. In psychological research, language is increasingly recognized as a powerful tool for understanding cognitive and emotional processes (Jackson et al., 2022). According to *social constructionism*, language both reflects and actively shapes social reality (Braun, 2000; Murnen, 2000). More specifically, feminist perspectives of social constructionism highlight how language, shaped by and embedded within patriarchal systems, perpetuates power dynamics that privilege men and marginalize women (Braun, 2000; Murnen, 2000). As a result, language both reflects and actively shapes entrenched gender stereotypes and can serve as a subtle means of exerting power over women (Goodhew et al., 2022). For example, phrases like "boys will be boys" excuse male aggression and reinforce the notion that men's sexual desires are uncontrollable yet socially accepted (Murnen, 2000). This influence extends to the body itself, as the words we use help us define, relate to, and constrain how we understand and experience different body parts (Shilling, 1993).

Language surrounding women's genitals may reflect these patriarchal structures as women's genitals are more likely to be referred to with euphemisms, meaning words with no clear bodily reference point, like "down there" or infantilized terms such as "hoo ha" compared to men's genitals (Braun & Kitzinger, 2001a). This reflects a broader cultural tendency to devalue or trivialize women's bodies (Braun & Kitzinger, 2001a; Murnen, 2000). Similarly, most terms referring to women's genitals (e.g., "vag," "slit") focus on the vagina—associated with reproduction and heterosexual intercourse—while neglecting the clitoris and labia, which may be more central to women's sexual pleasure (Conley & Klein, 2022; Schick et al., 2010).

At the same time, language holds immense potential to actively shape cultural norms and challenge existing stereotypes, as women may actively use certain terms to convey information about their attitudes toward their genitals (Gibbs & Nagaoka, 1985; Martin et al., 2010). According to the concept of *performativity*, gender and gender representation are not static but are repeatedly constructed and reinforced through acts, including language (Butler, 1993). In this sense, naming genitals in a particular way can be seen as a performative act that shapes cultural understandings of women's bodies and experiences (Altun, 2023; Braun, 2000). For example, using precise, anatomical terms may provide women with greater clarity and comfort when discussing their bodies, while also reframing the body as a subject deserving of respect (Rodriguez & Schonfeld, 2012).

Use of Genital Terms for Women

But what does research tell us about which genital terms girls and women use? Studies show that young girls are less likely to learn any term for their genitals, and if they do, these are often generalized terms and euphemisms rather than anatomically correct names (Chang et al., 2024; Gartrell & Mosbacher, 1984; Martin et al., 2010). A recent Finnish study found a smaller yet persistent gender gap: 50% of children aged 3–6 had names for women's genitals, compared to 60% for men's (Cacciatore et al., 2024). Inaccurate or a lack of genital naming in childhood may pave the way for many women to adopt negative or inaccurate names later in life, perpetuating language patterns (Martin et al., 2010). As adults, many women continue to struggle with openly discussing their genitals (Chang et al., 2024). In a U.S. study conducted in the early nineties, most participants considered women's genitals "unmentionable," with only 5% feeling comfortable talking about them (Allan & Burridge, 1991). More recent research from the United Kingdom shows a similar pattern, with 65% of women reporting discomfort using anatomical terms like "vagina" or "vulva," instead, favoring euphemisms such as "lady parts" (Balance Activ, 2023; Eleftheriou-Smith, 2014).

To date, only one study has examined the diversity of women's genital naming (Braun & Kitzinger, 2001a). Women and men respondents were asked to name terms for both women's and men's genitals. Respondents produced over 300 different words for women's genitals and among the most common were "cunt," "fanny," "pussy," and "vagina." The authors categorized the terms into 17 distinct categories, with the most frequent terms including references to pubic hair (e.g., "beard," "bush"), animal references (e.g., "pussy," "cat"), personification terms (e.g., "Mary"), and receptacle terms (e.g., "box" or "slit"). Euphemisms were also identified as a significant category, referring to vague and imprecise terms. Compared to men's genitals, women's genitals were more likely to be referred to with euphemisms, reinforcing ideas of shame and the notion that women's genitals should not be discussed openly. Additionally, a category labeled "nonsense," another form of euphemism, was identified which included infantilizing words (e.g., "hoo hoo"). Finally, women's genitals were also more

likely to be referred to in a degrading manner compared to terms for male genitals, using words like "pussy," "cunt," and "snatch." Previous research and dictionary definitions consistently classify such words as carrying offensive or vulgar connotations (Cambridge Dictionary, 2025a, 2025b; James, 1998; Jordan, 2025; Murnen, 2000). Importantly, nearly all slang terms for women's genitals lacked anatomical precision, in a way that women themselves were unclear about which part of their genitals the terms referred to. This marks an issue with informal terms, highlighting the ambiguous and imprecise nature of the language used to describe women's bodies.

Associations of Genital Naming with Women's Health and Well-being

Genital self-image (GSI) refers to a subfield within body image research that describes the feelings, attitudes, and experiences individuals have toward their genitals (DeMaria et al., 2011; Herbenick et al., 2011). Studies indicate that women's GSI is linked to various aspects of mental and physical health. For example, women who score low on GSI also report reduced sexual self-esteem and sexual pleasure, as well as a decreased willingness to attend gynecological exams (Amos & McCabe, 2016; DeMaria et al., 2011; Schick et al., 2010; Vigil et al., 2021). Additionally, for women, but not men, a better GSI predicted higher levels of sexual satisfaction (Komarnicky et al., 2019).

It is possible that the language women use to name their genitals may be closely tied to their GSI, as these terms can provide important insights into their perceptions of their own bodies and broader societal attitudes toward women's bodies (Braun & Kitzinger, 2001a). For example, euphemisms may reflect discomfort or reinforce feelings of shame, while derogatory terms may contribute to feelings of inadequacy (Rodriguez & Schonfeld, 2012). Therefore, it could be the case that women who use medical or affirming anatomical terms (e.g., "vulva," "vagina") may feel more empowered or body-literate, while those using vague or demeaning terms may be signaling—or reinforcing—discomfort, embarrassment, or dissociation from their genitals (Braun & Kitzinger, 2001a). Building on this idea, we propose that genital naming practices may be associated not only with GSI, but also with other factors in women's well-being. Specifically, in this study, we investigate whether the types of genital terms women use are additionally related to (1) their sexual pleasure and (2) their engagement in genital health behaviors, either directly or indirectly through GSI.

