

## **Vaginal Douching and Adverse Health Outcomes**

### **I. Statement of the Problem**

Studies have shown links between the practice of vaginal douching (intravaginal cleansing with a liquid solution) and several adverse health outcomes. Some of these include, pelvic inflammatory disease, bacterial vaginosis, cervical cancer, low-birth weight, preterm birth, human immunodeficiency virus transmission, sexually transmitted diseases, ectopic pregnancy, recurrent vulvovaginal candidiasis, and infertility.<sup>1</sup> Douching alters the normal vaginal pH and vaginal flora, weakening the vagina's natural defenses and creates an environment more susceptible to the overgrowth of pathogens. In addition, the process of inserting fluid intravaginally can also help to push harmful bacteria further up into the reproductive tract.

There is some conflict, however, among studies with respect to those adverse health outcomes which have a causal link or an observed association. For example, those women with certain risk factors, i.e., multiple sexual partners, poverty, race, and lower educational level are also at a greater risk of contracting a sexually transmitted infection, bacterial vaginosis, and pelvic inflammatory disease. This makes it difficult to determine causality since women may douche as a result of infection-related symptoms rather than as a part of their normal hygienic practice.<sup>1</sup> There is a need for more studies of the causal relationship between douching and sexually transmitted infections and various vaginal and reproductive tract infections to determine whether the infection is, in fact, directly connected to douching or whether women are douching to alleviate symptoms of the infection. Data from the 2002 National Survey of Family Growth reports that women who douched in the last 12 months prior to the survey had a higher prevalence of pelvic inflammatory disease than those who did not douche.<sup>2</sup> In a study of douching and endometriosis it was found that recent and frequent douching in a group of women

1 with clinical pelvic inflammatory disease was associated with endometritis and upper genital  
2 tract infections in those women with normal or intermediate vaginal flora.<sup>3</sup> While some studies  
3 report that bacterial vaginosis is sometimes sexually transmitted, it can also occur in women who  
4 have never had sexual intercourse.<sup>4</sup> Although douching prevalence is higher among women  
5 with lower educational levels, the racial difference persists. Approximately 52% of African  
6 American college graduates reported that they douched as compared to their Caucasian (12%)  
7 and Hispanic (30%) counterparts.<sup>2</sup>

8 Beyond the immediate connection between douching and reproductive tract infections, the  
9 sanitization of women's bodies by the feminine hygiene industry brings forth concerns about  
10 toxins and/or antimicrobial agents in antiseptic douching products that are inhibitory to  
11 lactobacilli. The major bacteria in a normal, healthy vagina is lactobacilli.<sup>5</sup> Women with  
12 bacterial vaginosis, for example, have been found to have decreased H<sub>2</sub>O<sub>2</sub>-producing  
13 lactobacilli.<sup>6</sup> Douching can upset the normal vaginal flora creating a greater susceptibility to  
14 certain sexually transmitted diseases. Women who douche are at greater risk of contracting  
15 bacterial vaginosis. In their efforts to treat the symptoms of bacterial vaginosis through  
16 douching, the healthy bacteria is killed and unhealthy bacteria is allowed to grow. If a pregnant  
17 woman has bacterial vaginosis and douches, chronic bacterial colonization of the endometrium  
18 may cause premature rupture of the uterine membranes and/or early labor.<sup>7, 8</sup>

19 A key reason why women continue to douche is the aggressive advertising by manufacturers  
20 of douching products. Major pharmacies and grocery stores have entire aisles dedicated to  
21 feminine hygiene products. Positioned directly next to the tampons and sanitary napkins, one  
22 can find a broad selection of "medicated" solutions, disposable douche products, and feminine  
23 sprays in a number of different scents.

1 Over the years, messages about vaginal odors, post-menstrual bleeding, and maintaining a  
2 “clean, crisp” feeling have been passed on to women by douche manufacturers. Douche  
3 manufacturers have, in turn, profited to the tune of approximately \$144 million annually,<sup>9</sup> as  
4 women add to their annual health care cost by spending as much as \$500 per year for over-the-  
5 counter vaginal products that are not medically necessary.<sup>10</sup> There are at least three major  
6 manufacturers of douche products. In addition, most of the major pharmacies have their own  
7 brand of disposable douches.

8 Despite the research pointing to various associated health risks and adverse effects, the  
9 sanitization by women of their bodies is still a regular practice. It was reported in the 1995  
10 National Survey for Family Growth that approximately 27% (an estimated 16 million) of U.S.  
11 women ages 15-44 douche regularly (African American 55%; Hispanic 33% and Caucasian  
12 21%).<sup>11</sup> The 2002 National Survey of Family Growth shows that douching continues to be a  
13 more common practice among African American women as 59% of the respondents douched in  
14 the twelve months prior to the interview.

15 A random telephone survey of 535 adult women living in the southeastern U.S. found that  
16 65% of the women believed that douching was a good hygienic practice.<sup>12</sup> Half of the 65%  
17 believe that douching was necessary for good hygiene. More African American women believed  
18 this to be true than Caucasian women. Along age and class lines, more older women and less  
19 educated women were more likely to believe that douching prevented infections and  
20 pregnancies. Reasons given included, washing away old blood after the menstrual cycle, after  
21 sexual intercourse, and to self-treat abnormal discharge.

