



Research Article

VAGINAL DOUCHING PRACTICES AMONG WOMEN WHO HAVE SEX WITH WOMEN IN TANZANIA: REPORTED ORIGINS, FREQUENCY, MOTIVATIONS AND PUBLIC HEALTH IMPLICATIONS

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Received 20th February 2021; Accepted 18th March 2021; Published online 30th April 2021

Abstract

Vaginal douching (VD) is widely practiced by women and sexually active girls all over the globe; and practices include flushing out the inside of the vagina with water or a solution of water mixed with vinegar, baking soda, iodine, lime/lemon juice, yogurt or homemade concoctions. Women practice VD for various reasons including: to increase sexual pleasure; learnt the practices from their mothers, female relatives, and friends; advised to douche by health care providers; conforming to religious rituals, and commercial advertisements on the media. We conducted a qualitative formative study with women who have sex with women (WSW) in Tanzania using a case of Dar-es-Salaam city. Findings indicate that WSW practice VD due to the perceived link between intravaginal practices and feminine hygiene, protection against (or cure of) vaginal infections, feminine functions, feminine attractiveness and partners' demand. Majority of the WSW are unaware of VD health risks and are likely to practice it for the rest of their lives. We recommend further multidisciplinary (public health) research among women and sexually active girls to establish comprehensive and informative VD data on origins, motivations and health-risks to inform public health VD interventions in this country.

Keywords: Women who have sex with women, vaginal douching, intravaginal practices, female sexuality, qualitative study, Tanzania.

INTRODUCTION

Vaginal douching (VD) is widely practiced by women and sexually active girls all over the globe. VD practices include flushing out the inside of the vagina with water or a solution that consists of water mixed with vinegar, baking soda, iodine, lime/lemon juice, yogurt or homemade solutions. VD studies indicate that the practice has more harm to women's health compared to perceived benefits. Despite this consensus, one of four women aged 15 to 60 practices VD regularly or occasionally. For instance, VD has been associated with many adverse outcomes as it increases the risk for bacterial vaginosis, preterm birth, low birth weight, ectopic pregnancy, cervical cancer, HIV and other STIs, Pelvic inflammatory diseases, recurrent vulvovaginal candidiasis, infertility, and endometritis. Hence, "No woman should be douching unless instructed by a healthcare provider to treat a specific vaginal infection" (Rapaport, 2016). However, research on VD behaviors and practices, origins, beliefs, motivations, associated factors, and its sexual and reproductive health implications to douching women and sexually active girls, remains limited in countries with limited resources. In Tanzania, for example, a few intravaginal washing studies conducted were health-facility based, focused on the success of new female-controlled prevention technologies trials, such as microbicides or herbs used.

Consequently, more data is needed on the socio-cultural and economic contexts within which VD behaviors and practices take place in Tanzania. To do so, our study focused on the WSW as an eye opener to this public health concern in the country.

MATERIALS AND METHODS

Our formative study was cross-sectional descriptive and retrospective. The study area was Ilala, Kinondoni and Temeke districts in Dar-es-Salaam City, region. Dar-es-Salaam City was purposely selected because it is Tanzania's largest and commercial city, known harboring persons from different backgrounds and engaging in varied health behaviors and practices. The city was thus envisioned to allowed access to required types of study participants. Study population included WSW aged 18 years and above, who had lived in Dar-es-Salaam for six (6) months or more; had had engaged in same-sex sex in the past year or are in same-sex relationship(s); and had knowledge of WSW's lived experiences and willing to participate in the study.

Between January and February, 2021, we collected data using four key qualitative methods: focus group discussions (FGDs), in-depth interviewing (IDIs), observation and life stories. We trained our research assistants (RAs) on the study objectives and procedures, the vulnerability of WSW, ethical issues around this sensitive study, and proper interaction/interviewing procedures with the study participants. With permission from

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the participants, FGDs and IDIs were audio-recorded. In addition, the RAs took field notes. All tools were administered in Kiswahili; a national language understood by almost everybody in the study area. We transcribed and translated data, followed by data analysis applying thematic approach where open systematic coding of data in the participants' language and combining emerging emic concepts with preconceived theoretical constructs was used.

The Muhimbili University of Health and Allied Sciences (MUHAS) Institutional Review Board (IRB) reviewed the study protocol and granted ethical clearance to conduct this study. The Dar-es-Salaam Regional Administrative Secretary (RAS), the Ilala, Kinondoni, and Temeke District Administrative Secretaries (DAS), and the Street authorities granted permission to conduct the study in their respective areas. Only individuals aged 18 years or older who could legally consent, participated in this study. The process of interviewing neither had harm to nor re-traumatized the study participants. The average duration of IDIs and FGDs was one and half hours. However, as our participants had interest in this study, some IDIs and FGDs took longer time, up to two hours. The aim was to understand, from the WSW's perspective, the origins, reasons, frequency of and health implications of VD behaviors and practices they engage in.