To explore how genital naming may relate to sexual pleasure, we examined three key variables: general sexual pleasure, orgasm frequency, and preference for receiving oral sex. The last two were included because most women require external clitoral stimulation to reach orgasm (Herbenick et al., 2018; Mintz, 2017), with cunnilingus playing a particularly significant role in enhancing sexual pleasure and orgasm likelihood (Dienberg et al., 2023; Rowland & Kolba, 2019). A study has also found that women and men who engage in cunnilingus are more likely to hold positive attitudes towards women's genitals (Herbenick, 2009). Language may be linked to sexual pleasure in various ways; for instance, terms associated with shame or passivity—such as "hole" or "slit"—may frame the genitals as passive or objectified, potentially limiting women's perceived entitlement to pleasure and reinforcing phallocentric sexual scripts (Braun, 2000).

Genital terminology may also be associated with genital health behaviors. Specifically, we examined the use of vaginal cleaning products and openness to labiaplasty. Feelings of shame and stigma toward one's genitals have been linked to poorer health behaviors (Holland et al., 2020). Stigmatizing terms—such as "beef curtains" (Braun & Kitzinger, 2001a), a term to derogatorily describe women perceived to have larger or elongated labia—may contribute to dissatisfaction with genital appearance and a desire to alter the vulva (Nicole & Scott, 2014). These attitudes can fuel behaviors intended to change the natural smell, appearance, or function of the vulva. In more extreme cases, dissatisfaction can lead to surgical intervention, such as labiaplasty. This pronounced form of bodily disconnection has become increasingly common in recent years (Escandón et al., 2022),with nearly 14,000 labiaplasties performed annually in the United States (American Society for Aesthetic Plastic Surgery, 2021).

The Present Study

The present study had two main objectives. First, we aimed to update and expand existing data on the diversity of women's genital naming. Braun and Kitzinger's (2001a) study was conducted over two decades ago, and linguistic usage has likely evolved over time. Their sample was also limited to undergraduate students, whereas we aimed for a more age-diverse group to examine whether different age cohorts use genital terms differently. Furthermore, we suspected that genital naming is context dependent. Therefore, we explored genital naming in different contexts (everyday/non-sexual vs. sexual) to gain deeper insights into whether certain terms and their effects are indeed context specific.

The second aim of this study was to test the association between women's genital naming and a set of outcome variables related to women's sexual pleasure and genital health behaviors. To date, only one known study (Cacciatore et al.,

2024) has examined the association between genital naming and safety behaviors (e.g., saying "no" to peer-to-peer sexual threats) and it focused exclusively on young children. However, to confirm the common claim that genital naming matters, empirical research is needed.

The study was pre-registered (https://aspredicted.org/zd9s-mr63.pdf). The study protocol was approved by the local Ethics Committee. Data sets, scripts, and additional analyses are available on the Open Science Framework (OSF): https://osf.io/75qa3. Because we could not predict which naming categories we would identify, we refrained from formulating specific hypotheses. Instead, we formulated the following explorative research questions:

1) Is the naming of the genitals related to GSI, and general attitudes toward women's genitalia?
2) Is the naming of the genitals related to women's sexual pleasure?
3) Is the naming of the genitals related to women's genital health behaviors?

Method

Participants

Participants were recruited via *ResearchMatch*, a platform that enables recruitment of volunteers by researchers, funded by the National Institutes of Health of the United States (Harris et al., 2012; Pulley et al., 2018). A total of 559 participants took part in this study. We excluded 98 participants because they either did not meet the inclusion criterion mentioned in the pre-registration, that is being a cisgender woman ($n=9$), had incomplete data ($n=57$), or did not agree to their data being used for analysis ($n=36$). Our decision to include only cisgender women was based on the study's focus on the experiences of individuals socialized as girls and with a lifelong relationship to vulvar and vaginal anatomy. While the experiences of trans* and non-binary individuals are equally important, they involve different forms of embodiment and socialization, the complexity of which lay beyond the scope of this research.

The final sample consisted of 457 women ($M_{age}=36.76$, $SD=11.21$, age range from 18 to 81). The women identified as either heterosexual ($n=301$, 65.9%), bisexual ($n=142$, 31.1%), or lesbian ($n=14$, 3.1%). The majority of participants were in a romantic relationship ($n=335$, 73.3%), while the remaining participants were single ($n=122$, 26.7%). Participants identified as White/European ($n=365$, 79.9%), Hispanic ($n=34$, 7.4%), African American ($n=23$, 5.0%), Asian American ($n=15$, 3.3%), Native/Indigenous ($n=2$, 0.4%), Middle Eastern ($n=1$, 0.2%) and Multiracial ($n=17$, 3.7%). Regarding education, 0.2% ($n=1$) had less than a high school diploma, 4.2% ($n=19$) had a high school diploma, 14.7% ($n=67$) had completed some college education, 9.6% ($n=44$) held a two-year college degree, 36.1% ($n=165$) had a four-year college degree, 27.1% ($n=124$) had a master's degree and 8.1% ($n=37$) had a professional or a doctoral degree.

Because the number of content categories for genital terms was determined only after the initial data analysis, we conducted a post hoc power analysis using *G*Power* (Faul et al., 2007) to evaluate whether our sample size was adequate. We assessed the statistical power of the multiple regression model used to examine the association between naming categories and GSI. The observed effect size, calculated from the R^2 value, was $f^2=.04$. With nine naming categories included as predictors and a sample of 457 women, and a significance level of $\alpha=.05$, the analysis yielded a power of 86%. These results indicate that our study had sufficient power to detect the effect.

