

Review Article

Vaginal Douching: A Neglected Health Risk Behavior among Women and Sexually Active Adolescent Girls in Tanzania?

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Received: 29.12.2022

Accepted: 05.02.2023

Published: 12.02.2023

Journal homepage:<https://www.easpublisher.com>**Quick Response Code**

Abstract: In this paper I present the public health importance of vaginal douching or vaginal cleaning risk behavior among women and sexually active adolescent girls in Tanzania. I argue, vaginal douching control exclusion from sexually transmitted infections, human immunodeficiency virus and cervical cancer diagnosis, treatment and control guidelines explains, in part, why health professionals (physician, obstetricians and gynecologists) rarely advise their clients on this risk behavior. Similarly, this exclusion explains why there are limited research and (public) health interventions aiming at combating vaginal douching hazards among douching women and sexually active adolescent girls in this country. I recommend the Ministry of Health and (health) development partners to initiate, encourage and support health (medical and public health) research to generate comprehensive and informative multidisciplinary data on vaginal douching behaviors and practices and their impact to douching women's and sexually active adolescent girls' health and wellbeing. The goal is to generate data that would facilitate improving healthcare professionals' ability to diagnose, treat, control, and prevent vaginal douching-related health problems and illnesses among douching women, sexually active adolescent girls and the populace in Tanzania.

Keywords: Vaginal douching, intravaginal practices, vaginal irrigation, (health) risk behavior, feminine hygiene, qualitative study, Tanzania.

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INTRODUCTION

Douche is a French word that translates to “wash”, “rinse” or “soak”. Vaginal douching (VD), vaginal irrigation or intravaginal (cleaning) practices (IVP) is an ancient and traditional practice of washing or cleaning the (inner) vagina with water or other fluid mixtures widely practiced and popular among women and sexually active adolescent girls all over the globe (Barua, 2022). VD is deep-rooted in a belief that the vagina is unclean after sexual intercourse or during and after menstruation; it should be kept clean. A good number of women and sexually active adolescent girls “would do just about anything to be ‘sweet’ down below” (Lawal, 2021). In other words, as a myth of the ‘dirty vagina’ or ‘scoundrel uterus’ has been around since the time of Hippocrates, so are the IVPs (Lister, 2019).

A brief history of VD and reasons why women douche is provided by Lister (2019) evidencing that the

practice among women and sexually active adolescent girls dates back to the ancient world. Ancient women across many cultures douched with kerosine, honey, Epsom salt, lime, alum, olive oil, herbal solutions (Suleiman, 2021) or even wine in an effort to prevent pregnancy. Khan, *et al.*, (2013) reported it was common for medieval prostitutes to douche between clients, as sexually transmitted infections (STIs) were rampant. At the time, doctors and physicians swilled out their patients for ‘hygiene’ purposes (Lister, 2019). However, VIV gained importance in the 19th century when doctors and physicians (mainly in the United States and Europe) started prescribing VD as a reliable method of birth control (Baker & Thompson, nd; Lister, 2019; Kamazima, *et al.*, 2021a). In 1829, doctors recommended women douche six or eight times a day by squirting in warmish water to keep the vagina/vulva in clean conditions. By 1836, six physicians had opened douching clinics in France “to cater to hordes of

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patients who flocked there to gargle the sulphuric waters with their chuffs” (Lister, 2019).

According to Lister (2019), in 1880, doctors claimed, “a woman should have a clean vagina as well as clean face and hands” and recommended regular “vaginal injections” of hot water and carbolic acid. By 1893, *The New England Journal of Medicine* demanded doctors to inspect women who have just given birth for “foul” smells; should they find any, they ought to disinfect the vagina, by VD with a corrosive sublimate solution. In 1898 the *Monthly Retrospect of Medicine & Pharmacy* listed alum, acetate of lead, chloride, boracic acid, carbolic acid, iodine, mercury, zinc, and Lysol (introduced in 1889 to control a severe cholera epidemic in Germany) disinfectant fluids to be used for VD. During the 1920s, Lysol was marketed as a contraceptive douching agent and in 1930, Zonite launched their own disinfectant douche.

Lysol’s emphasis on VD or ‘feminine hygiene/cleanliness’ within marriage with pleasant sex and intimacy, suggested menstruation and after sexual intercourse conditions are “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, 2014). However, by 1911 doctors had recorded eleven women who had been poisoned with Lysol douches, and five deaths from ‘uterine irrigation’. In 1936, *The Journal of American Medical Association* reported a case of a 19-year-old married woman “who douched several times a day with mercury chloride as a contraceptive that not only had resulted in severe vaginal and cervical burns, but when she finally went to the doctor to have this treated, she learned she was pregnant as well” (Lister, 2019).

