

# Motivations and prevalence of vaginal practices among Thai women

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## Introduction

Vaginal practices consist of a wide range of techniques that women use to enhance their sexual performance, their sexual health and hygiene. Some of these practices involve the use of commercial and traditional preparations to dry, tighten, lubricate, or cleanse the vaginal area. Sometime the practices involve cutting or suturing the genital area, heating of tissue, douching or cleansing, inserting substances in the vagina, or use powders or oils topically. Some of the practices involve ingestion of medicine or herbal concoctions.

Worldwide, women use vaginal practices for variety of reasons. In Sub-Saharan Africa, for example, women commonly insert a variety of herbal substances in the vagina to 'dry' or tighten the vagina, to enhance sexual performance or desirability either for their sexual partners or themselves, and also to protect themselves from STIs (Runganag, Pitts and McMaster, 1992; Brown, Ayowa and Brown, 1993). Among Indonesian women, *jamu*, a herbal preparation, is commonly used by women throughout the life cycle to enhance sexuality, hygiene, prevention of diseases, and management menstruation (Utomo, 2005; Hull et al., 2006).

In Thailand where commercial sex is generally accepted and HIV prevalence is 1-2%, it is plausible that some women may adopt some forms of vagina related practices to protect them from contracting the disease. As in other societies, Thai women use herbal medicine to maintain blood circulation balance, to regulate menstruation as well as to treat leucorrhea or gonorrhoea (Mulholland, 1987; 1989). According to Boonmongkon (1999), infections of the female genital tract are common complaints among rural women. However, women typically keep the problem to themselves. Women are often ashamed to disclose the complaints and seek medical treatment. Women prefer to take care of the problem themselves rather than seeking help from health personnel. Self-medication including buying antibiotics is therefore common.

In 2005, the WHO Multi-Country study on Gender, Sexuality and Vaginal Practices (GSVP) using qualitative approaches was conducted in Mozambique, South Africa, Indonesia, and Thailand. In Thailand, the study was carried out in Bangkok and Chonburi province. Both men and women in diverse social background were interviewed and focus group discussions were also conducted with selected participants. It was found that, among many forms of vaginal practices, feminine hygiene solution is the most commonly used product for cleansing. Feminine hygiene solutions are commercial products mainly contained liquid soap and fragrant. The products have recently been widely advertised in the mass media and printed media. Women using the products state that the products can maintain their hygiene, reduce odor and enhance general health (Im-Em, 2006). Unlike in

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Indonesia and countries in Africa, the products are not overtly addressed to issues of sexuality.

The small-scale study in Thailand have demonstrated the links between vaginal practices and women's life cycle and cultural believed. However, little is known about the prevalence of vaginal practices and the motivations underlying the adoption of such practices.

## **Objectives**

This paper presents the analysis of both qualitative and quantitative data derived from the project entitled "WHO Multi-Country study on Gender, Sexuality and Vaginal Practices (GSVP)". The objectives of this paper are as follows.

1. To describe the broader context in which the popular vaginal practices are performed including gender system, economics, culture, religion, and medical instrument.
2. To investigate the prevalence of vaginal practices and to compare the practices between different social groups.
3. To describe the motivations for adopting various forms of vaginal practices.

## **Methodology**

### ***Qualitative analysis***

To begin with describing the contextual understanding of the popular vaginal practices, we reviewed the qualitative data derived from Thailand study Phase I. This study was part of the WHO Multi-Country study on Gender, Sexuality and Vaginal Practices (GSVP). The study was carried out in Mozambique, South Africa, Indonesia, and Thailand using qualitative approach. This study aimed to explore various forms of vaginal practices performed by the women and motivations underlying the use of the practices. In Thailand, the qualitative research was conducted in 2005 in Bangkok and a rural community in Chonburi Province. Information was obtained from 21 interviews with key informants, 78 in-depth interviews with women and men, and 11 focus group discussions with persons from various socio-economic background.

### ***Survey research***

The survey was conducted between October and November 2006 in Chonburi Province as part of the WHO Multi-Country GSVP Study Phase 2. The survey used face-to-face interviews with representative samples of 920 women aged 18-60 years. These samples were randomly selected from 43 clusters in the study province using updated enumeration blocks and area maps obtained from National Statistical Office (NSO). To select eligible women for interviews from each household, the research team prepared and updated the lists of all households which were obtained from the community leaders or the local administrative authority. If possible, the map of each cluster was also updated. Thirty households were then randomly selected from the updated lists. To allow for non-response at household and individual levels, an oversampling rate of 50% was used. Therefore, no replacement for non-response at household and individual levels was required.