Procedure

Participants were informed that the survey aimed to explore the relationship between various aspects of body image, GSI, and the terms individuals use to refer to their own genitals. First, participants were asked how they referred to their genitals across two different contexts: non-sexual and with a partner/sexual. Please note that, as written in the pre-registration, participants were also asked about the terms they use in both medical and friendship contexts. However, due to brevity reasons and the limited variability in responses, the results from these two contexts are not reported here. Interested readers can find the complete data files with responses in all four contexts on the OSF.

Participants were initially asked to report the term they most commonly use to refer to their genitals in everyday contexts (hereafter referred to as the *general context*): "What name/term do you use most commonly to talk about your genitals?". They were then asked what term they would use when speaking with a partner in a sexual context: "What would you call your genitals when talking with a/your partner in a sexual context?" (hereafter referred to as the *partnered context*). For each of the two contexts, participants were given a text entry box and were instructed to enter the exact term(s)/word(s) for each context question. Multiple entries were allowed. After answering these questions, they proceeded to complete the dependent measure variables. Lastly, participants provided their demographic information.

Measures

Genital Image

Genital Self-Image Participants' perceptions and attitudes regarding their own genitals were measured with the four-item short form of the Female Genital Self-Image Scale (Herbenick et al., 2011; e.g., "I am satisfied with the appearance of my genitals."). The items were rated on a four-point scale (1 = *strongly disagree*, 4 = *strongly agree*). Cronbach's alpha was α = .80. Higher scores indicate a positive GSI.

Attitude Toward Women's Genitals To measure individuals' general perception towards women's genitals we used the 10-item Attitude Toward Women's Genitals Scale (Herbenick, 2009; e.g., "In general, women's genitals probably taste disgusting" [reverse-coded]). Participants rated their agreement on a four-point scale (1 = *strongly disagree*, 4 = *strongly agree*). Cronbach's alpha for this scale was α = .85.

Sexual Pleasure

General Sexual Pleasure We measured the degree of pleasure participants experience during partnered sexual activity with the three-item Sexual Pleasure Scale (Pascoal et al., 2016; e.g., "I find sexual intercourse …"). All items were rated on a seven-point scale, with responses ranging from 1 (*not pleasurable*) to 7 (*very pleasurable*). Cronbach's alpha for this scale was α = .91.

Orgasm Experience The frequency of participants' orgasm experiences in partnered contexts was measured with one item adapted from Frederick and colleagues (2018): "How often do you experience orgasm during sexual encounters with a partner?" The item was rated on a five-point scale (1 = *never*, 2 = *rarely*, 3 = *about half of the time*, 4 = *usually*, 5 = *always*).

Preference for Oral Sex We adapted three items from Rubin and Conley (2016) and Rubin and colleagues (2019) to measure various aspects of oral sex preference. The items were analyzed separately. First, the desire for oral sex was assessed with the item: "In the last month, your desire to have your genitals stimulated with mouth or tongue (i.e., oral sex) has been…" (1 = *extremely weak*, 6 = *extremely strong*). Second, the frequency of receiving oral sex was measured by asking, "In the last month, approximately how many times did you have your genitals stimulated with mouth or tongue (i.e., oral sex)?" Participants provided an exact number. Third, the likelihood of orgasm during oral sex was measured with the item: "If you were to have oral sex (receiving), how likely is it that you would orgasm?" (1 = *extremely unlikely*, 5 = *extremely likely*). Additionally, one item was developed to measure perceptions of the partner's enjoyment of giving oral sex by asking, "How much does your sexual partner enjoy going down on you?" (1 = *not at all*, 5 = *very much*).

Genital Health Behaviors

Use of Vaginal Cleaning Products To assess participants' use of cleaning products for their genitals we asked: "Are you using vaginal cleaning products?" (*yes, no)*.

Openness to Labiaplasty To measure participants' readiness and interest in undergoing labial surgery we asked: "How much would you like to undergo labia surgery to alter the appearance of your labia?" Participants rated their interest on a five-point scale (1 = *not at all*, 5 = *very much*).

Please note that the present study deviates from the preregistration in that we originally included a broader set of variables to assess genital health behaviors including comfort talking to healthcare providers, gynecological exam behaviors, experience of pain and examining own body. Yet only the use of vaginal cleaning products and the openness to labiaplasty showed statistically significant relationships with genital naming, while the remaining variables did not reach significance (p = .204—.631). For the sake of brevity, we report the non-significance variables on the OSF (https://osf.io/s4wrn).

Control Variables

Body Image Body image was included as a control variable in the analysis predicting GSI to account for the potential influence of overall body satisfaction. Participants' body image was measured with the seven-item subscale "Appearance Evaluation" of the Multidimensional Body Self Relations Questionnaire (Cash, 2000). An example item is: "I like the way I look without my clothes on." Participants rated the items on a five-point scale (1 = *definitely disagree*, 5 = *definitely agree*). Cronbach's alpha for this scale reached α = .91.

Data Analysis

Content Analysis of Genital Terms

The different terms participants provided to refer to their genitalia across the two contexts were subject to content analysis. In developing the categories, we were guided by key principles from the iterative process of thematic

analysis as described by Braun and Clarke (2006), particularly the systematic refinement of themes—referred to as categories in our study (Byrne, 2022).

In the first step, two of the authors independently repeatedly read the terms provided, became familiar with the data set, reviewed them, and generated preliminary categories. We adopted a data-driven approach of categorization. The two authors held repeated discussions to compare and refine these initial categorizations, creating new categories as needed until saturation was reached—that is, no additional terms emerged that did not fit existing categories. Through multiple rounds of this process, we re-examined and adjusted the categories, occasionally merging separate categories into broader ones where appropriate.

In the second step, two independent coders—one who had participated in the initial categorization process and one who had not—coded a subset of 80 terms (11% of the general context dataset) to assess intercoder reliability. This sample size aligns with commonly recommended guidelines for content analysis, which suggest coding approximately 10% of the total dataset (Neuendorf, 2002). Intercoder reliability was calculated using Cohen's kappa, with values of≥.80 interpreted as indicating substantial to strong agreement (Neuendorf, 2002). In our analysis, Cohen's kappa reached 1.00, reflecting perfect agreement. The high intercoder reliability is likely attributable to the unambiguous nature of the data. The responses were predominantly single words, which left little room for interpretation. For instance, in the general context, over 70% of all valid responses consisted of just seven frequently used terms—all of which fit clearly within our predefined coding framework. Following intercoder reliability assessment all remaining terms were coded by one author. We employed an exclusive categorization approach, assigning each term to a single category. However, if a participant provided multiple terms spanning different categories, all relevant categories were marked as "present" for that participant.

