“Hairless, odourless, bleached, and clean”: Exploring Women’s Experiences of the Vagina in Connection with Vaginal Cleansing Products

by

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A Thesis presented to The University of Guelph

In partial fulfilment of requirements for the degree of Doctor of Philosophy in Psychology

Guelph, Ontario, Canada

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“HAIRLESS, ODOURLESS, BLEACHED, AND CLEAN”: EXPLORING WOMEN’S EXPERIENCES OF THE VAGINA IN CONNECTION WITH VAGINAL CLEANSING PRODUCTS

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Vaginal cleansing products such as douches, sprays, wipes, powders, washes, and deodorants are part of a 2 billion industry in North America. Within Canada, use of vaginal washes and wipes in particular is on the rise among younger generations of women. According to a Nielson Consumer Data Report, Canadian women spent almost 6.8 million dollars on vaginal wipes in 2015. However, medical literature increasingly suggests there are adverse health risks associated with some of these products, including higher risks of women being susceptible to bacterial vaginosis and cervical cancer. Given the popularity of vaginal cleansing products despite potential health concerns it is important to explore the role these products play in women’s experiences of the vagina and how these experiences are constructed in relation to broader cultural meanings of women’s bodies. Therefore, this dissertation critically examines how women who use vaginal cleansing products construct, manage, and feel about their vaginas in relation to the messages they receive around vaginal health and hygiene. Drawing on interviews with 31 women who were currently using or had previously used vaginal cleansing products, this dissertation employs a critical discourse analysis to examine the multiple and overlapping constructions of the vagina within participants’ accounts that framed their use of vaginal cleansing products in different ways. This includes an examination of three distinct
constructions, the clean vagina, the dirty vagina, and the healthy vagina, and how these were connected to vaginal cleansing products being viewed as necessary or unnecessary. Of these three constructions, my analysis focuses, in particular, on how the clean vagina is idealized by many participants in such a way that vaginal cleansing product use becomes a necessary beauty practice in removing vaginal odour, discharge, and menstrual blood. I show how the clean vagina is a powerful beauty ideal to the extent that some women rationalized and justified their use of vaginal cleansing products despite being aware of or experiencing negative health consequences associated with these products. Thus, I demonstrate how use of vaginal cleansing products is a beauty practice that some women feel pressured to perform within a society where vaginas are predominantly constructed as dirty, shameful, and inadequate.
DEDICATION

This dissertation is dedicated to all the strong women in my life who continue to inspire me. In particular, I dedicate this dissertation to my mom who is the strongest woman I know.
ACKNOWLEDGEMENTS

The completion of this dissertation was made possible with the support of several people. First, I would like to express my deepest gratitude to my advisor, Dr. Kieran O’Doherty, for his guidance and direction throughout this process. The unconditional support Kieran offered allowed me to develop and grow these past five years as an academic. I would also like to sincerely thank my dissertation committee members, Dr. Paula Barata and Dr. Kate Rossiter, for their valuable comments on this dissertation. I would like to offer a special thanks to Dr. Maya Goldenberg, Dr. Diana Parry, and Dr. Saba Safdar for serving on my defense committee. Also, I would like to thank the participants in this study who willingly shared their experiences with me. I am especially grateful to my family and friends for their love and guidance in the pursuit of this project. My heartfelt thanks goes to my friends Stephanie, Lan, Jennifer, Sharon, and Rachel, who have always been a major source of support. I would particularly like to thank my parents, Colleen and Kirk, my sister, Natasha, and my partner, Jeff, for their loving support and encouragement throughout this study. This accomplishment would not have been possible without them.
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1 Introduction

Vaginal cleansing products including douches, sprays, wipes, powders, washes, and deodorants are part of a 2 billion industry in North America (Nicole, 2014). Sales of vaginal wipes in particular are shown to be on the rise in Canada with women spending almost 6.8 million dollars on them in 2015 according to a Nielson Consumer Data Report. With vaginal cleansing product marketing targeting younger generations of women with messages of vaginal cleanliness and freshness, some of these products such as vaginal washes are gaining popularity (Boesveld, 2016). Despite this increased popularity, the majority of research that has explored vaginal cleansing practices has been conducted in the United States and much of this research has been limited to vaginal douching. While some recent publications have begun to shed new light on vaginal cleansing practices and behaviours among Canadian women from a quantitative (Crann, Cunningham, Albert, Money, & O’Doherty, 2018) and qualitative (Jenkins, Crann, Money, & O’Doherty, 2017; Crann, Jenkins, Money, & O’Doherty, 2017) perspective, there still remains a lacuna for understanding the reasons why women use vaginal cleansing products beyond douches. This research is important given findings that suggest some vaginal cleansing products such as vaginal wipes, douches, powders, sprays, may lead to significant health consequences including a higher risk of being susceptible to urinary tract infections, yeast infections, sexually transmitted infections, pelvic inflammatory diseases, bacterial vaginosis, and HIV (Crann, Cunningham, Albert, Money, & O’Doherty, 2018; Fashemi et al., 2013; Hickey, 2012; Martino, & Vermund, 2002; Rosenblatt et al., 2011). Some research also suggests a possible connection between the use of some vaginal cleansing practices and the disturbance of the vaginal microbiome leading to possible health risks (Crann, Cunningham, Albert, Money, &
O’Doherty, 2018; Hickey et al., 2012; Menard et al., 2010). For example, Menard et al. (2010) suggest intravaginal cleansing products such as douches disrupt vaginal flora which can lead to increased risks of contracting Human papilloma virus (HPV).

Although there is increasing medical literature to suggest these products are unsafe, vaginal cleansing product industries continue to market and sell these products to women. In some instances, these products are even marketed as beneficial to vaginal health and hygiene by suggesting they are gentle, safe, and gynecologically endorsed (see Summer’s Eve website). With these products being marketed as necessary to sanitize women’s bodies (Fahs, 2012) within a culture where vaginas are dominantly constructed as dirty and shameful, it is important to explore the role these products play in women’s experiences of the vagina and their bodies more broadly. Therefore, the present study aims to add to feminist literature on vaginal practices by exploring how Canadian women who use vaginal cleansing products construct, manage, and feel about their vaginas in relation to the messages they receive around vaginal health and hygiene.

In this dissertation, I take a cultural rather an anatomical approach to the word vagina. My use of the word vagina is therefore reflective of the cultural understandings of the word rather than medical and anatomical definitions (Rodrigues, 2011). Whereas the term vagina is defined medically as the canal that extends from the cervix to the women’s external genitals, lay talk does not necessary reflect this anatomical definition (Braun & Wilkinson, 2001). Rather, the word vagina in lay talk often refers to the female genitalia as a whole (Ardener, 1987). This was reflected in participants’ use of the word in this study who did not make reference to specific anatomical parts (vulva, labia majora, labia minora, pubic mound) but used the word vagina to
refer to women’s genitals more broadly. I use the cultural and lay understanding of the word 
vagina to therefore preserve and reflect participants’ use of this term.

Furthermore, for the purposes of this dissertation, my use of the term ‘vaginal cleansing 
products’ refers specifically to products beyond pads and tampons. This includes douches, 
sprays, wipes, deodorants, washes, and powders. While some researchers use ‘feminine hygiene’ 
as an umbrella term to include all products marketed for vaginal use, it is important to note that a 
distinction is made in this dissertation between feminine hygiene products (pads and tampons) 
and what I have termed as vaginal cleansing products (douches, sprays, wipes, deodorants, 
washes, and powders). This distinction is primarily based on how these products are marketed to 
women. While pads and tampons are marketed specifically for menstruation, products like 
douches, sprays, wipes, deodorants, washes, and powders are marketed for purposes beyond just 
menstruation. This marketing of vaginal cleansing products often focuses on broader notions of 
vaginal cleanliness and freshness and the necessity of these products at all times to maintain 
hygiene, not just when women menstruate. My use of the term vaginal cleansing products is 
therefore reflective of my focus in this dissertation on women’s use of products designed and 
marketed specifically for cleansing of the vaginal area.

1.1 Researcher Positionality

Given that my research is largely informed by a feminist agenda, it is important to outline 
what feminist commitments underpin this agenda and how I position myself in relation to 
broader feminist theory. My approach to feminism is informed by influential scholars that I was 
first introduced to as part of an undergraduate feminist course on the body at the University of
Waterloo. In reading works by Simone de Beauvoir (1952), Emily Martin (1992), and Adrienne Rich (1979), I began to understand how power and patriarchy were closely intertwined and intersected regarding women’s oppression. While power is not inherently sexist, it was through these works that I began to conceptualize power as something that has been harnessed to perpetuate women’s oppression as well as shape women’s experiences of their bodies. In particular, readings by Emily Martin (1992) informed my undergraduate thesis in which I explored how women’s experiences of menstruation reproduced broader cultural messages of this bodily function as messy, inconvenient, and in need of management. With further exposure to feminist literature throughout my master’s degree at York University and under the guidance of my supervisor, Dr. Alex Rutherford, I began to have a more critical awareness of the sexist language and ideologies that inform both contemporary and historical discourses. This includes research I conducted for my master’s thesis in which I examined how medical and psychological discourses from 19th and 20th century America constructed menstruation as debilitating and pathological.

Today my thinking around power and oppression continues to be influenced from this time but is also largely informed by feminist scholar Michelle Lazar (2009) who I draw on for my method of analysis for this dissertation. Lazar (2009) speaks about power as something that is dispersed and is acted out in talk and texts of everyday life. This power not only sustains oppressive relations and social structures but becomes invisible to the point where it is recognized as both natural and legitimate (Lazar, 2009). In reading Lazar’s (2009) work I explored in greater depth the relationship between power and patriarchy which she defines as “relations of power that systematically privilege men as a social group and disadvantage, exclude
and disempower women as a social group” (p.5). For example, this conceptualization of power and patriarchy led me to acknowledge the importance of critiquing discourses that at face value appear to empower women but in upon deeper scrutiny can be seen to contribute to women’s oppression. This includes recent Western media messages that draw upon concepts of female empowerment yet are removed from feminist politics of justice and social change (see chapter 3.3.2 Third Wave Feminist Theories for a more in-depth discussion regarding this).

This exposure to feminist literature that examines how talk and text sustain a patriarchal social order has increased my devotion to critiquing discourses that contribute to women’s subordination. As I explore in this dissertation, this includes consideration of how women’s bodies are constructed within Western culture as naturally dirty and shameful. This approach to critiquing dominant discourses further shapes my understanding of feminism and what it means to be a feminist. In particular, feminism to me means envisioning possibilities for social change and transformation to address the systemic oppression of women. For example, part of this social change and transformation includes creating alternative discourses that empower women. While there is variation in how notions like social change and transformation are conceptualized by different feminists, I envision them as moving beyond attaining equality for women within our current androcentric structures. My perspective on transformation aligns with Lazar (2009), who suggests that the ultimate goal for feminists is to achieve a “just society in which gender does not predetermine or mediate our relationships with others, and our sense of who we are or might become” (p.6). What particularly drew me to Lazar’s (2009) method of analysis of critical discourse analysis is that it allowed me to demonstrate in this dissertation how women’s experiences of vaginal cleansing products and their vaginas in general are significant elements in
women’s oppression (i.e. the personal is political). By making the private public, I was able to advance my feminist agenda of giving visibility to a topic that isn’t well researched or talked about within our society.

In positioning myself with respect to this research, it is also important to write about my personal interest in the topic of vaginal cleansing products. In particular, my interest in researching women’s use of vaginal cleansing products stems directly from my feminist perspective in promoting women’s health and well-being. This interest emerges from the previous research I conducted on women’s health for my undergraduate thesis and master’s thesis as mentioned previously. This project is also important to me as a researcher and a woman because my life experience aligns with the population of women that I interviewed. I am similarly exposed to societal norms that dictate expectations of feminine bodies that insinuate to women their bodily processes need to be controlled and regulated. In addition, taboos continue to exist in society around women’s bodily process including menstruation (Delaney et al, 1988), vaginal odour, and vaginal discharge that perpetuate themes of women’s bodies as being biologically disadvantaged and self-polluting (Kane, 1990). The merger of my roles as a woman, as an academic, as a feminist and as a researcher were used as a guide in understanding the connections between women’s bodies, societal and cultural expectations of vaginal cleanliness, and corporate/media messages around vaginal health and hygiene.

My interest in this project also stems from concerns around feminine and vaginal cleansing products being marketed to women who may be unaware of potential adverse health effects. Some feminist organizations, such as the non-profit Women's Voices for the Earth (WVE),
question Food and Drug Administration (FDA) standards around the marketing of feminine and vaginal cleansing products which often do not list ingredients on packaging due to their classification as medical products (Nicole, 2014). This poses a concern due to the number of women who use these products. For example, vaginal douching is performed by almost 25% of women in the United States despite recommendations by the American Public Health Association and the Office of Women’s Health who strongly discourage douching practices unless medically advised (Cottrell, 2010, APHA, 2007, OWH 2012). Yet, corporations continue to market such products under pretenses that they are (i) beneficial to women’s health by labelling products as ‘dermatologist and gynaecologist tested’ and (ii) contributing to women’s hygiene by marketing the products as promoting outcomes of feeling ‘clean’ and ‘fresh’. As an applied social psychologist and feminist scholar, it is important for me to question societal norms that perpetuate gender inequality and the corporations that reproduce them.

In being reflexive of my role as a feminist scholar, I also acknowledge how my perspective, positionality, and background shapes the knowledge that is being produced (Braun & Clarke, 2013). In particular, I am coming from a heterosexual perspective which can contribute towards what Virginia Braun (2000) describes as a heteronormative bias in research. Braun (2000) describes heteronormativity as the often taken-for-granted norms of sex and sexual relationships. Within research, this heteronormative bias can be problematic for many reasons because the researcher’s perspective is then limited to considering issues being discussed from a heterosexual perspective. This can include a lack of sensitivity to how a heteronormative bias can influence aspects of research such as how questions are formulated, how data is interpreted, and the types of theories drawn on. Braun (2000) specifically notes that when the topic being
researched is heavily heterosexualized, it is the responsibility of the researcher to be particularly attuned. This includes considering ways to limit heteronormative assumptions in research practices by challenging heterosexist discourses (Braun, 2000).

In relating this to my own research I am cognizant of how, as a heterosexual woman, I may have implicitly silenced and/or alienated non-heterosexual participants from sharing their experiences as bisexual, lesbian, and asexual women. As noted in my methodology section (see 4.3 Recruitment and Procedure), I practiced the feminist principle of self-disclosure during the interviews. Given that several participants in this study did not identify as heterosexual, I may have limited the type of data I collected by inadvertently imposing my heterosexual identity during the interview. As a result, it is possible that some women may have been uncomfortable or reluctant to share their experiences. Furthermore, in analyzing my data I may have unintentionally overlooked subtleties within excerpts that present alternative accounts to heteronormative constructions of the vagina. For example, Braun (2000) notes that there is often a heterosexist bias within our society in how we define the sexual function of vaginas as limited to penile penetration. This may have further influenced the types of theories I drew on or perhaps excluded in this dissertation. For example, I did not draw on queer theory or feminist critiques of heterosexism in my work which may have provided different interpretations of my data. Rather, the theories I drew on primarily theorized feminine beauty ideals as the desire some women have to seek approval from men (e.g. Barkty, 1990).

In consulting work by scholars like Virginia Braun (2000), I have become aware of the subtle heteronormative bias that is prevalent in my research and the role it has played in my
interpretation and production of knowledge. However, critically reflecting on how my role has shaped the knowledge in this dissertation is only one part of a bigger journey in discovering who I am as a researcher and understanding the relationships I have to the topics I research. It is through this reflexive journey that I am beginning to have a deeper appreciation of how we as researchers need to be sensitive to our role in the research process and to the knowledge that we produce (Palaganas, Sanchez, Molintas, & Caricativo, 2017).

1.2 Organization of the Dissertation

Following this introduction, Chapter 2 explores feminist literature related to social and cultural representations of the vagina. I connect this to literature that further explores vaginal cleansing products and practices from a historical, marketing and, medical perspective. In Chapter 3, I provide an overview of how the female body has been theorized with a particular focus on embodiment theories and women’s agency. In Chapter 4, I provide a description of my research methods including research procedures, participants, ethics approval, interview protocols, and method of analysis. In Chapters 5, 6, and 7 I present my analysis. Chapter 5 examines the three different portrayals of the vagina I identified in participants’ accounts: Healthy, Clean, and Dirty. I show how the clean vagina is idealized by participants such that vaginal cleansing products are viewed as a necessary practice. In Chapter 6, I show how women experience pressures in needing to attain a clean vagina. I demonstrate how these pressures have become internalized for some participants who experience feelings of shame, embarrassment, and self-consciousness about their vaginas. In Chapter 7, I show how the clean vagina is a powerful beauty ideal to the extent that some women rationalize and justify their use of vaginal cleansing products despite being aware of or experiencing negative health consequences
associated with these products. Finally, in Chapter 8, I discuss the findings of my thesis and identify strengths, limitations, and suggestions for future research studies.
2 Background on the Vagina and Vaginal Cleansing Products and Practices

In this chapter I provide an overview of the vagina with a particular focus on vaginal cleansing products and practices. Drawing on feminist and medical literature, the aim of this chapter is to provide context on sociocultural representations of the vagina, the history of vaginal cleansing products and practices, how these products have become part of a growing beauty industry in Western society, and what current recommendations are within medical literature on the use of vaginal cleansing products. This chapter is therefore divided into the following sections 1) Societal and Cultural Representations of the Vagina 2) A Historical Overview of Vaginal Cleansing Practices and Products, 3) Vaginal Cleansing Product Marketing and the ‘Flawed’ Vagina and 4) Medical Research on Vaginal Cleansing Product Use.

2.1 Societal and Cultural Representations of the Vagina

Sociocultural representations of the vagina are varied, paradoxical and pejorative, both historically and today (Braun, 2009). Informed by the internet, television, magazines, and myths, the study of these representations helps provide an understanding of the meanings that have been associated with the vagina within Western culture. Drawing on representations of the vagina as shameful, dangerous, objectified, and hairless, I illustrate how the examination of these portrayals shed light on an aspect of women’s bodies that is often viewed as taboo.

2.1.1 The Shameful Vagina

Female genitals have been considered shameful for centuries in Western culture (Braun, 1999; Braun & Wilkinson, 2001) due to portrayals of vaginas as dirty and polluting (McKee et al., 2009; Seidman, Fischer, & Meeks, 2006). This shame surrounding women’s genitalia is
argued by Ensler (2008) as problematic to the degree where the word “vagina” has become the “most isolated, reviled, word in any language” (p.74). Perceived as a publicly forbidden word, the vagina represents a buried and dishonored part of the female body (Ensler, 2008). Braun (1999) notes that shame is associated with the vagina from a young age for girls who are taught non-specific and inaccurate terms when referring to the vagina. This is problematic as it can lead to situations where women are not knowledgeable about their own genitals. For example, some studies have shown women hold beliefs that they urinate from their vagina rather than from their urethra (Braun, 1999; Friday, 1996; Gartrell & Mosbacher, 1984; Rosenbaum, 1979).

Furthermore, in a recent survey completed by 1,000 British women who were asked to label different parts of the reproductive system, 44 percent were unable to identify the vagina on a medical illustration (The Eve Appeal, 2016). Men have similarly had challenges in labelling medical diagrams of the vagina. In a study conducted with 236 college students in the United States 80 percent of men were unable to locate the vagina on a diagram (Volck, Ventress, Herbenick, Hillard, & Huppert, 2013). In this same study, 74 percent of men were also unable to identify the cervix. The difficulty men and women had in visually identifying the different aspects of women’s genitals may reflect the shame and subsequently absence of vaginas not only verbally but physically within Western culture. For example, this includes dolls and barbies whose sexual organs are missing (Bignell, 1998).

The secrecy surrounding the vagina as a hidden body part (Heberle, 2016) is yet further indication of the shame surrounding women’s genitalia and why certain aspects of it are concealed from a public (i.e. male) domain. This includes aspects of the vagina such as discharge and menstruation that are viewed as ‘undesirable’. Roberts, Goldenberg, Power, and Pyszczynski
(2002) argue that due to secrecy and concealment around female bodily functions such as menstruation which serve to keep women’s bodies out of the public eye, idealized images of women’s bodies as deodorized and sanitized become the only images we encounter and accept. The ‘Panty Challenge’ trend is one demonstration of how social media has been used to present these idealized images. Started by a woman in the United States in 2016, the Panty Challenge encourages women to post and share images of their clean and stain free underwear to social media as proof that they don’t have vaginal discharge. Although the Panty Challenge has since been challenged by many women who argue discharge is a normal and healthy aspect of the vagina, secrecy and shame around certain aspects of the vagina continues to shape how some women view their genitalia. For example, in a mixed-method study conducted by Fudge and Byers (2017), many women described their genitals as “gross” in discussions about the shape and size of their vaginas. Eagly, Beall, and Sternberg (2004) note that in comparison to men, women have higher rates of body dissatisfaction which partly stems from the socialization of girls to view their bodies as flawed. Women’s bodies being aligned with devalued and inferior social roles further contributes to women viewing their bodies in negative and shameful ways (Calogero, & Thompson, 2010; Martin, 1992; Roberts, Goldenberg, Power, & Pyszczynski, 2002).

2.1.2 The Dangerous Vagina

The vagina has also been represented as something to be feared and this is often manifested in mythological conceptions of the dangerous vagina. For example, the dangerous vagina has often been represented historically through the motif ‘vagina dentata’, a vagina filled with rows of sharp teeth (Beit-Hallahmi, 1985; Gulzow & Mitchell, 1980; Otero, 1996).
Described as a “devouring mouth” (Erikson, 1968, p.267), this motif can be found around the world (Beit-Hallahmi, 1985). For example, the Maori in New Zealand have legends about the Goddess of Death as having a mouth “that [is] of a barracuda, and in the place where men enter her she has sharp teeth of obsidian and greenstone” (Alpers, 1964, p. 111). The dangerous vagina continues to be represented in popular culture. For example, contemporary films such as Teeth (2007), based upon the premise of a woman who develops vaginal teeth and castrates men during sex, further portrays female sexuality as a threat to men (Galvin, 1994). This threat suggests women’s sexuality needs to be controlled and regulated for fear of destabilizing heterosexual patriarchal regimes (Gohr, 2013).

Connections between the dangerous vagina and women’s sexuality extend back to the late 18th century when physical features such as large labia were associated with the deviant “sexually insatiable female” (Querna, 2008, p.59). Women with “overly” long labia in particular were largely viewed as dangerous to society because they challenged ideals of female modesty and self-containment. To avoid being perceived by others as threatening, women were expected to practice docility and demureness (Querna, 2008). Women today are still expected to practice these traits, with female sexuality often linked to deviancy, dirt, and contamination. Although this is not universally true of all Western culture, there is a view that women are ‘tainted’ if they have multiple sexual partners (Valenti 2009). The idea that their genitalia are also ‘smelly’ because of this behaviour emphasizes the supposed dirtiness and impurity of women’s bodies. As such, women’s bodies become viewed as greater threats to society. This is not true for men whom Valenti (2009) argues are praised for the number of sexual partners they have. Thus, with cultural expectations of women needing to be ‘pure’ and ‘clean’, Valenti (2009) argues that
women are punished when they diverge from this ideal by being portrayed as ‘dirty’, ‘used’ and sexually deviant.

Some feminists argue that these portrayals of vaginas are harmful because they carry negative implications for women. For example, Gohr (2013) argues that these portrayals are used to uphold gender norms and justify violence against women. Indeed, Gohr states that images such as the vagina dentata fuel mistreatment of women because they imply men need to subdue and control women’s sexuality. Rejecting these representations is therefore important in deconstructing the vagina as a “threatening, all-consuming, deviant monster” (Gohr, 2013, p.41).

2.1.3 The Objectified Vagina

Gill (2007) argues that as a result of the proliferation of sex and sexuality across all forms of media there is a greater sexualization of women and girls. Attwood (2009) describes this culture of sexualization as “the ways that sex is becoming more visible in contemporary Western culture” (p.xiii). As a result, ‘pornified’ and sexualized images of women are argued by Woodward and Woodward (2009) as being culturally visible. This includes increased exposure to female genitalia produced by the pornography industry which are “styled by men for men” and bear “scant resemblance to the varying beauty of unadulterated vaginas” (Blackledge, 2013, p.56). As a result, Gosse (2008) states that representations of female genitalia in pornography present a homogenous image of strictly groomed vaginas. This includes what McDougall (2013) describes as a “smooth” vagina that has no external anatomy visible.