The pill, Enovid® introduced on 9 May 1960 (Baker & Thompson, nd.; Christine-Maitre, 2013) and latex condoms, introduced in 1920 (Khan, *et al.*, 2013; Medibank, 2016) replaced contraceptive douching. In the 1940s and 1950s, VD alone proved insufficient to maintain ‘feminine hygiene’; new vaginal suppositories and products flooded the market: powders, soaps, and wipes. In 1966, the first aerosolized vaginal deodorant spray was introduced by the Alberto-Culver Corporation (Lister, 2019). Today, *douche*, feminine wash or vaginal douches may consist of water or a solution of water mixed with vinegar, honey, lime/lemon juice and yogurt. Some prepackaged douche products contain baking soda, iodine, antiseptic chemicals/fragrances and alcohol.

Awkward Essentials, ‘dripstick®’, a ‘semen-catching sponge’ or ‘the cum sponge’, invented by an Asian-American entrepreneur, Francis Tang in 2019 (Pajer, 2019), is a soft sponge or “the original after-sex sponge for absorbing excess cum ... a super soft,

medical-grade sponge that quickly soaks up gooeey leftovers to eliminate drippy discomfort” (Pajer, 2019; Knapp, 2021). Gynecologists, however, warn of its health dangers that insertion of a dry sponge into the vagina can cause micro abrasions or tears increasing risk of irritation, *Bacterial vaginosis* (BV) and thrush (Whittaker, nd.). Other feminine hygiene product options that are readily available at beauty stores and drugstores include: *menstrual pads*; *tampons* (inserted into the vagina to absorb menstrual blood); *menstrual cups* or ‘solution for zero waste periods’ are internal period products that are used in place of tampons available in varied blends (DivaCup®, Me Luna Soft®; LadyCup®, Moon Cup®, Libby Cup®, Lali Cup® and Me Luna Shorty®) and at mixed prices; and *period panties*, Thinx® and Knix®, for example, are specially made undies designed to absorb menstrual blood without the aid of a disposable cotton pad (Raleigh OB/GYN. nd.; Whittaker, nd.). Some women prefer peeing after sex to remove semen (Lister, 2019; Whittaker, nd.; Kamazima, *et al.*, 2021a). However, use of industrial VD products, homemade VD mixtures or both depends on woman’s demographic characteristics, legal status and policy contexts (Kamazima, *et al.*, 2021a).

VAGINAL DOUCHING

1. A (health) risk behavior

Health behaviors are activities that affect health status or disease risk (Steptoe (2007)). These activities include actions ranging from substance abuse and cigarette smoking to frequent hand washing with running water and soap, using alcohol-based hand rub and participation in immunization programs. The World Health Organization (WHO, 2009) defines “health risk” as “a factor that raises the probability of adverse health outcomes”. ‘A health risk behavior’, therefore, “is an activity carried out by people with a frequency or intensity that increases the risk of disease or injury” (Steptoe, 2007). ‘Health risk behaviors’ include, but not limited to, physical inactivity, unhealthy diet, tobacco use, drug abuse, unprotected sexual practices, and harmful alcohol use (Lim *et al.*, 2012; WHO, 2013). These behaviors are attributes of health-related lifestyle factors that may lead to chronic diseases, including heart disease, stroke, cancer, and diabetes (WHO, 2005; von Bothmer & Fridlund, 2005; Peltzer, 2015).

There is evidence that females begin exercising IVPs at puberty or sex debut and learn VD practices from their mothers, female relatives/friends who practice or practiced it (Punj, nd; Chacko, *et al.*, 1989; Oh, *et al.*, 2003; Markham, *et al.*, 2007; Wischhover, 2015; Kamazima, 2021a) or from the doctors or physicians who prescribe it (Lister, 2019). Similarly, women and sexually active adolescent girls practice VD, vaginal irrigation or ‘feminine hygiene’ for varied reasons including: keeping themselves clean, which they perceive a feminine requirement; conforming to full ablution or ‘*gusul*’ religious rituals

(Yaman, *et al*, 2005; Sunay, *et al.*, 2011; Rahbari, 2019; Kamazima, *et al.*, 2021a); attractiveness; avoiding infections like urinary tract infections (UTI); itching; fungus; to get rid of bad smell (vaginal odor); a contraceptive (Markham, *et al.*, 2007; Ness, *et al.*, 2003; Oh, *et al.*, 2003; Lister, 2019; Kamazima, *et al.*, 2021a); sexual excitement, and for vagina tightness and warmth (Suleiman, 2021). In addition, women and sexually active adolescent girls practice VD at varied frequencies depending on individuals' or collective perceived VD benefit and efficacy.