RESULTS

During the IDIs and FGDs we asked our study participants the question "What do you do to keep your vagina clean?" WSW interviewed expressed keeping the vagina clean all the time a norm to any woman who has reached puberty. One of our participants in the FGD, for example, reported, "Every woman must keep her body clean, especially the vagina ... I clean my vagina to remove bad smell [odor] ... You know, the vagina always excretes some fluids that have bad smell ... It [vagina] should be cleaned now and then ... My religion [Islam] too requires us [women] to clean our vaginas after urinating, sexual intercourse and several times a woman is on menses" (FGD_1, 2021). Another participant noted, "I know, I must keep my vagina clean ... I wash the outer vagina with water only, that is what the health workers tell us ... I clean the outer vagina with water not with soap every time I shower, after urinating or sexual intercourse ... Like many women and girls, I used to believe that washing the vagina frequently grants protection from vaginal infections, pregnancy, UTI [urinary tract infections], vaginal itching, vaginal fungus and bad smell" (FGD_1, 2021). Another participant in the same FGD explained, "I normally wash the outer vagina with water after urinating, after having sex or when I feel itchy conditions ... That is all I do ... However, I know some women use antibacterial soaps like Protex and Dettol to clean the inner parts of their vaginas ... Our doctor advised us not to do so [use soap] ... He advised us to wash the outer vagina with water only" (FGD_1, 2021). The other participant in the same FGD explained, "I wash the outer vagina with ordinary washing soap and I use water to wash the inner vagina ... I take my time, say 5 minutes ... I have a towel I use to dry it [vagina], which I wash and iron regularly" (FGD_1, 2021).

A participant aged 35, divorced, a female sex worker (FSW) and started practicing female same sex in 1987 said, "I wash my outer vagina with water every time I shower, after sexual intercourse or after urinating ... I never reach the inner vagina ... However, some women insert fingers or pieces of cloth to

clean the inner vagina which is risky ... Could cause bruises in the vagina leading to contracting infections" (IDI, B, 35 years, 2021). Another participant aged 46, a mother of two children, never married, a tomboy and started practicing same sex in 1990, had this to say, "I always keep my vagina clean ... I take time to do so ... I use warm water with soap, Dettol or Protex ... I insert my finger deep into the vagina several times to remove dirtiness until I feel clean ... Believe me, my partner appreciates my vagina smells good" (IDI, G, 46 years, 2021). The other participant aged 26, never married, started engaging in same sex in 2012 and a university graduate, reported, "I believe I am a man [transman] ... Therefore, I clean it [vagina] with plain water from the clitoris downwards to the outer vagina repeatedly until I feel fresh ... I am not comfortable inserting a figure or a piece of cloth as other women do ... I am a man [transman]... I don't do that [inserting figure]" (IDI, F, 26 years, 2021).

Another interviewee aged 28, never married, has O-level education, started engaging in same sex at the age of 23, and has sex with men, stated, "I clean my vagina with water and soap ... I repeatedly insert the figure well deep into the vagina until there is no more dirtiness coming out and I feel the whole vagina is clean and ok" (IDI, E, 28 years, 2021). Another interviewee aged 32, never married, a mother of one and a FSW, reported, I used to clean my vagina with water and soap, repeatedly inserting 2 or 3 figures deep into the vagina [inner vagina] until I felt clean ... However, our doctor advised us not to insert figures into the vagina as it could push the bacteria in [the vagina] ... He said 'you should use water and wash the outer vagina only ... The vagina is self-cleaning ... It pushes out any dirtiness including siemens' ... Nowadays, I use warm water, not cold water, to clean the outer vagina and wipe it with a light cloth or a light towel" (IDI, H, 32 years, 2021). Another interviewee aged 27, divorced, has O-level education, has sex with men, and started engaging in same sex at the age of 11, narrated, "I always keep my vagina clean ... I shave it [cut pubic hair] ... I use water and soap that has no chemicals ... I clean the outer part first, then the inner part ... I carefully clean all vagina angles with soap ... Finally, I dry it [vagina] with a clean cloth ... We wipe dry our vaginas to avoid fungus and other [vaginal] infections" (IDI, A, 27 years, 2021).