Some feminists have raised issues with images of the vagina within pornography because they have negative implications for women. This is largely due to pornography informing
unrealistic idealized images of vaginal beauty. For example, Wolf (2012) notes that these images of women in porn distort women’s perceptions of their own vaginas because they present unrealistic ideas of what vulvas should look like. In fact, Gosse (2008) argues that representations of vaginas in pornography are increasingly being understood as normal and an accurate representation of what female genitalia should look like. Wolf (2012) notes that despite natural variation in the symmetry of women’s labia being common, many women view this as unusual or even feel their vaginas are deformed. Consequently, she notes many women desire the neat and symmetrical labia of porn models even though many of these models have had their genitalia reconstructed surgically. In particular, Gosse (2008) states that women in pornography sometimes alter their labia through surgical means to attain “normal” lengths.

Women are further exposed to unrealistic images of vaginas due to increased mainstreaming of the sex industry and female nudity through the internet. With images of female bodies often being airbrushed online to fit feminine ideals (Green, 2005, as cited in Schick, Rima & Calabrese, 2011), women who view these images are left feeling dissatisfied with their own bodies and for some end up seeking surgical modification. This includes women seeking a “standardized, pre-pubic genital appearance, namely Barbie-doll look” (Barbara, et al., 2017, p.514; Braun & Wilkinson, 2001; Schick, Rima, & Calabrese, 2011; Tiefer, 2008). With procedures such as “designer vaginas” that promise to give women perfect and tight genitalia, cosmetic surgeons have contributed to ideas that vaginas are inadequate (Gosse, 2008, p.1). Furthermore, the increasing number of procedures to modify the vagina including “vaginoplasty (tightening of the vaginal muscles), labiaplasty/labiplasty (labia minora reductions), labia majora “augmentations,” (tissue removal, fat injections), liposuction (mons pubis, labia majora),
vaginal tightening (fat injections, G-spot “amplification” - collagen injected into the “G-spot” which swells it), and hymen reconstruction (intended to restore the appearance of virginity)” create a climate where women are increasingly pressured to alter their genitalia (Gosse, 2008, p.63).

2.1.4 The Hairless Vagina

Some media institutions such as provocative fashion marketing have further cultivated an image of a vagina that is hairless as desirable, feminine, and clean. Since the mid 1990s, pubic hair removal has become a popular and growing phenomenon among women who face pressure to trim or entirely remove pubic hair (Terry & Braun, 2013). Labre (2002) calls this fad of pubic hair removal part of the “Brazilian wax phenomenon” (p.114), a procedure beginning in 1994 that completely removes all hair from the genital region. Fashion magazines and shows such as Sex and the City have popularized the Brazilian wax as a way for women to be sexually empowered and attain a “clean” look (Kelly & Hoerl, 2015; Labre, 2002, p.114). For example, magazines such as Cosmopolitan and Glamour teach women and provide advice around waxing, shaving, and what women should expect when they receive their first Brazilian wax treatment (Kelly & Hoerl, 2015). Hair removal procedures are further endorsed by celebrities such as Gwyneth Paltrow, Naomi Campbell, Kim Kardashian and Vanessa Williams who openly discuss these practices in public. Given that some of these celebrities have reality televisions shows, many girls and women are exposed to these media programs that cultivate the idea that pubic hair removal is desirable (Kelly & Hoerl, 2015).
Labre (2002) argues that certain websites, in particular, have contributed to depictions of the hairless vagina as part of the idealized female body. For example, Labre (2002) discusses how online articles and blog posts encourage women to remove pubic hair to feel clean and sensual. Webpages for beauty salons further market their services for hair removal as promoting beliefs that hairlessness is attractive for women. As a result, these representations of the hairless vagina have become normalized within our society to the point where pubic hair removal is a common practice among women to attain what is perceived as a clean appearance (Terry & Braun, 2013). For example, pubic hair removal practices are suggested by some feminists as becoming normative behaviour for women in producing an acceptable femininity to the extent that it goes unquestioned (Tiggemann & Kenyon, 1998). Labre (2002) argues that although complete removal of pubic hair is associated with cleanliness in Western culture, the removal of pubic hair does not increase cleanliness and may actually contribute to infection. In fact, some research suggests that pubic hair removal is not healthy and can have detrimental effects by increasing skin irritation as well as internal and external skin infections (Trager, 2006). And yet, women who do not partake in this practice and who do not remove body hair are subjected to being categorized as other in Western culture. Women’s body hair removal practices have become a marker of gendered social control with women who choose not to remove body hair (Toerien & Wilkinson, 2003) being described as less sexually attractive, happy, intelligent, social, positive or happy compared to hairless women (Basow & Braman, 1998).
2.2 A Historical Overview of Vaginal Cleansing Practices and Products in Western Culture

Vaginal cleansing products, including douches, wipes, sprays, deodorants, powders, washes, and suppositories are personal care products designed for vaginal cleansing around/in the vulva and vagina. These products are different than pads and tampons as they are advertised deliberately for vaginal hygiene purposes beyond menstruation. Often focusing on vaginal cleanliness and even health, these products claim to address problems of vaginal odour, discharge, pH imbalances, and unwanted bacteria (for example see Summer’s Eve). Within Canada, these over-the-counter products are marketed under the label of ‘cosmetics’ and are easily accessible for women to purchase at pharmacies, grocery stores, and online retailers (Government of Canada, 2017). Although these products are easily accessible, there have been an increasing number of medical studies examining the implications of vaginal cleansing products on the vagina which suggests some of these products may negatively impact women’s vaginal health (Fashemi et al., 2013). In examining women’s use of vaginal cleansing products today, it is important to situate these products historically in understanding how the development of these products stems from a longer history of practices related to women’s vaginal health and hygiene.

While vaginal cleansing products are a fairly new cultural phenomenon in North America, having been introduced to the consumer market in the 19th century, certain vaginal cleansing practices are centuries old. Vaginal douching practices, in particular, have an extensive history with records of douching dating back to ancient times (Martino, Youngpairoj, & Vermund, 2004; Sarch, 1997). Defined within medical literature as the practice of internally
inserting a stream of fluid into the vaginal cavity, douching is often performed with various ingredients and for different reasons (Grimes, Fagerberg, & Smith, 2014). Historically, women in Ancient Egypt used natural ingredients for douching such as honey, acacia, sodium carbonate, herbs, flowers, plant roots, and rice water as methods of contraception (Baki & Alexander, 2015). Along with beliefs that douching prevented pregnancy, mixtures of garlic with wine and vinegar with water were also used by Ancient Egyptian women as remedies for vaginal infections and removing menstrual blood (Harris & Caskey-Sigety, 2014).

Douching practices continued into the Medieval ages with vaginal fumigation being medically prescribed by physicians to women (Blackledge, 2004). This treatment, consisting of the vaginal area being exposed to hot steam from water being boiled with herbs, was believed to heal yeast infections, menstrual cramps, cervical tumors, and urinary tract infections (Harris & Caskey-Sigety, 2014). Vaginal douching with chemicals such as alum was also performed in Medieval Europe due to beliefs that women could attain tighter vaginas in this way (Harris & Caskey-Sigety, 2014). Concerns relating to vaginal tightness during this time are argued by Harris and Caskey-Sigety (2014) as stemming from a culture in which female virginity was a commodity and “slack” vaginas were reflective of immoral women. Douching with alum continued to be practiced by women throughout the 16th, 17th, and 18th centuries according to Harris and Caskey-Sigety (2014).

However, it wasn’t until the commercialization of vaginal douches in 19th century United States that douches not only became more widely available to women but also more popular. Commercialized vaginal douches in the 19th century soon became endorsed by physicians who
prescribed them as a method of contraception for women (Chandrakar, 1981; Ferranti, 2009). These early commercialized douching products often contained homeopathic ingredients found in apothecaries and were sold by doctors as well as entrepreneurs who aimed to profit from selling douches directly to women (Ferranti, 2009). Aside from advocating douching as a form of contraceptive, douches were also recommended to restore a woman’s health, prevent ailments, promote vaginal cleanliness, and improve female sexual pleasure (Ferranti, 2009). However, once the Comstock Law passed in the United States in 1873 which prohibited physicians from discussing contraception with their patients, douching was no longer recommended as a form of birth control by medical practitioners (Kane, 1990; Tone, 2001). The implementation of the Comstock Law further resulted in the banning of contraceptive advertisements more broadly such as in general-interest magazines (Balter, 2000). This led to companies who sold douches to seek alternative means of selling their products while still promoting douching as a method of contraception. Companies managed to circumvent the Comstock law and continue to advertise douching products as contraceptives in the early 20th century by eliminating overt references to contraception and marketing their products instead under the euphemism ‘feminine hygiene’ (Hall, 2012).

Although companies who sold douches used the term ‘feminine hygiene’, the intended uses of douching products as forms of contraceptives were not lost on public consumers. Within Canada and the United States, Lysol Disinfectant became the first product to be sold as an over-the-counter contraceptive in the 20th century under the label of ‘feminine hygiene’ (Hall, 2012). This product proved to be highly successful commercially during the 1920’s and 1930’s (Hall, 2012). This success was partly due to douching advertisements filling a demand for women who
were seeking information about birth control which physicians were unable and unwilling to provide due to legal reasons (Mosher, 1980; Dawson, Meny, & Ridley, 1980). Even though douching was not very effective in preventing pregnancy, it soon became the preferred method of contraception for women who Ferranti (2009) notes had increasing desires to regulate fertility. However, with the development of other more effective forms of birth control including the diaphragm and male condom in the United States, the use of douches began to decline and according to the National Fertility Survey was ranked fourth in 1955 as a means of contraception (Westoff & Ryder, 1967). The emergence of the female birth control pill on the market further reduced the number of women choosing to use douching as a method of preventing pregnancy (Ferranti, 2009). As a result, advertisers resorted to new marketing strategies as a way to promote novel uses of douches for women beyond contraception. These strategies included advertising new ‘needs’ for consumers while marketing douches as a solution to these needs (Vinikas, 1992). Douches and other feminine cleansing products thus began to be heavily marketed for their cosmetic and aesthetic purposes including vaginal deodorization, cleanliness, and freshness (Ferranti, 2009). This form of marketing continues to predominate vaginal cleansing product advertising today as I explore next.

2.3 Vaginal Cleansing Product Marketing and the ‘Flawed’ Vagina

Vaginal douching remains a popular practice today and is part of a multimillion-dollar industry. According to a Nielsen Consumer Data Report Canadian women spent 1.2 million dollars on douching products in 2016 (Boesveld, 2016). Research conducted by the United States Department of Health and Human Services (2015) helps provide some perspective around the prevalence of douching in North America. Based on a report released by this department in 2015,
one in four women between the ages of 14 and 44 douche regularly in the United States (Office on Women’s Health in Department of Health and Human Services, 2015). When comparing these statistics to a report produced by the same Department of Health and Human Services from 2005 which noted 20 to 40 percent of women aged 15 to 44 douche regularly, douching practices have not significantly changed over the past decade. Beyond douches, other vaginal cleansing products are gaining popularity with reports stating Canadian women spent 6.7 million on vaginal wipes in 2015 (Nielsen Consumer Data Report, 2016). Research conducted by the Vaginal Microbiome and Group Initiative (VOGUE) also provides new insights into how common vaginal cleansing product use is by Canadian women based on a survey completed by 1435 women living in Canada on their vaginal practices and behaviours. From this study they found over 95% of their sample reported using at least one vaginal cleansing product in or around their vaginal area (Crann, Cunningham, Albert, Money, & O’Doherty, 2018). Commonly reported reasons for why women use vaginal cleansing products in women’s health literature include attaining feelings of cleanliness, addressing vaginal symptoms such as odour or itchiness, avoiding pregnancy, treating ailments as opposed to visiting a doctor, and preventing sexually transmitted infections (Annang, Grimley, & Hook, 2006; Arbour, Corwin, & Salsberry, 2009; Brotman et al., 2008; Brown et al, 2016; Carter et al., 2013; Cottrell & Close, 2010; Ekpenyong, Daniel, & Akpan, 2014; Funkhouser et al., 2004; Hilber, 2014; Jenkins, Crann, Money, & O’Doherty, 2018; Lees et al., 2014; Mandal, Raina, & Balodi, 2014; Ness et al., 2003; Theroux, 2002).

The financial success of these products is argued by Stewart (2014) to be based in part on feminine and vaginal hygiene/cleansing companies using cultural scripts of the female body as
unclean to sell their products. Since vaginal products have become associated with vaginal cleanliness, corporations today continue to take advantage of this association to sell products to women by using words like clean and fresh for product descriptions and even within product names (e.g., Femfresh, RePHresh) (Jenkins, Crann, Money, & O’Doherty, 2018). This focus on cleanliness and freshness in advertisements for feminine and vaginal cleansing products is argued by Kane (1990) to be a key contributor of an ‘ideology of freshness’ for women’s bodies. This ideology is stated by Kane (1990) as part of an aim to “define the female body, construe its polluting effect, and prescribe rituals of purification” (Kane, 1990, p. 82). With female bodily fluids such as menstrual blood portrayed as dirty, embarrassing, and uncontrollable, advertisers for feminine and vaginal cleansing products emphasize cleanliness, freshness, secrecy (Houppert 1999, Merskin 1999). These products enable women to feel ‘clean and fresh’ while keeping their bodily functions hidden (Chrisler, 2010). For some women, concealing menstruation through the use of feminine and vaginal cleansing products has become a necessity (Jenkins, Crann, Money, & O’Doherty, 2017. For example, in some studies women have described feelings of anxiety and stress if regular douching is not performed due to feelings of inherent vaginal uncleanliness particularly after menstruation (McKee et al., 2009, Lichtenstein & Nansel, 2001). These feelings of uncleanliness are noted by Johnston-Robledo and Chrisler (2013) as stemming from social stigma around menstruation which reinforces constructions of menstrual blood as unclean, unfeminine and contaminated. In addition, these negative constructions are extended to other female bodily functions and processes including vaginal secretions and vaginal odour (Kama & Barak-Brandes, 2013). While male bodies similarly produce fluids, women’s bodies are
subjected to a discourse that constructs their bodies as unclean, problematic, and ultimately inadequate (Braun, 2010; Crann, Jenkins, Money, & O’Doherty, 2017; Fahs, 2014).

Some companies capitalize on cultural messages that suggest women’s bodies are inherently flawed as a way to sell products that claim to enhance, repair, normalize, and improve women’s bodies (Stewart, 2014). Using concepts relating to self-improvement to sell products to women however is not new and is noted by Schweitzer (2005) as having been an effective method of marketing during the early 20th century in the United States. For example, Schweitzer (2005) states fashion and beauty corporations during this period utilized messages of self-improvement by associating products with revered stage actresses. This association emphasized the idea that the ‘average’ woman could emulate beautiful actresses through product use while also encouraging the sentiment that every woman has “the right, the capacity, and the obligation to make herself as beautiful as possible” (Schweitzer, 2005, p.257). According to Schweitzer (2005), this sentiment further implied that women could only reach their full potential if they incorporated new products and practices into their daily beauty regimes. By associating products with actresses, companies benefited financially, had greater influence on female fashion and beauty, and were able to establish a larger consumer base by instilling messages of female self-improvement (Schweitzer, 2005).

Companies producing vaginal and feminine hygiene/cleansing products have similarly incorporated concepts of female self-improvement along with social norms of bodily cleanliness in their advertisements. Advertisements that draw upon these concepts often present vaginal and feminine hygiene/cleansing products as necessary for women to attain an ideal state of vaginal
freshness (Barak-Brandes, 2011; Kane, 1990). This ideal state of vaginal freshness is an absence of vaginal odour and discharge which is suggested as necessary if women want to be attractive to others such as romantic partner (Kane, 1990). Advertisers therefore use specific tactics to convince women to purchase vaginal and feminine hygiene/cleansing products that are often unnecessary (Kama & Barak-Brandes, 2013). Other advertising tactics include inducing body shame, presenting vaginal odour and menstruation as offensive to others, and offering vaginal and feminine hygiene/cleansing products as solutions to what are presented as unpleasant problems (Cotte & Richie, 2005, Kama & Barak-Brandes, 2013). As a result, women are increasingly becoming socialized to not only view their bodies with shame but to continually evaluate, assess, and monitor their bodies (Johnston-Robledo et al., 2007). Beyond vaginal and feminine hygiene/cleansing products, diet products, make-up, and cosmetic surgery are just several examples of products and services from which industries continue to profit by exploiting these cultural depictions of women’s bodies as being inherently flawed (Tong & Botts, 2017; Zoodsma, 2012). Companies producing vaginal cleansing products therefore profit from women’s insecurities. This raises economic concerns as women are encouraged to spend money on products that are not needed for vaginal health and hygiene according to current medical research on these products (discussed in further depth in the next section).

2.4 Medical Research on Vaginal Cleansing Product Use

There is medical evidence to indicate that some vaginal cleansing products have been associated with health risks. Some of this research extends back to the 1960’s when vaginal douches and sprays were first commercialized. This includes a vaginal deodorant spray introduced in the United States in 1966 that was associated with adverse health effects due to the
inclusion of an antibacterial agent (hexachlorophene) (Ferranti, 2009). Medical studies that have looked at the use of hexachlorophene in cosmetics have reported dangerous side effects including nausea, vomiting, spasms, and more severe cases of coma and death (Woot, Weyland, & Nater, 1994). However, it wasn’t until this ingredient was added to baby powder and resulted in 30 infant deaths in France that the Food and Drug Administration (FDA) in the U.S. banned the use of hexachlorophene in cosmetics in 1971 (Ferranti, 2009).

In addition, over-the-counter douches have had a long history of being linked to adverse health effects based on medical literature yet are still available and widely sold throughout Canada and the United States. Adverse side effects from douching have included infections, cervical cancer, increased risks of cervicovaginal human papillomavirus infection (HPV), preterm pregnancy, ectopic pregnancy, decreased fertility, upper genital tract infections, bacterial vaginosis, and endometriosis among others (See the following studies for examples of medical research conducted over the past three decades that indicates adverse health outcomes as a result of vaginal douching; Bui, et al., 2016; Cottrell, 2010; Chow, Daling, Weiss, Moore, & Soderstrom, 1985; Forest, Washington, Daling, & Sweet, 1989; Gonzalez, O’Brien, D’Aloisio, Sandler, & Weinberg, 2016; Martino & Vermund, 2002; Wolner-Hanssen et al., 1990; Yanikkerem, & Yasayan, 2016; Zhang, Thomas, & Leybovich, 1997).

Emerging medical research further provides evidence that some vaginal cleansing products are harmful to vaginal health. In particular, vaginal powders, lubricants, and deodorant sprays may lead to a higher susceptibility to sexually transmitted infections (STIs), urinary tract infections, pelvic inflammatory diseases, human immunodeficiency virus (HIV) infection,
bacterial vaginosis, and an increased risk of ovarian cancer (Crann et al., 2018; Fashemi et al., 2013; Hickey, 2012; Martino, & Vermund, 2002; Rosenblatt et al., 2011). Other medical research exploring the implications of vaginal cleansing products and vaginal health has provided evidence to suggest that some of these products, in particular douches, may disrupt the vaginal microbiome and lead to increased susceptibility to sexually transmitted diseases, bacterial vaginosis, cervical cancer, cervicovaginal human papillomavirus infection (HPV), pelvic inflammatory diseases, and HIV (Fashemi et al., 2013; Hutchinson, Kip & Ness, 2007). This is partly due to some vaginal cleansing products, especially those used for intra-vaginal cleansing, stripping the vaginal cavity of healthy bacteria and mucous (Fashemi et al., 2013; Gonzalez, O’Brien, D’Aloisio, Sandler, & Weinberg, 2016; Grimes, Fagerberg, & Smith, 2014).

Current medical recommendations within North America suggest that women should not use internal cleansing products because they are dangerous to women’s vaginal health. While there are no recommendations yet on the general use of all vaginal cleansing products, specific products including douches and scented deodorants have been identified as products that women should avoid. For example, according to the Canadian Women’s Health Network (2014) vaginal douching and the use of scented deodorants are not recommended for women because they are unnecessary for vaginal cleansing and may cause irritation. These recommendations are consistent with those of other medical organizations including the United States Office of Women’s Health (2018). While it is noted in the medical literature that the genital area should be kept clean because it is important for women’s reproductive health, excessive cleansing procedures such as internal vaginal cleaning using soap or certain over-the-counter products, should be avoided because they can disturb the vaginal flora (Hamed, 2015). These
recommendations are further substantiated by research that suggests that vaginal discharge and odour are healthy and normal for women (Beckmann et al., 2010; Bro, 1993; deWit & Kumagai, 2014). While it is important to note that some forms of vaginal discharge and odour can be indicators of infection, the presence of vaginal secretions is typically representative of women in good physiological health (Mitchell, 2004; Spence & Melville, 2007).

Despite increasing medical research that is conducted on the harmful effects of vaginal cleansing products, the market for vaginal cleansing products continues to grow and profit within North America (Boesveld, 2016; Nielsen Consumer Data Report, 2016). Part of this growth may be a result of women’s perceptions of vaginal cleansing products such as douches being safe due to their widespread availability in stores (Kendrick, 2006). Advertisers of vaginal cleansing products may therefore use this to their advantage by suggesting that these products are not only safe but necessary for vaginal health and hygiene in controlling unpleasant vaginal excretions. This approach in advertising is problematic as it places women’s vagina health at risk. In a culture where women are told they are not good enough and need to modify their bodies to be acceptable, Stewart (2014) argues women are susceptible to corporate violence. She describes corporate violence as a form of gender-based violence against women where corporations place profit above considerations of health consequences for women. This is especially disconcerting given that many products marketed towards women are designed around improving health. Products such as silicone gel breast implants, the diet drug Fen-Phen, and the Dalkon Shield intrauterine device (IUD) are several examples Stewart (2014) identifies that have inflicted harm upon women’s bodies. Stewart (2014) suggests that these examples reflect the devaluing of women within our culture in comparison to corporate goals of profitability. This concept of
corporate violence could apply to companies producing vaginal cleansing products given these products are still being marketed despite an extensive medical research reporting adverse health effects for douches as well as other vaginal cleansing products.
3 Theorizing the Female Body

In this chapter I explore feminist theories of the body that guide this dissertation. I start by providing an overview of social constructionism and discuss how some feminist scholars have used this approach to understand how women’s experiences of their bodies are shaped by societal discourses. I then explore embodiment theories with a specific focus on abjection, beauty work, and tensions in how women experience their bodies. I further explore theories around women’s agency in relation to body practices. I conclude this chapter by situating the current study within this work and discussing how these approaches and theories will inform my analysis.

3.1 Social Constructionism and the Body

Social constructionism has been defined as a theory, position, approach, movement and theoretical orientation. Therefore, individuals who identify themselves as social constructionists may share nothing more than a slight resemblance (Burr, 2003). Within social constructionism, tensions and conflicting arguments exist due to the various backgrounds that influence social constructionism including psychology, anthropology, philosophy, and sociology among others (Danziger, 1997). However, several principles have gained a general consensus in social constructionism among the writers from these diverse disciplines. These underlying principles include a critical stance, an emphasis on social processes, agreement around the inextricability of knowledge and action and an understanding of language as historically and culturally situated (Burr, 2003).
The first of these principles is a critical stance towards taken-for-granted knowledge. This requires an understanding of how knowledge is fluid and emerges from practice thereby placing social constructionism in opposition to positivism and empiricism which assume ‘facts’ can be discovered through objective observation (Cromby & Nightingale, 1999). A social constructionist approach questions the assumptions we uphold around natural categories in society. For example, ‘male’ and ‘female’ represent categories that have been challenged from a social constructionist perspective (Butler, 1993; Marecek, Crawford & Popp, 2004; West, & Zimmerman, 1987). In particular, social constructionists argue that gender is not fixed or biological but rather a concept that is created and shaped by historical and cultural contexts. Gender as a category is always shifting and redefined throughout different societies and historical periods. Social constructionists are therefore often concerned with the meaning that is attached to gender and how it is used to categorize groups of people (Kang, Lessard, Heston, & Nordmarken, 2017). For example, this includes how norms of femininity and masculinity may be used to reinforce power relations and justify inequalities (Nowosenetz, 2007). Some feminists who take a social constructionist approach may further ask in what way knowledge, imagery, and language are used to reinforce power relations between genders (Nowosenetz, 2007). Social constructionist feminists who ask these questions also aim to identify how certain discourses and structures within society are taken for granted (Nowosenetz, 2007).

Social constructionists also emphasize and examine how our realities are constructed through social processes. Social constructionists are therefore interested in how our perceptions of the world are intertwined with social action such as our daily social interactions (Burr, 2003). As such, rather than focusing on how an individual person constructs their reality, social
constructionists focus on how people interact with one another through social negotiation (Freedman & Combs, 1996). Through studying this social negotiation, social constructionists aim to understand how people construct, maintain, and modify what their society holds to be true and real (Freedman & Combs, 1996). In particular, social constructionists are interested in how language discursively constructs these realities (Potter, 1996). This includes the idea that every time a person speaks they introduce a new reality based upon their changing lived experiences (Lit & Shek, 2002).

