Published in final edited form as:

Public Health Nurs. 2010 September ; 27(5): 418–424. doi:10.1111/j.1525-1446.2010.00874.x.

What has Changed about Vaginal Douching among African American Mothers and Daughters?

Hayley Mark, Ph.D., R.N.[Assistant Professor],

Department of Community---Public Health, Johns Hopkins University School of Nursing,
Baltimore, Maryland

Susan G. Sherman, Ph.D.[Associate professor],

Department of Epidemiology, Johns Hopkins School of Public Health, Baltimore, Maryland

Joy Nanda, Sc.D.[Research Scientist],

Department of Population, Family and Reproductive Health, Johns Hopkins University School of
Public Health, Baltimore, Maryland

Tracey Chambers-Thomas[Research Interviewer],

Department of Population, Family and Reproductive Health, Johns Hopkins University School of
Public Health, Baltimore, Maryland

Mathilda Barnes[Study Coordinator], and

Department of Population, Family and Reproductive Health, Johns Hopkins University School of
Public Health, Baltimore, Maryland

Anne Rompalo, M.D.[Professor]

Department of Population, Family and Reproductive Health, Johns Hopkins University School of
Public Health, Baltimore, Maryland

Abstract

Objectives—To explore African American mothers' and daughters' practices and influences related to vaginal douching.

Design and Sample—Our overall study used a sequential mixed-method design with 3 phases. Phase 1, the focus of this report, used grounded theory methods and in-depth, semistructured individual interviews. Two generations of African American girls and women: 24 girls ("daughters") aged 14–18 and 17 women ("mothers" or "mother figures") aged 22–43, recruited from 1 adolescent health clinic in Baltimore, MD.

Measures—In-depth interviews were taped and transcribed and data analysis used the constant comparison method.

Results—Daughters were much less likely to douche or to have been exposed to douching information than mothers. Many mothers and daughters were influenced by health care providers and/or family members to not initiate, to decrease, or to stop douching. Women who currently douche often do so because of the perception of improved smell and cleanliness around menstruation and sexual intercourse.

Conclusions—These data indicate that although some women continue to believe that vaginal douching has therapeutic value, others have been influenced to stop or not start douching by

family and health care providers. Health care providers should continue efforts to educate patients on the risks of vaginal douching.

Keywords

African Americans; vaginal douching; women's health

Background

Over the last two decades, a growing body of evidence has documented adverse consequences of vaginal douching on women's reproductive health. Douching increases the risk of bacterial vaginosis (Holzman et al., 2001; Hutchinson, Kip, & Ness, 2007; Ness et al., 2002), pelvic inflammatory disease (Aral, Mosher, & Cates, 1991; Scholes et al., 1993; Wolner-Hanssen et al., 1990), HIV acquisition (McClelland et al., 2006; McClelland, Ndinya-Achola, & Baeten, 2006), and cervical cancer (Zhang, Thomas, & Leybovich, 1997). While a cause and effect relationship between douching and these consequences is debatable, most clinicians agree that douching increases some health risks among women.

Despite these risks, douching is common among women of reproductive age in the United States. In the most recent (2002) National Survey of Family Growth (NSFG), 32.2% of women aged 15–44 reported that they douched regularly, as compared with 27% in 1995, and 37% in 1988 (Abma, Chandra, Mosher, Peterson, & Piccinino, 1997; Chandra, Martinez, Mosher, Abma, & Jones, 2005). Douching continues to be much more common among African American and Hispanic women than other women. In the 2002 NSFG, 58.5% of African American women reported douching, as compared with 35.6% of Hispanic and 26.6% of White women. Most women begin douching at the suggestion of a female family member and largely continue because of the perception of improved hygiene, including reduction of odor, and cleanliness after menses and before or after sexual activity. Douching is more common among less educated women, those living in poverty, and those with a higher number of lifetime partners (Ness et al., 2003; Rupp, Short, Head-Carroll, & Rosenthal, 2006; Simpson, Merchant, Grimley, & Oh, 2004).