As such, some women who started douching when they were young (on menses onset or sex debut) may never quit (Ness, *et al.*, 2003; Lawal, 2021). Societal forces over women to feel 'fresh' and 'clean' explain, in part, why women use vaginal douches 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, 2016). Hence, "the practice of VD, is associated with deep psychological motives common to most women 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).

2. Why women should not douche

Douching frequently can kill the flora that lives inside the vagina and ruins the natural pH balance of the vagina (vaanguardngr.com, 2012; Lister, 2019; Lawal, 2021). Change in the acidic levels can increase the growth of bacteria causing yeast infection in the vagina, Pelvic inflammatory diseases (PID), post-coitus bleeding, or BV as a result of vaginal laceration, hypertrophy and erosion of the cervix (drprem.com, nd.; Lawal, 2021). A vagina is a self-cleaning organ, eliminating semen, blood, and other fluids through natural discharges on its own (Barua, 2013; vanguardngr.com, 2012). Similarly, a vagina is filled with bacteria, or vaginal flora, that help stop infections and prevent irritations. VD, therefore, is unnecessary for maintaining female hygiene (Potnis, 2020; Suleiman, 2021). Furthermore, most of VD industrial products are chemical substances that are meant only for industrial use like in water purification machines, textiles industries and others. In contact with human, they leave lasting negative effects on the human skin (Suleiman, 2021).

WHY WORRY ABOUT VD IN TANZANIA? - A PUBLIC HEALTH PERSPECTIVE

1. VD-health problems linkage

VD has been associated with many adverse health outcomes (Dr. Prem, nd; Oh, *et al.*, 2003; Barua, 2022; Boesveld, 2016; Potnis, 2020; All About Women OBS & GNY 2023; Kamazima, *et al.*, 2021a) as it increases woman's risk for BV, preterm birth, low birth weight, ectopic pregnancy, breast cancer, cervical

cancer, HIV and other STIs, PID, recurrent vulvovaginal candidiasis, infertility, and endometritis. Health problems linked to douching include: BV, a common infection in the vagina caused by changes in the quantity of certain types of bacteria in the vagina. Women who douche often (once a week) are five times more likely to develop BV than women who do not douche (drprem.com, nd). If untreated, BV can increase risk for sexually transmitted infections (STIs) and cause problems during pregnancy. PID is an infection of a woman's reproductive organs often caused by an STI mainly gonorrhea or chlamydia (Cleveland Clinic, 2020). Douching increases a woman's risk of PID by 73 per cent and one in eight women with a history of PID have difficulty getting pregnant (Potnis, 2020; CDC, 2022a). If not treated, PID can cause problems getting pregnant, problems during pregnancy, and long-term pelvic pain (Cleveland Clinic, 2020; CDC, 2022a; Mayo Clinic, 2023).

Cervicitis/Cervical Cancer: is inflammation of the cervix caused by STIs (mainly long-lasting infection with certain types of human papillomavirus) (CDC, 2022b). Women who douche at least once a week increase chance of developing cervical cancer (Potnis, 2020). *Problems during pregnancy* including difficult getting pregnant: according to Whittaker (nd), VD increases a woman's chance of damaged fallopian tubes and ectopic pregnancy. Women who douched at least once a month have a harder time getting pregnant than those who do not douche. Untreated ectopic pregnancy can be life-threatening and can also make it hard for a woman to get pregnant in the future. Furthermore, women who douched during pregnancy are more likely to deliver their babies early, raising the risk for health problems for the mother and her baby.

Despite research linking VD, a risk behavior, to ovarian and cervical cancer, PID, ectopic pregnancy, BV, fertility problems and thrush, one of four women aged 15 to 60 globally practice VD regularly or occasionally for 'feminine hygiene' reasons (All About Women OBS & GYN, 2023). In the United States (US), for example, drprem.com (nd.) reported one in five women in the 15-60 age bracket practices VD regularly or occasionally; around 20 to 40 percent of American women aged between 15 and 40 douche every month, and teenagers and African-American women are more used to douching (Livingstone, 2020). Some women and teenagers douche every week for cleaning the vagina, preventing pregnancy, getting rid of the blood and odor after periods, keeping the vagina clean and staying safe from STIs.