Furthermore, social constructionists believe that the ways we understand the world and the concepts and categories we use are historically and culturally situated (Burr, 2003). Our ways of understanding are thus dependent upon and are products of specific cultures, historical periods, as well as social and economic influences (Burr, 2003). Knowledge therefore becomes constituted in a specific time and place. These particular forms of knowledge become artifacts of and reflect ‘truths’ of a culture. An emphasis on the cultural and historical specificity has led many social constructionists to reject the idea of universal truths. Given this, a social constructionist approach to research does not involve uncovering truths but rather focuses on interpretation and meaning (Terre Blanche & Durrheim, 1999). According to Terre Blanche and Durrheim (1999) a social constructionist approach to research therefore “…seeks to analyze how signs and images have powers to create particular representations of people and objects that underlie our experience of these people and objects...” as well as how “…such understandings and experiences are derived from (and feed into) larger discourses” (p.148).
There has been interest in engaging with the material body from a social constructionist approach. For example, authors such as Alaimo and Hekman (2008), Bayer (1998), Davis (1997), and Ussher (1997) have incorporated the body/embodiment into their social constructionist analyses. In part, Davis (1997) states that ‘bringing the body back in’ is important in making the body matter rather than just the backdrop of feminist analyses (as cited in Braun, 2000). Thus, some scholars have moved beyond traditional social constructionist approaches to a more critical realist or material discursive stance (Braun, 2000). This includes Ussher (1999) who argues that a critical realist epistemological standpoint "facilitates reconciliation of both the material and discursive aspects of experience, as well as acknowledges the cultural and historical context in which individual women are positioned and in which meaning about experience is created" (p. 45). Thus, there has been a push by some scholars to move beyond an exclusive focus on social constructionism to consider and incorporate lived experience and the materiality of the body (Alaimo & Hekamn, 2008).

Susan Bordo’s work, in particular, demonstrates how some feminists take a social constructionist approach but insist on the use of embodied theories to assess both the concrete physical body and the discursive body. For example, the inclusion of the material body is central to Bordo’s (1997) work in understanding how discourse impacts women’s lives in concrete and material ways. This includes the individual body practices that women engage in. As such, Bordo (1997) stresses that our materiality is something that should be taken seriously within social constructionist work because it "shapes, constrains, and empowers us - both as thinkers and knowers and also as 'practical' fleshy bodies" (p.182). Her work therefore helps to provide
insight into why scholars should emphasize the need to “explore both socio-cultural representational practices and individual bodily practices” (as cited in Braun, 2000, p.12).

In summary, while social constructionism is informed by many authors and perspectives, I primarily draw upon works by Braun (2000), Ussher (1997), Rice (1994), Martin (1989), and Bordo (1990) in this dissertation. These authors approach the topic of women’s bodies from a social constructionist perspective to critically analyze broader societal messages that inform how women view their bodies. Their use of social constructionism therefore focuses on analyzing how dominant ways of understanding our bodies contribute to the oppression of women. I further explore how this stance informs my own work at the end of this chapter by discussing how a social constructionist approach has assisted me in analyzing taken for granted understandings within our society that disempower women.

3.2 Women’s Experiences of Embodiment

Within the social sciences, social constructionists, among others, have focused on the body and experiences of embodiment as a site of analysis and exploration. Broadly speaking, researchers use embodiment theories to attempt to bridge the gap between the physical body (i.e., the biological body) and the social body (i.e., the body that is a product of discourse). For researchers who use embodiment theories, the focus is primarily on exploring how the body is a site where representations of identity and difference are inscribed upon (Conboy, Medina & Stanbury, 1997). Because the field of embodiment research is wide-ranging and encompasses many different perspectives, for the purposes of this dissertation I will be focusing on exploring embodiment through a feminist lens. From this lens, scholars have explored embodiment to
explore power relations (Markula, 2003), race (Threadcraft, 2016) as well as lived experiences (Allen-Collinson, 2011). In particular, embodiment theories have been increasingly used by feminists to understand women’s experiences of body practices (Burkitt, 1999; Sampson, 1998; Willig, 2007). By focusing on the materiality of the body, some feminists argue, we are able to gain a more bodily based understanding and exploration of social life (Parton, 2013). This includes being able to explore tensions between women’s experiences of their bodies and the cultural meanings that are inscribed upon the female body. In the following section, I provide a more in-depth discussion of work by feminist scholars who have theorized women’s experiences of embodiment.

3.2.1 Abjection and Embodiment

Theories of abjection have been used by scholars to explore women’s embodiment. In particular, these theories have extended understandings of how disgust, vulnerability, and uncertainty shape women’s experiences of their body. I present an overview of the work of several feminist theorists who have written about the concept of abjection by exploring the works of Douglas (1966), Kristeva (1982), Grosz (1994), and Russo (1995).

The work of cultural anthropologist Mary Douglas (1966) helps inform our understanding of how women’s bodily secretions are perceived and experienced as unclean. In drawing a distinction between what is clean and unclean Douglas (1966) equates dirtiness with what she describes as ‘matter out of place’. What is perceived as lacking cleanliness or health as a result becomes the abject. However, Douglas’ (1966) notes that the abject itself is not what is considered dirty or impure. Rather, the abject is associated with dirt and pollution because it
threatens social and individual systems of order (Douglas, 1966). Female bodily fluids are noted by Douglas as being phenomena that are equated with the abject because they disrupt systems of order. By defying social boundaries, female bodily fluids are considered taboo which Douglas (2004) defines as:

a spontaneous coding practice which sets up a vocabulary of spatial limits and physical and verbal signals to hedge around vulnerable relations. It threatens specific dangers if the code is not respected. Some of the dangers which follow on taboo-breaking spread harm indiscriminately on contact. Feared contagion extends the danger of a broken taboo to the whole community (p. xiii).

Taboos are created by what Douglas (2004) identifies as “leaders of the society” as a way to enforce power structures (p.xiii). Specifically, taboos are constructed around the acceptance or rejection of pollution produced by the body as a way to organize social relations and human behaviour. Bodily secretions that are labelled as ‘dirty’ and ‘dangerous’ serve to distinguish and categorize individuals such as the labels of ‘man’ and ‘woman’. It is only by exaggerating differences between men and women that “a semblance of order is created” according to Douglas (1966, p.4). Therefore, society’s labelling of bodily secretions as dirty including menstruation and vaginal discharge follow what Douglas refers to as an attempt to create unity in society.

Part of creating some semblance of order within society includes rituals of purity. Whereas dirt represents disorder, rituals are used within cultures to tame or reject pollution produced by the body, or pollution that threatens the body, as a way to reinstate order. Douglas argues these rituals play an important role in creating a shared experience within communities
that requires members to follow and accept specific taboos. While individuals may not always understand why there are taboos or avoidance of certain pollutants, they are expected to take seriously all taboos and rituals as they become a part of a culture’s way of knowing.

For Douglas, rituals of cleanliness and hygiene around bodily pollution reflect social relations within a culture but also serve to subordinate specific groups of people such as women. For example, Douglas (2004) states,

[†]here are beliefs that each sex is a danger to the other through contact with sexual fluids. According to other beliefs, only one sex is endangered by contact with the other, usually males from females, but sometimes the reverse. Such patterns of sexual danger can be seen to express symmetry or hierarchy (p.4).

These taboos around sexual pollution and body pollution are often used to reinforce gender hierarchies where women are viewed as inferior and dangerous to men. This is demonstrated by substances that are perceived to be polluting to men such as menstruation. Because women’s bodies are constructed as polluting, Douglas argues they are viewed as threats to social order and cultural boundaries in a male-dominated society.

The ‘abject’ has also been written about extensively by Kristeva (1982) who has drawn heavily upon Douglas’ work on distinctions between clean and unclean and associations of dirtiness with matter out of place in her psychoanalytic theory of abjection. Kristeva (1982) defines the abject as what “disturbs identity, system, order. What does not respect borders, positions, rules. The in-between, the ambiguous, the composite” (p. 4). She further describes the abject as the blurring of these boundaries or where leakage occurs. Specifically, Kristeva argues
bodily substances of vomit, mucus, feces, urine, tears and saliva are part of the abject because they cross the boundaries of the body thereby producing visceral reactions. However, what is defined as the abject is not necessarily a result of lack of health or cleanliness but rather what disturbs order, system, and identity. Parallels between Kristeva’s theory and Douglas’ can be easily drawn here. For Kristeva, the clean and proper body is one that conforms to cultural expectations but does not exceed them. In comparison, the out-of-control body is one that is feared by society because it exceeds cultural expectations. This out-of-control body is associated with women’s bodies where bodily processes such as menstruation are not only viewed with shame and disgust but as needing to be controlled. Because substances such as menstrual blood are part of the body and self, the body as a whole is not rejected. Instead, the disgust is directed towards specific bodily processes such as menstruation that become manifested as cultural taboos.

Elizabeth Grosz (1994) elaborates upon Kristeva’s theory of abjection in *Volatile Bodies*. Grosz (1994) defines abjection as “a sickness at one’s own body, at the body beyond that ‘clean and proper’ thing, the body of the subject. Abjection is the result of recognizing that the body is more than, in excess of, the “clean and proper” (p.78). In this quote, Grosz explains how the abject body violates its own border and challenges the striving for physical self-control. Along with Kristeva, Grosz argues that women’s bodies are positioned as the abject in Western culture in which they are viewed as violating the boundaries of the body. This violation occurs around what Grosz (1994) describes as women’s bodies being constructed as “leaking, uncontrollable, seeping liquid; as formless flow; as viscosity, entrapping, secreting” that threatens social order (p.203).
Mary Russo’s (1995) *Female Grotesque* provides further insight into why women’s bodies are viewed and experienced as the abject. Russo (1995) combines the abject and what she identifies as the ‘grotesque’. The grotesque body is “open, protruding, irregular, secreting, multiple, and changing” and is associated with “degradation, filth, death, and rebirth” (1995, p.8). This includes normal bodily processes that protrude, extend, and excrete from the body (Russo, 1995). As a result, Russo (1995) argues that society devalues the grotesque body in preference of the classical body, a “transcendental and monumental, closed, static, self-contained, symmetrical, and sleek…identified with the ‘high’ or official culture of the Renaissance and later, with the rationalism, individualism, and normalizing aspirations of the bourgeoisie” (p.8). Values within western society of purity, transcendence, and normalcy are in opposition with the qualities associated with the grotesque, including the filthy and tainted, the perverse or abnormal, and the earthly or grounded. Russo argues that the abject and the grotesque body are related since women’s bodies have historically been associated with both concepts. Women’s bodies have been categorized as the grotesque because the female body is viewed as including excess orifices, has the perception of lacking ‘closure’, and is seen as a threat for its potential to spill over into public domain. For example, bodily processes of menstruation and breast milk ‘leak’ from the body with women expected to conceal these liquids from others.

The female body has also been classified as the grotesque because of women’s ability of childbirth (Bakhtin, 1968; Douglas, 1966; Russo, 1995). According to Bakhtin (1968), because the female body is capable of producing and expelling another body through pregnancy and childbirth it is perceived as lacking closure and thus becomes associated with the grotesque.
Russo (1995) suggests the perceived threat of the grotesque leads to the perpetual male gaze of women’s bodies. This male gaze includes preconceived ideas of the ‘ideal’ female body and femininity which are constructed by men and placed upon women who are expected to conform. Women who deviate from these expectations are seen as unsightly or grotesque. To conform to these expectations, women monitor their bodies and movements to avoid transgressing cultural and societal norms.

Scholars have used theories of abjection to explore how women’s bodies have been positioned within Western culture as the abject and how women themselves position certain parts of their bodies as part of the abject. In particular, scholars have applied abjection theories to understand women’s experiences of menstruation (Manica & Rios, 2017), cancer (Parton, 2013), and disability (Rice, 2014). As such, these theories provide insights into why certain aspects of women’s bodies are viewed as unwanted, abnormal, and deviant.

3.2.2 Beauty Work and Embodied Practices

Chrisler and Johnston-Robledo (2018) argue that beauty is a constant pursuit in women’s lives and has a direct impact upon women’s embodied selves. They describe beauty as an ideal of perfection that is impossible to attain for most women. Because these ideals are only achievable by a small number of women, this results in the majority of women feeling they need to change their bodies to meet such ideals. Technology in particular has been used by women to change the size and shape of their bodies to bring them closer to the beauty ideal. This includes cosmetics, fashion, and high-heeled shoes to modify the shape of the female body. In theorizing these practices, Chrisler and Robledo (2018) argue they are a form of ‘beauty work’ in women’s
pursuit of approximating the beauty ideal. They specifically define beauty work as “the many activities that are part of the pursuit of beauty and support the most attractive possible presentation of the self” (p. 40). This includes curling or straightening hair, shaving, waxing, general removal of body hair, applying make-up, using creams and lotions, performing pedicures and manicures, shampooing and blow-drying hair, douching, wearing clothing to hide body ‘flaws’, dieting, working out, and undergoing cosmetic procedures (i.e. teeth whitening, facials, Botox) and surgeries (liposuction, breast implants, nose remodeling) among others. While some of these practices are done daily, others may be done on a regular basis and some are done infrequently. However, all of these practices require time, effort and typically an expense for women. For this reason, these practices are referred to as ‘beauty work’ (Chrisler & Robledo, 2018).

According to Chrisler and Robledo (2018) beauty work and femininity are closely linked. They describe how girls learn from a young age that beauty work is part of the feminine gender role and therefore something they are expected to do. In part, this expectation is around girls needing to ‘correct’ their bodies through beauty work. For example, media including television and the Internet, watching women such as sisters and mothers engage in beauty work, and toys that encourage interests in beauty work (e.g. Barbie dolls) all suggest to girls that beauty work is necessary to be beautiful and feminine. Beauty work is therefore part of what Chapkis (1986) describes as the “transformation from female to feminine”. As such, practices like make up, grooming, and fashion become a core part of femininity and feminine behaviour because they are constructed as an integral part of women’s identities. For example, Chrisler and Robledo (2018)
note one reason why women adhere to beauty work is because it is a way of signaling their social identity as feminine.

While it is important to recognize that there are certainly men who invest in their appearance, Chrisler and Robledo (2018) argue that women face greater expectations in needing to perform beauty practices as a part of their social identity. For example, women are often chastised if they do not invest enough work into their bodies. Many women therefore engage in beauty work as a way of avoiding negative remarks and the punishment they will receive if they deviate from beauty ideals (Chrisler & Robledo, 2018). This punishment can take the form of teasing, mocking, cajoling, and sexual harassment and has several purposes. According to Chrisler and Robledo (2018) these punishments are meant to induce body shame and remind women that they are deviating from the beauty ideal. As a result, Chrisler and Robledo (2018) note, women who experience shame about their bodies are often motivated to increase the amount of beauty work they perform to avoid embarrassment in the future.

Many women internalize beauty ideals which can leave them feeling uncomfortable in their own bodies or ‘disembodied’. For example, body dissatisfaction and body shame are both examples of negative embodiment. As a result, women attempt to change the body as a way of addressing this discomfort with the self. This disembodiment can further affect women’s relationships with others including having feelings of anxiety and body consciousness when being sexually intimate thus affecting their sexual functioning and satisfaction (Dove & Wiederman, 2000). These feelings in particular can stem from women’s internalization of the male gaze and their conscious awareness of how they look to others (Fredrickson & Roberts,
For some women, their pursuit of beauty through beauty work can have significant physical health consequences. Chrisler and Robledo (2018) provide the example of women who perform extreme dieting being susceptible to suffering from psychological and physical effects. These include cardiac damage, malnutrition, tooth corrosion, decreased bone mass, and a greater risk of early death due to suicide. They note that women’s engagement with fad diets can result in malnutrition, low blood sugar, fatigue, and an impaired metabolism (Kasardo & McHugh, 2015). Despite experiencing these side effects, Lamont (2015) argues that some women prioritize their appearance over their health. This may be in part due to how a woman’s sense of self is often dependent upon the male gaze or how others judge her as attractive or unattractive (Chrisler & Robledo, 2018). For some women, this can result in them turning the male gaze upon themselves. However, Chrisler and Robledo (2018) argue that it is important to note that despite social cultural messages around beauty and how girls are socialized to value appearance, not all women internalize dominant Western beauty ideals. Furthermore, women who reject the male gaze take a critical stance towards media messages, and value health over appearance, may experience a more positive embodiment.

3.2.3 Tension within Women’s Experiences of Embodiment

Emily Martin’s (1989) writings on how cultural images and metaphors mediate women’s experiences of their bodies have been influential in theorizing women’s experiences of embodiment. This is most prominent in her work The Woman in the Body, in which Martin
(1989) explores how women’s experiences of menstruation, childbirth and menopause compare and contrast to scientific and mechanical metaphors in medical texts. From her interviews with women, Martin found disparities between women’s experiences and medical representations of these reproductive processes. While women’s reproductive processes were often positioned as passive in medical descriptions and metaphors, women described their experiences in more active ways thus resisting the passive role that medicine places upon them. For example, scientific language depicts menstruation as being about degeneration, dying, and the loss of the egg or uterine lining. Menstruation is further rooted in metaphors of production where the onset of a woman’s period is framed as failed reproduction due to the egg not being fertilized. However, Martin notes that this portrayal of menstruation is inconsistent with woman’s experiences where menstruation did not symbolize failure but rather was viewed as a natural production of blood.

Martin states that this medical imagery in which women’s bodies are presented as passive can be dangerous as it restricts women’s choices when it comes to their bodies and the options that are provided by medical practitioners. For example, Martin writes about how women are increasingly being pressured to undergo cesarean sections during labour for the convenience of physicians. In resisting the positioning of the female body as passive, Martin describes how women can use denial as a means of regaining control over their body. In demonstrating this resistance, Martin provides the example of one woman who refused to receive a caesarian section during labour in favour of a vaginal birth. By refusing a caesarian that was not medically required, Martin argues this woman demonstrated resistance because she asserted her own wishes for how her baby should be delivered. Overall, Martin’s (1989) work demonstrates how
women “assert an alternative view of their bodies” when their experiences are detached from scientific accounts (p.200). These alternative views can be empowering for women because they give meaning to experiences that are often absent from medical accounts.

Rice (2014) notes that women can encounter tension in how they experience their bodies because they receive conflicting societal messages. For example, in her book *Becoming Women: The Embodied Self in Image Culture*, Rice (2014) argues that some women experience a split-consciousness due to conflicting messages they receive around loving their bodies naturally and needing to live up to strict beauty ideals. Rice demonstrates this tension in her study on women with disabilities. In her study, women reported feeling like “failed feminists” if they could not accept their bodies as they were. These women expressed receiving conflicting messages between disability as a form of pride versus mainstream constructions of disability as deviant. As a result, Rice states that the women in her study were left grappling with wanting to be desired for their natural physical appearance without modification.

Martin’s and Rice’s work therefore demonstrate how some women can experience tensions between their lived bodily experiences and the cultural meanings that are inscribed on the female body. Their work further highlights how women often negotiate and grapple with these tensions to the point where they experienced disembodiment or a sense of split consciousness.

### 3.3 Women’s Agency and Body Practices

The subject of women as choice-making agents has been raised by some feminists as a controversial issue. This may be partly due to agency being a complex concept that has been
theorized differently by feminist scholars especially in relation to body practices. For example, scholars such as Chapkis (1986) position women as being conditioned to engage in body practices as a means of transforming their bodies to meet feminine norms. According to this view, agency is enacted by women who reject these feminine norms and instead accept their body in its natural state. Other feminist scholars, such as Davis (1991) have challenged this position by arguing that women who choose to engage in body practices are not oppressed but rather are demonstrating a rejection of domination because they are making an agentic choice. This position on agency has been associated with a ‘post-feminism era’ in which practices that have previously been viewed as patriarchal, such as hair removal for women, are reframed to emphasize women’s empowered and individual choices (Amy-Chinn, 2006). Aside from these two positions, other scholars have argued that body practices are not solely oppressive or empowering for women. Rather, these practices can be understood as empowering women while simultaneously upholding oppressive feminine norms (Kwan & Trautner, 2009). I provide an overview of some of this literature that explores women’s agency in relation to body practices below to highlight the controversies and complexities surrounding the concept of agency in relation to female body practices.

### 3.3.1 Second Wave Feminist Theories

Second wave feminism primarily refers to the women’s movement of the 1960s and 1970s. While first wave feminists were credited with making some improvements in gender inequality, second wave feminists felt there were unsolved societal issues that still needed to be addressed including a lack of equal educational and labour rights between the sexes. Using the slogan ‘the personal is political’, second wave feminists linked cultural and political inequalities
with issues that women dealt with in their everyday lives. This included issues around sexual discrimination, motherhood, reproductive rights, domestic labour, and the workplace. Many feminists today still subscribe to second wave principles and often see women as “victims in a patriarchal, commercialized, oppressive beauty culture” (Krolokke & Sorensen, 2006, p.8).

Scholars who associate with second wave feminism have criticized beauty practices in particular as oppressive requirements to maintain societal standards of femininity. From this perspective, Bordo (1993) argues that beauty practices are largely driven by the beauty industry which promotes unhealthy and restrictive representations of the body. Bordo (1993) states that, because these media images present a normative standard for an idealized feminine body, they produce a model against which women judge, measure, and correct their own bodies. This in turn encourages the disciplining and beautification of women’s bodies which produces the ‘docile’ body (Bordo, 1993). Bordo (1993) argues Women are complicit in this self-regulation as they are “willing (often, enthusiastic) participants in cultural practices that objectify and sexualize us” (p.28). She expands upon the statement by explaining that, because women are embedded within the beauty system that oppresses them, they can’t help but be a part of it.

Similarly, Bartky (1990) writes about the oppressive nature of beauty practices and argues that they lead women to engage in self-policing. However, unlike Bordo (1993), Bartky (1990) does not talk about women as willingly engaging in regimes of beauty, rather she argues that women are coerced into performing beauty practices. While Bartky (1990) states that it may appear that women ‘choose’ to partake in beauty practices because they are not physically forced to engage in them, she argues that this is a misconception. Although physical force may not be
exercised upon women, Bartky (1990) points to the psychological oppression of women to explain why they engage in beauty practices. Bartky (1990) describes this psychological oppression as consisting of women being stereotyped, sexually objectified, and culturally dominated. Included in this subordination of women is the treatment of women as sex objects and the focus of the male gaze. This male policing of the female body results in women constantly evaluating themselves to ensure that they meet societal standards of a feminine body. This requires women to engage in a broad range of practices such as hair removal, wearing make-up, and performing extensive skin regimes to look younger in order to be viewed as acceptable.

Similar to Bordo (1993), Bartky (1990) also discusses in length the corporate interests involved in beauty industries. In her discussion of the ‘fashion – beauty complex’, Bartky (1990) describes how corporations have become “central producers and regulators of femininity” (p.39). While beauty corporations send messages about glorifying the female body, Bartky (1990) argues the real aim is to depreciate a woman’s body so that she will purchase more products. This results in women constantly feeling deficient and that their bodies require intervention to alter them. By adjusting the body, Bartky suggests that women comply with a dominant patriarchal power system. While these disciplinary practices may appear to be a matter of personal choice because they are self-imposed, Bartky argues this not true. Rather, she argues disciplines of femininity precede the freedom women have to choose. As a result, women are made to feel that they must aspire to meet feminine ideals. Women who do not comply are suggested by Bartky as facing social consequences such as feeling invisible and defective. This oppression of women has been further described by Wolf (1990) as resulting in painful, costly
and time-consuming procedures that women, but not men, are required to perform. Wolf (1990) argues that women who do not conform to beauty standards are further subjected to social consequences including shame and social isolation. These social consequences act as a form of social control in ensuring women adhere to societal beauty standards (Wolf, 1990).

Like Bordo (1993), Bartky (1990), and Wolf (1990), feminist scholar Chapkis (1986) also discusses beauty as a main feature of women’s oppression. Her commentary on this topic revolves around the everyday experiences that women have with loathing body features that do not meet the standards of conventional femininity. Chapkis (1986) argues that this body hatred becomes internalized and results in painful rituals that women perform in the name of beauty. According to Chapkis (1986), women are subjected to messages that suggest that if they are able to control their bodies they will be able to control their lives. While many standards of beauty are impossible to attain, women are expected to conform to these standards. These beauty rituals, notes Chapkis (1986), are often performed in secrecy because women are expected to be naturally beautiful with little effort. According to this perspective, beauty practices as such are not about individual choice but rather are conceptualized by feminists like Wolf (1990), Bordo (1993), Bartky (1990), and Chapkis (1986) as a way to maintain women’s subordinate status in society.