Although several studies have explored women's beliefs and practices related to vaginal douching, only one has evaluated an intervention to reduce or eliminate douching among women (Grimley, Desmond, Hook, & Vermund, 2005). The purpose of this study was to develop, implement, and evaluate a controlled trial of a douching prevention intervention, targeting mother-teen dyads. We chose to focus on mother-daughter dyads because other studies have noted that mothers have an important influence on a daughter's choice to begin douching. The overall study included three phases (see Fig. 1). This paper reports the results of Phase 1, the goal of which was to understand what facilitates or inhibits douching practices in order to design an effective intergenerational, intervention curriculum.

Research questions

1. What influences vaginal douching behavior among African American women and girls?
2. What do African American mothers and daughters perceive as the advantage and disadvantages of vaginal douching?

Methods

Design and sample

This study was a three-phased randomized-controlled trial using both qualitative and quantitative methods. In brief, the first phase was formative and used qualitative methods to gather information on the personal beliefs, motivations, and social influences of African American girls and women with respect to vaginal douching. The second phase was the construction phase and involved using the findings from Phase 1 to construct and pilot test a cognitive-behavioral intervention designed to decrease both the teenagers' intention to douche and the actual frequency of douching. The third phase involved implementing and evaluating the intervention. Phase 1 is described in this manuscript.

FORMATIVE PHASE

- In-depth interviews

CONSTRUCTION PHASE

We conducted interviews among mothers and daughters to gather information regarding the insiders' (emic) beliefs about douching, social influences related to douching, and factors that facilitate or inhibit douching practices. This type of data collection allows for the in-depth study of an issue unconstrained by predetermined response categories (Krueger, 1994). Girls aged 14–18 and mothers of girls aged 14–18 were recruited through flyers from an adolescent health clinic at an urban, teaching hospital. Participation was limited to girls who were (a) aged 14–18 and (b) spoke fluent English, and women who (a) were a mother to or guardians of or “mother figures” for a girl aged 14–18 and (b) spoke fluent English. The participants were given consent forms to review and sign before each interview. Each participant received US\$20.00 at the conclusion of an interview. Parental consent was obtained from participants under the age of 18. The research protocol was reviewed and approved by the University Institutional Review Board.

Measures

An interview guide that provided open-ended questions is presented in Table 1. It was developed based on a review of the literature and goals for the intervention, and discussed by all members of the research team. The interviews were conducted in private conference rooms in the clinic by two interviewers who received in-depth training by the study's first and second authors. Topics included douching practices, communications about douching, beliefs about douching, and consequences of douching. Demographic data were collected, including age, educational level, persons the participant lived with, and number of siblings and/or children. The interviews lasted approximately 45 min and were audiotaped. The tapes and transcripts were stored in a secure location.

Analytic strategy

The interview recordings were transcribed by a professional transcriber and reviewed by the research team for accuracy. A sequential, content analysis approach was used to identify themes (Strauss & Corbin, 1998). First, transcripts were read with a focus on current douching behavior and explanations for that behavior. Second, each interview was processed in ATLAS.ti to identify and code key phrases, sentences, or paragraphs that were then grouped into larger categories. The results of the two phases of the analysis were integrated, thus offering a more in-depth understanding of subjects' douching behavior and beliefs.

Results

Forty-one in-depth interviews were conducted between January and March 2005: 24 with daughters (16 nondouchers and 8 douchers) and 17 with mothers (6 nondouchers and 11 douchers). Douching behavior was categorized into two groups: nondouchers and douchers. Categories were based on self-reported douching behavior in the past 30 days. Thus, the nondoucher category included women who never douched, those who tried it, but did not continue, and women who used to douche regularly but stopped. Current douchers were women who reported douching at regular or occasional intervals throughout the previous months, including at least once in the 30 days before the interview. The initial goal of this study was to recruit equal numbers of douching and nondouching mothers and daughters. However, after 1 year of recruitment, we were unable to find enough daughters who douched to meet this goal and the final enrollment included 24 daughters, of whom 67% were nondouchers, and 17 mothers, of whom 35% were nondouchers.