Importantly, one person in our research team was a U.S. native speaker and could therefore offer valuable cultural insights on certain terms. All four coders identified as women, ranged in age from their mid-twenties to late thirties, were white, and came from different cultural, as well as professional backgrounds.

Quantitative Data Analysis

For each outcome variable, we conducted separate regression analyses using nine dummy-coded predictors (naming categories), to assess whether there were significant associations between the terms participants use for their genitals and outcomes related to genital image, sexual pleasure, and genital health behaviors. Linear regression was applied for continuous dependent variables, while a logistic regression model was used for the categorical dependent variable. First, we analyzed all outcomes using terms participants provided in the general context. When analyzing GSI as the outcome, we additionally controlled for participants' overall body image to ensure that any observed associations were specific to perceptions of the genitals, rather than being confounded by general body image attitudes. To account for the increased risk of Type I errors due to multiple comparisons, we applied the false discovery rate (FDR) correction method to the *p*-values of all individual naming predictors across regression models (Benjamini & Hochberg, 1995). This approach was particularly suitable for our study, given the large number of statistical tests conducted (a total of 138 *p*-values for all naming predictors). The FDR method has been recommended for psychological research as a more powerful and less conservative alternative to methods such as Bonferroni correction, especially in contexts involving correlated outcomes or exploratory research questions, both of which applied to our study (Cramer et al., 2016; Efron, 2007). Both the original and corrected *p*-values are available on the OSF.

When the results indicated significant relationships, we further employed an explorative mediation analyses using *AMOS* (Version 23) to test whether GSI mediated the relationship between specific naming categories and outcome variables. A mediation effect was considered present if the indirect effect was significant, regardless of whether a total effect was observed. This approach follows the recommendations of Zhao and colleagues (2010), who advocate for interpreting the indirect effect independently. The analyses were carried out with bootstrapping (5000 samples).

In a final step, we reanalyzed the sexual pleasure variables, this time applying analyses based on the terms participants used in the partnered context. We focused exclusively on sexual pleasure outcomes in this step, as these outcomes were most directly relevant to language use during partnered sexual experiences.

Results

General Context

Descriptive Results

For the general context, participants gave 728 different responses and produced a total of 124 different terms for women's genitals. Three responses were excluded as the terms clearly did not refer to women's genitalia ("boobs," "breasts"). Among the 725 valid responses, the most frequently mentioned term was 'vagina' ($n = 320$), followed by

'pussy' ($n = 56$), 'vulva' ($n = 55$), 'vag' ($n = 18$), 'labia' ($n = 17$), and 'clitoris' ($n = 17$). Additionally, terms containing the word 'private' appeared a total of 26 times (e.g., 'private parts,' 'privates,' 'private area').

The terms were categorized into nine different categories: vulgar (i.e., terms culturally perceived as harsh or offensive), anatomical (i.e., medically accurate terms), euphemisms (i.e., vague or distancing terms), gender identity (i.e., terms emphasizing feminine identity), nature (i.e., terms referring to plants or animals), playful/childish (i.e. infantilizing terms), receptacle (i.e., terms framing genitals as passive containers), clitoris (i.e., terms referencing the clitoris) and edible (i.e., terms referring to food or drink). Table 1 provides a detailed description of the categories and example terms. Of the produced words the majority belonged to the anatomical category (74.4%), followed by playful/childish (15.1%), euphemisms (14.4%), vulgar (12.9%), gender identity (7.0%) or terms referring to the clitoris (5.7%). Less common were terms from the edible category (2.0%), the nature category (0.9%) or the receptacle category (0.7%). For the exact number of responses per category, please refer to Table 1.

For further analyses, we calculated whether participants' age was related to the terms they used. We found a negative correlation between age and anatomical terms ($r = -.14$, $p = .004$), implying that younger women were more likely than older women to use anatomical language to describe their genitals. The remaining categories showed no significant association with age ($rs \leq .06$, $ps \geq .210$).

Hypotheses Testing

Genital Self-Image First, we examined the relationship between the naming categories and GSI, while controlling for body image. The overall regression model was significant, $F(10, 446) = 13.73$, $p < .001$, explaining 23.5% of the variance ($R^2 = .24$). Overall body image emerged as a strong positive predictor of GSI ($\beta = .45$, $p < .001$). Regarding genital naming, the use of playful/childish terms also significantly predicted GSI, whereby women who used these terms had a more negative GSI ($\beta = -.14$, $p = .020$), while other naming categories showed no significant associations ($ps \geq .490$).

Attitude Toward Women's Genitals The regression model was not significant, $F(9, 447) = 1.42$, $p = .177$, and explained only a small amount of variance ($R^2 = .03$). None of the naming categories showed significant associations with the general attitude towards women's genitals.