However, the representation of female bodies as ‘passive’ and ‘docile’ that largely characterizes second wave feminist theories have been heavily criticized by some feminists such as Butler (1990) and Grosz (1994). For example, Grosz (1994) argues that the association of the female body with the docile body makes the female body synonymous with a machine, a tool
that is constructed and disciplined by dominant power systems. From this perspective, the female body becomes a vessel that can be subdued, coerced and manipulated by external forces over which women have no control (Grosz 1994). Grosz (1994) argues that this places the female body in a stagnant and powerless role that can only be altered by external patriarchal forces. Some poststructuralist feminists, such as Grosz (1994), therefore advocate the need to recognize the body as active and autonomous within feminist work. For example, this includes acknowledging that the female body is a lived body that must be understood historically and within systems of meaning, significance and representation (Grosz, 1994). This contextualization of the female body has carried over into third wave feminism.

3.3.2 Third Wave Feminist Theories

Third wave feminism began to form as a movement in the early 1990’s as a reaction to societal declarations that feminism is no longer needed. This was based on ideas by some feminist poststructuralists that second wave feminists had reached their goals in attaining gender equality (Heywood, 2006; Rutherford, 2018). Feminists of the third wave challenged these assumptions by arguing that equality between women and men had not been attained with women still being devalued within our society (Heywood, 2006). Feminists who associate with third wave feminism continue to advocate for equal rights today. For this reason, many feminists who represent the third wave fight for political, social, economic and personal empowerment for women. However, in comparison to the second wave where the key issue surrounded ‘making the personal political’, third wave feminism does not have a single agenda (Heywood, 2006). While this makes third wave feminism difficult to define, many scholars who associate with third wave feminism are largely concerned with individuality, women’s agency and the capacity that
women have to choose. In addition, many third wave feminists have a vested interest in the micropolitics of the body including challenges to hegemonic thinking about sex and sexuality, the pushback against white, middle class feminism, the idea of multiple subjectivities and overlapping oppressions (Frost, 1999; Lazar, 2009). Yet, how third wave feminists view agency can vastly differ due a lack of cohesion within the movement. I explore some of the tensions and issues around agency below specifically in relation to beauty practices.

Some third wave feminists have heralded beauty practices as a pinnacle of female empowerment in which women have freedom to choose which practices they partake in. In particular, some third wave feminists have argued that beauty practices and commodities such as make-up (Frost, 1999), and plastic surgery (Davis, 1995) are tools for identity construction, agentic self-expression, and self-chosen pleasurable feminine pursuits. For example, Lazar (2009) states that because women can choose to engage in beauty practices, they are able to enjoy the pleasures of these practices without being made to feel guilty. Some third wave feminists therefore advocate for the following ideas: women have choice in relation to beauty practices, beauty practices can be empowering, women have power to play with beauty practices, and beauty practices can be a form of creative self-expression rather than as an enforcement of dominant ideologies.

Some third wave feminists have incorporated these ideas into what has been labelled as ‘girl power’ (Hopkins, 2002). First embraced in the early 1990’s by feminists, girl power has been described as a pro-girl position that reclaims “femininity and overt sexuality as a means of expressing independence, individuality, and confidence” (Rutherford, 2018, p.623). As noted by
Hains (2009), girl power represents the position that girls are capable of doing anything they desire. Through girl power, girls can thus be understood as embracing femininity as fun, positive and empowering. Girls and women can therefore play with their femininity by wearing makeup and still be a feminist. For example, in using the term ‘doing looks’, Frost (1989) describes how makeup is a looks related activity that is performed by women to empower themselves. Frost (1999) does not see ‘doing looks’ as a requirement for women or as part of male dominance but rather views it as allowing for the possibility of female agency. ‘Doing looks’ is a form of agency according to Frost (1999) because it can be a potential source of pleasure, empowerment, and may even contribute to positive mental health. For this reason, she states that ‘doing looks’ is necessary for women:

For women to be powerful and in control, to feel a sense of agency and competence (all, I would argue, essential for mental health), doing looks can no longer be viewed as an optional extra but rather as a central identificatory process which can offer meaning such as pleasure, creative expression and satisfaction provided that women can appropriate a discursive space in which to contradict the silencing discourses of vanity, abnormality, superficiality and unsisterliness (Frost, 1999, p.134).

From this perspective then, women are empowered because they can exercise individual choice as consumers and creatively express themselves. While some third wave feminists argue that beauty practices such as wearing lipstick may have once been forced upon women, they state feminism has created choice for women in enabling them to choose whether they wear lipstick or not (Walter, 1999).
However, as mentioned previously, how third wave feminists conceptualize agency is not consistent and for this reason some third wave feminists have criticized ‘girl power’ and the idea that girls and women can be empowered by the choices they make. For example, Hains (2009) discusses how the increasing commercialization of girl power through clothing, popular music, make-up and even pornography has restricted the ability of feminists to create change and challenge the status quo. This commercialization includes slogans and messages like “Girls rule!” on clothing, jewelry, and other items to appeal to today’s cultural environment that girls and women can be empowered by the choices that they make. As a result of this commercialization, Hains (2009) states that girl power is inauthentic, commodified, and detached from feminist values because it conveys the idea that empowerment can be simply purchased. Hains (2009) states that because girl power is stripped of its meaning, it does not reflect a form of agency but rather has been reworked to reinforce dominant patriarchal ideologies and corporate interests. Furthermore, authors such as Dicker and Piepmeier (2003) argue that this celebration of empowered choices without analyzing its role within power structures promotes the idea of “feminists free-for-all” (p.17). This suggests that any activity a woman performs can be interpreted as an empowering experience that redefines what it means to be a feminist. Similar critiques have also been raised by other feminists. For example, Jeffreys (2015) and Thompson (2001) have criticized feminist postmodernism because it constructs women as being able to simply select and/or reject beauty practices that suit their own interests.

While some third wave feminists associate agency solely with ‘choice’, this is only one viewpoint. Other third wave feminists, such as Butler (1993), Weedon (1997), and Davis (1991) have conceptualized agency differently. For example, rather than agency only reflecting the
ability women have to choose for themselves, Butler (1993) speaks about agency as also including resistance to dominant norms of identity, sexuality, and gender. Similar ideas have been expressed by Weedon (1997) who suggests that agency can be understood as a form of resistance to dominant ideologies. This conceptualization of agency has been used by some researchers who study beauty practices. For example, in her work female body hair, Fahs (2011) explored how some women resisted compulsory beauty norms around needing to remove hair by reconfiguring definitions of femininity. Women who practiced this ‘body hair resistance’ challenged ideals of femininity by suggesting that women who don’t shave are just as womanly and beautiful as women who do. Other scholars such as Fingerson (2005) extend this discussion of agency by asking how women and girls can actively define their lives and use their bodies as sources of power. In her study on menstruation, Fingerson’s (2005) findings suggest girls experienced a sense of empowerment by using individual and collective strategies to manage menstruation including checking their friends for menstrual strains and keeping tampons and pads in their bags. By drawing upon menstrual experiences, adolescent girls were able to exert agency by resisting gendered norms that portray menstruation as a bothersome process that can limit girls’ control over their bodies. Other studies similarly suggest girls and women can exert agency by resisting dominant negative constructions of women’s bodies (Martin, 1992). For example, Lee (2002) found women who had positive perspectives about their bodies tended to reevaluate negative cultural ideas about menstruation. Women in this group also rejected medical labels of premenstrual syndrome (PMS) that pathologized a normal and biological female process (Lee, 2002). These studies reveal the need for greater attention to be placed on women’s
subjective knowledge of their bodies and how it can be used as a powerful tool in promoting women’s agency over their bodies.

Other scholars such as Carla Rice (2014) envision the body as a site of agency and empowerment. Specifically, Rice looks at how women’s bodies can be vehicles for their own actions and intentions when it comes to practices like sex. For example, in her discussion on sexuality, Rice (2014) writes about how women’s expression of their sexuality is often viewed as the objectification and sexualization of women’s bodies. However, she argues that this perspective downplays women’s sexual agency and ignores important questions around what is a healthy and what are safe expressions of sexuality. Women’s sexuality in connection with agency is further complicated by contradictory belief systems within Western culture according to which women are valued for their sex appeal yet their moral worth is rooted in sexual purity. Jessica Valenti’s (2010) has similarly written about sexuality, arguing that women are either positioned as hyper-sexualized and “sullied” or moral virgins (p.41). As such, Valenti’s (2010) argues that women are valued based on the ‘purity’ of their bodies and whether they are virgins rather than who they are as people and whether they express kindness, compassion, courage, or integrity. This results in women being denied a sense of agency because any expression of sexuality is understood within this contradictory belief system. In light of this, Rice (2014) argues that there is a need to understand women’s embodied experiences so that they can experience a sense of sexual agency outside of this binary position.

While notions of agency and choice are critical to feminist poststructuralism and third wave feminist theories, some feminist scholars argue there is still a need to recognize the cultural
conditions in which these choices are made (Gill, 2007). This includes understanding how women’s choices are often shaped as well as constrained by patriarchal ideologies that promote and dictate certain forms of femininity (Braun, 2009; Stuart & Donaghue, 2011). For example, in speaking about beauty practices that women choose to partake in, Gill (2007) and Stuart and Donaghue (2011) argue there is a need to identify the oppressive and narrows standards of female beautification and the disciplining of the body that is required to achieve such ideals. However, Stuart and Donaghue (2011) note that attempts to analyze these constraints on women’s choices have been interpreted by other feminist poststructuralists as an attempt to erase women’s choice and agency. Stuart and Donaghue (2011) and Gill (2008) therefore call for the concept of agency within feminist poststructuralist theory to be re-evaluated to allow for the “possibility of some ‘individual’ choice while at the same time fully attending to the ways in which choices are constrained” (p.102). From this perspective then, women would not be constructed as passive and docile but also not as solely autonomous and freely choosing subjects (Gill, 2008).

Braun (2009) argues that women’s agency is further complicated when researchers use the concept of agency differently when referring to Western versus non-Western practices. For example, Braun (2009) argues that a distinction is made between Western women who are positioned as free agents when opting for female genital cosmetic surgery and women from other cultures where female genital mutilation is practiced as being stripped of agency. This positions Western women as superseding cultural influences and making free and empowered choices in comparison to women from non-Western countries. Her analysis highlights how constructions of agency often reflect Western conceptions and ethics around autonomy, freedom and individual
choices that are devoid of social and cultural influences and norms (Rose, 1999). This critical perspective of agency in relation to Western culture is further applied by Lee (2008) to the issue of plastic surgery. Lee (2008) argues that plastic surgery for women is rationalized through media as an “investment in the self towards a more normal, if not better, future” (p.26). This includes television shows such as Oprah which normalizes forms of self-care, self-management and self-improvement for women by promoting neoliberal notions of choice. However, Lee states that whether women are positioned as being from first world compared to third world countries contributes to whether the choice to have surgery is viewed as oppressive or a form of agency. For example, from a Western perspective, Lee argues American women who choose plastic surgery are constructed as having agency while South Korean women who elect to have plastic surgery are positioned as being oppressed because of racialized associations with plastic surgeries like eyelid surgeries.

While this section does not encapsulate all views that are represented in third wave feminism, it does provide an overview of some of the tensions that exist around how agency is conceptualized in relation to beauty practices. I further explore in Chapter 8 how the findings from my study open up a new space in this feminist debate between second wave feminists and third wave feminists around women’s oppression and agency.

3.4 Situating the Current Study

I take a social constructionist approach in this dissertation, while also taking into consideration lived experience and the corporal body. I chose this approach as a way to explore how broader societal and cultural constructions of the vagina are intertwined with women’s
experiences of the vagina and the use of vaginal hygiene products. In comparison to a positivist approach, a social constructionist approach offered me a way of examining and criticizing dominant conceptions of gender and the body that are often taken for granted. An example is the conception that women’s bodies are naturally unclean and deviant from what is constructed as the normative (i.e. male) body within Western culture. A social constructionist approach allowed me to explore how the body is a discursive category that is created, produced, and reproduced within social interaction and through social institutions such as the media (Harjunen, 2009). For example, this includes how the media to some degree dictates and shapes ‘acceptable’ boundaries of the female body that women are exposed to. Such depictions of gender and the body in media convey messages about societal norms that may contribute to how women view themselves.

My approach in this dissertation is further based on the understanding that women’s experiences of their material bodies are shaped by societal, historical, and cultural contexts. In exploring women’s experiences of the vagina and their use of vaginal cleansing products, I therefore draw on embodiment theories around abjection, beauty work, and tensions of the lived body. I chose these theories as they helped to provide a deeper understanding of women’s experiential accounts including their feelings of satisfaction, dissatisfaction, pleasure, and anxiety in relation to the vagina and vaginal cleansing products. For example, the concept of abjection provides insights into how women positioned excess vaginal secretions as abnormal and outside discourses of idealized femininity. Embodiment theories further guided my analysis in exploring women’s experiences of the vagina and how they are influenced by normative and
gendered institutions such as the media. My focus then was on the lived body and how the internalization of sociocultural norms for beauty shape women’s embodiment.

In addition to using embodiment theories to analyze my findings, I also draw on literature that theorizes the female body in relation to agency and beauty practices. In theorizing agency and the female body, I take up the position offered by Stuart and Donaghue (2011) and Gill (2008). This position suggests that within an increasingly poststructuralist context, it is important for scholars to still take into account and examine the patriarchal ideologies that regulate and limit women’s choices. This position thus challenges notions of beauty practices as an “unproblematic expression of the autonomous, self-regulating and self-choosing feminine subject” (Stuart & Donaghue, 2011, p.117). In examining how participants’ choices around the use of vaginal cleansing products may be regulated I draw on feminist theorists Bartky (1990), Bordo (1993), and Wolf (1999) who argue that women’s bodies are subject to surveillance and discipline in whether they conform to feminine norms (see literature review for elaboration on their arguments). For example, Bartky (1990) argues that in complying with a patriarchal society, women are taught to adjust their gestures, cosmetics, and all aspects of their appearance to attain feminine norms. As a result, women internalize these beauty norms and their bodies become projects of self-surveillance (Bartky, 1990). This is explained by Bartky (1997) in the following excerpt:

The woman who checks her makeup half a dozen times a day to see if her foundation has cracked or her mascara has run, who worries that the wind or the rain may spoil her hairdo, who looks frequently to see if her stockings have bagged at the ankle or who, feeling fat, monitors everything she eats, has
become, just as surely as the inmate of the Panopticon, a self-policing subject, a self-committed to a relentless self-surveillance. This self-surveillance is a form of obedience to patriarchy (p.81).

While I draw on these theorists to suggest that women’s choices are constrained in some ways by patriarchal ideologies, I also present accounts where women in this study resist and challenge feminine norms around needing to have an idealized clean vagina. In addition to these individual forms of resistance, I write about collective forms of resistance. For example, this includes a discussion of organizations who have challenged the marketing of vaginal cleansing products that construct female genitalia as dirty. Exploring how women actively resist patriarchal power offers promising ways to theorize change (Gavey, 1997). Discussing these forms of resistance within my dissertation is therefore important in highlighting “strategies employed by women to mediate and resist encroachments on their bodies and lives” (Deveaux, 1994, p.230).
4 Methods

The purpose of this study was to examine Canadian women’s experiences around using vaginal cleansing products (wipes, powders, sprays, deodorants, washes, and douches). More specifically, this study on women’s use of vaginal cleansing products was guided by the following research questions: i) How do women construct, manage, and feel about their vaginas in relation to the messages they receive around vaginal health and hygiene? ii) How do these constructions of the vagina translate into particular bodily practices? In addressing these research questions, the following chapter provides an overview of the methodology that I used. The chapter begins with an overview of the participants involved in the study as well as ethical considerations taken into account throughout the study, the recruitment process, data collection procedures, and the data analysis used for this dissertation. This chapter concludes with a brief overview of the three analysis chapters.

4.1 Participants

In total, 31 English speaking women from Southern Ontario were interviewed between July 2016 and November 2016. At the time of the interviews participants ranged between 18 and 64 years in age. Overall the sample included 13 women between the ages of 18-24, 9 women between 35-39, 2 women between 35-39, 1 woman between 40-44, 1 woman between 45-49, and 1 woman between 60-64. Racial/cultural/ethnic background of participants included: white (15 women or 48%), South Asian (4 women or 13%), East Asian (2 women or 6.5%), Metis (2 women or 6.5%), Latin American (1 woman or 3.2%), Middle Eastern (1 woman or 3.2%), Turkish (1 woman or 3.2%), Arab (1 woman or 3.2%), Sri Lankan (1 woman or 3.2%), and Caribbean (1 woman or 3.2%). In addition, 26 women identified as heterosexual (84%), 2
women as bisexual (6.5%), 2 women as asexual (6.5%), and 1 woman as pansexual/queer (3.2%).

4.2 Ethics

Ethics approval was obtained from the University of Guelph Research Ethics Board prior to starting data collection. Due to the sensitivity of the research topic around women’s use of vaginal cleansing products which may elicit feelings of embarrassment (Cowles, 1988) interviews were chosen in comparison to other methods such as focus groups where women may be less likely to self-disclose or share personal experiences. Prior to the start of the interviews, consent forms were reviewed with participants and participants were asked if they had any questions or concerns regarding the research study. A copy of the consent form was given to all participants. Participants who were interviewed over the phone were sent an electronic copy by email. Written consent was obtained for in-person interviews and oral consent for interviews conducted over the phone. Participants also completed a brief demographics questionnaire (See Appendix C for Researcher Generated Questionnaire) prior to the beginning of the interview. With permission from participants, interviews were audio-recorded. Following completion of the interview, all material including consent forms, audio files, and demographics questionnaires were stored in a locked cabinet and a password encrypted computer in the psychology department research lab at the University of Guelph.

4.3 Recruitment and Procedure

Recruitment began in July 2016 and ended in November 2016. This study specifically recruited women who use vaginal cleansing products or had experience using them before. By
choosing to limit my sample to only women who use these products this allowed me to develop strong insights into a particular group of women and their use of specific vaginal products and practices. Recruitment posters for this research study were distributed and placed in several health and non-health related venues in Waterloo, Kitchener, Cambridge, and Guelph after receiving permission from individuals with authority to approve the posters (i.e. managers, directors, and owners) at these locations (see Appendix D for Recruitment Poster). These locations included University of Guelph and University of Waterloo health centers, Waterloo sexual health clinic, recreational complexes, family medicine centers, gyms, pharmacies, public libraries, health food stores, retirement homes, and women organizations including Women in Crisis located in Guelph, Ontario. Recruitment posters included the following information: name of the study, purpose of the study, types of participants needed (women who are currently using or have had experience using vaginal cleansing products beyond pads and tampons), the name of the researcher and contact information, a statement regarding ethics clearance by the University of Guelph and a statement that participants would receive a $10 Tim Hortons gift card in appreciation of their time. Participants were also recruited through websites to reach participants from a greater range of socio-economic and ethnic backgrounds. These websites included Kijiji, Craigslist, and Facebook. To ensure representation of mature women in the study, I also reached out to the Association for Older Adults in Guelph and the Victoria Order of Nurses (VON) who agreed to distribute an email to members of their organizations regarding the study. Due to low recruitment numbers in the first two months of recruitment, additional online postings were placed on Kijiji and Craigslist for cities beyond Waterloo, Kitchener, Cambridge, and Guelph within Southern Ontario. These included Toronto, Brantford, London, Hamilton, Leamington,
Interviews were set up with interested participants who contacted me by phone or email. Interviews were scheduled for times that were most convenient for participants and were either conducted in-person or over the phone. In-person interviews were conducted in locations easily accessible and convenient for participants including public libraries, private rooms at the University of Waterloo and University of Guelph, and at participants’ homes. Although it was my intention to conduct the majority of interviews in person this was not feasible due to the difficulty of recruiting participants in Waterloo, Kitchener, Cambridge, and Guelph. Extending recruitment to other cities in Southern Ontario increased the number of participants but required that the majority of interviews be conducted by phone. In total, 4 interviews were conducted in person and 27 interviews were conducted over the phone. In many ways, telephone interviews compared to face-to-face interviews were well suited to this research study due to the sensitivity of the research topic. Telephone interviews provided the opportunity for participants to disclose intimate experiences about their use of vaginal cleansing products without feeling uncomfortable. This may be due to increased participant perceptions of anonymity which Sturges & Hanrahan (2004) note as one reason why some researchers may prefer telephone interviews for sensitive research topics. Interviews ranged in length between 20 minutes and 1.5 hours. Interviews were semi-structured and guided by a set of scripted research questions that aimed to gain in-depth understandings around women’s use of vaginal cleansing products (see interview guide). The interview questions I asked were aimed at understanding women’s experiences around using vaginal cleansing products beyond pads and tampons. Questions focused on the
types of products they used, reasons for using them, when and how they use the products, how they first heard about the products, and their thoughts on the products. I also asked questions relating to concerns women had more broadly around vaginal health and hygiene. As well, a series of questions were specifically asked about the marketing of vaginal cleansing products including describing commercials or advertisements participants recalled seeing and how these portrayed vaginal cleansing and vaginal cleansing products. The use of open-ended questions enabled me to probe, clarify, and follow-up on responses provided by participants to gain a deeper understanding of women’s experiences while simultaneously being sensitive and mindful of participant needs. At times, interviews were also taken in directions by the participants to related issues that were meaningful to them, allowing for free-flowing conversations and dialogue (Fahs, 2011). I also took into account the sensitivity of the topic which guided which questions I asked depending on whether participants were comfortable answering them. For example, if a participant expressed hesitancy in the form of a pause to answer a question I used this as a cue to modify follow-up questions by wording it in a less personal or direct way. It is noted in some feminist literature that respecting pauses or periods of silence is important when conducting interviews on sensitive topics as it allows participants to adequately respond to questions and this is something I was mindful of as an interviewer (Elmir, Schmied, Jackson, & Wilkes, 2011). I respected periods of silence when I felt these pauses could be reflective of a participant being embarrassed and so I subsequently modified the question and at times ‘checked-in’ with a participant by asking them if they were comfortable in continuing the interview. Interviews were conducted until theoretical saturation was reached. Theoretical
saturation is reached, according to Glaser and Strauss (1967), when no additional themes are found from successive data.

Coming from a feminist and social constructionist position, I approached the interviews with the understanding that they are co-constructed (Hesse-Biber, 2007). Participants were positioned as experts of their experiences and interviews were viewed as “guided conversations” where interviewee and interviewer created shared meanings (Blee & Taylor, 2002, p.92). While I was similar in age to many of my participants I also acknowledged the power and authority associated with my role as both researcher and interviewer (Hesse-Biber, 2007).

Acknowledgement of this power was and continues to be informed by feminist literature that stresses all research is political and value laden (Scraton, & Flintoff, 1992). As a result, it is important for researchers to recognize power differentials that are present during interviews and for them to reflexively situate themselves within their research. In being mindful of this power differential between myself and participants I attempted to minimize this dynamic by using several strategies adopted by other feminist researchers (Baird & Mitchell, 2013; Elmir, Schmied, Jackson, & Wilkes, 2011; Enosh & Buchinder, 2005; Hesse-Biber, 2007). This included approaching the interview as a conversation rather than as a traditional interview (i.e., question and answer), attempting to make the interviews less formal by using participants’ first names, and sharing my own personal experiences relating to vaginal health and hygiene to build rapport. The reciprocity of receiving and giving information during interviews has been noted in feminist literature as especially important in minimizing power imbalances and building connections with participants (Enosh & Buchinder, 2005). Building this rapport was important to me as a researcher given that the topic of vaginal hygiene is uncomfortable for some women to
discuss especially within Western society where speaking about vaginas is taboo (Braun & Wilkinson, 2001). Overall, my aim as a researcher was to create a safe space for women to speak about their bodies and the practices they engage in.

4.4 Data Analysis

All 31 interviews were transcribed and verified by me. In choosing to do my own transcribing, my aim was not only to become familiar with the data (Riessman, 1993) but I viewed transcription as a vital part of my data analysis (Bird, 2005). For example, notes, comments, and observations written during the transcription process helped to later inform my coding and analysis of the data. While the focus of my analysis was on the content rather than details or idiosyncrasies of the speech, the details that I included were ones that I interpreted as being meaningful to the text such as long pauses that might, for example, indicate uncertainty about a question. Furthermore, these pauses may be important when taking into account sensitive topics like vaginal health and hygiene and may reflect discussions in feminist literature around hesitancy and taboos in speaking about vaginas (Braun, 1999).

Following transcription, I used an inductive thematic coding informed by Braun and Clarke (2013) to code the transcripts. I chose an inductive thematic coding as I wanted my coding to be driven by concepts and unexpected patterns from participants’ experiences that emerged in the data. Inductive thematic coding also aligns with my critical approach to data and a social constructionist theoretical perspective. This translates to taking a critical stance towards “taken-for-granted ways of understanding the world”, acknowledging lived experience and meaning is socially produced, and recognizing knowledge of the world is sustained by social
processes (Burr, 1995, p.2). This coding process informed by Braun and Clarke (2013) served as a form of preliminary analysis to assess patterns of meaning across my data set.