The demographic characteristics of the participants are listed in Table 2. The daughters' ages ranged between 14 and 18 years, with a mean age of 16 years. The mothers' ages ranged from 22 to 43 years (the youngest participant in this group was a "mother figure" as introduced by the daughter), with a mean age of 35 years. The majority of the daughters were enrolled in school during the study period. All lived with their mother or an adult guardian. Age at menarche among these girls ranged from 10 to 14 years. All participants were African Americans. Most of the mothers were employed and were evenly split between living alone or with a partner. Most had completed their high school education and some had some level of college education.

During analyses, six themes were identified: (1) no exposure to or interest in vaginal douching, (2) did not like the sensation, (3) told not to douche by a family member, peer, or health care provider, (4) occasional douching is okay, (5) douche to feel fresh and clean after a menstrual cycle or sexual intercourse, and (6) douche to smell good. We grouped responses under the categories of nondoucher and doucher, combining mothers and daughters. Each of the themes is briefly discussed below with supporting quotations. The differences and similarities between mothers' and daughters' responses are also described.

Nondouchers

No exposure or interest in vaginal douching. Approximately two thirds of the participants in this study were nondouchers. These participants frequently reported having no interest in or exposure to vaginal douching. This response was much more common among daughters than among mothers. Most daughters who did not douche said that they had never considered it.

Since I've never really been taught about it, it's never been an interest to me. [D1]

Other daughters were put off by the process, look of, or the need for a douche.

It just ain't a good idea to do it ... I feel as though it isn't good to do it ... I don't understand why I'm doing it. [D2]

Another daughter explained:

I just asked her [her mother] what it was one day at the store and she had bought one. She told me what it was for. I could use it. I already had it in my head, I'm not using that ... I'm not putting stuff up in me. [D3]

In contrast to the daughters, no mothers reported not having exposure to vaginal douching nor did any mothers report having no interest in douching. Non-douching among mothers was more often related to advice from family or health care providers (presented below).

Did not like sensation. Disliking the physical sensation was a common reason given by participants who reported having stopped douching. Trying douching, but stopping because of not liking the sensation was more common among daughters than mothers.

I tried it, I ain't like it. I was scared to put it in. I squirted it on the outside but I knew I didn't do it right and I ain't tried it since because I was scared to put something in myself. [D4]

Another daughter stated:

I used it one time ... and I didn't know what I was doing. I did it after the menstrual cycle. I didn't like it ... to me it was uncomfortable [D5].

Told not to douche by a family member, peer, or health care provider. Many of the non-douching participants reported either never initiating or stopping douching because of the advice of family members or health care providers. Mothers were more likely than daughters to have been advised by health care providers to stop douching. This advice often came after the diagnosis of an "infection."

I used to do it until about 6 years ago. Then I was told by my doctor not to do that because I developed a lot of like infections. Like repeated infections and he said it was coming from that. [M1]

Daughters were equally likely to have not initiated or stopped douching because their mother or a health care provider advised against it.

I tried it once because I don't know, I just heard it works and it clean you out. Then we was in school one day and some nurses came up and they was talking to us about it, and they said it wasn't safe and stuff. So I haven't tried it since. [D6]

Another daughter explained:

I never did it, my doctor said it wasn't good because she said that you can get, um, you can get your good antibodies or something to fight off bacteria in the body so if you use that it'll be bacterial infections or something. [D7]

Several daughters stopped on the advice of their mothers who passed on advice from medical providers to stop douching:

My mother had caught an infection and something happened and it was because of her douching, so she told me to get rid of all your douches, throw them in the trash and that's what I done and I ain't never used them again. [D8] We was watching TV and my mother just said that's something you don't do ... she said because the doctor said it's not healthy for you ... I wasn't going to do it. [D9]

Douchers

Occasional douching is okay. Almost half of the mothers interviewed douched "occasionally" and expressed the belief that occasional douching was okay, as compared with frequent douching, which could lead to infections.