2. Paucity of VD research and data in Tanzania

Indeed, there is limited empirical data on VD behaviors and practices: origins, beliefs, motivations, associated factors, and its sexual and reproductive health implications to douching women and sexually active adolescent girls in countries with limited

resources. That is, available VD research and data originate from the US and Europe (Kamazima, *et al.*, 2021a). For instance, Suleiman (2021) and Lawal (2021) report that in Nigeria, where the sex industry is evolving so fast, women and men use expensive sexual enhancers (*Kayan Mata* and *Maza*, respectively) that come in different forms: perfumes, tablets, scrubs, and ditches. Women use enhancers to “achieve pleasure so much with one’s spouse, even to an extent the husband is pleased enough with the woman not to look outside their matrimonial bond” (Suleiman, 2021). Many girls and women with limited income turn to the street products like alum, Epsom salts, to help shrink up the vagina; others get their vulva ‘cooked’ up by sitting on steamy concoctions and smokes so as to stiffen the vagina tissues (Lawal, 2021).

In Tanzania, VD research is in the embryo stage. A few intravaginal washing studies conducted were health facility-based and focused on the success of new female-controlled prevention technologies trials, such as microbicides or herbs used. Findings from a unique and of its kind formative qualitative study on female same-sex sexual behaviors and practices in Dar-es-Salaam region, Tanzania in 2021 (Kamazima, *et al.*, 2021a) validated that like other women in the world, the study participants, the women who have sex with women (WSW), practice VD regularly or occasionally for various reasons. Reported reasons for IVPs include: keeping themselves clean (which they perceive a feminine requirement); conforming to religious rituals; attractiveness; avoiding infections like, UTI, itching, fungus; partners expected them to be ‘clean’, and to get rid of bad smell (vaginal odor). VD practices reported range from cleaning the outer vagina with water to using substances, finger or cloth to clean the inner vagina. The WSW reported learnt VD behaviors and practices from their mothers, female relatives and friends and majority were unaware of VD health-related problems that some had experienced or were experiencing.

In addition, 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. Many participants who started douching when they were young (on menses onset or sex debut) were unwilling to quit and were proud of passing the ‘norm’ to their female children and friends (Kamazima, *et al.*, 2021a; see also Ness, *et al.*, 2003). However, some of the WSW reported not practicing VD following advice given by their doctors and other healthcare providers.

At the time of writing this paper, a second VD-study was on-going among female sex workers (FSWs) in Dar-es-Salaam (Personal communication with the researcher in early January 2023). Certainly, a lack of

empirical evidence on VD, VIPs or ‘feminine hygiene’ risk behaviors and practices among women and adolescent girls in this country has contributed to a lack of awareness of this public health concern among healthcare professionals and public health personnel. As a result, there is no strategy to curb adverse VD health outcomes experienced by douching women and sexually active adolescent girls in this country. VD control is missing in diagnosis and treatment guidelines for STIs, HIV and cervical cancer. In turn, this fact suggests that healthcare providers and public health interventions implementors in this country are ill-informed of VD health impacts and miss opportunities for the prevention of illness among the citizenry. Consequently, to bridge this gap, more data is needed on the socio-cultural, economic and political contexts within which VD behaviors and practices take place in Tanzania (Kamazima, *et al.*, 2021a).

3. The medical experts are divided on VD

Studies conducted in developed countries report that medical experts are divided in their opinion regarding VD (All about women OBS & GYN, 2023). On the one hand, some doctors encourage their female patients to douche to avoid vaginal infections. On the other hand, some doctors consider VD harmful for vaginal health and conception of a baby. Gynecologists and obstetricians recommend that the safest and most effective way to clean the vagina is to use warm tap water and if necessary, use a wash cloth to simply clean the vulva (the outer/external part of the female genitalia). Gynecologists and obstetricians emphasize the “vagina is a self-cleaning oven, it is meant to clean itself, it should not be interfered by douching/intravaginal cleansing, using strong soaps or soaps with fragrance since this disturbs the natural vaginal pH” (All about women OBS & GYN, 2023). According to drprem.com (nd), the vagina’s natural environment is acidic in nature with the pH of 3.5 to 4.5. The acidic environment is favorable to the healthy bacteria that naturally grow in the vagina and it is unfavorable to harmful bacteria invading the vagina.