Coding of the transcripts was guided by Braun and Clarke’s six step process: (1) familiarization with the data, (2) generation of initial codes, (3) searching for themes, (4) reviewing themes, (5) defining and naming themes, and (6) writing the analysis. While the process is outlined sequentially, coding and analysis of the data was recursive as I moved between the different phases. I started the coding process by first becoming familiar with the data. This involved thoroughly reading and re-reading the transcripts and making detailed notes of recurring ideas and interesting quotes by hand on printed transcripts or in word documents. For the second phase, line-by-line coding was conducted in NVivo 10. Initial codes were generated based on participants’ experiences of using vaginal cleansing products, the marketing of these products, and perspectives on vaginal health and hygiene more broadly. Examples of initial codes included cleanliness and freshness, embarrassment and stigma associated with product use, discreet marketing, and shame surrounding vaginas. After coding was complete, codes were collapsed into broader patterns of meanings which generated a tentative list of themes (e.g. cleanliness and freshness was incorporated into the broader theme societal expectations of female cleanliness). This tentative list of themes was further refined to produce a final list which involved checking to ensure the identified themes accounted for all coded data. Examples of these final themes include societal expectations of female cleanliness, the absent vagina, bodily discipline, control, and product use, and portrayals of the vagina (clean, healthy, and dirty).
After coding was complete, I utilized a critical discourse analysis approach (CDA) to analyze my data. Broadly speaking, CDA is used to explore the reciprocal relationship between language and social structures. Scholars who use CDA to analyze their data aim to explore how dominance is produced, reproduced and sustained through discourse in everyday social interactions. As such, CDA provides researchers with an approach to go beyond mere description of discourse. This includes providing an understanding of what Lazar (2005) describes as the complex interplay between power and ideology within discourse that sustains gendered social orders. Because CDA is concerned with social inequality, Lazar (2005) notes that researchers who use this approach typically take up goals of emancipation and social transformation. In particular, CDA is often used by feminist researchers as part of their agenda in challenging discourses that disempower women (Lazar, 2005). For example, some researchers have used CDA as a method of analysis to contest gendered social practices within the workplace, educational institutions, and domestic settings such as the home (Holmes, 2005). The emancipatory goals of CDA further contribute towards what Lazar (2005) describes as a “praxis-oriented research” (p.145) because it joins theory with practice. According to Lazar (2005), this includes using theory to create awareness and develop strategies for resistance and social change.

Thus, CDA can be a powerful method of analysis in advancing a feminist agenda that challenges patriarchal systems of oppression.

I chose CDA as an analytical approach because it aligns with my feminist stance in deconstructing gender relations and critiquing “discourses which sustain a patriarchal social order” (Lazar, 2005, p.5). In taking a CDA approach I was thus able to identify and problematize dominant discourses around the female body that have become normalized and accepted within
our society. This form of analysis therefore lends itself well in examining the dominant discourses that participants reproduced, negotiated, and challenged when describing their experiences of the vagina and their use of vaginal cleansing products. For example, this included analyzing how women’s experiences of their vaginas often reproduced broader social-cultural discourses around vaginas being dirty. Because CDA has a focus on power and gender I was also able to use this approach to understand the nuanced and subtle power relations present in women’s talk. This includes what Lazar (2005) describes as modern power relations. According to Lazar modern power relations are demonstrated by internalized gendered norms which are acted out in talk and texts of everyday life. This often makes it an invisible power because it is recognized as both natural and legitimate within our society. I used this perspective to explore how socio-cultural messages around the vagina as dirty were internalized and reflected in the desire women had in needing to manage the vagina through the use of vaginal cleansing products. CDA further enabled me to take an analytical approach to identify overt power relations that oppress women. This includes the shaming of women’s bodies that fail to meet societal standards of the ideal vagina.

Part of my analysis was also concerned with the multiple, contradictory, and fluid constructions of the vagina within women’s accounts. In using a CDA approach I was able to identify and examine the interaction between different and at times competing discourses that are present within particular talks and texts (Lazar, 2005). I did this by carefully reading the transcripts to discern discursive patterns of meaning including contradictions and inconsistencies in relation to how participants constructed the vagina. For example, these inconsistencies were especially apparent when participants spoke about the vagina as clean, dirty, and healthy. In
addition, a CDA approach allowed me to explore how the desires women have to use vaginal cleansing products are constituted and regulated by available discourses. This enabled me to examine how the use of vaginal cleansing products was intimately linked with the need to meet feminine norms of a clean vagina. Furthermore, my interest in using CDA was not only in understanding the interplay of gender, language, and socio-cultural ideologies but also to suggest ways through which women can foster change. CDA therefore guided my feminist aims of consciousness-raising and social change. This included writing about how to disrupt dominant discourses around the vagina as dirty in favour of speaking about vaginas and women’s bodies more generally as natural, empowering, and beautiful.

Overall, in taking a CDA approach, my primary interest was to explore how the female body is discursively constructed in relation to the use of vaginal cleansing products. Taking a CDA approach further aligns with my use of social constructionism in this dissertation. In particular, CDA and social constructionism share assumptions that knowledge is created through social interaction, meanings are historically, politically and culturally situated, and representations of the world are discursively constructed (Nowosenetz, 2007). CDA and social constructionism are further congruent in their critical approach to discourse. For example, CDA and social constructionism enabled me to examine dominant and silenced discourses within Western society on the vagina. Therefore, drawing on a social constructionist perspective and taking a CDA approach was intentional to allow me a fuller understanding of the meanings that women associate with the vagina and how these meanings are socially constructed. In supporting Shilling’s (1993) argument that “human bodies are taken up and transformed as a result of living in society, but they remain material, physical, and biological entities” (p.11) I
also focused on women’s experiences in relation to the materiality of their bodies. Since women’s use of vaginal cleansing products is a bodily act I draw on theories of embodiment, as discussed in Chapter Three, to analyze the ways in which women relate to and experience their bodies.

Furthermore, in approaching this research from a feminist perspective it is important to provide transparency and to be reflexive of my analytic process. As discussed in the section Researcher Positionality (see 1.1), my thinking about women’s bodies has been guided by feminist scholars since my undergraduate degree. This earlier thinking informed my analysis and was shaped by feminist theoretical frameworks that I have been previously introduced to. While my coding was led by an inductive approach, I acknowledge what Srivastava and Hopwood (2009) describe as themes not emerging on their own but rather being identified by the researcher based on how they interpret the data. This interpretation is based on the theoretical frameworks researchers subscribe to as well as their ontological and epistemological positions. For example, in coming from a feminist and social constructionist framework, I was drawn to words and phrases that women used that reproduced dominant cultural scripts of women’s bodies as in need of modification.

In addition, my data analysis was a deeply iterative process because I continuously went back and forth between analyzing women’s transcripts and feminist literature that I was both familiar and unfamiliar with. This process enabled me to engage with the data in a more meaningful way by bringing new insights to the data. For example, in identifying how women reproduced dominant constructions of vaginas as dirty and shameful, I began to explore work by
Jane Ussher (2006) who writes about how some women experience menstruation as debilitating and distressing. By consulting feminist literature during my analysis process, I became aware of new perspectives that informed my understanding of the data. For example, while I was able to connect portrayals of the clean vagina and dirty vagina to other feminist work by scholars like Virginia Braun and Sue Wilkinson (2001), the healthy vagina to my knowledge had not been written about in relation to vaginal cleansing product use. I was able to therefore explore in greater depth different themes in the data that contribute new findings to feminist literature on women’s bodies.

4.5 Overview of Analytical Chapters

The three analysis chapters in this dissertation examine the discourses women take up in describing their experiences of the vagina and vaginal cleansing product use. In Chapter 5, titled “Exploring Portrayals of the Vagina”, I explore three different portrayals of the vagina I identified in participants’ account: Healthy, Clean, and Dirty. I explore how of the three portrayals, the clean vagina is idealized by participants in which vaginal cleaning product use is a necessarily practice in eliminating vaginal odour, discharge, and menstrual blood. In Chapter 6, “Societal Pressures to be Clean”, I examine the pressures participants experienced in needing to attain a clean vagina. I show how for some participants these pressures have become internalized, thus producing feelings of shame, embarrassment, and self-consciousness about their vaginas. Finally, In Chapter 7, “The Desire for a Clean Vagina: Prioritizing Vaginal Cleanliness over Vaginal Health”, I examine how the clean vagina is a powerful beauty ideal to the extent that some women rationalized and justified their use of vaginal cleansing products.
despite being aware of or experiencing negative health consequences associated with these products.
5 Exploring Portrayals of the Vagina

This chapter explores dominant constructions of the vagina that I identified from my interviews with women. Specifically, I explore three portrayals of the vagina I identified in my data: the healthy vagina, the clean vagina, and the dirty vagina. All three portrayals of the vagina were implicit at different times when participants spoke about bodily emissions including vaginal odour, discharge, and menstruation. The fact that many participants drew on more than one portrayal of the vagina during their interviews highlights the complex and at times conflicting constructions of the vagina. For example, bodily emissions were spoken about differently by participants depending upon whether the vagina was being portrayed as healthy, clean, or dirty. As such, the healthy vagina was spoken about as having some odour and discharge, the clean vagina as having no odour and discharge, and the dirty vagina as having excess odour and discharge. The use of vaginal cleansing products was also discussed by participants in connections with these portrayals. Discussions ranged from participants stating that vaginal cleansing products should not be used for the healthy vagina to these products being necessary for the clean vagina. In exploring these portrayals, this chapter is divided accordingly into three sections; Healthy Vagina, Clean Vagina, and Dirty Vagina. Each section is further divided into three corresponding sub-sections; 1) The amount of vaginal secretions participants associated with each portrayal 2) How these vaginal secretions are conceptualized in relation to each portrayal and 3) How vaginal cleansing product use is constructed in connection with each portrayal. These three portrayals of the vagina are illustrated in Table 1 and will guide the discussion of this chapter.
Table 1: Portrayals of the Vagina

<table>
<thead>
<tr>
<th>Portrayal of the Vagina</th>
<th>Healthy Vagina</th>
<th>Clean Vagina</th>
<th>Dirty Vagina</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associated Concepts</td>
<td>Normal</td>
<td>Desirable</td>
<td>Shameful</td>
</tr>
<tr>
<td>Amount of Vaginal Odour, Discharge, and Menstrual Blood</td>
<td>Some</td>
<td>Nothing</td>
<td>Excess</td>
</tr>
<tr>
<td>Words/Statements Associated with Each Portrayal</td>
<td>“normal”</td>
<td>“control”</td>
<td>“embarrassing”</td>
</tr>
<tr>
<td></td>
<td>“what my body is supposed to do”</td>
<td>“fresh”</td>
<td>“gross”</td>
</tr>
<tr>
<td></td>
<td>“a little bit moist”</td>
<td>“perfect”</td>
<td>“unclean”</td>
</tr>
<tr>
<td></td>
<td>“There’s no scent, there’s no mess, there’s no nothing”</td>
<td>“too much blood”</td>
<td>“unpleasant smells”</td>
</tr>
<tr>
<td>Vaginal Cleansing Product Use</td>
<td>No use of products (Vagina as Self-Cleaning)</td>
<td>Regular use of products</td>
<td>Using products during specific times (i.e. menstruation)</td>
</tr>
<tr>
<td>Number of Participants who Spoke about Each Portrayal</td>
<td>16</td>
<td>31</td>
<td>27</td>
</tr>
</tbody>
</table>

Of the three portrayals I outline in this chapter, I show how the clean vagina (i.e. no odour, discharge, or menstrual blood) is a feminine ideal for the participants in this study that reproduces cultural constructions of desirable female genitalia as feminine, sanitized, and neat
participants’ use of vaginal cleansing products was constructed as a required beauty practice they need to engage in to attain the clean vagina.

5.1 The Healthy Vagina

The excerpts presented in this section demonstrate how many participants associated some vaginal odour and discharge with vaginal health, a construction that I have termed the ‘healthy vagina’. While some vaginal odour and discharge was constructed by participants as being beneficial for vaginal health, anything that exceeded this subjectively determined limit was considered dirty, unclean, and abnormal. Thus, a fine line was constructed in participants’ accounts for when vaginal secretions were conceptualized as healthy and when vaginal secretions were conceptualized as dirty. When vaginal secretions were conceptualized as healthy and normal, vaginal cleansing products were viewed as unnecessary because they remove natural and beneficial aspects of female genitalia. This is explored below.

5.1.1 Amount: Limited Vaginal Secretions

Some vaginal odour and discharge were constructed by participants as part of the healthy vagina. The word ‘some’ is important as participants placed limits on what they believed was acceptable and normal for the healthy vagina. For example, in addition to ‘some’, words that inferred measurement, such as ‘limited’, ‘amount’, and ‘exceed’ were frequently used by participants when describing vaginal odour and discharge in relation to the healthy vagina. Rather than these words inferring specific measurement values, they were instead subjectively
based on personal experiences. This is exemplified in the following excerpt where Participant 15 discusses vaginal discharge:

P: It’s kind of silly but again as I’ve gotten older I’ve learned that it’s just what it should be and what a normal, healthy vagina should feel like. Um just you know a little bit moist. Depending on what’s going on you might have a little bit of discharge which I always associated with being dirty or unclean whereas I recognize now that it’s just what my body is supposed to do. But yeah just that kind of moisture um feeling a little bit of discharge, stuff that like just always made me feel dirty.

Participant 15 places restrictions on how much vaginal discharge is healthy. For example, her repetition of the word “little” when referring to the occurrence of vaginal discharge (“a little bit moist”, “a little bit of discharge”) suggests there are limits to how much discharge is normal and healthy. However, it was evident from participants’ accounts that vaginal secretions which exceed these subjective boundaries are framed in a negative way. For example, this is illustrated in the following excerpt involving Participant 18:

P: Like if you have a healthy vagina you’re going to [have] fairly low discharge and limited odour. If you have a really bad odour or excessive discharge, then it means that you have an unhealthy vagina. But I think it’s more a cause and effect thing so you know if something is wrong with your body then there will be symptoms.
The healthy vagina for Participant 18 is one that has “limited odour” in addition to “low discharge”. Vaginal odour that exceeds these ‘limits’ is suggested to be problematic and even unhealthy. For example, Participant 18’s description of odour that is “really bad” and discharge that is “excessive” problematizes these bodily emissions by suggesting they are not only indicative of an unhealthy vagina but a sign that there is something “wrong” with a woman’s body. Furthermore, Participant 18’s use of the word “symptoms” when describing excess vaginal odour and discharge additionally problematizes these bodily emissions by suggesting they are underlying issues of an illness that need to be treated medically. This idea was in line with other participants’ accounts which constructed some odour and discharge as healthy but suggested too much vaginal discharge or too strong vaginal odour are troublesome issues that women need to address because they are not part of the healthy vagina. Thus, participants’ descriptions of healthy amounts of vaginal odour and discharge were restrictive in the sense that vaginal secretions that do not fit within this subjectively defined limit were conceptualized as problematic. I explore in greater depth how this applies to participants’ descriptions of excess vaginal secretions as problematic in the section ‘The Dirty Vagina’.

5.1.2 Associated Concepts: Vaginal Secretions as Normal and Healthy

Limited amounts of vaginal odour and discharge were constructed by some participants as normal and healthy because they were viewed as bodily emissions most women experience. This was reflected in the types of words that participants used. For example, in addition to words like ‘normal’ and ‘healthy’, vaginal secretions were normalized through women’s language when they used collective terms like “we” (e.g. “we all menstruate” Participant 27). As such, some
participants challenged portrayals within society that presented vaginal secretions as abnormal.

This is demonstrated in the following account involving Participant 10:

I: Why do you think there isn’t enough education on vaginal hygiene for women?

P: I think that it’s still a very uncomfortable topic. We’ve gotten better about menstruation and we’ve gotten better about products so that’s great, but I feel like there’s sort of this thing like I saw on Facebook I don’t know a couple of months ago I’m not sure if you saw it, the whole panty challenge?

I: No, I didn’t

P: It was this whole thing where girls are supposed to take a picture of the inside of their panties and it was basically shaming anybody who has discharge because you know they would…it started off as a really positive thing where girls would post a picture and you know there would be discharge on their panties like every woman on the planet. Then a bunch of other girls started posting pictures and saying ‘ew that’s disgusting, look at my perfectly clean panties I never have discharge’. It was just so disappointing to see and to know that fourteen and fifteen-year-old girls who are starting to experience discharge are being told that it’s not normal when it is. It’s healthy and I think it’s still a weird taboo for people to think that women are perfect rays of sunshine and we actually excrete disgusting things sometimes. And you know a vagina isn’t
actually a perfect flower that smells like hibiscus and sweet pea all the time.

Like it doesn’t always smell great and that’s normal.

Participant 10 challenges messages within social media that suggest vaginal secretions are unhealthy. For example, her statement that adolescent girls are “being told that [discharge is] not normal when it is” suggests disapproval of messages that portray these bodily emissions as abnormal. Her account further normalizes what are considered ‘unpleasant’ aspects of vaginal discharge (i.e., “it doesn’t always smell great and that’s normal”, “we actually excrete disgusting things sometimes”).

Other participants were less certain about the meaning of ‘normal’ or ‘healthy’ in relation to vaginal secretions. This was evident in the ambiguity and uncertainty some participants expressed when speaking about vaginal secretions. For several participants, this ambiguity and uncertainty was specifically related to the idea that there are norms that determine whether vaginal secretions are normal or not but that these norms are not always clear. This is demonstrated in the following account:

P: I don’t think women really know what…like I’m thinking of myself I don’t really know what a normal odour is supposed to be for women. I don’t know what a normal discharge is really supposed to be. Like we’ve been taught if you have anything in your underwear then it’s a bad thing. You have either an infection or have something wrong with you.

In this account, Participant 22 expresses uncertainty around knowing when vaginal odour and discharge are normal and when they are abnormal (“I don’t really know what a normal odour is
supposed to be for women. I don’t know what a normal discharge is really supposed to be”). Her repeated use of the phrase “supposed to be” constructs the idea that there are external norms surrounding vaginal health, but such norms are not visible or easily known. Her excerpt suggests that these parameters change and are dependent upon broader societal messages around vaginal health and hygiene. As a result, the tensions evident in Participant 22’s excerpt may reflect the multiple and often conflicting representations of vaginas in addition to the lack of knowledge available to women in distinguishing aspects of female genitalia that are ‘normal’ and ‘healthy’ and what may constitute a health risk (Braun & Wilkinson, 2001; Crooks & Baur, 1999). The uncertainty expressed by Participant 22 and other participants around what ‘normal’ is in reference to vaginal odour and discharge may further reflect a society where women are unaware of the diversity of “normal” female genitalia (Braun & Kitzinger, 2001, p.26).

5.1.3 Use of Products: Vaginal Cleansing Products as Unnecessary

Vaginal secretions were constructed in some participants accounts as beneficial for women’s vaginal health. Vaginal discharge in particular was viewed as serving an important function in maintaining vaginal cleanliness. Thus, for some participants vaginal cleansing products were constructed as unnecessary because they remove vaginal discharge. For example, this is highlighted in the following excerpt involving Participant 3:

I: What are your thoughts generally on vaginal cleansing products?

P: Umm I don’t know how necessary they are. From what I’ve been told [the vagina] takes care of itself and from my experience of it it also seems to do that so um because it secretes its own discharge and cleans itself to help with
vaginal health. Kind of how your nose makes mucous and you blow it into a
tissue, it excretes it on its own and then you clean it away.

Participant 3’s excerpt constructs the secretions produced by the nose and the vagina as serving parallel functions in keeping the body healthy. Her descriptions of the nose and the vagina as having their own natural secretions is suggested as playing a beneficial role in maintaining health and cleanliness (i.e. the vagina “secretes its own discharge and cleans itself to help with vaginal health”). However, while several participants associated discharge with the vagina’s natural self-cleaning process, no participants associated discharge with feelings of cleanliness. As I further explore in the next section, only a clean vagina that has no odour or discharge was associated with feeling clean. This distinction is important as I will demonstrate in the following chapter that having a vagina devoid of odour and discharge that creates feelings of cleanliness (that is, a clean vagina) is prioritized by participants over the healthy vagina that produces odour and discharge.

Vaginal cleansing products were not only constructed as unnecessary for the healthy vagina but mentioned by some participants as also not recommended. In particular, these products were viewed as not recommended because they were seen as serving a purpose that the vagina naturally does on its own (i.e., cleaning the vagina by producing discharge). Therefore, aside from water, some participants suggested no other cleansing solutions should be used for vaginal health. This is demonstrated in the following excerpt involving Participant 8:

I: Okay and you mentioned I think at the beginning of the interview that the products might not be good for your health?
P: Yeah or just kind of pointless you know like it’s not something that is necessary. Um there’s lots of products out there for vaginal hygiene and I know for vaginal hygiene generally it’s not typically recommended that we use these products because you always kind of hear that the vagina is kind of um self-cleaning and takes care of itself. So, you don’t need those products from a health perspective yeah…you don’t need to clean it because it cleans itself, that’s why you have discharge.

Vaginal cleansing products are constructed as not needed for the healthy vagina when Participant 8 describes them as “pointless”, “not something that is necessary” and “not typically recommended”. This perspective is based on the idea that vaginas are self-cleaning (i.e. “you don’t need to clean it because it cleans itself”). The idea that the vagina is self-cleaning was similarly brought up in other participants’ accounts who constructed the production of discharge as part of this cleaning process.

This section explored participants’ constructions of the healthy vagina. This included the vagina being portrayed as having some vaginal secretions which were viewed as both normal and healthy. Vaginal cleansing products were thus viewed as unnecessary because they remove these vaginal secretions that are beneficial to women’s health. In the next section I explore constructions of the clean vagina. As I will show, constructions of the clean vagina contrasted with the healthy vagina, which was constructed as having no vaginal secretions and necessitating the use of vaginal cleansing products.
5.2 The Clean Vagina

A second construction I identified was that of the *clean* vagina. The clean vagina was characterized by participants by the absence of vaginal odour, discharge, and menstrual blood. Of the three portrayals, the clean vagina was viewed by all participants as the most desirable. I show in this section how the clean vagina is a feminine ideal for participants. I further demonstrate how vaginal cleansing product use is used by participants in managing vaginal secretions and bringing their genitalia into conformity with the idealization of the clean vagina.

5.2.1 Amount: Absence of Vaginal Secretions

Compared to constructions of the healthy vagina where the presence of some vaginal secretions was taken to indicate health and normality, the clean vagina was constructed by many participants in terms of what is absent or missing. This included an absence of vaginal odour, discharge, and menstrual blood. This connection between ‘absence’ and the vagina reproduces broader representations of the desirability of women’s bodies with what is ‘not there’ (Bordo, 1993; Kalinch, 1993). For example, the absence of pubic hair has been written about extensively in feminist scholarship as associated with desirable female genitalia (Fahs, 2014). This connection between absence and desirability is demonstrated in the following excerpt:

I: And this might be hard to describe but can you tell me what feeling clean feels like?

P: Um…maybe a lack of chaffing or a lack of stickiness or…it’s like when you notice your arms are soft after a shower you kind of feel that way everywhere.
Um you don’t notice any vaginal residue or discharge like you’re clean and free of discharge

The clean vagina is described by Participant 3 as lacking “chaffing”, “stickiness”, and “vaginal residue”. Furthermore, this participant’s statements “you don’t notice any vaginal residue or discharge” and “you’re clean and free of discharge” uses language that emphasizes what is missing. This type of language was similarly evident in other participants’ accounts when describing the clean vagina (e.g. “There’s no scent, there’s no mess, there’s no nothing” Participant 17). This use of language by participants reproduces how the vagina is often characterized in terms of “what it is not rather than what it is” (Kalinch, 1993, p.226). This applies to women’s bodies more generally as well. For example, feminist scholars have written about how the absence of body hair, absence of weight, and absence of menstruation are constructed as ideals of femininity within Western culture (see Bordo, 1993; Hasson, 2012; Toerien, & Wilkinson, 2003). This absence suggests not only that what is lacking is desirable but also that the desirability of the female body is based on women modifying their bodies to remove aspects that are constructed as ‘unappealing’ (Bartky, 1990).

The absence of vaginal secretions for some participants was associated with positive feelings including feeling “confident” (Participant 2), “good” (Participant 25), and “comfortable” (Participant 26). In comparison, none of these terms were used to describe the healthy vagina. Whereas descriptions by participants of the healthy vagina focused on function (i.e. the healthy vagina is self-caring and self-cleaning), descriptions of the clean vagina often centered around
feelings and sensations. This association between the clean vagina and positive feelings is demonstrated in the following exchange between myself and Participant 8:

I: So, I just wanted to ask you about that because other women I’ve talked to have also mentioned feeling cleaner and fresher after using the products and I was just wondering if possible if you could describe what that feeling is of being clean and fresh?

P: Um…just knowing that there isn’t any odour. Um…just sort of cleans up a bit of the leakage that might happen um yeah that’s all I can think of. I think just keeping clean keeps you feeling fresh and more confident about yourself as well.