The data collection tools were core questionnaires (household and women questionnaires) developed by the project coordinators and the country research teams. The questionnaires were pre-tested three times. The first two pre-tests aimed to test the scope and content of

the questions and language, whereas the third pre-test strictly followed the survey procedure aimed to detect the non-response rate which used as a base for adjusting the sample size. The household questionnaire was used mainly to identify eligible women for the survey consisted of demographic information of household members. The content of the women questionnaire included background socio-economic and cultural information of individual women; family formation; women's reproductive and sexual health; knowledge and practices of seven forms of vaginal practices; sources of information about the practices; their sexual partners' attitudes towards the practices; and reasons for using the practices. (Please see Table 6 for the definition of each practice.)

The survey was carried out by three data collection teams. Each team consisted of one female supervisor and four female interviewers. The supervisors and interviewers received extensive training for two weeks using the standardized training curriculum and training materials developed by the project coordinators and where ever necessary modified by the researchers to suit the local context.

The quantitative data obtained from the survey were used to examine the prevalence of the vaginal practices and the motivations underlying the use of each practice.

## **Research findings**

### **1. Popular forms of vaginal practices in Thailand**

This section discussed the findings based entirely on the qualitative analysis derived from Phase 1 of the WHO-Multi Country Study. There is a wide range of vaginal related practices that women used. These practices included the use of some substance or products to clean the genitals externally such as soap gel, feminine hygiene solution, toothpaste, vaginal tablets; the use of pantyhose to dry and reduce bad odour; the use of vaginal cream, tablets or suppository to treat some symptoms; the use of some traditional preparations such as *vaan chak mod luk* literary 'uterine pulling root' to tighten the vagina. However, the popularity of each form depends on socioeconomic and cultural background of the women. The use of commercial feminine hygiene solution was commonest among wealthy Thai women in urban towns, where as traditional preparations seem to be popular among rural residents and poor urban residents. Younger women tend to use pantyhose regularly. Except for herbal medicine which is known to help stimulating blood circulation, refreshing skin, and having had abortive effect, which has long been available in the market and been used widely. The following section will discuss why popular forms of vaginal practices become accepted and how vaginal practices contribute to the definition of Thai women's roles.

In the qualitative research, the participants repeatedly stated that the reasons women used the products was for hygiene and cleansing the genitals. The most common form of vaginal practices is the use of feminine hygiene solutions. The products have rapidly gained popularity in Thailand. Within less than two decades a wide range of products of varied quality and cost have appeared in virtually every supermarket, pharmacy, corner shop, and also through direct sales. The costs of the products range from 79 to 175 baht (USD 2.5-5) per bottle. The products have been openly advertising on television and radio and printed media such women magazine and newspaper. Most of the advertisements claim that women should pay extra care for the genital area and use the products for personal hygiene, to clean and to reduce bad odor, to tighten vagina and to please their sexual partners and to treat infection.

This practice is apparently common among wealthy women. Most women used the solutions to clean the genitals externally for hygienic cleansing, whereas, a few women reported that they used the solutions to clean inside the vagina. To clean the vagina, those women claimed that the solutions not only use to get rid of unpleasant odour but also to tighten the vagina. Some women said the solutions help increase confidence when having sex with their partners. A few women used hygiene solutions regularly before coitus.

It seems likely that the acceptance of commercial sex and extramarital sex in Thai society may enhance the use of the feminine hygiene solutions or products that women use to clean themselves and to protect themselves from getting STIs. The easy access to the vaginal products would be more attractive to the women than seeking help for professional health care providers. Previous studies have shown that self-treatment is common practices in Thailand. Women in particular will feel more comfortable to take care of their sexual health. It was observed that the participants of the qualitative study mentioned the use of these vaginal products to preventing infection.

On the other hand, traditional preparations including herbal medicine is also popular, especially among women in rural areas and poor women in urban towns. However, the practices have increasingly become among middle class women. The preparations found in the market are in the form of liquid, tablets, capsule, or suppository. The tablets *vaan chak mod luk*, is part of Thai traditional medicine. The tablets sometimes combine *vaan chak mod luk* with traditional Chinese herbs. The tablets are said to tighten the vagina and prevent of uterine prolapse. Some women reported that they take the tablets after meals and before going to bed every night to help stimulate 'blood circulation' and rejuvenation of the skin.