Douching with soaps, perfumes, vaginal wipes raise the vaginal pH level and this affects the survival of healthy bacteria, leading to invasion by harmful bacteria. This can cause health problems such as BV, PID, Cervical cancer, Ovarian cancer, Infertility, Yeast infections, Chlamydia, Gonorrhoea, Vaginal dryness and problem getting children (All About Women OBS & GYN, 2023). With limited awareness of VD impacts on douching women’s and adolescent girls’ health, such “difference of opinions confuses women and they are unable to decide whether VD is good or bad for them” (drprem.com, nd). This observation, therefore, suggests the need for more research-based evidence on VD and its consequences to douching women and sexually active adolescent girls to inform anti-VD interventions in this country. Evidence collected should be used to raise awareness of VD’s harms to douching women and

sexually active adolescent girls among health professionals (public health personnel, doctors, obstetricians and gynecologists) in this country.

4. WHO-recommended Human Papillomavirus (HPV) vaccine intervention in Tanzania

In 2013, Tanzania became one of the 11 countries worldwide approving WHO-recommended demonstration programs for HPV vaccination with support from the Global Alliance for Vaccines and Immunization (GAVI), John Snow Inc. (JSI), WHO and the United Nations Children's Fund (UNICEF) (JSI, 2018; WHO/URT, 2018a). Other countries were: Ghana, Kenya, Lao People's Democratic Republic (PDR), Madagascar, Malawi, Mozambique, Niger, Rwanda (with a national program), Sierra Leone, and Zimbabwe (Hanson, *et al.*, 2015; Runge, *et al.*, 2019). The World Health Organization (WHO) recommends HPV vaccine is the most cost-effective public health measure against cervical cancer, as part of a comprehensive cervical cancer control strategy (WHO/URT, 2018b).

The primary objective of HPV vaccines is to prevent cervical and other genital cancers: HPV types 16 and 18 — the 2 types that cause 80 percent of cervical cancer cases. HPV types 6 and 11, which cause 90 percent of genital warts cases. In May 2014, Tanzania through the then Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) introduced a 2-year HPV vaccine demonstration program in Kilimanjaro region to identify the best delivery and communication strategies to reach this new target age group for routine vaccination (Gallagher, *et al.*, 2018). Kilimanjaro region was selected due to its high levels of literacy and school attendance, well-performing Expanded Programme on Immunization (EPI), and robust and stable community infrastructure. The target age group for the demonstration program was in-school girls enrolled in Standard 4 (aged 9-years or older) and out-of-school girls aged 9 years, residing in Kilimanjaro region.

Following a successful Kilimanjaro demonstration program, Tanzania introduced HPV vaccine into the national immunization program as primary prevention to address high cervical cancer burden (Gallagher, *et al.*, 2018). Tanzania planned for a multiple-age cohort of 9–14-year-old girls. However, due to the limited global HPV vaccine supply since 2017, Tanzania received HPV vaccine enough for a single-age cohort of girls, the older age cohort of 14-year-old girls. The intension was to ensure protection to the greatest number of girls because those girls would not be age-eligible in subsequent years (15 years old) (Li, *et al.*, 2022; Alex, *et al.*, 2021).

Tanzania introduced HPV vaccine into its national immunization schedule using a routine

immunization delivery system with a two-dose, six-month interval schedule in April, 2018. HPV vaccine is available throughout the year at health facilities, via out-reach vaccination services at community sites, community mobile sites, primary and secondary schools; and frequency is determined by the health facility (Li, *et al.*, 2022). HPV1 vaccination coverage at the end of 2019 was 78 percent and 49 percent for HPV2; 85 percent in 2020; 90 percent in 2021, and 95 percent in 2022 (Mphurua, *et al.*, 2022). In the author's view, generalized and uncontrolled VD that increases the cervical cancer risk among douching women and sexually active adolescent girls would jeopardize success recorded by the national HPV vaccination program in the country.