I: And when you say more confident, I’m just curious in what way?

P: After using them I just felt confident that…even though I wasn’t planning on getting close to someone if I was sitting close to someone they wouldn’t be like ‘what’s that smell?’[laughs] So feeling clean also goes with smelling clean.

The absence of vaginal odour is described by Participant 8 as being associated with positive feelings such as being “more confident” and “feeling fresh”. These positive feelings were constructed in participants’ accounts as creating a level of comfort or security in the types of activities they partook in. For example, for Participant 8, the confidence she attained from having a clean vagina enabled her to be in close proximity to others without being concerned about
vaginal odour (i.e. “if I was sitting close to someone they wouldn’t be like ‘what’s that smell?”). However, as I will show in the section, ‘Dirty Vagina’, many participants brought up feelings of self-consciousness and bodily dissatisfaction when they perceived themselves as not meeting the ideal of the clean vagina.

5.2.2 Associated Concepts: Absence of Vaginal Secretions as Desirable

The clean vagina was constructed by all participants as desirable. This was reflected in the way participants spoke about the clean vagina which reproduced the cultural desirability of a vagina that is odour and discharge free (Ferranti, 2009). For example, words like “perfect” (Participant 20), “fantastic” (Participant 15), and “amazing (Participant 16) were used to describe a vagina that is free of vaginal secretions. This is demonstrated in the following excerpt involving Participant 20:

I:…and this might be difficult to answer but when you feel clean can you describe that feeling?

P: Um…huh…when I feel clean, I feel like…everything is perfect down there. I don’t know how else to describe it [laughs]. I feel like nothing smells so I’m more confident about walking around. I feel like it’s clean and it won’t emit any odours, so I feel more confident and it just…I don’t know how to explain that….it just feels right like it’s a sense of feeling right.

Participant 20’s use of the word “perfect” in describing a vagina that is devoid of odour (“everything is perfect down there”) presents an idealized construction of the clean vagina. While the healthy vagina is constructed as normal, the clean vagina is perfect. However, Bartky
(1990) notes feminine ideals are not “naturally occurring” for most women and this was true for the participants in this study. Considering the majority of participants, including Participant 20, stated they perceived themselves as experiencing vaginal odour and discharge, the use of vaginal cleansing products were constructed as necessary to remove them (I further explore this under ‘Vaginal cleansing products as Necessary’).

The clean vagina was constructed as particularly desirable in part because it was associated with sensations of vaginal dryness due to the complete elimination of vaginal secretions. While vaginal dryness has been written about in feminist and medical literature as an uncomfortable symptom some women experience (Christoforu, 2014; Mitchell, et al., 2017), for some participants in this study it was a sign that the vagina is as clean as it can possibly be. This is demonstrated in the following exchange between myself and Participant 15:

P: With the wash I really liked how clean I felt afterwards. It was like using a really fantastic body wash, so you just feel super insanely clean and you just feel really fresh. The deodorant too it’s like a little bit powdery so it kind of just dries everything up and you feel really clean and fresh.

I: So, this might be a difficult question to ask but when you say you felt clean what does that feeling….so what does clean feel like?

P: Um so I mean if I um…you know if you’re working all day and you know you’re going to have discharge so I could feel the discharge and it doesn’t feel totally one hundred percent dry. I found after I used the products I felt really super dry. Like I didn’t feel moist, I didn’t feel any…sliminess is probably the
wrong word but it’s kind of the best thing I got right now. Um it felt a lot like after you wash your hands with like a really great antibacterial soap and they’re just clean.

I: So that clean feeling was connected to feeling more dry?

P: Yeah

Sensations of vaginal dryness are associated in Participant 15’s account with feeling “really clean and fresh”. Her use of superlative terms and phrases when discussing vaginal dryness (“super dry”, “really super dry”, “one hundred percent dry”) emphasizes the need to remove all discharge and moisture if she wants to feel clean. In addition to Participant 15, other participants also constructed vaginal dryness as an important characteristic of the clean vagina.

5.2.3 Use of Products: Vaginal Cleansing Products as Necessary

Due to cultural messages about desirability, many women view their bodies as self-making projects (Rice, 2014) and this was true for the majority of the participants in this study. For example, to attain an ideal vagina, vaginal cleansing products were constructed by all participants as necessary to reduce or eliminate vaginal odour and discharge. The necessity of vaginal cleansing products in attaining vaginal cleanliness has similarly been written about elsewhere (Jenkins, Crann, Money, & O’Doherty, 2017). However, for the participants in this study it wasn’t only about attaining the clean vagina, it was about maintaining this cleanliness over time. This maintenance of vaginal cleanliness was constructed as important in needing to consistently feel clean. This resulted in many participants therefore using the products as a
consistent and necessary form of self-management to get the desired outcome of the clean vagina. This is demonstrated in the following exchange between myself and Participant 25:

I: So, you mentioned when you use the wash and wipes you find that it reduces the discharge?

P: Um it’s like a temporary thing. Yeah, I feel like it doesn’t eliminate it, it just reduces it I guess. Yeah so that’s why you have to keep using it.

I: Oh, okay so you have to keep using the wipes or the wash to…

P: Yeah to keep or maintain that clean feeling whereas if you just use it once a month then I feel like you won’t get the same results as like feeling as clean.

The vaginal wash and wipes are constructed within Participant 25’s account as only temporarily reducing discharge. Her excerpt therefore demonstrates the necessity in using these products consistently and regularly when she states, “you have to keep using it”. Her use of the words “have to” suggests that the wipes and the wash are necessary practices she needs to partake in if she wants to attain an ideal vagina. For Participant 25, her commitment in reducing vaginal discharge is illustrated in how often she uses the products. Only continuous use of the products is noted as being effective in producing feelings of cleanliness compared to infrequent use (i.e. once a month) which is less effective. Thus, for this participant and others it is not only about achieving the clean vagina that is important but being able to maintain this achievement over time. The maintenance of the clean vagina, as a result, become a project in itself for the women in this study.
Vaginal cleansing products were also constructed within participants’ accounts as necessary tools because they were a way for participants to exert control over their genitalia. This control was constructed as important for how women are perceived by others. For example, women who do not have ‘control’ over their genitalia were constructed as being subject to judgement from men because their vaginas do not conform to the idealized clean vagina. This is demonstrated in the following excerpt when Participant 26 speaks about why she believes women use vaginal cleansing products:

I: And um I was wondering if you have any other ideas about why other women may use vaginal cleansing products?

P: I just think people want to be clean and they’re just…because it’s not like a male body part we can’t see what’s going on. So, we wash it up and I think we feel a little self-conscious you know and want to be in control of that body part and wanting it to be clean. You know we feel a little self-conscious because guys joke around or make jokes about odours or appearance or you know everything. So, what I’ve heard from friends is mainly that they want to be clean.

Participant 26’s statement, women “want to be in control of that body part and wanting it to be clean”, demonstrates the need of having a vagina that is clean and controlled. Vaginal cleansing products for Participant 26, and other participants, were thus presented as a way of gaining control over their genitalia by removing what were perceived to be undesirable vaginal secretions. Participant 26’s excerpt further suggests women who do not control their vaginal
secretions are at risk of judgement from men. This was consistent with other participants’
accounts which constructed women with vaginal secretions as subject to negative repercussions.
Participants’ accounts thus demonstrate the criticism they believe women are subjected to if they
do not control vaginal secretions through vaginal cleansing products.

5.3 The Dirty Vagina

The third and final portrayal of the vagina I identified in my data is the ‘dirty vagina’. The
dirty vagina was characterized as having excess vaginal secretions. This portrayal reflected
constructions of the female body as leaky, uncontrollable, and seeping liquid (Grosz, 1994). As
such, this construction of the dirty vagina with ‘excess’ directly contrasted with how the clean
vagina was constructed in participants’ accounts with ‘absence’. In addition to showing how the
dirty vagina was constructed as having excess vaginal secretions, I further demonstrate in this
section how vaginal cleansing products were viewed as being required for additional and
frequent cleaning. This additional required cleaning was often associated with the construction of
vaginal secretions as embarrassing thus reproducing dominant cultural constructions of vaginas
as shameful (Ussher, 2006).

5.3.1 Amount: Excess Vaginal Secretions

The dirty vagina was characterized by participants in terms of ‘excess’. This included
constructions of excess vaginal odour, excess discharge, and excess menstrual blood. This excess
was often demonstrated through participants’ use of adverbs (“much odour” Participant 8) and
was further described by participants in ways that emphasized the undesirability of vaginal
secretions (e.g. “really gross” Participant 29”). This is shown in the following excerpt:
I: And if you weren’t feeling clean what would that feel like?

P: So…I guess not feeling clean would be like discharge, lots of discharge and just an odour. It feels really gross like uncomfortable. Yeah, it’s like feeling like it’s smelling really bad.

Participant 13’s use of adverbs in describing vaginal discharge (”lots of discharge”) and vaginal odour (“smelling really bad”) illustrates how excess vaginal secretions are constructed as undesirable aspects of the dirty vagina. This undesirability of excess vaginal secretions is also described as creating physical unease (“feels really gross like uncomfortable”). Other participants similarly used words that constructed excess vaginal secretions as undesirable. This included words like “unpleasant” (Participant 28), “messy” (Participant 17), and “yucky” (Participant 24), and reflects broader dominant cultural representations of vaginal secretions as disgusting (Braun & Wilkinson, 2003; Fahs, 2014; Ussher, 2006).

Excess menstrual blood, in particular, was constructed in participants’ accounts as amplifying feelings of uncleanliness. These feelings of uncleanliness were attributed to menstrual blood being conceptualized as uncontrollable thus reproducing dominant cultural constructions of women’s bodies as leaky and uncontainable (Grosz, 1999). This is demonstrated by Participant 17:

I: What does feeling unclean feel like?

P: Like…when you have your period it’s like there’s stuff everywhere and it gets messy. So, although it’s normal it’s not your regular normal… it’s kind of
like you feel gross and you just want to hop in the shower and just bathe you know. You just not want to smell and not to have to feel that. Especially when you have cramps and with your hormones, you’re just like I don’t want to do anything [laughs].

For Participant 17, the sensation of menstruating “feel[s] gross” to the point where a shower or bath is needed. These feelings of uncleanliness are suggested to be heightened by the uncontrollability of menstrual blood when she describes it as “messy” and resulting in “stuff everywhere”. The construction of excess menstruation as dirty because it is uncontrollable was also evident in other participants’ accounts (e.g. “I felt like there was too much blood and I had to take care of it more frequently so the more that I have the more …the more I guess I just have to clean myself up ” Participant 7) and reproduces cultural constructions of menstruation as problematic and inconvenient (Ussher, 2006).

5.3.2 Associated Concepts: Vaginal Secretions as Shameful

Dirty vaginas were constructed in many participants’ accounts as associated with feelings of shame due to vaginal secretions being described as embarrassing and humiliating. These feelings were suggested to derive from ideas that vaginal excretions are abnormal. For example, in the following excerpt, Participant 29 describes the embarrassment she feels around perceived vaginal odour:

I: And um…so I know you were talking about vaginal odour before and I was just wondering if you have any other concerns related to vaginal hygiene?
P: Mm….no it’s just the odour. I hate it. It’s embarrassing like I feel like people can smell me.

I: Has anyone ever mentioned it to you or is it more your own concern?

P: It’s like mostly me and my boyfriend

I: Your boyfriend has mentioned something to you about it?

P: No, I asked him, and he agrees but he said that it smells like how it’s supposed to smell but to me I believed that is not how it’s supposed to smell. I actually don’t know how it is supposed to smell but I thought it was just something gross.

I: Is that something you’ve always been concerned about?

P: Yeah, I’m still concerned about it. It’s been years. Like no matter how many times I would wash like it’s just…it smells bad. I don’t want it there that’s why I want to try the Noroform [vaginal odour treatment].

I: Do you remember when that concern started?

P: Probably when I turned 11 or 12, I noticed…it started smelling really bad.

Participant 29’s construction of vaginal odour as “gross” and “embarrassing” suggests this bodily emission is not only unwanted but a source of shame. The concern she expresses around “smelling really bad” is described as beginning at the age of 11 or 12, a time when girls typically experience bodily changes through puberty as well as increased feelings of bodily shame.
(Brumberg, 1996). While the occurrence of vaginal odour may have been a natural result of puberty, there is doubt in Participant 29’s description about whether this odour is normal when she states, “to me I believed that is not how it’s supposed to smell”. Feelings of embarrassment and self-consciousness were similarly brought up throughout women’s accounts about emitting vaginal secretions.

Vaginal secretions were constructed as shameful to the point where participants expressed concerns and fears around being detected by others. These concerns were particularly associated with emitting vaginal odour in public and intimate settings. However, for many participants, fears of others noticing their vaginal odour were not based on past experiences but rather on imagined situations that could occur. For example, as shown in the following excerpt involving Participant 6, even though no one has commented about her vaginal odour she still expresses concerns:

P: …Uh before I started using wipes I was feeling so self-conscious that everybody could smell me and feeling really bad about it and not knowing what to do! I didn’t realize that it was something that I could take of by myself.

I: Yeah, do you think that the smell was more your own concern, or do you think people could smell it?

P: Um I think it might have been really my own concern, I hope so because no one has ever mentioned it to me.
Participant 6’s comment that she feels “self-conscious that everybody could smell” her demonstrates concerns she has about vaginal odour. This fear of others noticing ‘embarrassing’ vaginal odour was evident throughout participants’ accounts (e.g. “Like even if I can’t smell it somebody will…I would be absolutely mortified” Participant 23). For most participants, including Participant 6, the fear of being detected by others was based on hypothetical situations rather than personal experiences. As such, even though most participants stated no one had ever commented on their vaginal odour (i.e. “no one has ever mentioned it to me” Participant 6”), this did not alleviate the concerns they had. As I show next, fears of emitting unpleasant vaginal odour were seen by participants as contributing to their use of vaginal cleansing products.

5.3.3 Use of Products: Vaginal Cleansing Products as Required for Additional Cleansing

The dirty vagina was constructed by participants as requiring additional work to keep the vagina clean such as using vaginal cleansing products more frequently. This idea that additional work was required was reflected in the language that participants used (e.g. “I would have to clean more” Participant 26). This is shown in the following excerpt by Participant 7 who discusses using vaginal wipes more often when she menstruates, a time she characterizes as requiring additional care:

I: So, what made you want to use the wipes?

P: Um the wipes are mostly for when I’m on my period and I needed a little extra taking care of my vagina. I used to be a lighter bleeder but then I started bleeding heavier, so I felt like there was too much blood and I had to take care of it more frequently so the more that I have the more…the more I guess I just
have to clean myself up. Like for girls they have to be clean and fresh or else otherwise I don’t know…people talk about you or something.

For Participant 7, additional work is required to maintain vaginal cleanliness during her period. While she states she used to be a “lighter bleeder”, her cycle has become “heavier” resulting in what she describes as “too much blood”. This perceived excess blood is constructed by Participant 7 as requiring additional cleaning through the use of vaginal wipes when she states, “I had to take care of it more frequently” and “I just have to clean myself up”. Furthermore, her account suggests the greater amount of menstrual blood that is experienced, the greater the requirement there is in cleaning it (“the more that I have the more…dirty isn’t the right word but um…the more I guess I just have to clean myself up”). This idea that additional work is required was similarly evident in other participants’ accounts who in addition to using vaginal cleansing products would take extra measures to address feelings of uncleanliness. This included taking frequent showers or baths (e.g. “I would go and have another shower or something” Participant 26).

The excerpts presented in this section demonstrated how participants associated excess vaginal odour, discharge, and menstruation with uncleanliness, a construction that I have termed ‘the dirty vagina’. These excess vaginal secretions were constructed as sources of shame for participants and thus required additional cleansing through the use of vaginal cleansing products. Only by removing vaginal secretions could feelings of embarrassment and self-consciousness be addressed such that participants felt able to be intimate with others.
5.4 Discussion

This chapter examined three distinct portrayals of the vagina that I identified in my data: healthy, clean, and dirty. Each portrayal was distinct in relation to how vaginal odour, discharge, and menstruation were spoken about by participants. In addition, each portrayal was associated with different uses and practices relating to vaginal cleansing products. However, in examining the three constructions of the vagina, they were neither what Harding (1997) would state as ‘uniform’ or ‘diametrically opposed’ to each other (p137). Rather, the constructions of the vagina presented here frequently overlapped. This may reflect the varied and often contradictory socio-cultural representations of the vagina (Braun & Kitzinger, 2001). Many participants drew on more than just one portrayal of the vagina during the course of their interview, which required them to negotiate critical differences in these portrayals. This was most evident in discussions of whether vaginal odour and discharge are healthy or dirty. These discussions highlighted women’s negotiations between vaginal odour and discharge as healthy but also as unwanted. This negotiation may further highlight the polarizing cultural representations of the vagina as dirty and problematic on one hand and part of a natural female body on the other. Aside from the vagina, contradictory discourses in relation to women’s bodies and body processes, such as menopause, have been explored by other feminist researchers (Coupland & Williams, 2002; Malacrida & Boulton, 2012). In particular, the concept of abjection has been used by feminists to explore how the female body has been and continues to be contested within Western culture.

5.4.1 The Abject Vagina

Theories of abjection offer important insights into understanding the participants’ experiences of the vagina. In particular, these women’s experiences of the vagina positioned
excess vaginal secretions as outside of the norms of what was constructed as healthy bodily functioning. The positioning of excess vaginal secretions as abject suggests that they deviate from constructions of idealized femininity where the body is contained and repressed (Ussher, 2006). Such representations of vaginal secretions reflect feminist literature that suggests socially constructed boundaries are applied to women’s bodies in determining whether they are acceptable or not (Harjunen, 2009). For example, Harjunen (2009) notes women’s bodily processes that exceed such ‘boundaries’ are constructed within society as deviant and as a result become subjected to discourses of illness and abnormality. While Harjunne (2009) states that various social actors and institutions are involved in constructing these boundaries, for the participants in this study it was unclear how these subjectively defined boundaries were defined and what or who was informing them.

However, it is clear from women’s accounts that vaginal excretions are viewed as breaching the boundary of the body. Kristeva (1982) refers to such breaches as belonging to the ‘out-of-control’ body. Indeed, the participants’ experiences of excess vaginal odour, discharge and menstrual blood as dirty and repulsive signifies what Kristeva (1982) describes as a disruption of order, system, and identity because vaginal secretions exceed cultural expectations of the clean and proper body. As such, women’s experiences of the dirty vagina as out-of-control are in conflict with what Russo (1995) describes as Western cultural ideas of how the body is supposed to be experienced (i.e., a self-contained, composed, and clean body). With women’s bodies constructed within Western culture as being permeable and uncontrollable (Grosz, 1999), it is perhaps not surprising that participants experienced feelings of unease and disgust towards excess vaginal secretions.
Runyon (2013) argues that disrupting bodily boundaries produces feelings of shame. This was evident in women’s discussions of the dirty vagina resulting in feelings of anxiety, self-consciousness, embarrassment, and fear. For example, women’s experiences of excess vaginal secretions as dirty and abnormal contributed to fear and worry when engaging in sex. Other studies have similarly discussed women’s experiences of self-consciousness around what are experienced as abnormal or ‘abject’ bodily processes and emissions. This includes studies by Roberts et al (1996) and Shaw (1995) in which bodily emissions such as vaginal odour and menstruation were found to be a common inhibitor for women engaging in sexual intercourse. In comparison to men, Eagly, Beall, and Sternberg (2004) note that the socialization of women and girls to view their bodies as inferior and abnormal contributes to not only women experiencing their bodies as shameful but also sanctioning men’s “expression of disgust towards women’s naturally changing bodies” (Calogero, & Thompson, p.170; Martin, 1992; Roberts, Goldenberg, Power, & Pyszezynski, 2002).

These negative feelings women have towards bodily secretions are further explained by Runyon (2013) to be a result of “a constant cultural disavowal of these substances and our desire to separate ourselves from our waste [despite being] easily reminded that we are inevitably and inextricably linked to the products of our embodiment” (p.6). For the participants in the study, the tension between experiencing excess vaginal secretions as dirty yet recognizing that they can also be part of a healthy vagina may represent what Runyon (2013) describes as a confrontation around embodied existence. This confrontation is due to understanding that bodily substances give us life, yet we disavow these substances when they exit the body because they threaten the boundaries of our being.
Although none of the participants in the study talked about vaginal odour, discharge or menstruation as an essential part of life for the female body, they did construct these vaginal secretions as important for vaginal health to a certain degree. However, the focus of participants on *how much* odour, discharge, and menstrual blood is healthy highlights the uncertainty participants had in deciding to what extent these secretions are primarily part of the healthy or dirty vagina. Participants’ uncertainty around what is healthy or normal in relation to these bodily fluids and odours may be further influenced by what feminist author Phadke (2017) argues are societal expectations women increasingly face today of having a body that is odourless. With popular culture representing odourless bodies as normal, anything that deviates from this becomes treated as abnormal (Horton & Kraft, 2013). These different messages present conflicting accounts to women about what normal means when it comes to vaginal odour and discharge. Thus, in a society where women are regularly told their bodies are abnormal (Horton & Kraft, 2013), the focus on what is ‘normal’ or healthy for female genitalia and their bodies more generally may not be unusual for the women in this study.

5.4.2 Vaginal Cleansing Products as Body Rituals

Ussher (2006) states that many women adopt rituals of purification because they have difficulty in coming to terms with the abject feminine body. This was evident for the women in this study who focused on controlling their vaginal secretions through the use of vaginal cleansing products in an attempt to manage the abject vagina. Thus, vaginal cleansing products became an important ritual for participants in containing, repressing, and purifying the vagina so that it meets cultural standards of an idealized clean vagina. While these rituals and practices for the women in this study consisted of vaginal cleansing product use, other studies show that
women commonly take up other practices in concealing and managing the abject body. For example, in addition to vaginal cleansing product use, rituals such as dieting and exercising have been performed by women in other studies to manage the abject body that does not fit idealized feminine forms of the body (Crann, Jenkins, O’Doherty, & Money, 2017). For many participants then in this study, containment became necessary to deal with the dirty vagina. For some participants, successful containment of vaginal secretions was indicated by vaginal dryness. Given dominant cultural constructions of vaginas as dirty, leaky, seeping and thus part of the abject female body (Kristeva, 1982; Ussher, 2006), a dry vagina may be appealing to some participants because it is viewed as the opposite of this representation. Vaginal dryness may further be attractive to participants because it more closely aligns with socially constructed norms of male genitals as dry and contained (Lupton, 1998). Thus, for some participants, vaginal dryness may have been viewed as desirable not only because it is indicative of the clean vagina but a vagina that is seen as conforming to social norms which supersede biological norms. For many participants then, concealing the abject vagina took considerable work and reflects what McDonald describes as the extensive lengths women go to in controlling and concealing the abject body.

Like other body rituals that women partake in such as applying makeup (McCabe, Waal Malefyt, & Fabri, 2017), vaginal cleansing products were an important ritual for the women in this study in transforming the self. This transformation of the self demonstrates what McCabe, Waal Malefyt, and Fabri (2017) and Maschio (2015) describe as rituals evoking specific emotional states and enhancing the body. For example, the use of vaginal cleansing products was a ritual of self-transformation in that it changed women’s emotional state from feeling dirty to
feeling, happy, confident, and prepared for social interactions. When women did not use vaginal cleansing products they felt uncomfortable, embarrassed, and self-consciousness about emitting what were experienced as unpleasant vaginal secretions. As such, vaginal cleansing products helped women to disassociate from feelings of dirtiness and discomfort.

As noted by McCabe, Waal Malefyt, and Fabri, (2017), rituals “are key mediators between embodied practices, feelings, and social discourse”. In particular, they argue that rituals transform discourses of beauty into embodied practices. Thus, the similarities between how these products are marketed and how women felt after using vaginal cleansing products may demonstrate women’s adoption of marketing discourses on beauty and the importance placed upon the ‘clean’ female body. For example, Kama and Barak-Brandes (2013) note feminine and vaginal cleansing product advertisements use the following equation, “cleanliness=health=happiness” when selling their products to influence consumers to purchase them. Although health and cleanliness were not associated with each other by the participants that I interviewed, they did associate cleanliness with positive feelings which Kama and Barak-Brandes (2013) note is a tactic used by vaginal cleansing product advertisers. This association between cleanliness and happiness was reflected in women’s embodied experiences of the clean vagina which they described as creating feelings of being “comfortable”, “confident”, and “good”.

Kama and Barak-Brandes (2013) note advertisers for hygiene products encourage individuals to purchase products meant to relieve them of unpleasant states. As a result, Mckay (2014) argues many girls and women come to view and experience their bodies as a source of
distress. These advertisements further perpetuate what Wolf (1991) argues are insecurities emerging from the socialization of women and girls to value unattainable ideals of women’s bodies thus preventing them from being at ease in their own bodies. The extent to which women relied on the use of vaginal cleansing products reflects their own unease around their vaginas and the need to enhance and modify their bodies through body rituals.