DISCUSSION

WSW in Tanzania practice VD: origins, frequency and motivations

Our study findings validate that WSW in the study area practice VD for various reasons including: keeping themselves clean (which they perceive a feminine requirement); their partners' expectations or demands; conforming to religious rituals; attractiveness; avoiding infections like, UTI, itching, fungus; avoiding Pregnancy and to get rid of bad smell (vaginal odor). VD practices reported range from cleaning the outer vagina with water to using substance or fingers to clean the inner vagina. Studies conducted in other parts of the globe support our findings. For example, it is known that most of the women and sexually active girls/adolescents learn VD from their mothers' and or (female) friends and relatives who practiced it (Wischover, 2015). Chacko, *et al.*, (1989), Wischover, (2015) and Punj, (2021), for example, reported that 70% of sexually active adolescents in the US learned the practice from their mothers, their mothers' friends or other females in their families. As such, some women who started

douching when they were young (on menses onset or at the time they had sex for the first time) may never quit. Societal forces over women to feel 'fresh' and 'clean' explain, in part, why women use vaginal douches, including pressures to conform to societal 'beauty and clean' norms. Therefore, "It's not easy to destabilize such a deeply rooted belief, especially when it's passed down through generational wisdom and capitalized on, with great skill, by advertisers" (Boesveld *et al.*, 2016). Hence, "the practice of VD, is associated with deep psychological motives common to most women [and sexually active girls] in most cultures, namely having a satisfying sexual life with a reliable partner, creating the conditions for having children and being able to care for them" (Tran *et al.*, 2016). The WSW we studied reported being brought up and socialized in African families, where VD behaviors and practices could have been passed to them by their mothers and other female relatives, and friends. These WSW, therefore, are most likely to douche to conform to 'beauty and clean' norms customarily bestowed on them.

Our Moslem participants reported practicing VD for religious formalities. Studies associating VD practices to Islam teaching affirm that Islam strongly influences women's intravaginal practices (IVP) in Islamic communities and countries. For example, in Islamic societies, in addition to other reasons for genital practices, women douche for religious rituals (Yaman *et al.*, 2015; Sunay *et al.*, 2011; Rahbari *et al.*, 2019). Islam acknowledges that women become 'dirty' "when having vaginal bleeding or had a sexual intercourse" (Yaman *et al.*, 2015). Women, therefore, should take "full ablution or 'gusul' in order to pray, eat, drink or carry on human and social activities" (Yaman *et al.*, 2015). *Gusul* after vaginal bleeding or sexual intercourse is, therefore, a necessary procedure for religious reasons among Islam believers. According to Islam, taking water into the mouth, nose and then washing the entire body (with water) ensuring that there are no dry parts is sufficient for *gusul* (Yaman *et al.*, 2015). "In this way, women can be accepted in terms of cleanliness and purification by religion" (Yaman *et al.*, 2015). However, according to Yaman, *et al.*, (2015), VD is not part of *gusul* but many Islam women perform it as an additional ritual as they believe that "they cannot be clean (in terms of religion) without VD". This observation, explains, in part, why many studies, Kukulu, *et al.*, (2006) and Sunay, *et al.*, (2011), for example, have concluded that VD habit is more common among Muslim women. Our formative study findings established that, among other reasons, Islam influences IVP among Muslim women (WSW included) in this country. Similarly, it was clear that WSW who have sex with men, practice VD after every sexual intercourse to remove semen, avoid pregnancy and protect sexually transmitted infections (STIs). A brief history of douching and reasons why women continue to douche despite known harm it does to their health is provided by Lister (2009). It suffices to note here that douching dates as back as ancient era but gained acceptance in the 19th century when doctors and physicians recommended it to women as an effective birth control method. However, Lister (2009) emphasized, "Douching has never just been about preventing pregnancy (it doesn't, by the way). It's always been about scrubbing away the metaphorical dirt that stigmatizes female sexuality ... Today, the advertising for 'feminine hygiene' products is rather subtler and suggests your vulva needs special soap because regular soap will upset it. But, make no mistake, the 'vaginal odor business' relies as much on making women

paranoid about their privates as the Lysol douche adverts of the early twentieth century did".