The use of the popular forms of vaginal practices among Thai women as mentioned above implies that the women seek practices mainly to maintain their feminine and women's duty. In Thai society, gender biases towards sexuality exist (Hantrakul, 1983). Thai women are expected to be calm in manner and behaviour; dress appropriately, neat, tidy and beautiful; and non-seductive, not provoking men. The popular practices especially feminine hygiene products have been heavily promoted to maintain good hygiene, general health and sexual health, to bring back the youthfulness of their skin and appearance, and also to enhance sexual performance. The broad quality of the products has worked so well because they meet the pre-existing desire of the women.

The following section will be testing whether similar patterns of vaginal practices hold true in larger sample size and what motivations for using the practices.

## **2. Prevalence of vaginal practices and differentials**

This section describes the findings derived of the survey data. Before going to discuss the prevalence of vaginal practices, general characteristics of the surveyed women will be described. In general, nearly two-third of the surveyed women were urban residents, one-third was aged 35-44, only one in ten felt in the age group 18-24. The majority of women (75%) were ever had sex and currently in relationship, 14% never had sex and 12% ever had sex but not currently in relationship. In terms of education, well over one-third had never been to school and did not completed primary level, 18% completed primary education, 30% completed secondary education, and 18% received post secondary education. (Table 1)

Table 1 here

The patterns of ever use and current use (ie use in the last month) are broadly consistent, particularly for washing genitals, cleansing or douching in the vagina, and application of substances (see Table 2). Regardless of the time reference, virtually all women adopt vulva washing or washing the external area around the vagina. The prevalence of current use of insertion, ingestion, and steaming are much lower than that of ever used. The use of steaming or *yu fai* literary 'lying by the fire', is traditional recommended to women to during the postpartum period. The postpartum period is very crucial time for the new mother and her baby and that they need protection. They are strictly confined in a room with the fire place. Ritual ceremony is also performed to protect the new born baby and the mother from spirit. It is possible that the women adopted steaming in relation to child birth and postpartum period. The popularity of steaming indicates that Thai women still adhere to traditional practices especially during natal and birthing period. Surgical procedures are relatively rare, with only two percent of the women reported ever had surgical procedures. The possible explanation for using vaginal practices will be discussed in the following section.

Table 2 here

In trying to explain the use of each form of vaginal practices, this section discusses the relationship between selected variables and the use of each practice. This includes age of women, sexual relationship, and education (as a proxy for socioeconomic status). Table 3 and Table 4 present logistic models where age, sexual relationship, and education were regressed against used of practices. Sexual relationship shows strong relationship with the use of cleansing, insertion, steaming, and ingestion.

Table 3 & Table 4 here

Vaginal practices vary by age of women and sexual relationship. Younger women are less likely to adopted vaginal practices of all forms than older women except for the use of application and the use of ingestion (see Figure 1 and Figure 2). Regarding the application, the most common products or substance that young women used was pantyhose (thin pad). It is possible that Thai women used pantyhose for different reasons from Western women. The main reason for using pantyhose was to dry, to reduce bad odour, and to refresh and scent the genitals. Some women reported using pantyhose regularly. Pantyhose are available widely in the markets in variety of brand, packages, quality, and scented and unscented. The price of pantyhose ranges from 20-60 baht per pack. The most popular brand of pantyhose was 'carefree'.

Figure 1 & Figure 2 here

There is an association between sexual relationship and use of ingestion. Young women who are sexually experienced but not currently in relationship had nearly all adopted the practice. Although only a small number, nearly half of never married women had ever used ingestion. It is possible that some of the ingestion is related to birth or post-partum ingestion, and some is for potential hygiene use and general health. If it is the case, the use of ingestion among never married women may reflect some issues related to reproductive health. Some of ingestion products are traditional preparations which often claimed to promote stimulation of blood circulation, an abortive effect and regulation of menstruation.

The data clearly demonstrated that most ever married women used steaming, whereas the corresponding figure for never married women is almost negligible. The common use of steaming among ever married women makes sense since most of them adopted steaming

during childbirth and postpartum period. In contrast, never married women may use steaming for health or wellness.