Sexual Pleasure Regression models initially revealed significant associations between naming categories and three sexual pleasure outcomes: general sexual pleasure, frequency of receiving oral sex, and participants' perception of their partner's enjoyment in giving oral sex. However, after applying FDR correction to the predictor-level p-values, only the associations within the model for the perception of partner's enjoyment giving oral sex remained statistically

Table 1 Content Categories of Genital Terms

	Description	Examples	General Context		Partnered Context	
			N	%	*N*	%
Vulgar	Terms that are culturally seen as harsh, offensive, or demeaning	pussy, cunt, snatch	59	12.9	204	44.6
Anatomical	Medically accurate and formal terms provide precise and specific descriptions of various parts of women's genitals	vagina, vulva, labia, genitals	340	74.4	156	34.1
Euphemisms	Vague or ambiguous terms that lack a clear reference to specific parts of the body. These terms often serve as substitutes to avoid directly mentioning anatomical details of women's genitals, making them less explicit. This category also includes individuals who have no specific name for their genitals	having no name, down there, private areas, privates, bits, crotch	66	14.4	58	12.7
Gender Identity	Terms that emphasize and reflect female gender identity, often associating women's genitals with elements of stereotypical femininity	lady parts, lady bits, she, her, sis, female, the girls, gina, verginia	32	7.0	26	5.7
Nature	Terms that metaphorically relate women's genitals to elements from nature, using imagery of plants, animals, or natural elements	cat, petunia, flower	4	0.9	-	-
Playful/Childish	Terms that are nonsensical, playful and often entail a childlike element. Such expressions either soften or avoid direct reference to women's genitals, frequently trivializing them through humor or infantilizing language	hoo haa, yayay, vajajay, vageen, bollo, tutti, wee-wee, pumpum	69	15.1	53	11.6
Receptacle	Terms that depict women's genitals as passive containers. These terms reduce the anatomical reference to something that receives or holds	slit, opening box, meat hole	3	0.7	6	1.3
Clitoris	Terms that are specific to the clitoris	love button, clit, clitoris	26	5.7	45	9.8
Edible	Reference to food or drink, suggesting that women's genitals are for consumption	cookie, nugget, taco, bean, cracker	9	2.0	6	1.3

significant. No significant models were found for orgasm experience, desire for oral sex, or orgasm frequency during oral sex ($p = .364 – .631$).

Participants' perception of their partners enjoyment of giving oral sex was significantly predicted by the naming categories, $R^2 = .06$, $F(9, 447) = 2.92$, $p = .002$. Looking at the individual categories, playful/childish terms were negatively associated with this outcome ($\beta = -.16$, $p = .031$). No other categories were identified as significant predictors ($ps \geq .358$).

Genital Health Behaviors A logistic regression was performed to ascertain the effects of the naming categories on the likelihood that participants use vaginal cleaning products. The logistic regression model was statistically significant, $\chi^2(9) = 25.81$, $p = .002$. The model explained 8% (Nagelkerke R^2) of the variance in vaginal cleaning product use. Participants who used playful/childish words to refer to their genitals were more likely to apply cleaning products (OR = 2.73, 95% CI [1.5, 4.8], $p = .020$). However, the other categories did not reach significance ($ps \geq .386$).

Similarly, the overall regression model for the influence of naming categories on the openness to labiaplasty was significant, $R^2 = .06$, $F(9, 447) = 2.96$, $p = .002$. Of the predictors, only playful/childish terms showed a significant positive association with the openness to labiaplasty ($\beta = .20$, $p = .020$), while the other categories failed to reach significance ($ps \geq .343$).

Mediation Analyses

Given that the use of playful/childish terms was associated with a negative GSI as well as with one sexual pleasure and two genital health behavior variables, we conducted two mediation analyses. The first model aimed to examine whether GSI mediated the relationship between the use of playful/childish terms and the perception of partner's enjoyment of giving oral sex. The second model tested whether the effects of playful/childish terms on genital health behavior, specifically the use of vaginal cleaning products and the openness to labiaplasty were mediated through GSI.

Model 1: Playful/Childish Terms → GSI → Sexual Pleasure Outcomes The hypothesized mediation model showed good fit to the data, as indicated by a non-significant chi-square ($p > .05$) and acceptable fit indices, CFI > .90, RMSEA < .08, suggesting the model adequately represents the relationships among the variables. There was a significant direct effect of the use of playful/childish terms on GSI, $\beta = -.16$, $SE = .05$, $p = .005$, CI [-.25, -.07]. Further, GSI significantly predicted the perception of partner's enjoyment of giving oral sex, $\beta = .24$, $SE = .05$, $p = .005$, CI [.16, .32]. The total effect of the use of playful/childish terms on the perception of partner's enjoyment of oral sex was significant, $\beta = -.14$, $SE = .05$, $p = .017$, CI [-.21, -.04]. Upon including the mediator (GSI) in the model, the total effect of playful/childish terms on the perception of partner's enjoyment of oral sex was reduced to a lower, yet still significant, direct effect, indicating partial mediation, $\beta = -.10$, $SE = .05$, $p = .050$, CI [-.17, -.01]. Finally, the indirect effect was significant: $\beta = -.04$, $SE = .01$, $p = .002$, CI [-.07, -.02]. See Fig. 1 for an overview of the mediation model.

Model 2: Playful/Childish Terms → GSI → Genital Health Behaviors As before, the hypothesized mediation model showed good fit to the data, as indicated by a non-significant chi-square ($p > .05$) and acceptable fit indices, CFI > .90, RMSEA < .08. The direct effect of playful/childish terms on GSI was significant, $\beta = -.16$, $SE = .05$, $p = .005$, CI [-.25, -.07]. For the use of cleaning products, the direct effect of GSI on cleaning product use was not significant, $\beta = -.08$, $SE = .05$, $p = .124$, CI [-.16; .01]. Consequently, no significant

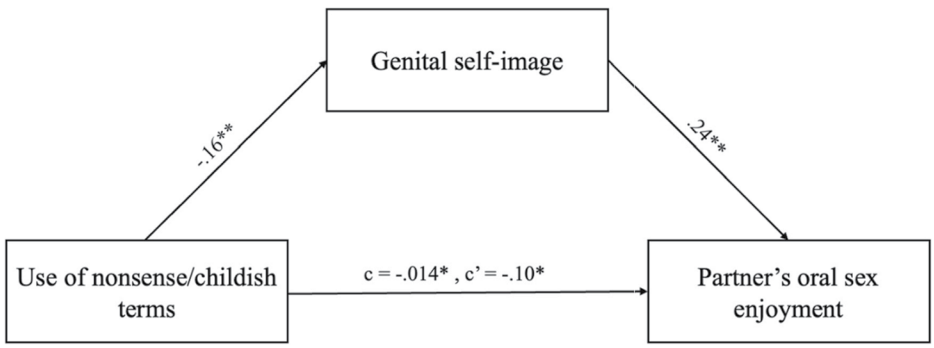

Fig. 1 The mediating effect of GSI on the association between playful/childish genital terms and perceived partner's oral sex enjoyment