Consequently, menstruation and after every sexual intercourse conditions become "associated with the perceived need for not only sanitization of the female body, but also to turn it into a working body that is able to ceaselessly and 'normally' perform its productive and reproductive chores" (Lahiri-Dutt *et al.*, 2014). Our study findings established that WSW's VD behaviors and practices are strongly motivated by the perceived and alleged link between VD practices and feminine hygiene, protection against (or cure of) vaginal infections, feminine functions, and feminine attractiveness. Adherence to these long and deep-rooted myths suggest that VD behaviors and practices among WSW, other women and sexually active girls in the country are likely to continue, while silently and severely affecting women's sexual and reproductive health. Certainly, this is an unaddressed health concern that calls for efficacious public health interventions in this country. On the one hand, some of the WSW reported not practicing VD following the advice given by their doctors and other healthcare providers that the practice could severely damage their vaginas flora. This is a good health practice indicating that healthcare providers could be key stakeholders in VD interventions and a stepping stone for the implementation of women-friendly interventions in the country. On the other hand, the WSW identifying tomboys, transmen or transgender men reported not practicing VD because they believe they are men, they do not have to and do not feel comfortable inserting any device in their vaginas.

Why worry about VD? - a public health perspective.

Many studies have proven that women have misconceptions about VD suggesting they are unaware of its adverse effects to their health. Women believe douching is a healthy practice without serious risks (Brotman *et al.*, 2008; Ness *et al.*, 2003). Almost every woman and girl who douches believes VD kills germs and bacteria that cause infections and prevents pregnancy (Oh *et al.*, 2003). Others believe VD reduces vaginal odor, prevents or cures STIs and that their boyfriends/partners expected them to douche (Markham *et al.*, 2007). Hence, majority of VD women and girls are more likely than those not douching to agree with the statement "Douche products are safe to use; otherwise, they wouldn't be on the market" (Annang *et al.*, 2006) or would recommend it to others (Imade *et al.*, 2005). A study to identify salient determinants of IVPs among FSWs in Phnom Penh, Cambodia (Tran *et al.*, 2016) found "a clear and close connection between IVP and sex work [and] perceived benefits of intravaginal cleansing were numerous, while the perceived risks were few. As a result, the attitude toward intravaginal cleansing was favorable [and] intention to quit IVPs was suboptimal". Our study findings indicated that women who have sex with both women and men reported practicing VD more often than their counterparts. Similarly, the WSW we studied believe VD benefits them, are unaware of the practice's health impacts and are likely to continue practicing VD behaviors that are detrimental to their sexual and reproductive health. In turn, as Hughes & Evans (2003) have correctly observed, "A lack of awareness among healthcare professionals about these [healthcare] needs may lead to ill-informed advice and missed opportunities for the prevention of illness". For sure, VD (behaviors and practices) is another transmission mode of STIs (including HIV) and other vaginal infections that should be

curbed for the improvement of women's sexual and reproductive health in this country. However, in a study examining what women know about douching in eight Florida counties, the US (Cottrel, 2006), some women reported they did not choose to douche because: were advised by healthcare providers not to; were advised by their mothers not to; the belief that VD is unnecessary or harmful; their social and cultural networks did not support or endorse VD; they were not concerned with vaginal odors or experienced problems associated with VD, including vaginal dryness, vaginal infection, UTIs, burning, irritation, gas, pain, and bleeding. Our study findings demonstrated that some WSW have dropped VD behaviors and practices following their doctors' and other care providers' advices that improved their awareness on VD health-related problems; a message they often spread to their colleagues. However, this study could not capture the perceived effectiveness of this VD behavior change communication strategy among the WSW in this country.

Conclusion and recommendations

WSW we studied practice VD due to the perceived and alleged link between IVP and feminine hygiene, protection against (or cure of) vaginal infections, feminine functions, partners' demand, and feminine attractiveness. Like other women on the globe, these WSW we studied, could have learned VD practices from their mothers, female relatives or friends or from pleasing their partners. Practices range from cleaning the outer vagina with water to inserting, fingers, cloth and water mixed with industrial products (soap) into the inner vagina. Majority of the WSW were unaware of VD adverse effects to their health and they are most likely to continue practicing VD for the rest of their lives. However, some of the WSW reported not practicing VD following advice given by their doctors and other healthcare providers. This is a good practice and good entry for interventions aiming at protecting and saving women from VD-associated health risks. Our study participants claimed are the same as other women in this country; implying that women and sexually active girls in Tanzania practice VD on varied degrees. We recommend that the availability of comprehensive and informative VD data from multidisciplinary (public health) research among women and sexually active girls in the country is fundamental to curb VD-ill effects among this group.

Acknowledgements

We, the authors, acknowledge receiving financial support to conduct this study from the SIDA small grants scheme at MUHAS. We recognize input on earlier versions of this paper from colleagues at the MUHAS. Special appreciations go to our field research assistants for collecting quality data timely. We are grateful to our study participants for their willingness to share their lived experiences with the research team.

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