5.4.3 The Healthy Vagina as Resistance to the Abject

While there was greater focus by participants on the clean vagina, this did not suggest the healthy vagina was not valued. Participants’ descriptions of the healthy vagina presented instances of resistance to dominant cultural representations of vaginas as dirty by suggesting that some vaginal odour, discharge, and menstrual blood are healthy. According to Martin (1989), these alternative views of the female body can be empowering for women and this came across in some women’s accounts. For example, the language that women used when discussing vaginal secretions as part of the healthy vagina suggested these are bodily process that all women experience. By normalizing some vaginal secretions, participants gave positive meanings to aspects of the vagina that are typically defined within Western culture as undesirable, unwanted, and troublesome (Martin, 1989). Furthermore, by emphasizing the functionality of the healthy vagina rather than aesthetics or desirability (i.e. the healthy vagina is self-cleaning by producing vaginal secretions), some participants further took up positions of resistance. However, it is important to note that across the sample some women took up this position of resistance more easily than others depending on the extent to which they drew on cultural discourses of idealized feminine bodies. Yet, the instances of resistance that did occur in which women spoke about the healthy vagina highlights alternative perspectives to vaginas being conceptualized as dirty. By
suggesting vaginal secretions are acceptable and even normal aspects of a healthy vagina this opened up space for constructing the vagina in more positive ways.

I further demonstrate in the next chapter how these portrayals were influential in participants’ discussions of using vaginal cleansing products and had implications in the decisions and rationalizations they made around their vaginal health. Specifically, I demonstrate how when there was tension between portrayals of the healthy vagina and dirty vagina participants prioritized vaginal cleanliness over health even if this resulted in potential health risks.
6 Societal Pressures to Be Clean

In this chapter, I analyze the pressures participants experienced in needing to meet societal and cultural expectations of having an idealized clean vagina. These pressures were described by participants as coming from men, other women, the media, and society in general. While these pressures varied, they all contributed in some way to the expectations of girls and women needing to adhere to certain standards of vaginal cleanliness. I show in this chapter how women’s portrayal of the idealized clean vagina is shaped by and constructed in relation to societal pressures that they experienced. I then show how these outside pressures were internalized by participants who experienced anxiety and fear about failing to meet standards of an idealized clean vagina. I demonstrate how participants who did not conform to this ideal were subject to social sanctions that resulted in feelings of shame and embarrassment. Furthermore, I show how these internalized pressures for participants have contributed to the use of vaginal cleansing products as a self-imposed form of bodily management in order to attain an idealized clean vagina. This chapter is divided into two sections: 1) Societal Pressures and 2) Internalization of the Idealized Clean Vagina.

6.1 Societal Pressures

This section is divided into the following subsections: Societal Pressures Developing during Adolescence, Double Standards around Genital Cleanliness, Unrealistic Portrayals of Vaginas in Media, and Marketing Female Body Inadequacy.
6.1.1 Societal Pressures Developing during Adolescence

Some studies have shown that women first become sensitive to cultural pressures in needing to conform to body ideals as young girls (Grogan & Wainwright, 1986). While it wasn’t mentioned by any of the participants that there are pressures or expectations for girls to have an idealized clean vagina, they did believe vaginal cleanliness is a requirement that is instilled in girls during childhood and is part of broader expectations around beauty and hygiene. This is shown in the following excerpt involving Participants 5:

I: Yeah so do you think there are more expectations for women around their genitals being clean or having bodily cleanliness?

P: Oh, one hundred percent yeah.

I: When do you think that starts? Do you think it starts at a young age for girls or as women get older?

P: Um it starts for girls…so a mom will pass that down to a daughter and the grandmother would have passed that down to the mom so it’s that idea that women have to look a certain way and that they are perceived in a certain way. I feel like men don’t have that standard in the sense of beautifying themselves and they have their own different standard. Like whatever society puts on a male so a male can’t look feminine they are supposed to look masculine but then the opposite is for women.
This participant’s excerpt illustrates how from the time girls are young, they learn from their mothers, what their mothers have learned from the dominant cultural discourse on feminine beauty and hygiene. This includes the expectation that women need to “beautify” themselves and “look a certain way” because they are subject to others’ appraisals and judgment about their appearance. Although none of the women I interviewed specified an exact age for when they believe these messages around vaginal cleanliness and appearance become ingrained in girls, many participants suggested that these pressures become especially noticeable during prepubescence and adolescence when girls begin to have greater awareness of how their bodies are judged by others. For example, Participants 12 discusses how concerns around how others view her body first developed as an adolescent when she began menstruating:

P: Definitely in the beginning like as a kid who was starting their period the two biggest concerns for me and my friends in grades seven and eight were ‘oh my goodness this pad is so huge, someone is going to notice it’s in my pants because my pants stick out three inches because of this pad and I feel like I’m wearing a diaper’ [laughs]. Everyone is going to know I’m wearing this huge diaper and what if they can smell me. They’ll be like ‘are you on your period?’ and I’ll be like ‘ah! This is embarrassing’.

From the perspective of Participant 12, this excerpt illustrates how women’s experiences of becoming aware of and vulnerable to how others’ view them begins during adolescence. For many participants, this awareness contributed to fears women first experienced as adolescents around the abject vagina being revealed. As such, the abject or unfeminine body was constructed in women’s accounts as being constantly under the gaze of others and at risk of being humiliated.
This focus that many participants had on how their bodies were perceived by others during adolescence suggests their sense of belonging and acceptance was dependent upon validation by others and whether their bodies meet idealized feminine standards. As demonstrated throughout this section, women’s experiences of their body and whether they meet standards of an idealized clean vagina was often dependent upon the validation of others.

6.1.2 Double Standards around Genital Cleanliness

Scholars in the field of gender studies concur that there exists a sexist model of female beauty in Western culture that tells women that their social value is based on appearance (Frost, 2001; Gosse, 2015; Querna, 2008; Wolf, 1991). In particular, Querna (2000) argues that dominant societal messages communicate to women that their self-worth is based on whether they meet standards of attractiveness as judged by others. Participants’ experiences of double standards around genital cleanliness are yet another example of this sexist model in which women are evaluated against certain beauty standards that men are not. Specifically, participants felt there are pressures for women to attain an idealized clean vagina if they want to be viewed as sexually desirable by men. As such, talk about double standards around genital cleanliness often emerged when women shared their experiences around sexual intimacy. For example, this is evident in the following excerpt involving Participant 10:

I: Do you think that there are expectations for women around genital cleanliness?

P: I think that’s just kind of you know women feel this immense pressure to have immaculate genitalia so we stay on top of it and we do everything that we
can to keep that under control whereas guys…I think it’s just kind of socially accepted that guys have smelly balls and everybody just kind of moves on.

Now it’s acceptable for all men. Like I can safely say I’ve never had sex with a woman whose vagina was not immaculate. However, I can tell you that I have had sex with many men whose balls could knock someone off a bandwagon they smelled really bad [laughs]. And even getting older now I mean I have a lot more sexual experience with both genders and there’s still a little twinge in the back of your head when you’re with a new guy and it’s like well how do I compare to your ex you know. Like is my vagina better than hers.

Participants’ descriptions of double standards around genital cleanliness can be understood as stemming from a sexist model of female beauty within Western culture. For example, Participant 10’s statements that “women feel this immense pressure to have immaculate genitalia” but “it’s just kind of socially accepted that guys have smelly balls” illustrates unequal standards she has experienced around what is expected of men and women. These standards further allude to broader cultural expectations around women’s bodies needing to be clean, pure, and feminine.

As demonstrated in this excerpt, how women viewed themselves was often dependent upon others’ approval and how they compare to other women (i.e., “how do I compare to your ex you know. Like is my vagina better than hers”).

6.1.3 Unrealistic Portrayals of Vaginas in Media

Studies have shown that media images have a significant impact on women’s body image because they shape others’ perspectives of what women should look like (Graaf, 2006; Shields &
Heinecken, 2002) and this was evident in women’s accounts. For example, media messages were suggested by some participants as having the power to influence men’s perceptions of ‘desirable’ vaginas. Despite media presenting unrealistic expectations of female genitalia, participants described men as taking up these expectations that they then impose upon women. This is illustrated in the following exchange between myself and Participant 28:

P: I think men expect women to be cleaner than themselves.

I: And why do you think men expect women to be cleaner?

P: Mm…that’s a good question. Well because of media and how a woman should look and present herself. I think that has added to higher expectations. Like women can stink, she can be tired, she can be exhausted you know, she can be just naturally…a different person you know. Every person is different right. But men expect all women to smell good, to be clean, and to be always neat. You know it’s not always possible. The reason it’s that way is because media tells men that a desirable woman is a clean woman and is fresh and is blah blah blah.

Participant 28 talks about how media messages contribute to expectations of female genitalia needing to “smell good, to be clean, and to be always neat”. She suggests these expectations have shaped men’s perspectives when she states, “media tells men that a desirable woman is a clean woman”. Based on Participant 28’s experience, only vaginas that meet these standards of idealized vaginas presented in media are both acceptable and desirable, even if they are
unrealistic. These messages therefore communicate to women that the idealized vagina is an aspirational goal that they need to strive for in pleasing others.

In their accounts, women also identified pornography as contributing to pressures they experienced in needing to attain narrow and homogenized standards of idealized vaginas that women are expected to achieve (i.e. vaginas that are clean, hairless and of a specific size and shape). Some authors, such as Braun (2005), have argued that because pornographic images present such a narrow range of genital appearances, women are prone to developing vaginal image concerns. This was a point raised by some participants who criticized pornography because it problematizes vaginas that fall outside expectations of the ideal vagina. This is demonstrated in the following exchange between Participant 20 and myself:

I: And why do you say that there are more expectations for women?

P: Porn. Pornography has made men unrealistic about what a vagina should look like.

I: Yeah, other women have also brought up porn.

P: Yeah, it’s a huge thing. All my guy friends will criticize a woman’s part that they’ve slept with and I’m like you’re a pig. We’re not porn stars. We have different shapes, we have different sizes, we have different kinds of hair like this isn’t porn we are women.

I: And that’s created these unrealistic expectations?

P: Absolutely.
I: Do you think that also influences women in what they think is an ideal vagina or what a vagina should be?

P: Um yeah, I’m sure it does for young women. If they’re watching porn absolutely it would. It’s just like magazines if you see really skinny models then you’re going to think your fat or if you see a different kind of vagina than yours, you’re going to think that there’s something wrong with yours.

Participant 20 suggests pornography has normalized unrealistic portrayals for what a “vagina should look like”. In speaking to the diversity of female genitalia (“We have different shapes, we have different sizes, we have different kinds of hair like this isn’t porn we are women”) Participant 20 criticizes images of vaginas presented in pornography by suggesting that they are not reflective of most women. For this reason, some participants viewed pornography as problematic because it creates body image issues for women (e.g. “you’re going to think that there’s something wrong with you”). This assessment by participants is supported by researchers Gosse (2015) and Moran and Lee (2015) who argue that pornography contributes to women experiencing vaginal dissatisfaction and as a result opt to modify their genitals to emulate vaginas seen in pornography. Thus, while images of idealized vaginas presented in pornography and media more generally are unattainable to most women, these images still compel some women to engage in beauty practices to alter their genitalia. As I will demonstrate in the next section, Societal Pressures, this included some participants who experienced feelings of shame and self-consciousness because they perceived their vaginas as failing to meet expectations of an idealized clean vagina.
6.1.4 Marketing Female Body Inadequacy

Beyond pornography, images in women’s beauty advertisements have been criticized by some scholars for the damaging effects they have on how women view their bodies (Braun, 2005; Wood, 1994). In particular, Wolf (1991) argues that advertising is effective in convincing women that their natural bodies are abnormal and as a result require unnecessary beauty products. Some participants criticized vaginal cleansing product advertisements for this very reason, namely that they present vaginas as problematic thereby influence women’s beliefs about the necessity of vaginal cleansing products to attain an idealized clean vagina. This is demonstrated in the following excerpt where Participant 7 speaks about how vaginal cleansing product advertisements target and deepen anxieties women experience around their vaginas as a way to sell their products:

I: Yeah, for the ads that you have seen do you think they portray vaginal hygiene or health in any specific way?

P: No, I feel like those ads are more just like they work on the self-consciousness of the person like ‘oh you don’t want to smell, you don’t want to be the odd one out so you should use this’. I don’t feel like those ads really care about vaginal health.

I: So, you said that the ads kind of play on women feeling self-conscious?

P: Mhmm

I: Do you think women are self-conscious about their vaginal hygiene?
P: Definitely for like the amount of things I see about it on Twitter or Tumbler or just like other social media or how particular girls are about their period and about changing their pads at school or something, so I definitely think there is a huge stigma around it. I think a lot of girls are self-conscious about it.

Vaginal cleansing product advertisements are presented in Participant 7’s account as exploiting women’s anxieties because they suggest that women who have vaginal odour do not conform to societal ideals of ‘clean’ vaginas (i.e. “you don’t want to smell, you don’t want to be the odd one out”). The idea conveyed in this excerpt that advertisements push ‘solutions’ (“you should use this”) to the problems they propose reflects what Bartky (1990) describes as the fashion-beauty complex. Bartky (1990) describes this complex as a conglomeration of beauty industries, including cosmetics, fashion, and weight loss industries, that convey a narrow standard of femininity. These standards presented by the beauty industries are used to deepen women’s anxieties about their bodies while also presenting procedures or products that can diminish these anxieties (Bartky, 1990). This approach may be especially effective in selling products like vaginal cleansing products to women in a culture where women are told that their vaginas are unacceptable as they are.

Although many participants were critical of advertisements and the messages they conveyed to women, almost all of the women I interviewed were currently using vaginal cleansing products. In fact, some of the things participants criticized about vaginal cleansing product advertisements were some of the reasons they provided for using the products, thus demonstrating how effective advertising is in convincing women that they need products to solve
body ‘issues’ (Wood, 1994). This is demonstrated in the following excerpt involving Participant 18:

I: When you went on the websites is there anything you noticed about how they market the products?

P: Um it was…so they really try to appeal to us in the sense that we really…not really but that it’s important that we have these products because apparently vaginas are not self-cleaning and a lot of people have odour so we should be covering that up. And so…marketing that kind of…I wouldn’t see a weakness but that self-consciousness for costumers and how they are portrayed by other people which is super interesting

I: Yeah do you think that does influence women to use the products?

P: Yeah, I think so. I mean I was kind of swayed by the marketing [laughs]

I: Can you speak a little bit about that? I’m just curious

P: Yeah like I guess if it’s a personal thing about oneself like the way women smell, or the way they look or talk. Like I think if companies will go ‘oh you’ll feel better, you’ll smell better’ then I guess anyone would go for it.

While Participant 18 criticizes vaginal cleansing product advertisements based on the idea that they influence women’s beliefs about their vaginas being unclean, she also mentioned during her interview that she chooses to use a vaginal deodorant because she “just wanted a fresher smell”. Thus, while many participants were critical of the messages that vaginal cleansing product
advertisements communicate to women, their use of the products demonstrates the powerful role advertising can have in shaping women’s behaviour. This contradiction within some participants’ accounts therefore highlights the tension women experienced between being critical of messages that problematize women’s vaginas and the pressure they felt in using vaginal cleansing products to meet standards of an idealized clean vagina. I further show women’s internalization of these messages produces feelings of embarrassment, shame, and anxiety when they feel their vaginas do not conform to an idealized clean vagina. While it is important to note that not all women internalize these societal discourses around needing to have idealized genitalia, the experiences of women in this study demonstrate how some women do feel pressured to meet these sociocultural standards of feminine beauty.

6.2 Internalization of the Idealized Clean Vagina

Women’s experiences of the vagina were situated within the context of these societal pressures and expectations to attain an idealized clean vagina. For example, the impact of societal pressures upon women was notable with some participants experiencing a constant fear of failing to live up to an idealized clean vagina. This fear was debilitating to the extent that it occupied some participants on a daily basis. As has been noted in other studies, there is an increasing number of women who experience “genital anxiety” due to the internalization of societal pressures in needing to meet unrealistic vaginal ideals (Gosse, 2015, p.25). The fear that women experienced is demonstrated in the following excerpt involving Participant 28:

I: … Do you think women do feel pressured to live up to those expectations around being clean or smelling good?
P: Big time yeah. All the time, yep. All the time. You know the anxiety around this? Anxiety going on a date, anxiety while you know going out. Yes, it’s existing there, there’s pressure there and that’s why I’m saying its more mental because even when we don’t have an odour we think we have one because we’re always scared that something will go wrong.

The fear and anxiety that some women experienced around not being able to meet standards of an idealized clean vagina illustrates what Tyler (2011) describes as a fear of ‘failed femininity’. Tyler (2011) notes that because women are cultured to understand their bodies as being intrinsically tied to their worth, women who do not meet feminine ideals view themselves as failing. Women therefore work hard to hide their ‘flaws’ from other people to avoid feelings of embarrassment and guilt. For some participants this fear functioned as a form of control by restricting the types of activities that they felt comfortable participating in. In addition to what Participant 5 describes as going on a date and going out, other participants noted being sexually intimate and just being around other people as situations that are anxiety provoking due to concerns that other people may detect a vaginal odour. Other studies have found similar findings where women experience anxiety around having a vagina that does not meet societal expectations (Fahs, 2014, p.215).

The fact that these standards around idealized clean vaginas were internalized by some participants from a young age is testament to the power of patriarchal beauty ideals. For example, fears around not having an idealized clean vagina were suggested as starting during adolescence due to new concerns some participants had about their developing bodies. This fear
was suggested as shaping women’s experiences of their vaginas as a source of discomfort and reflected women’s adoption of vaginal cleansing products as a form of self-regulation in addressing embarrassing vaginal secretions. As such, from early adolescence on, the use of vaginal cleansing products constituted part of women’s lives. This is demonstrated in the following excerpt involving Participant 6:

I: Okay so can you tell me all the products that you have tried and the ones that you currently use?

P: Um Always and Playtex scented wipes.

I: And when did you first start using them?

P: When I was a teenager… I was a little embarrassed because I didn’t think that other people had what I perceived to be was a bad smell like I did… Nobody ever commented on it. I think I just felt that sometimes I could smell it like when I was on my period so that’s when I used the wipes the most. Um when I was younger I would smell it more then so I was self-conscious about it but it might have just been me because no one ever said anything.

Although Participant 6 notes nobody had ever commented on the odour, she constructs odour as a problem that could only be remedied through the use of vaginal wipes. In addition to Participant 6, other participants similarly described concerns around vaginal hygiene as manifesting during adolescence which Brumberg (1996) argues is a time when a girl’s body is turned into an “intense project requiring careful scrutiny and constant personal control” (p.30).
According to Brumberg (1996), this period in a girls’ life becomes especially concerning to girls due to facing new pressures around controlling vaginal fluids such as menstrual blood. The use of vaginal cleansing products therefore becomes a form of self-regulation that began during adolescence for some participants in concealing and controlling ‘embarrassing’ vaginal secretions from others.

Women who fail to live up to the idealized clean vagina were suggested within participants’ accounts as facing social consequences such as being negatively talked about. Negative comments were described by participants as coming from both men and women who label women as “gross” (Participant 12), “smelly” (Participant 26), and “promiscuous” (Participant 9). This male gaze was presented within participants’ accounts as reinforcing standards around vaginal cleanliness for women and contributing to greater monitoring and regulation of the vagina. In particular, women were presented as active participants in regulating other women’s bodies through comments and judgment. This is demonstrated in the following account involving Participant 23:

P: …there’s a certain expectation for [the vagina] to be perfectly clean and perfectly groomed and looked after properly and it’s just kind of that expectation now. It has to be perfectly groomed and trust me when it’s not you hear about it because my friends are always talking about like oh did you hear about so and so and that’s terrible. But I mean I find that with women a lot that they talk about other women and so you don’t want to be the one whose talked about.
As illustrated in Participant 23’s account, negative gossip acts as a form of regulation in ensuring women meet feminine norms of an idealized clean vagina (i.e. “you don’t want to be the one whose talked about”). Several other participants’ accounts reflected a similar theme of women being monitored by other women in determining whether they conform to standards of a clean vagina. Monitoring of the female body has been written about in feminist literature as a form of regulation to ensure women enact a specific version of femininity. For example, Germov and Williams (1989) describe women as becoming the ultimate “body police” in ensuring other women comply to feminine body ideals (p.125). In particular, this regulation of the body reminds women that the female body is always lacking. Williams and Germov (2004) argue that by policing other women’s bodies, feminine beauty ideals become perpetuated.

Within women’s accounts there were examples of embodied shame as a result of the male gaze. As defined by Jones (2003), shame is a “private and intimate emotion” that is brought on by the “feeling of being judged by a real or imagined other” (p. 61). For the participants in the study, experiences of feeling ashamed about their vaginas reinforced the importance that many participants placed upon maintaining an idealized clean vagina. The following account involving Participant 24 is especially compelling because it directly highlights the impact the male gaze has in contributing towards the need to regulate the vagina through the use of vaginal cleansing products:

I: And for the vaginal odour was that something someone ever mentioned to you?
P: Actually, yeah, my dad which was quite embarrassing. He actually looked over at me one day sitting in the car and he’s like ‘are you ragging?’ and I’m like oh crap. And he’s like literally ‘you smell like tuna. You should take a bath’. So, my dad was a military guy so you just kind of sucked it up and went on.

I: How did that make you feel when he said that to you?

P: I was embarrassed and ashamed of myself.

I: And so, would you use the products to help remove the smell?

P: Yeah, I would actually get the strongest smell that I could find and actually use it to mask the odours and stuff so that way nobody could smell anything. After my dad…like it devastated me because I was so self-conscious after that happened and I think after my dad did that I was actually using the products a lot more.

Comments from this participant’s father such as “you smell like tuna. You should take a bath” act as a form of regulation by suggesting Participant 24’s body does not meet standards of vaginal cleanliness expected of women. This male gaze that many participants were subjected to thus functioned to position women’s bodies as abject and contributed to women feeling they must actively do something about their bodies. For example, this participant’s use of the products “a lot more” following this incident illustrates how vaginal cleansing products became a form of regulating her body in response to her father’s comments. For other participants, experiences of
vaginal shaming similarly created a dependence upon the use of vaginal cleansing products in ensuring their vaginas meet patriarchal standards of bodily acceptability (i.e., no vaginal odour or discharge). Thus, the use of vaginal cleansing products became a ritual for women in concealing the abject vagina from the regulatory male gaze.

Shame was a powerful feeling that shaped women’s behaviour. In particular, feelings of shame about the vagina had important implications for women’s present and future sexual experiences. Because only an idealized clean vagina was constructed as part of a sexually desirable feminine body, some women who felt their vaginas fell short of these cultural ideals of desirability experienced anxiety and fear about being intimate with others. Thus, women’s approval and confirmation of sexual desirability was constructed within some participants’ accounts as being dependent upon men. As a result, vaginal cleansing products were constructed in some participants’ accounts as needing to be used prior to engaging in sex to address their concerns about emitting odour and discharge. This is demonstrated in the following account involving Participant 15:

I: And do you remember when you first started using the Vagisil wash, the deodorant and the douche?

P: Um I would say a little bit at fifteen and then I stopped for a couple years and then I probably religiously used it when I was twenty.

I: And for the wash and the deodorant did you use them for different reasons?
P: Um no it was just always if I was going out and I knew I was going to have sex just to be absolutely, one hundred percent sure that I smelled good.

I: And what was the reason for why you started using the products?

P: In the first place it was really sad, but it was a little bit of body shame. It was when I first started having sex and I just really felt self-conscious about myself because I was really worried about discharge and everything else, so I just wanted to know that it was really clean.

Participant 15 recalls her initial use of vaginal cleansing products at the age of 15, a time when she became sexually active and started to experience what she describes as “body shame” and becoming “really worried about discharge”. Her use of the wash and deodorant specifically during times when she knew she was going to have sex suggests these were times when she experienced additional concerns and feelings of self-consciousness around vaginal odour and discharge. Women’s accounts generally demonstrated this fear around being judged by others resulting in greater monitoring and regulation of their vaginas through practices that are meant to bring them closer to feminine ideals of desirability.

6.2.1 Forms of Resistance

Some participants resisted negative cultural scripts of the vagina being dirty by envisioning ways to empower women. Often these conversations related to ways of enabling and encouraging women to speak more freely about the vagina as a natural, rather than as a stigmatized body part. In particular, educational classes on vaginal health in primary and secondary school was suggested by a few participants as a way to normalize discussions about
vaginas within our society for both men and women. This is demonstrated in the following interaction between myself and Participant 7:

I: So what are some things you think that we can do to increase women’s awareness around vaginal hygiene?