Note. c is the total effect of the predictor on the outcome variable, while c' is the direct effect.
* $p < .05$, ** $p < .01$, *** $p < .001$

mediation effect of playful/childish terms on cleaning product use through GSI was found. However, the total effect of playful/childish terms on cleaning product use was significant, $\beta = .21$, $SE = .05$, $p = .002$, CI [.13; .29]. In contrast, the path between GSI and openness to labiaplasty was significant, $\beta = -.35$, $SE = .04$, $p = .003$, CI [-.43; -.28], indicating that a more negative GSI was associated with greater openness to labiaplasty. The total effect of playful/childish terms on openness to surgery was significant, $\beta = .20$, $SE = .06$, $p = .003$, CI [.11; .31] and remained significant, but reduced when the mediator entered the model, $\beta = .15$, $SE = .06$, $p = .016$, CI [.06; .23]. Lastly, the indirect effect of playful/childish terms on openness to surgery through GSI was significant, $\beta = .06$, $SE = .02$, $p = .002$, CI [.03; .10], supporting a partial mediation. Please see Fig. 2.

Partnered Context

Descriptive Results

When asked which words participants used to refer to their genitals with their partners and/or in sexual contexts, participants gave a total of 615 different responses. Eight responses were excluded as the terms clearly did not refer to women's genitalia ("boobs," "breasts," "penis," "asshole"). A total of 67 unique terms were produced, with the most frequently mentioned being 'pussy' ($n = 192$), 'vagina' ($n = 152$), 'clit' ($n = 32$), 'coochie' ($n = 12$) and 'vulva' ($n = 10$). The most prevalent naming category for this context was vulgar (44.6%), followed by anatomical (34.1%), euphemisms (12.7%), playful/childish (11.6%) and terms referring to the clitoris (9.8%). Less frequently mentioned categories included gender identity (5.7%), receptacle (1.3%), and edible (1.3%), while no terms fell into the nature category. Again, for the exact numbers of terms per category please see Table 1. Participants' age was negatively correlated with the use of vulgar terms ($r = -.10$, $p = .042$) and anatomical terms ($r = -.10$, $p = .027$), while it was positively correlated with the use of playful/childish terms ($r = .13$, $p = .007$). The remaining categories showed no significant association with age ($rs < .09$, $ps \geq .064$).

Hypotheses Testing

We found significant associations between the genital naming categories and five of the six sexual outcome variables in partnered or sexual contexts. However, no association was observed between these naming categories and orgasm frequency during oral sex ($p = .357$). For general sexual pleasure, the regression model was significant, $R^2 = .09$, $F(9, 447) = 5.81$, $p < .001$. On the predictor level, vulgar words ($\beta = .33$, $p = .020$) and playful/childish terms ($\beta = .15$, $p = .031$) were positively associated with general sexual pleasure. The remaining naming categories did not significantly predict general sexual pleasure ($ps \geq .182$). Genital naming also significantly predicted overall orgasm experience in partnered sex, $R^2 = .04$, $F(9, 447) = 2.46$, $p = .013$. Again, women who used vulgar terms ($\beta = .17$, $p = .041$) were more likely to experience greater orgasm frequency in partnered sex, while the other naming categories did not reach significance ($ps \geq .053$). Desire for oral sex was significantly associated with genital naming, $R^2 = .05$, $F(9, 447) = 3.17$, $p = .002$. Again, those using vulgar terms ($\beta = .24$, $p = .020$) reported greater interest in receiving oral sex, while the remaining categories did not significantly predict oral sex desire ($ps \geq .152$). In line with this, the frequency of receiving oral sex was significantly related to the naming categories, $R^2 = .08$, $F(9, 447) = 4.68$, $p < .001$. Following the same pattern, people using vulgar terms were likely to receive more oral sex ($\beta = .21$, $p = .020$). The remaining categories did not reach significance ($ps \geq .053$). Lastly, the same pattern emerged for the perception of partner's enjoyment of

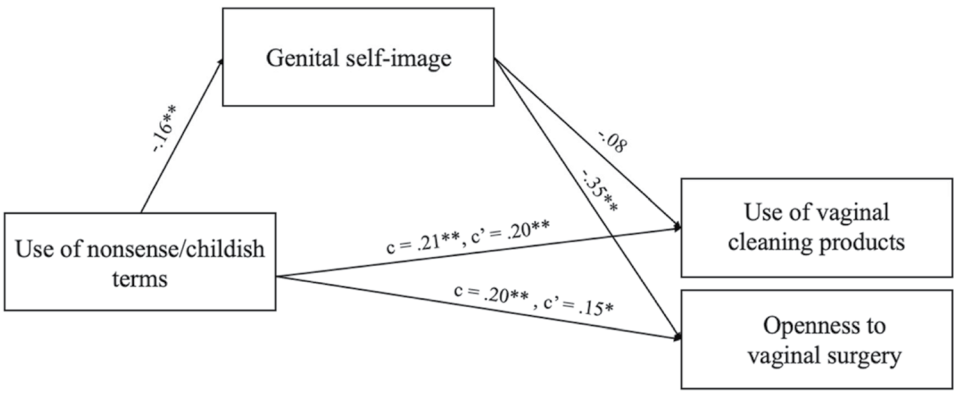

Fig. 2 The mediating effect of GSI on the association between playful/childish genital terms and genital health behavior

Note. c is the total effect of the predictor on the outcome variable, while c' is the direct effect.
* $p < .05$, ** $p < .01$, *** $p < .001$

oral sex, $R^2 = .05$, $F(9, 447) = 2.78$, $p = .005$: people using vulgar terms ($\beta = .19$, $p = .020$) were more likely to perceive their partner enjoying giving oral sex, while the other categories were not significantly related ($ps \geq .182$).