I've heard that douching once a month after your menstrual cycle is good but anything over that is actually bad because you are actually taking you good and bad bacteria away. [M2]

Another participant mentioned:

If you use it in a certain way and a certain number of times a month, like you supposed to use it once a month and that way you will be safe, but if you use it

more than that, then it's like you always have an infection. If you use it more than once a month then it can be real bad. [M3]

Some mothers responded to advice from a medical provider that douching was "not necessary" by decreasing, but not stopping douching.

Then I stopped doing it so much because the doctor really said I was getting yeast infections. And he said that it wasn't necessary, and that was probably what was giving me the frequent yeast infections. [M4]

Occasional douching was much more common among mothers than daughters.

Douching to feel fresh and clean after a menstrual cycle or sexual intercourse. Close to one third of the mothers and one fifth of the daughters had douched at least once in the past 30 days. The reasons for douching were similar to those reported in other studies, including to feel fresh and/or clean after a menstrual cycle or sexual intercourse. One daughter commented:

I think it makes me feel fresh, you know, after, like I say after a menstrual cycle, you feel a little nasty down there, you use a douche, me, myself it makes me feel fresh. [D10]

Other participants mentioned the desire to feel clean. A mother stated:

It's like after I had sex, you know, and after a couple days even though I took a bath my body feel like it just wasn't clean so that's why I would take a douche. [M5]

Douche to smell good. As with douching after a menstrual cycle or sex to feel clean, participants reported using douches to get rid of odor from the menstrual cycle or sex.

I mainly douche after my menstrual period and I do it to get rid of the odor. [M6]

Douching after sex to get rid of odor was also mentioned:

Like if my boyfriend, if we have sex, like a lot, you know we, then I may use one, because I'm like we done something three or four times this week, and his penis stinks to me. And then I'll use a douche and that will make me feel better ... it makes me feel like at least I'm getting that stuff out of me and that odor and everything. [D11]

Discussion

A main finding of this study is that although there are women who continue to value and use vaginal douches, others have heard that douching is unnecessary and may have negative consequences for health. Of particular interest was the frequent response of not douching in response to advice from a health care provider. This finding is in contrast to studies that found few women discussing douching with health care providers (Markham et al., 2007; Rupp et al., 2006) and in support of others in which women had been told not to douche by a health care provider (Cottrell, 2006; McKee, Baquero, Anderson, Alvarez, & Karasz, 2009). The participants in this study changed vaginal douching behavior in response to messages they received from their health care providers.

Although other studies have noted a relationship between older age and douching (Misra, Trabert, & Atherly-Trim, 2006), this is the first study to interview two generations mothers and daughters and note a particular difference in the vaginal douching behavior of each generation. Daughters in the current study were much less likely than mothers to report douching or having heard about douching. This generational difference is reflected not only

in the substance of the interviews but also in enrollment for the study since we were able to enroll more mothers than daughters who douched. Also, it was not uncommon for daughters to say that they had not been exposed to douching or ever learned about douching, but all of the mothers had at least heard about douching, most often initially from their own mothers. These data suggest that trends in douching may be changing.

Similar to a recent study on the vaginal douching practices among Latinas (McKee et al., 2009), many women in this study reported perceiving harms of “overdouching,” but that less douching was “okay.” The belief that occasional douching was okay was particularly common among mothers and was sometimes related to the desire both to douche and to respond to advice from others that douching was not a necessary practice. Stronger messages on the harms of vaginal douching may be necessary to eliminate the practice among women with long histories of douching.