### **3. Motivations for adopting various forms of vaginal practices**

Overall, the two most important motivations of the seven vaginal practices that women adopted are for their own hygiene and maintaining wellness or health. Across the seven practices, the women gave the reasons for sexual enhancement (increase sexual pleasure for self or partner) for adopting washing the genitals externally, cleansing inside the vagina, application of substance, ingestion, and undertook surgical procedures (see Table 5). The use of washing for the purpose of sexuality might be that women wanted to be 'clean and fragrant' for their partners.

As expected, the main reason for adopting ingestion was (other – guess for abortive effect). Fifty-two women who adopted feminine hygiene solutions claimed to have done so for the purpose of treating infection or symptoms. Relatively large number of women used vulval washing as a method to treat infection may reflect the successful advertisement of the products. These products especially feminine hygiene solutions include the statement that the solutions can be used to treat symptoms and infection. Ingestion (19 women), application (18 women), insertion (11 women), and cleansing (4 women), also used for treating infection. Although a small number of women, restore sensation of virginity was reported as the motivations for adopting cleansing, ingestion, and surgical procedure. The findings are somewhat contrasting to the international literature, only a few women reported that the motivations for adopting vaginal practices were to increasing sexual pleasure for partners or for self.

Table 5 here

## **Discussion and conclusion**

Women in the Thai province selected for this study use several forms of vaginal practice. The use of washing is universal. The motivations for using washing are varied. Most women claimed to do so for hygienic cleansing and to maintaining health or wellness. Some women also claimed sexual pleasure was among the motivations for using the washing. Perhaps the idea of 'clean and fragrant' motivates some women to adopt washing.

There are strong links between sexual experiences and vaginal practices. No doubt that the use of steaming among those who ever had sex related to the time when they had children. Surgical procedures, though reported by a few women, all of them were ever had sex. The motivations for undertaking surgical procedures also clearly link with sexuality. It appears that concerns about sexual performance, "feminine hygiene" and marital duty are shaping Thai women's attitudes about their genital organs.

Ingestion and insertion are the practices where the gap exists. The main products used for insertion are suppositories which is in agreement with 'treat infection or symptom' as main the reason for using the products. It does make sense for women who ever had sex to use insertion to treat infection or preventing them from getting infection from their partners.

Younger women, regardless of sexual experiences, are more likely to use the application than older women. Pantyhose or thin pad was the sole products that women reported using. The pantyhose has been heavily promoted and marketed. As found in the qualitative study that women claimed to use pantyhose to dry the genitals and bring refreshing feeling. The

practice was common among wealth to do women. The value of 'feminine hygiene', represented the products.

The quantitative study confirmed the findings from the qualitative study that the most common forms of vaginal practices among Thai women in the study province were the use of washing and application of substances on external genital area. Younger women are more likely to perform vaginal practices than older women. Although the main motivations women adopt vaginal practices are hygienic cleansing and maintain wellness or health, the strong link between sexual relationship and vaginal practices suggests sexuality is an underlying reason that Thai women adopt vaginal practices.

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Table 1 Background characteristics of women surveyed

Characteristics	Characteristics	Percent	Number
Age	18-24	11%	97
	25-34	26%	243
	35-44	30%	272
	45-54	24%	220
	55+	10%	88
Sexual relation	Never had sex	14%	128
	Ever had sex, not currently in relationship	12%	106
	Ever had sex, currently in relationship	75%	686
Residence	Urban	64%	591
	Rural	36%	329
Education	Less than primary	34%	316
	Completed primary	18%	161
	Lower secondary	15%	141
	Upper secondary	15%	140
	Post secondary	18%	162
Total		100%	920

Table 2 Prevalence of vaginal practices (%)

Form of practices	Ever use	Use in last month
Washing genitals	96%	92%
Cleansing or douching in vagina	14%	7%
Application of substance	43%	26%
Insertion of substance in the vagina	30%	2%
Ingestion of herbal and preparations	68%	8%
Steaming, smoking, fogging	72%	1%
Surgery	2%	-