Discussion

Our study provides updated insights into how women name their genitals, showing that in everyday contexts, the majority of women reported using at least one anatomical term. However, around one-third of women in our sample also used distant and vague terminology—either through euphemistic expressions or through playful/childish language. Notably, playful/childish terms were negatively associated with women's GSI, one aspect of sexual pleasure and genital health behaviors (lower perceived partner enjoyment in giving oral sex, greater use of vaginal cleaning products, and more openness to labiaplasty), but only when used in non-sexual contexts. In contrast, vulgar terms—particularly "pussy"— used by women in sexual contexts were positively linked to several variables related to sexual pleasure.

What Do Women Call Their Genitals?

The increased use of anatomical terms in our study represents a notable shift from Braun and Kitzinger's (2001a) findings, where "vagina" was the only anatomically accurate term frequently reported, cited by approximately 60% of participants. Notably, the term "vulva," which specifically refers to the external genitalia, appears to have gained prominence; while it was not explicitly mentioned in Braun and Kitzinger's study (2001a), it ranked among the five most used general terms in our analysis. However, it was still used significantly less than "vagina," a pattern that may reflect continued gaps in anatomical knowledge (El-Hamamsy et al., 2022; Preti et al., 2021). Terms like "vagina" are often used to refer to the entire genital area—even though they technically describe only the internal canal (Estrada, 2017).

Consistent with Braun and Kitzinger's (2001a) findings, approximately one-third of women relied on euphemisms (e.g., "private parts") or infantilizing terms (e.g., "hoo haa") to describe their genitals, which likely reflects an enduring presence of genital shame among women (Fahs, 2014; Preti et al., 2021). This trend was especially pronounced among older women, who were less likely than younger women to use anatomical terms across both contexts. In sexual contexts, they also avoided vulgar terms and more often used playful/childish words. These patterns may reflect generational norms or differences in socialization around sexual language, possibly indicating greater discomfort or avoidance towards genitals among older participants. However, prior research has not found a direct link between higher age and negative GSI (Dias Leite et al., 2025; Fudge & Byers, 2019). This suggests that these linguistic differences may rather stem from shifting term connotations than from increased shame. For example, what may seem euphemistic or infantilizing to younger women could simply feel neutral or familiar to older women. Future research could disentangle this by assessing how women of different ages perceive the emotional tone or appropriateness of various genital terms.

Generally, as in studies before, we found a great variety of genital terms in our sample (Allan, 1990; Braun & Kitzinger, 2001a). Our approach to categorization, however, differed from that of Braun and Kitzinger (2001a), who asked participants to list *all* terms they could think of. In contrast, we asked participants to report the terms they most commonly used. This difference in focus likely explains the variation in the number of categories identified, 17 in their study compared to nine in ours. Consequently, we did not find in our dataset some of their more niche categories—such as those related to urination or money. Enhancing the richness of genital terminology, we introduced a new category encompassing clitoris-related terms, suggesting an increased specificity in naming different genital parts, or a heightened focus on sexual pleasure in women's language around their bodies (Mintz, 2017).

How is Women's Genital Naming Related to Their Health and Well-Being?

We did not find an association between any of the naming categories and the general attitude towards women's genitals. However, genital naming was related to women's personal GSI: those who used infantilizing terms reported lower satisfaction with their own genitals. When used in non-sexual contexts, these terms were also linked to a lower perception of their partner's enjoyment of giving oral sex, though not to other measures of sexual pleasure. Additionally, the use of infantilizing terms was associated with more health-risking genital behaviors. One possible interpretation of these findings is that such language reflects psychological distancing or discomfort with the genital area, which may reduce genital self-knowledge and acceptance, and increase reliance on external norms (e.g., gendered sexual scripts) or corrective practices (e.g., labiaplasty) (Braun & Kitzinger, 2001a). In line with this assumption, our results also show evidence that the negative relationship between the use of playful/childish terms and perception of partner's oral sex enjoyment and genital health behavior variables was at least partially mediated by a lower GSI.

From a feminist linguistic perspective, infantilizing genital terminology may function as a form of symbolic

domination— that is, the subtle, often unnoticed ways language reinforces gendered power hierarchies— (Bourdieu, 1991; Braun, 2000; Cameron, 1992), aligning with broader gendered scripts that diminish women's sexual agency (Rubin et al., 2019; Seabrook et al., 2016). Moreover, drawing from Judith Butler's (1993) concept of *performativity*, we can argue that such terminology is not merely a passive reflection of gendered scripts but an active component in performing and perpetuating them. When considered alongside broader research demonstrating that infantilizing language directed at women—such as referring to adult women as "girls"—can undermine perceptions of their competence and maturity (Huot, 2013), it may be inferred that using terms like "vajayjay" or "hoo haa" similarly contributes to feelings of disempowerment or disconnection from one's body.

Surprisingly, we found no significant relationships between the use of euphemisms and any of the outcome variables. This was unexpected, as we suspected that euphemisms, just like playful/childish terms, might indicate a sense of shame or avoidance (Rodriguez & Schonfeld, 2012). One possible explanation for these results is that euphemisms, while indirect, may still maintain a level of neutrality, whereas playful/childish terms could be linked to feelings of embarrassment, immaturity, or detachment.

We also found that especially vulgar terms, most prominently the word "pussy" showed positive associations with sexual pleasure and the desire and enjoyment of oral sex, when used in a sexual context. It therefore appears, that the word "pussy" carried an element of empowerment for many women.

The term "pussy" may actually be one of the most complex and culturally loaded synonyms for female genitals, carrying both derogatory and empowering connotations (Thomashauer, 2016). Linguistically, "pussy" entered the English language in the 16th or 17th century as a pet name for cats and was extended to refer to female genitals in the late 19th century—likely due to metaphorical associations with softness (Etymonline, 2025). Nowadays, pussy is largely recognized as a degrading term (James, 1998) or misogynistic insult (Jordan, 2025). Its widespread use could be partially explained by the influence of pornography. In mainstream pornographic content, "pussy" is among the most frequently used terms for female genitals and is often associated with themes of male dominance, and women's sexual availability (Bridges et al., 2010).