22 The popularization of a way to remove semen from the vagina came from Charles Knowlton,  
23 a Massachusetts doctor. Knowlton published a description of douching in his 1832 publication,

1 *The Fruits of Philosophy; or the Private Companion of Young Married People*. Knowlton  
2 suggested using a syringe filled with a solution of the astringent alum and infusions of white oak  
3 or hemlock bark, green tea, or raspberry leaf. Shortly thereafter, Dr. Frederick Hollick spoke of  
4 the douching in his publication, *The Marriage Guide*, which was printed in 300 editions between  
5 1850 and 1875. Dr. Edward Bliss Foote also celebrated douching in his publication, *Medical*  
6 *Common Sense*. It's estimated that 250,000 copies of Foote's publication were sold between  
7 1858 and 1900.<sup>13</sup>

8 In the early 20th century, varying types of chemicals and detergents were also advertised as  
9 feminine hygiene douches, including Lysol and Fresca, advertised their products for use as  
10 contraceptive "feminine hygiene" douches.<sup>14</sup> For many African American women, cleansing the  
11 vaginal cavity is part and parcel of a monthly hygienic ritual associated with menstrual cycles.  
12 In the African American community, douching is a practice that has been handed down  
13 generationally.<sup>15</sup> In the Gynecologic Infections Follow-Through (GIFT) Study of 532 douching  
14 women, 45% of the respondents cited their mothers as the person who first recommended  
15 douching.<sup>16</sup> Approximately 28.6% of the respondents cited friends and other relatives as the  
16 first persons to recommend douching. In this same study, women gave the following reasons for  
17 douching: to cleanse after the menses, general hygiene, before or after sex, to reduce vaginal  
18 odor, "it's normal to douche", abnormal vaginal discharge, bleeding between menses, pregnancy  
19 prevention, and upon recommendation by a health professional. Pregnancy prevention and  
20 recommendation by a health professional were reported by 3% or less of the respondents. Few  
21 women in the study linked douching to health conditions like pelvic inflammatory disease, HIV  
22 infection or cervical cancer. A little over half of the women (52%) did not think anything would  
23 happen if they stopped douching. Or, they thought they would experience some adverse effect,

1 including feeling less clean, being less sexually attractive, or become more likely to get an  
2 infection if they stopped douching. More than half of the respondents reported being advised by  
3 a health professional to stop douching. However, 85% reported that they would stop if they were  
4 told that douching might cause a sexually transmitted infection, infertility or cancer.

5 Another area of grave concern is the way in which feminine hygiene products, specifically,  
6 douching products are regulated. The Food and Drug Administration classifies douche products  
7 as cosmetics. Cosmetics need not be sterile, however, they must not be contaminated with  
8 microorganisms which may be pathogenic, and the density of non-pathogenic microorganisms  
9 should be low. The Food and Drug Administration requires tamper-resistant packaging of  
10 products used vaginally. However, the Food and Drug Administration does not stringently  
11 review or regulate douche products. Nor does the Food and Drug Administration require that  
12 cosmetic manufacturers or marketers test their products for safety. The Food and Drug  
13 Administration merely “strongly urges” cosmetic manufacturers to conduct toxicological or other  
14 tests manufacturers deem appropriate to substantiate the safety of their products. Under the  
15 Federal Drug and Cosmetic Act, cosmetic manufacturers are not required to register  
16 manufacturing establishments or formulations with the Food and Drug Administration, make  
17 safety data available or other information before a product is marketed in the United States.  
18 Providing this information is on a voluntary basis. The growing bank of scientific research did  
19 prompt the Federal Drug Administration to reopen its records to review new data in 1997.

## 20 II. Purpose

21 This issue of douching among women has been one that has gone historically unaddressed by  
22 the public health community. Despite the wide body of research that point to various adverse  
23 reproductive and maternal outcomes and medical personnel’s knowledge of the harmful effects,

1 there are still scores of women who continue this harmful practice. Few groups, including the  
2 American Public Health Association, have formulated statements guiding women and health  
3 providers around this practice.<sup>17</sup> There are programs and information available that warn  
4 women about the harmful effects of douching. For example, The National Women’s Health  
5 Information Center has a douching fact sheet of “Frequently asked questions” about douching,  
6 Blue Cross Blue Shield of Massachusetts has a fact sheet, and federal funded Title X family  
7 planning guidelines include counseling about avoiding douching in its counseling and education  
8 program guidelines.<sup>18, 19, 20.</sup> There are some instances where a physician may advise a woman  
9 to douche for certain chronic vaginal infections.

### 10 III. Action Steps

11 Because of the evidence of negative reproductive health and other negative health effects related  
12 to douching, the following steps of action should be taken:

- 13 1. Schools of public health, pharmacy, and medicine and nursing to include in  
14 their curriculum specific education around the impact of douching on  
15 reproductive and maternal outcomes;
- 16 2. Increased public health efforts through federal and state public health  
17 departments, federal and state offices of women’s health, private and public  
18 medical institutions, local and state departments of public health, and  
19 physicians and other medical professionals to provide culturally competent  
20 education to women about the reproductive and maternal risks associated with  
21 douching;
- 22 3. The Food and Drug Administration to review the way it regulates feminine  
23 hygiene douching products. The Food and Drug Administration should also

1                   require studies of safety of douching and the prevalence of adverse health  
2                   outcomes, and then make public the findings of such studies.

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13    **Submitted By:**

14    Toni M. Bond  
15    President/CEO, African American Women Evolving  
16    312-566-0983(o); 312-566-0992 (f).  
17    [tbond@aaweonline.org](mailto:tbond@aaweonline.org)