Table 3 Odds ratios from logistic models for ever use of vaginal practices

	Wash	Clean	Application	Insert	Ingest	Steam
(Intercept)	52.02**	0.01***	1.87	0.04***	1.53	0.21**
Age (years)	0.96	1.02	0.96***	1.02**	0.99	1.03**
Never had sex	-	-	-	-	-	-
Ever had sex, not currently in relationship	2.78	6.93**	0.99	3.78***	3.43***	13.02***
Ever had sex, currently in relationship	2.04	7.44***	0.95	3.44***	3.01***	9.19***
Less than primary	-	-	-	-	-	-
Completed primary	1.80	1.34	1.31	1.45	0.88	0.66
Lower secondary	3.18	1.51	2.11**	1.41	1.02	0.83
Upper secondary	5.89	0.71	2.36***	1.10	0.72	0.57
Post secondary	1.73	1.38	4.55***	1.55	0.57*	0.47**

Notes: The table shows results from six separate models, one for each type of practice. One star indicates significance at the 5% level, two stars significance at the 1% level, and three stars significance at the 0.1% level. Surgical procedures were excluded in the analysis due to small number of users (only 15 women).



**Table 4 Odds ratios from logistic regression models of current use of vaginal practices**

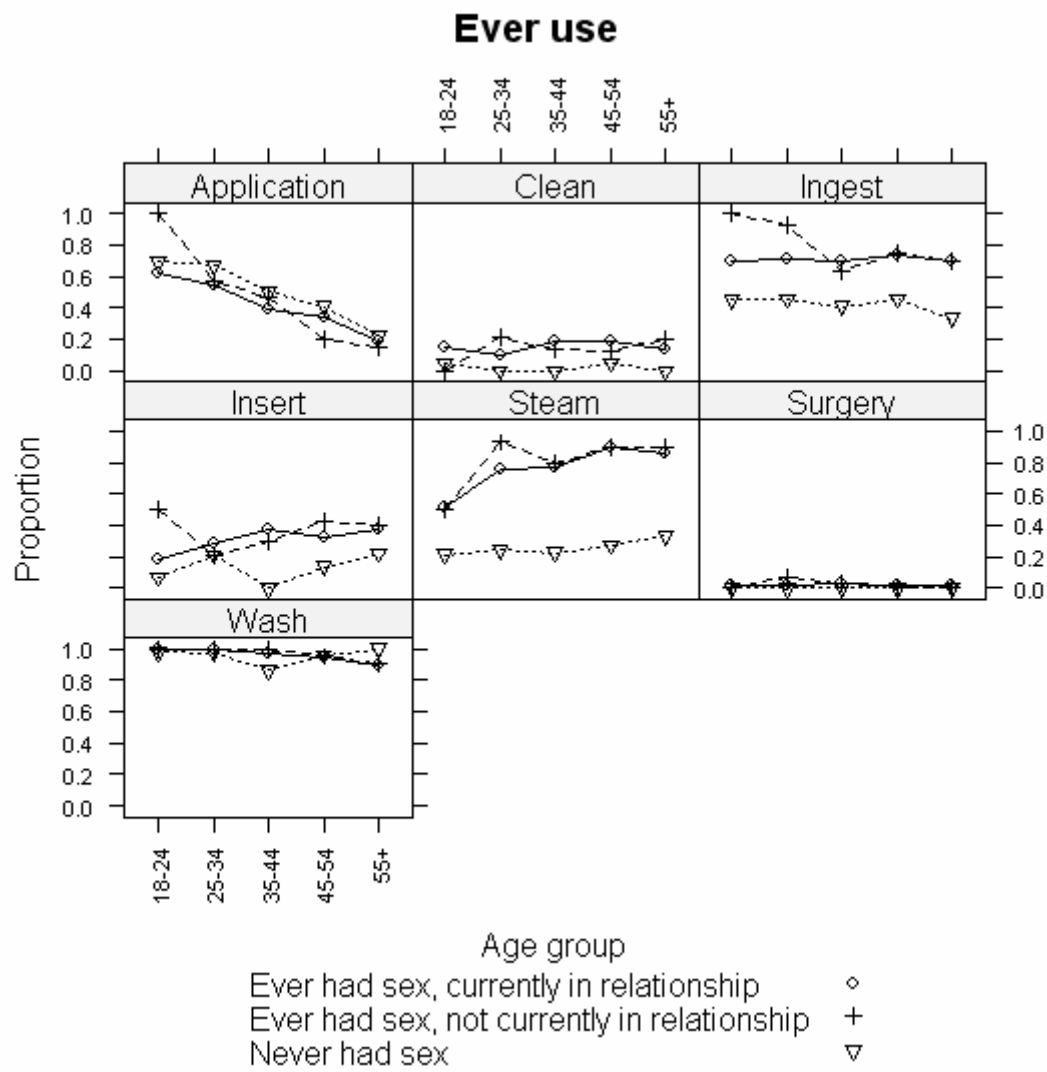
	Wash	Clean	Application	Ingest
(Intercept)	30.71***	0.02***	1.73	0.56
Age (years)	0.97*	0.99	0.96***	0.94***
Never had sex	-	-	-	-
Ever had sex, not currently in relationship	1.48	10.53*	0.75	3.20*
Ever had sex, currently in relationship	1.60	11.31*	0.60*	1.69
Less than primary	-	-	-	-
Completed primary	1.14	0.84	1.12	1.22
Lower secondary	0.85	0.85	1.88*	0.95
Upper secondary	1.55	0.22*	1.64	0.43
Post secondary	1.03	0.9	2.54***	1.01