At the same time, "pussy" has also been reclaimed in feminist, queer, and sex-positive contexts. For example, in Thomashauer's (2016) book "Pussy: A Reclamation" the term is discussed as a source of power and sexual self-expression. In fact, some women may adopt "pussy" as part of their sexual vocabulary not just passively, but as an act of linguistic reclamation (Cepollaro & López de Sa, 2023). This is reflected in cultural contexts such as Black women's rap music, where "pussy" is often used to express sexual agency (Hall, 2024). The positive associations we observed in our sample suggest that many women are actively navigating the complexity of this term, using it in ways that affirm their sexual pleasure and enhance their experiences rather than diminish them.

The Role of Context

Importantly, our findings support the idea that context matters, as women use distinctly different terminology in general versus sexual or intimate contexts. For example, while anatomical terms—particularly "vagina"—were most mentioned in the general context, the vulgar category, with "pussy" as the most prominent term, was most frequently used in the sexual context. That said, the negative relationship between playful/childish terms and one of the sexual pleasure variables was found only when these terms were used in the general context, but not when they were used explicitly in a sexual context. In fact, when women used playful/childish terms during sexual interactions, they reported more sexual pleasure. This implies that the meaning and impact of certain words may shift depending on the context (Gennari et al., 2007)—outside of sex, childish terms might reflect avoidance or discomfort, whereas in sexual situations, they could take on a more playful or intimate role.

Limitations and Future Research Directions

Although we aimed to achieve greater age variability compared to earlier studies, our sample remains limited in other aspects of diversity. Specifically, our participants were predominantly white and highly educated. Given that language is deeply shaped by cultural influences (Smith, 2018), terminology for women's genitals may vary significantly across different racial, ethnic, and socioeconomic communities. For example, one recent study showed that Black women in the United States often receive messages about vaginal hygiene that are shaped by misogynoir— a combination of racist and sexist stereotypes. In their study, participants reported learning terms like "monkey" for their genitals (Thorpe et al., 2024). Additionally, our study focused exclusively on cisgender women, which limits the applicability of our findings to gender-diverse populations, who likely experiences more complex and nuanced relationships with their genitals due to differing socialization processes, bodily experiences, and identity development. Future research would benefit from adopting a more intersectional approach and including a more diverse sample to capture a broader range of linguistic practices and cultural perspectives.

Likewise, all members of the coding team were cisgender and white. While we brought diverse academic

backgrounds—including social psychology, clinical psychology, and medicine, we acknowledge that our shared social positions may have subtly influenced how certain terms were interpreted and categorized. Future research may benefit from engaging a more demographically diverse coding team to enhance reflexivity and to better account for the cultural and contextual variability in naming practices.

Another major limitation of our study is that we cannot establish the directionality of the relationship between genital naming and the outcome variables. We are unable to determine whether using specific terminology influences GSI, sexuality, and health behaviors, or whether, conversely, women with particular attitudes and behaviors are more likely to use certain terms. It is also possible that this relationship is bidirectional, with language and attitudes reinforcing each other over time. Future research could aim to disentangle this dynamic, for example, by investigating whether adopting specific terminology can actively shape women's attitudes towards their genitals. Longitudinal studies are particularly needed to track these potential effects over time and establish causality. Previous experimental and longitudinal research on language changes and their effects on attitudes and behaviors has shown significant impact (Bryan et al., 2013; Gustafsson Sendén et al., 2015).

Lastly, future research should specifically explore the complexity of terms like "pussy" or "cunt" in relation to women's experiences of empowerment. While our findings suggest positive associations with these terms, it remains important to consider the context in which they are used. Given their prevalence in both feminist discourse and pornography (Bridges et al., 2010; Thomashauer, 2016), their meanings may shift depending on setting and intent. This complexity aligns with Bay-Cheng's (2015) argument that women are often expected to perform sexual agency within a neoliberal framework that emphasizes agency, and control yet may not ensure true self-determination. Future research should explore whether such language supports authentic empowerment—or whether it can, in some contexts, reinforce cultural pressures to appear sexually assertive.

Practice Implications

One of the key findings of our study is that infantilizing terms are associated with negative outcomes related to women's GSI, aspects of sexual pleasure and genital health behaviors. Thus, a key implication of this study is the need to discourage the use of such terms in educational, healthcare, and therapeutic settings. This could be achieved, for instance, by revising curricula, patient education materials, and clinical communication guidelines. In line with existing literature, we advocate for the consistent use of precise anatomical language not only in professional environments, but also in parent-based sex education (Hakanson, 2025). Supporting caregivers and educators in using anatomically correct terms from an early age can help normalize open discussions about women's bodies, reduce shame, and foster body literacy—all of which are essential for promoting healthy body image and well-being. Beyond these traditional settings, our findings also carry implications for media representations. Content creators, developers, and educators should critically assess the language they use to describe female genitals and actively move away from infantilizing terms.

Conclusion

This study provides an updated perspective on women's genital naming practices and their associations with health and well-being. While anatomical terms have become more widely used, euphemistic and infantilizing language persists. Our findings highlight the importance of context, as the same words can carry different implications depending on the setting. Notably, the use of playful/childish terms was linked to negative GSI, aspects of sexual pleasure and genital health behaviors, whereas certain contested terms like 'pussy' appeared to foster empowerment in the sexual sphere. These findings provide the first empirical evidence linking genital naming to women's GSI, sexual-, and health-related well-being, affirming that the words women use to describe their genitals are far from trivial—they matter.

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Data Availability Data files, syntax and additional results are available at: https://osf.io/75qa3

Declarations

Ethical Considerations This study was approved by the Ethics Committee of the Institute of Psychology, Johannes Gutenberg-University of Mainz. Approval Number: 2023-JGU-psychEK-S001 and by the Ethics Committee of the University of Southampton: ERGO 82032.

Consent to Participate Written informed consent to participate in this study was obtained from all individual participants prior to their inclusion. The study protocol was reviewed and approved by both Ethics Committees (University of Mainz and Southampton).

Consent for Publication Written informed consent for publication of the data was obtained from all individual participants included in the study.

Conflicting Interest The authors declare that they have no conflict of interest.

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