Participants in this study who currently douched cited reasons similar to those found in other studies: namely, to feel clean and, to reduce odor, especially after sexual intercourse or menstruation (Cottrell, 2006; Markham et al., 2007; Ness et al., 2003; Rupp et al., 2006; Simpson et al., 2004.). Women who douched were concerned with how they would maintain a feeling of cleanliness if they stopped douching. Also, as found in previous studies, douching is a behavior frequently passed down from mothers to daughters.

This study has several limitations. The results have limited generalizability due to the qualitative approach. The women in these interviews were recruited mostly from a health clinic in a large, urban teaching hospital. Their presence at the clinic may indicate an increased access to health care as compared with other African American women in the same or a similar urban area.

Despite these limitations, this study indicates that African American women are being influenced to not initiate, to reduce, or to stop douching by advice from health care providers and others. Younger females, in particular, appear to have been influenced to not douche by family and providers. Public health providers should continue to educate women of all ages on the risks of vaginal douching. For younger women who have not started douching, quick messages on the lack of a need to douche may suffice. A stronger message on the harms of douching may be necessary for cessation among adult women who have longer histories of douching. As noted in this study as well as others, these messages are often passed from mothers to daughters and to other community members, thus impacting the behavior of others.

Acknowledgments

Funded by NICHD NIAID 1 R01 AI060892-01.

References

- Abma JC, Chandra A, Mosher WD, Peterson L, Piccinino L. Fertility, family planning and women's health: New data from the 1995 National Survey of Family Growth. *Vital and Health Statistics*. 1997; 23:1–114.
- Aral SO, Mosher WD, Cates W Jr. Self-reported pelvic inflammatory disease in the United States, 1988. *Journal of the American Medical Association*. 1991; 266:2570–2573. [PubMed: 1942402]
- Chandra A, Martinez GM, Mosher WD, Abma JC, Jones J. Fertility, family planning and reproductive health of U.S. women: Data from the 2002 National Survey of Family Growth. *Vital and Health Statistics*. 2005; 23:1–160. [PubMed: 16285217]
- Cottrell BH. Vaginal douching practices of women in eight Florida panhandle counties. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*. 2006; 35:24–33.