Note: The table shows results from four separate models, one for each type of practice. One star indicates significance at the 5% level, two stars significance at the 1% level, and three stars significance at the 0.1% level. Insertion, steaming and surgical procedures were excluded in the analysis due to small number of users.

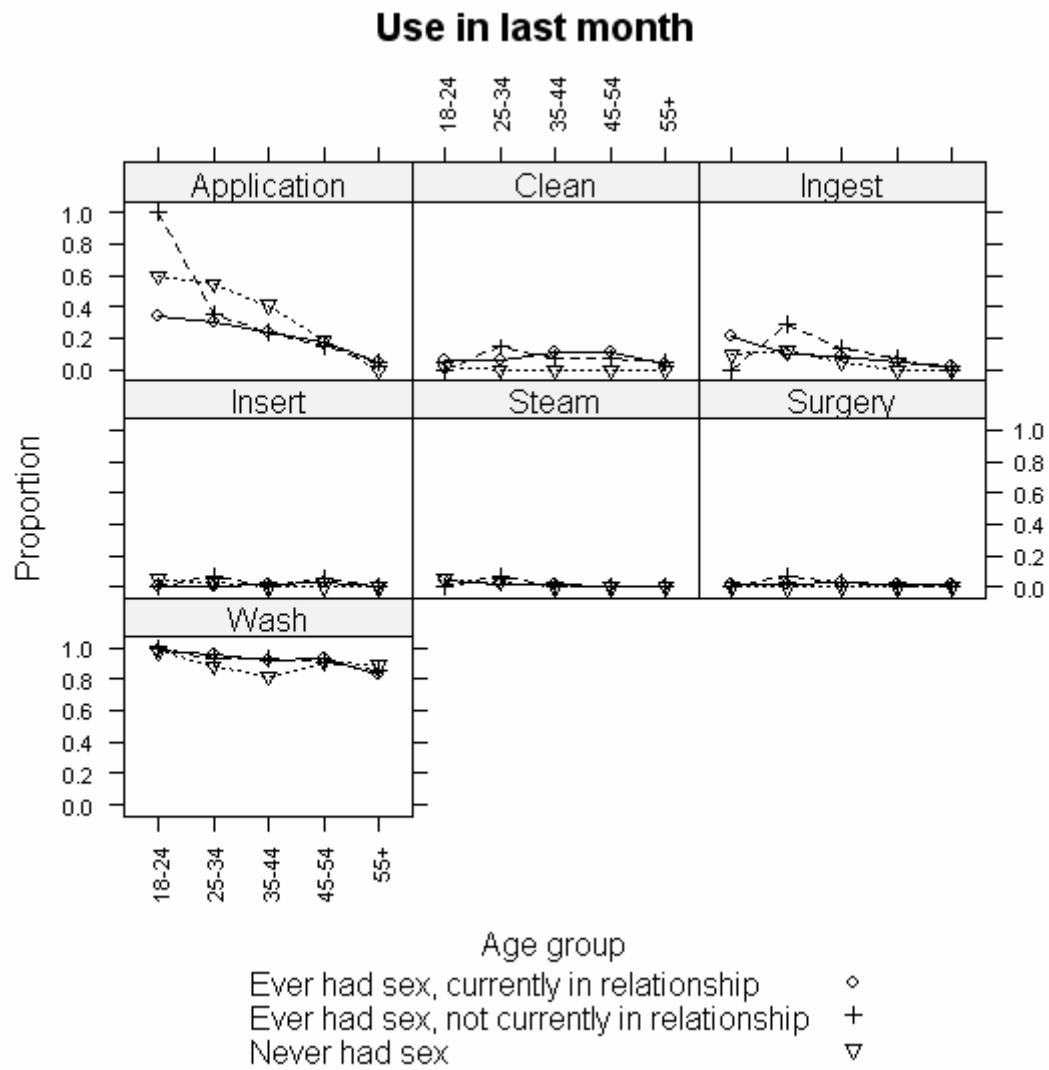
**Table 5 Motivations for using vaginal practices (number)**