5. Uncontrolled Postinor-2 (P2) use and abuse among women and sexually active girls in Tanzania

'Postinor-2', 'P2 pills', 'morning after pill' or 'postcoital contraceptives' is an emergency contraceptive only, not intended as a regular method of contraception. It is, however, used orally to prevent pregnancy when taken within 72 hours of willingly or unwillingly (rape) unprotected sexual intercourse. It is used to prevent pregnancy when taken within 72 hours of unprotected intercourse. Postinor-2 is a two-tablets dose where the user should take the first tablet no longer (my emphasis) than 72 hours after unprotected sexual intercourse and the second tablet exactly (my emphasis) 12 hours after the first tablet. The tablets, however, should be taken with the doctor's or pharmacist's consultation. Health professionals report that P2 pills are capable of preventing 86 percent of pregnancies when administered within 72 hours of unprotected sexual intercourse (Ojjiyi, *et al.*, 2014).

Emergency contraception is readily available over-the-counter and is imprecisely used by thousands of women each year. Unregulated/unprescribed use of 'P2 pills' that contain levonorgestrel hormone, could lead to common side effects like tiredness, nausea, vomiting and drug interactions. Some users and abusers have reported experiencing stomach pain, diarrhea, dizziness, headache, tender breasts, increased vaginal bleeding, skin reactions, rash, hives, itching, swelling of the face, pelvic pain and painful period. More important, perhaps, is that unregulated and long-term use of 'P2 pills' "could be a cofactor that increases risk of cervical carcinoma by up to four-fold in women who are positive for cervical HPV DNA" (Moreno, *et al.*, 2002; Keck Medicine of USC, 2017).

There is limited data on the use and abuse of 'P2 pills' in Tanzania. However, according to Tanzania Pharmacy Council (*Mwananchi* Newspaper, 2021), there is evidence women and sexually active adolescent girls who do not attend family planning clinics are increasingly using 'P2 pills' bought over-the-counter after every sexual intercourse for protection against unwanted pregnancies. Similarly, Radio Deutsche

Welle (DW) reported women and girls in urban areas in Tanzania indicate high proportions of unregulated 'P2 pills' use with Dar-es-Salaam and Tabora regions taking the lead (*Mwananchi* Newspaper, 2021). The implication is that if unregulated use of 'P2 pills' remains uncontrolled would lead to new cervical cancer cases despite strategies in place to curb this health problem in the country.

CONCLUSION AND RECOMMENDATIONS

Empirical data presented justify VD is unnecessary for maintaining female hygiene, cannot prevent pregnancy, and cannot protect or cure vaginal infections. Also, it is evident that Tanzanian women and sexually active adolescent girls practice VD/IVPs regularly or occasionally for various reasons and majority are unaware it is detrimental to their health. Implicitly, health practitioners (physicians, obstetricians, gynecologists and public health personnel) in this country are aware [from their (medical) training] of VD's impacts to douching women's and sexually active adolescent girls' health and well-being. Health personnel, therefore, are required and expected to examine for and discourage VD behaviors and practices among female clients who present with obstetric and gynecological problems.

However, VD control exclusion from STIs, HIV and cervical cancer diagnosis and treatment guidelines explains, in part, why health professionals rarely examine advise their clients on this risk behavior. In addition, this exclusion explains why there are limited research and (public) health interventions aiming at combating VD hazards among women and sexually active adolescent girls in this country. I recommend the Ministry of Health (MoH) to include VD counselling in the STIs, HIV and cervical cancer diagnosis, treatment and control guidelines. In addition, it is evident that Tanzania has documented successful nationwide implementation of HPV-vaccination programs since 2018. However, if VD behaviors and practices among vaccinated girls remain uncontrolled, could reverse cervical cancer prevention achievement recorded. Furthermore, reported generalized and uncontrolled use and abuse of 'P2 pills' that elevates chances for developing cervical cancer among users and abusers, would erode accomplishment logged by the HPV vaccination programs in the country.

Based on these observations, I recommend the MoH and (health) development partners to initiate, encourage and support health (medical and public) research to generate comprehensive and informative multidisciplinary data on: 1) VD behaviors and practices and their impact to douching women's and sexually active adolescent girls' (reproductive) health and wellbeing; and 2) on the magnitude and consequences of 'P2 pills' use and abuse in the country.

The goal is to generate data that would facilitate improving healthcare professionals' ability to diagnose, treat, control, and prevent illnesses among douching women, sexually active adolescent girls and the general public in Tanzania.

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Cite This Article: Switbert Rwechungura Kamazima (2023). Vaginal Douching: A Neglected Health Risk Behavior among Women and Sexually Active Adolescent Girls in Tanzania?. *EAS J PsycholBehavSci*, 5(1), 1-9.