- Grimley DM, Oh MK, Desmond RA, Hook EW, Vermund SH. An intervention to reduce vaginal douching among adolescent and young adult women: A randomized, controlled trial. *Sexually Transmitted Disease*. 2005; 32:752–758.
- Holzman C, Leventhal JM, Qiu H, Jones NM, Wang J. BV Study Group. Factors linked to bacterial vaginosis in nonpregnant women. *American Journal of Public Health*. 2001; 91:1664–1670. [PubMed: 11574333]
- Hutchinson KV, Kip KE, Ness RB. the Gynecologic Infection Follow-Through (GIFT) Investigators. Vaginal douching and development of bacterial vaginosis among women with normal and abnormal vaginal micro ora. *Sexually Transmitted Diseases*. 2007; 34:671–675. [PubMed: 17413534]
- Krueger, RA. Focus groups: A practical guide for applied research. 2. London, U.K: Sage Publications; 1994.
- Markham CM, Tortolero SR, Addy RC, Baumler ER, McKirahan NK, Escobar-Chaves SL, et al. Factors associated with frequent vaginal douching among alternative school youth. *Journal of Adolescent Health*. 2007; 41:509–512. [PubMed: 17950172]
- McClelland RS, Lavreys L, Hassan WM, Mandaliya K, Ndinya-Achola JO, Baeten JM. Vaginal washing and increased risk of HIV-1 acquisition among African women: A 10-year prospective study. *AIDS*. 2006; 20:269–273. [PubMed: 16511421]
- McClelland RS, Ndinya-Achola JO, Baeten JM. Distinguishing the temporal association between women's intravaginal practices and risk of human immunodeficiency virus infection: A prospective study of South African women. *American Journal of Epidemiology*. 2006; 165:474–475. [PubMed: 17158477]
- McKee MD, Baquero M, Anderson MR, Alvarez A, Karasz A. Vaginal douching among Latinas: Practices and Meaning. *Maternal and Child Health Journal*. 2009; 13:98–106. [PubMed: 18297379]
- Misra DP, Trabert B, Alherly-Trim S. Variation and predictors of vaginal douching behavior. *Women's Health Issues*. 2006; 16:275–282.
- Ness RB, Hillier SL, Richter HE, Soper DE, Stamm C, Bass DC, et al. Why women douche and why they may or may not stop. *Sexually Transmitted Diseases*. 2003; 30:71–74. [PubMed: 12514446]
- Ness RB, Hillier SL, Richter HE, Soper DE, Stamm C, McGregor J, et al. Douching in relation to bacterial vaginosis, lactobacilli, and facultative bacteria in the vagina. *Obstetrics and Gynecology*. 2002; 100:765–772. [PubMed: 12383547]
- Rupp R, Short MB, Head-Carroll Y, Rosenthal SL. Intergenerational transfer of douching information. *Journal of Pediatric and Adolescent Gynecology*. 2006; 19:69–73. [PubMed: 16624692]
- Scholes D, Daling JR, Stergachis A, Weiss NS, Wang SP, Grayston JT. Vaginal douching as a risk factor for acute pelvic inflammatory disease. *Obstetrics and Gynecology*. 1993; 81:601–606. [PubMed: 8459976]
- Simpson T, Merchant J, Grimley DM, Oh MK. Vaginal douching among adolescent and young women: More challenges than progress. *Journal of Pediatric and Adolescent Gynecology*. 2004; 17:249–255. [PubMed: 15288026]
- Strauss, AL.; Corbin, JM. Basics of qualitative research. Thousand Oaks, CA: Sage Publications; 1998.
- Wolner-Hanssen P, Eschenbach DA, Paavonen J, Stevens CE, Kiviat NB, Critchlow C, et al. Association between vaginal douching and acute pelvic inflammatory disease. *Journal of the American Medical Association*. 1990; 263:1936–1941. [PubMed: 2313870]
- Zhang J, Thomas AG, Leybovich E. Vaginal douching and adverse health effects: A meta-analysis. *American Journal of Public Health*. 1997; 87:1207–1211. [PubMed: 9240115]

Figure 1.
Research Study Phases

TABLE 1**Interview Guide**

How old are you?
Can you remember the first time you heard about douching? Will you tell me about it?
Do any of your friends douche regularly?
Do any of your relatives douche regularly?
What do you know about douching?
What do you think are the advantages and disadvantages of douching?
Who have you talked to about douching? Any relatives? Friends? Health care providers?
Describe to me conversations you have had about douching
Where else have you heard about douching (probe: TV? Radio? School?)
What do women do to keep clean?
What do you do to keep clean?
For participants who douche
When did you first start douching?
How often do you douche? What do you use? When do you douche?
Why do you douche? Why do you think other girls/women douche?
Do you use any other techniques for feminine hygiene?

TABLE 2**Demographic Characteristics and Douching Behavior of Participants**

	N (%)
Daughters	
Age (years)	
◦14	0 (0)
14	3 (12.5)
15	9 (37.5)
16	4 (16.7)
17	4 (16.7)
18	4 (16.6)
Race/ethnicity	
African American	24 (100.0)
White	0 (0)
Other	0 (0)
Currently in school	
Yes	22 (91.7)
No	2 (8.3)
Currently douches	
Yes	8 (33.3)
No	16 (66.7)
Mothers (or Mother figures)	
Age (years)	
◦25	1 (5.9)
25–34 years	7 (41.2)
35 years or older	9 (52.2)
Race/ethnicity	
African American	17 (100)
White	0 (0)
Other	0 (0)
Currently working	
Yes	15 (88.2)
No	2 (11.8)
Currently douches	
Yes	11 (64.7)
No	6 (35.3)