	Washing	Cleansing	Application	Insertion	Ingestion	Steaming	Surgery
Hygiene	965	73	250	5	0	0	7
Maintain wellness/health	335	9	69	2	32	15	2
Treat infection or symptoms	52	4	18	11	19	2	0
Habit since childhood	249	1	7	0	0	0	0
Increase sexual pleasure for partner	21	1	2	0	1	0	6
Increase sexual pleasure for self	43	1	0	0	0	0	3
Keep the partner committed	0	0	1	0	0	0	2
Control/reduce pain during sex	0	0	0	1	1	0	0
Grooming/feminine identity	8	0	3	0	11	10	0
Restore sensation of virginity	0	1	0	0	1	0	1
Other	8	1	16	7	63	11	3

**Figure 1 Proportion of ever used of vaginal practices by age and sexual relations**



**Figure 2 Proportion of current use of vaginal practices by age and sexual relations**



## ANNEX

**Table 6 Definition of vaginal practices**

Practices	Definition
Washing or vulval washing	Cleansing the external area around the vagina using a product or substance with or without water normally using hand.
Cleansing inside the vagina	Cleansing inside the vagina includes wiping the internal genitalia with fingers and other substances (e.g. cotton, cloths, paper) for the purpose of removing fluids and douching which is the pressurized shooting or pumping of water or solution (including douching gel) into the vagina.
Application	Placing or rubbing substances or products to the external genitalia – that is the labia, clitoris, and vulva.
Insertion	To push or place something inside the vagina (including powders, creams, herbs, tablets, sticks, stones, leaves, cotton, paper, tampons, tissue etc.) regardless of the duration it is left inside. (Not including insertion of penis or sex toys.)
Ingestion (drinking or swallowing) substance	Ingest (drinking or swallowing) of substances perceived to affect the vagina and uterus. This includes the ingestion of substances or medicines to dry or lubricates the vagina.
Steaming, fogging, smoking	Practice steaming or smoking of the vagina, by sitting above a source of heat (fire, coals, hot rocks) on which water, herbs or oils are placed to create steam or smoke. This practice is sometimes associated with childbirth.
Surgical procedures	Surgical procedures used for modifying the vagina, excision, or hymen restoration. Include incision with insertion (scarification process, tattoos of the vulva or labia). Exclude episiotomies or operations to repair a protruding uterus.

**Table 7 Products used for cleansing inside the vagina**

Clean	
Finger cleansing	42
Cleansing solution *	11
Douching	7
Cotton cleansing	5
Tissue cleansing	2
Vagina washing	2
Safe guard soap	2
Alcohol cleansing	1
Gel	1
Hydrogen cleansing	1
Spray	1
Warm water cleansing	1

Note: \* These brands include MissTeen (2), Sanako (2), Avon, Eve (1), Giffarine (1), Lactacyd (1), Nuetry (1), Surean (1), and unspecified solution (2).

**Table 8 Products used for insertion**

	Insert
Suppositories	16
Tampon	3
Capsule	1
Cream (for fungus)	1
Intra uterine device	1

**Table 9 Products used for application**

	Application
Pantyhose (Care free)	102
Sanitary pad (not specified)	72
Other pantyhose	81
Powder	18
Cream	1
Gel	1

**Table 10 Products used for ingestion**

	Ingest
Bello tonic	20
Tonic (unspecify)	15
Van chak mod look	14
Pen pak (tonic)	10
Other tonic *	19
Ya dong	9
Tablet	3
Capsule	2
Evening Primrose	1
Powder	1
Primolut n	1
Som	1

Note: Other tonic includes Bua Kaew (4), Mor Mee (3), Mor Seng (3), Narasingha (3), Ni-Singha (2), 107 Smith (1), Flora (2), Lion (1)