P: I think it should start when we are younger so when we are having these sexual education classes we should talk about vaginal health and we should be explicit like we shouldn’t just put it on the back burner. For adults maybe somebody could bring up that conversation in their friend group like I know it can be awkward but just bringing it up and making it a normal thing.

I: Do you think men should also be part of those conversations?

P: I definitely do but I think men don’t know a lot about vaginal issues so I think they should know more about the vagina and how it works. I feel like if men are more aware of vaginal hygiene and how a vagina really works so there’s less stigma. I think once men and women do know there would be less stigma or it would go down.

In this excerpt, Participant 7 suggested education as a way to draw attention to a topic that is often ignored or placed on the “back burner”. In particular, education was discussed as an avenue to not only emphasize the importance of vaginal health but to speak about it in more “explicit” ways. Given the secrecy surrounding vaginas within our society, the importance of having these conversations was stressed in women’s talk through phrases like “there’s obviously more
education that needs to be done” (Participant 26). Education was therefore often associated with transformative changes such as challenging misconceptions that vaginal secretions are dirty.

Other participants resisted the shaming of women’s bodies by challenging the legitimacy of claims being made by men and those of other women about ‘dirty’ genitals. This includes claims that women’s vaginas are “smelly”, “gross”, and “nasty”. This form of resistance by participants demonstrates how some women found empowerment by working against these discourses that oppress women and the power and ownership that men, in particular, hold over women’s bodies and their identities. This is demonstrated in the following excerpt where Participant 12 challenges negative comments she has overheard men make about women’s vaginas:

P: I’ve heard guys talk about girls and talk about things like you know how gross their ex-girlfriends are and you know ‘I was with that girl for a while but I couldn’t stay with her long because she smelt really bad you know in that area’. I don’t know if these guys are making it up or if it’s true. I don’t go around smelling women to find out [laughs]. To me it just seems like something really rude you know. I don’t know any girls who say ‘oh don’t hang out with these guys because they smell worse than those guys’. I’ve never ever heard any girlfriend or friend or woman in a group discussion complain about ‘does anyone’s man have a strange odour coming from down there?’ Not ever really.
I: So, it’s more so that you hear guys speaking about vaginal smell and never the other way around?

P: Yeah, and I hate it when they talk about vaginal odour smelling like fish. Like I don’t know who the hell made up this myth that all girls smell like fish…every time they do it I just want to take a baseball bat and bash their heads in just for saying it. I just don’t know where this theory came from but that is the wrong stereotype! I mean just because I’m a girl doesn’t mean I smell like fish… It’s just like a stupid myth that somebody made up and it just kind of caught on.

Participant 12’s statements “I don’t know if these guys are making it up or if it’s true” and “it’s just like a stupid myth that somebody made up” challenges the legitimacy of the claims she has heard men make about women’s genital odour. For example, this includes men stating women’s vaginal areas are “gross” and smell “really bad”. While other participants similarly challenged the truth of these comments by men as well as women, they still spoke about repercussions women face if they are viewed by others as having vaginal odour (e.g.” guys would make fun of girls saying they smell fishy and then the girls would be really embarrassed enough though you couldn’t actually smell them” Participant 25). Thus, while some women challenged this vaginal shaming, they were still afraid of the consequences and social sanctions of not conforming to an idealized clean vagina. Therefore, although women may not be able to escape discourses that are used to regulate their bodies, the fact that some participants challenged and resisted these discourses demonstrates a form of empowerment against the shaming of women’s bodies.
Beyond these themes of resistance in the form of education and challenging negative cultural scripts of vaginas as dirty I struggled to find other examples of resistance in the interviews with the women in this study. However, this is not to suggest that participants in this study were ultimately subjected to dominant cultural discourses, without any agency or possibility of resistance. As shown throughout this section, many participants questioned unrealistic standards and portrayals of vaginas. This questioning reflects a form of critical awareness that these unrealistic standards of idealized clean vaginas contribute to double standards which ultimately disadvantage women.

6.3 Discussion

In Chapter Five I discussed how vaginal cleansing products are a body ritual that the women in this study performed in order to attain an idealized clean vagina. As I discuss below, this body ritual can be understood within the broader theoretical framework of “beauty work” and the societal pressures women have to perform this beauty work. As explored in section 3.2.2, Beauty Work and Embodied Practices, Chrisler and Johnston-Robledo (2018) define beauty work as the many activities women partake in to attain societal ideals of perfection. Because beauty work is part of the feminine gender role it is something that girls and women are expected to perform. Chrisler and Johnston-Robledo (2018) argue that, in large part, girls learn beauty work from other women as well as beauty, fashion and advertising industries. While none of the women in this study learned to use vaginal cleansing products from a specific individual, their use of vaginal cleansing products was suggested as becoming a form a beauty work in response to the societal pressures they experienced. While these societal pressures varied and ranged from pornography to messages girls receive from their mothers, they all had a central theme around
vaginas being unclean, inadequate and in need of ‘work’. This is consistent with research by Kama and Barak-Brandes (2013) who argue that cultural messages of women’s bodies as inherently unclean are a powerful influence for why women use hygiene products. According to Ussher (1989) these cultural messages become ingrained in girls early on. For example, Ussher (1989) notes that cultural messages of women’s genitalia as dirty become internalized by girls at a young age who “develop a sense of shame, disgust, and humiliation about [their genitals]” (p.19). In comparison to boys who learn to view their genitals as a source of pride, social stereotypes that define vaginas as odourous, unattractive, and unpleasant contributes to additional feelings of shame for girls (Ussher, 1989).

As a result of this cultural landscape, Calogero, & Thompson (2010) argue that women who internalize negative messages about their bodies may therefore use vaginal cleansing products without necessarily needing to be ‘convinced’ by corporations to meet narrow standards of what is considered acceptable and feminine bodies. This is consistent with the findings from this research in which many women experienced their genitalia as unclean from a young age, often prior to when they became exposed to vaginal cleansing product advertisements. In particular, women’s relationships with their vaginas were dominated by feelings of concern, self-consciousness, and shame from the time of adolescence when their bodies began changing. Thus, corporate advertisements may not convince women to use vaginal cleansing products. Rather they only reinforce the negative relationships that women already have with their bodies.

In addition to these deeply rooted cultural messages that women internalize, Chrisler and Johnston-Robledo (2018) note there are other reasons why women engage in beauty work. This
includes avoiding punishments that women who deviate from feminine ideals are likely to suffer. By not conforming, Breckler, Olson, and Wiggins (2006) argue women can be subjected to teasing, mocking, cajoling, and sexual harassment. Punishments in the form of teasing and mocking, in particular, were discussed by the women in this study as experiences they’ve had when their vaginas are perceived by others as not conforming. Chrisler and Johnston-Robledo (2018) argue these punishments can induce body shame because it reminds women that their bodies deviate too much from the beauty ideal. As a result, some women may increase the amount of beauty work they do to avoid future embarrassment (Chrisler & Johnston-Robledo, 2018) and this was true for many of the women I interviewed. For example, shame was a powerful enforcer in dictating both acceptable and unacceptable forms of the vagina and contributed to increased amounts of beauty work through the form of vaginal cleansing products. Although some participants did challenge the shaming of women’s bodies, they also expressed fears of being the recipients of this shaming. Thus, many women engaged in additional beauty work to maintain rigid control over their vaginas. Because women’s bodies tend to leak, control and discipline become what Trethewey (2000) describes as difficult and complicated tasks for women. For participants who aimed to eliminate and remove any evidence of a leaky vagina this became an especially challenging endeavor and one that was fraught with concern and worry.

Whether women were successful in their beauty work to attain an idealized feminine body was often dependent upon others’ perceptions. Skeggs (1997) describes femininity as a public performance that is dependent upon validation by others and this was evident for the participants in the study. For example, approval from others was important to participants in whether they meet acceptable and desirable forms of femininity. Fredrickson and Roberts (1997)
state that the tendency for women’s bodies to be judged on their appearance contributes to cultural dynamics in which women are conscious of their bodies in everyday life. This conscious awareness of the body and more specifically that others are examining and observing them resulted in greater regulations and monitoring for the women in this study as a way to bring them closer to the idealized clean vagina. As such, the use of vaginal cleansing products becomes normalized beauty work for women because it was central to their transformation of the body from “female to feminine” (Chapkis, 1986, p.5).

In conclusion, given the nature of unattainable representations of the vagina in Western culture (Braun & Wilkinson, 2001; Gosse, 2015), it is not surprising that the women in this study felt the need to perform beauty work. The fact that feelings of shame were described as beginning at a young age for some participants is testament to what Bouson (2009) describes as women being socialized and immersed in a culture of shame that becomes inseparable from the female body. As such, many women become disembodied and this was evident for the women I interviewed who experienced discomfort with their natural vaginas (i.e., vaginas not subjected to beauty work). The findings from this chapter thus provide new insights into the connection between beauty work and what Bouson (2009) argues is the “deeply entrenched body shame that persists in the lives of many girls and women in our postfeminist, postmodern culture” (p.2).
7 Prioritizing Vaginal Cleanliness over Vaginal Health

As demonstrated in Chapter Five, I identified three different portrayals of the vagina based on my interviews with women; the healthy vagina, the clean vagina, and the dirty vagina. Across these portrayals, the clean vagina was viewed as the most desirable. The clean vagina was constructed by participants as odour, discharge, and menstrual blood free. While it was evident that participants valued both a clean vagina and a healthy vagina, when tension occurred between these two portrayals, participants prioritized vaginal cleanliness over vaginal health because of anxieties they had around embodying the dirty vagina. This tension was evident when participants expressed a desire for vaginal cleanliness through the use of vaginal cleansing products while concurrently recognizing that these products may come with health risks. Thus, in this chapter I show how despite some participants being critical of the products, they still used them because it meant they were able to attain a clean vagina and thus avoid the societal repercussions that come with a dirty vagina (as explored in Chapter Six). Excerpts in this chapter are specifically chosen from participants who were critical of vaginal cleansing products yet many of whom were still willing to use them.

In exploring how some participants rationalized and justified their use of vaginal cleansing products to attain an idealized clean vagina, despite acknowledging these products as being potentially harmful, this chapter is divided into three sections. In the first section, titled Prioritizing Clean over Healthy, I show how participants prioritized the clean vagina over the healthy vagina. I then demonstrate in the section after this, Critical Perspectives of Vaginal Cleansing Products, women’s concerns around the safety of using vaginal cleansing products. I show how these concerns are primarily connected to vaginal health. In the final section, titled
How Vaginal Hygiene Product Use is Rationalized in Spite of Criticism of Products, I make explicit the rationalizations and justifications participants offered for their use of vaginal cleansing products despite believing that they are unhealthy.

7.1 **Prioritizing Clean over Healthy**

Throughout many women’s accounts, tensions between the idealized clean vagina and the healthy vagina were apparent. This was evident in the way participants spoke about vaginal odour and discharge as normal and healthy but also as undesirable, unwanted, and not part of a clean vagina. Participants often addressed these conflicting portrayals of vaginal secretions (odour, discharge, and menstrual blood) by prioritizing vaginal cleanliness over vaginal health. This prioritization was visible in the words and feelings participants associated with vaginal cleanliness. For example, participants spoke about a clean vagina as “perfect” (Participant 20), “necessary” (Participant 25), and important in how they felt physically and psychologically (e.g. “When you know you’re clean it boosts your self-confidence” Participant 28). In comparison, vaginal health was often spoken about as a secondary concern. This is made explicit in the following excerpt that involves Participant 31:

I: Right and I want to ask you because I think your background is really interesting in talking about this topic and because a lot of the women I’ve talked to have talked about how they have been using the products for vaginal discharge um and kind of this idea that any vaginal discharge is unwanted and I’m just wondering I guess do you think women see discharge as not normal or not part of a healthy vagina?
P: I think women think that if there is a discharge it’s not that it’s unhealthy, it’s that they just don’t want it. It can get on their underwear and can be foul smelling, that type of thing. Um so…I think probably…their need to feel clean is first and foremost I would say.

Participant 31’s statement, “I think women think if there is a discharge it’s not that it’s unhealthy, it’s that they don’t want it” prioritizes vaginal cleanliness over health based on what is desirable (no discharge). Across participants’ accounts, this prioritization of cleanliness over health was similarly evident in their descriptions of vaginal discharge and odour as healthy and normal but undesirable and needing to be removed. These descriptions of vaginal odour and discharge as undesirable is consistent with other studies on vaginal hygiene practices where women view vaginal odour as unwanted (Fahs, 2014).

For some participants, the tension between vaginal odour and discharge as healthy yet undesirable was difficult to negotiate. This tension was often exemplified by participants using phrases that expressed uncertainty such as “I don’t know” in addition to long pauses when speaking about whether vaginal secretions are part of a healthy vagina or a dirty vagina. Despite the difficulty in negotiating this tension around vaginal secretions, participants attempted to resolve this tension by prioritizing vaginal cleanliness over vaginal health because they did not want to be associated with the dirty vagina. This is illustrated in the following excerpt involving Participant 22:
I: Okay yeah, I just find it interesting because other women I’ve spoken to have also mentioned having a concern around vaginal odour so I’m just curious did this concern start when you were younger?

P: Well for me…so I always feel like I smell and I’m always paranoid about that. In my underwear you…like women get it like if you get a discharge and it’s a normal discharge and I think that to me…it might be a normal smell but I’m relating it to be a bad smell or a gross smell…or something I don’t know [laughs]

I: And do you find that the vaginal wash helps to remove the odour?

P: Yeah, I don’t feel like…when I use it I feel like I’m clean all day.

A tension is apparent in this participants’ account when she states that she associates “normal” vaginal emissions with a “bad” or “gross” smell. The frequency and length of pauses in her excerpt suggests she is trying to negotiate between two conflicting ideas, that of normalcy and acceptability of vaginal odour and discharge and the idea that these vaginal secretions are undesirable and part of the dirty vagina. Across women’s accounts, the struggle in negotiating these conflicting portrayals of vaginal secretions as healthy or dirty was evident in how they alternated between these portrayals. However, in spite of this struggle being apparent in women’s talk, their actions of using vaginal cleansing products suggests a prioritization of vaginal cleanliness over vaginal health. For example, this is evident in Participant 22’s excerpt; despite her excerpt demonstrating ambivalence, her description of using a vaginal wash to eliminate vaginal odour prioritizes vaginal cleanliness and the need to conform to a clean vagina.
The prioritization of the clean vagina over the healthy vagina was also connected to vaginal odour and discharge being sources of insecurity about the vagina. Consequently, despite many participants referring to vaginal odour and discharge as “normal” and therefore healthy, these vaginal secretions were also connected with concern and feelings of self-consciousness because they further associated them with being connected to the dirty vagina. For almost all participants, only by removing vaginal odour and discharge through the use of vaginal cleansing products could they feel at ease with their bodies. This is demonstrated in the following account between myself and Participant 22:

I: Yeah absolutely. And I just want to go back to the RepHresh vaginal supplement pills that you mentioned can you tell me a little bit about them?

P: I just felt that being female and dealing with day to day normal processes like odour and discharge I didn’t really want to have to inconvenience myself and you know have to wear a pantiliner. I just felt cleaner. There was no concern whatsoever about my day to day functions and having to possibly have any whiffs of odour. I’m a little bit of a bigger girl so of course I sweat as well but just being female and being conscientious of what a vagina smells like and occasionally catching whiffs of your own just on a day to day basis it just honestly takes a bit of a load off of your back.

I: So, kind of eliminating that concern?

P: Absolutely. Even temporarily but yes [laughs].
In this excerpt, Participant 22’s elimination of odour and discharge is associated with feeling clean and content. Although this participant acknowledges that discharge and odour are “normal processes”, she still wants to remove them. Across participants’ accounts, only by removing vaginal odour and discharge could the source of their insecurity be eliminated because they are disassociated from the dirty vagina (e.g. “it just honestly takes a bit of a load off of your back”). With women being told within our society that their bodies are naturally inadequate (Ponteotto, 2016), this may result in some women, including the participants in this study, feeling they need to modify their bodies to what is considered socially ‘acceptable’. Overall, the excerpts in this section demonstrated that while some women did acknowledge that vaginal odour and discharge are part of a healthy vagina, how they experienced these excretions vastly differed. Vaginal secretions did not feel healthy and in fact invoked concerns women had around having a dirty vagina. For many women then fears associated with having a dirty vagina were powerful influences in prioritizing vaginal cleanliness over vaginal health.

7.2 Critical Perspectives of Vaginal Cleansing Products

More than half of the women I interviewed were critical of vaginal hygiene product safety. These concerns were consistent with some of the risks that have been identified in medical literature (See Chapter Two for a discussion on these health risks). Internally used vaginal cleansing products, in particular, were seen by participants as dangerous because they were believed to carry additional health risks. I demonstrate in this section the critical perspectives many participants had towards the safety of vaginal cleansing products through the following sub-sections: Vaginal cleansing products as Generally Unhealthy, Internally Used
Vaginal cleansing products as Harmful and Irresponsible, and Safety Claims in Product Marketing as Untrustworthy.

### 7.2.1 Vaginal Cleansing Products as Generally Unhealthy

Some participants constructed vaginal cleansing products as generally harmful for women’s vaginal health because they contain unnatural ingredients. These ingredients, sometimes described as ‘chemicals’, were constructed in participants’ accounts as affecting the body in negative ways. This included both short-term side effects, such as vaginal irritation, and long-term side effects, such as reproductive cancer. This is illustrated in the following excerpt involving Participant 24:

I: Okay and just to go a bit broader I just want to ask you what you know, what you’ve heard, what you’ve read about vaginal hygiene and vaginal cleansing products?

P: So, I’ve talked to quite a few homeopathic people that believe in natural healing herbs that a lot of the things that are on the market actually screw with our hormones. And so your vagina will actually cleanse itself. You don’t need to dump all this crap into your body. She basically taught me that if you really need to do something like that you can use distilled water and apple cider vinegar or distilled water and just regular vinegar if you’re having issues and you don’t have to worry about absorbing all the chemicals in it. I started finding a lot of websites that connected stuff that were in a lot of the over-the-counter hygiene products that could potentially cause human papilloma virus
or you could actually wind up with all the cancers and stuff. The ovary cancer, the...what’s the...polycystic ovarian cancer so there were huge possibilities that a lot of these chemicals are interfering with our reproductive system and actually changing the chemical balance of the reproductive system and actually over time could make you sterile.

Participant 24’s description of the products as containing “chemicals” and “crap” positions these products as both unnatural and harmful to women’s vaginal health. These products are constructed in her excerpt as being dangerous to the point where women’s bodies become diseased. In addition to the concerns raised in this participants’ account, health risks brought up by other participants included vaginal pH imbalances, vaginal dryness, pelvic pain, burning sensations in the genital region, and yeast infections. While not all of participants’ concerns were found in the medical literature, new findings continue to be published about the effects of these products on women’s vaginal health (Crann, et al., 2018).

As evident from Participant 24’s statements, some participants made an exception for products that were viewed as being more ‘natural’ (i.e. products and solutions labelled as natural/organic, homemade solutions). While participants’ talk didn’t necessarily suggest natural products are safe, they were often constructed as less harmful alternatives. This is demonstrated in the following excerpt by Participant 5 who provides an explanation for why she chooses to use natural vaginal cleansing products:
P: …I personally don’t like there to be chemicals in there for me and I don’t like to put chemicals into my body so I prefer more natural things because I know what’s in them and I know it’s not going to disrupt my body as much.

I: So, if you were looking for a vaginal hygiene product like a wash or wipes would you look for something that was labelled as being natural?

P: Um for wipes yes. I would probably not use the wash again because I didn’t see that much of a difference for me but wipes yeah. But wipes I don’t use on a daily basis just like if I’m on my period or say like I don’t have a washroom nearby and I have to change or whatever then I…like if it’s quick fix then that would be the only time that I would use them. I try not to put too many things there because it’s really sensitive.

Participant 5 constructs ‘natural’ vaginal wipes as being less harmful because they “don’t disrupt [the] body as much”. Her use of the words “as much” at the end of this statement suggests while these products may carry some risks, these risks are perhaps more justifiable than products not labelled as ‘natural’. This is in line with other participants’ accounts where natural and organic vaginal cleansing products and solutions (e.g. apple cider vinegar and water) were constructed as safer alternatives for women based on the idea that they interfere with the body less. How participants constructed natural products as less harmful is important to note given that some participants rationalized their use of these products despite experiencing adverse side effects. I explore this further in the last section of this chapter, “How Vaginal Hygiene Product Use is Rationalized in Spite of Criticism of Products” and connect this to issues raised by some
researchers around the use of the word ‘natural’ in product marketing because it falsely implies product safety (Faulke, 1992; Oller, 2007; Trigg, 2015).

7.2.2 Internally Used Vaginal Cleansing Products as Harmful and Irresponsible

In comparison to products used externally (i.e., products used on the labia), internally used vaginal cleansing products were constructed by some participants as being more dangerous for women’s vaginal health. Douches, in particular, were constructed by some participants as unsafe due to the internal cavity of the vagina, as opposed to the external genital area, being viewed as more susceptible to damage. This is illustrated in the following excerpt involving Participant 22:

P: Well I’ve heard with the douches that those are really bad and that women shouldn’t use them. So, I haven’t heard anything bad about the body wash or the wipes but I’ve always heard bad things about using internal things like that because it can cause infections because you’re putting a fragrance inside of you. Otherwise I don’t know much about them but that’s just what I’ve heard. So, I’ve never even tried those and I don’t think I ever will.

Participant 22’s description of douches as “really bad” and which she has “always heard bad things” about constructs douching as harmful to women’s vaginal health. The idea that douches, in particular, are dangerous was brought up in other participants’ accounts as well based on the idea that they can disturb the vaginal flora and pH. Although the source of this information wasn’t always specified by some participants (e.g. “that’s just what I’ve heard”), their concerns reflect medical literature that suggests the use of some intra-vaginal cleansing products can
disrupt the vaginal microbiome and strip the vaginal cavity of healthy bacteria and mucous 
(Grimes, Fagerberg, & Smith, 2014). Given medical studies have reported adverse health effects 
of vaginal douching since the 1980’s (e.g. Chow, Daling, Weiss, Moore, & Soderstrom, 1985; 
Forest, Washington, Daling, & Sweet, 1989), the notion that some participants had just “heard” 
that douching is harmful may reflect how this information has been disseminated and taken up 
into broader societal views over time.

Other participants were more specific about where they obtained information about the 
perceived risks associated with douching. These sources included medical websites (e.g. 
WebMD), physicians, friends, and family members. Because of these various sources of 
information, douching was constructed as practice that is commonly understood within society as 
harmful and which women should not perform. For this reason, some participants constructed 
women who douche as irrational. This is highlighted in the following account:

P: I’ve just read and I’ve looked online or I’ll ask my doctor and stuff and the 
one thing they say is not to douche and because your body is cleaning, 
especially the vagina because it’s self-cleaning organism you don’t need to put 
anything there because it cleans itself so if you put anything up here and it’s 
not supposed to be up there and it’s foreign it messes everything up and makes 
it worse and I…I sometimes get soap and it messes it up because my body is 
sensitive. So, if I get soap in the wrong place then I’m screwed.

I: Have you heard anything else related to the products around health concerns 
or benefits?
P: Um…benefits not so much. I feel like these washes and douches…the number one rule is don’t douche. Washes are a bit different because they’re not supposed to go inside and only go on the outside. It just doesn’t make sense like I don’t know why you would put something in there that doesn’t need to be. I guess just common sense isn’t for everyone but if you think about it, it’s just so sensitive that why would you put something in there. Like if you just read the label like one of my rules is that if I can’t pronounce it then I know it’s not something you should buy so if you can’t pronounce a lot of these chemicals then why would you insert it into your body is kind of my idea about it.

Participant 5’s statement that knowing not to douche is “common sense” suggests that from her perspective this is a widely held belief. As a result, her statement that “It just doesn’t make sense like I don’t know why you would put something in there that doesn’t need to be” portrays women who douche as irrational because they are choosing to use a product that is unnecessary and potentially harmful. Other participants similarly used language that portrayed women who douche as being irrational because they are putting their health at unnecessary risk (e.g. “if people are using [douches] frequently because they feel that they need to be cleaner then they’re definitely causing themselves damage” Participant 31). However, it is interesting to note that participants did not construct all women who use vaginal cleansing products as irrational but only those who use douches. By only constructing women who douche as irrational, this may have allowed some participants to justify their use of other vaginal cleansing products.
7.2.3 Safety Claims in Product Marketing as Untrustworthy

Participants’ critical perspectives further extended to the marketing of vaginal cleansing products and claims in this marketing implying product safety. This included some participants expressing criticism towards labels that suggest that vaginal cleansing products are safe for women to use. For example, labels like ‘gynaecologist approved’ and ‘physician approved’ were challenged by some participants. Even though these labels are used in marketing to imply product safety (Vance, 2001), some participants questioned the trustworthiness of these labels. This is illustrated in the following excerpt involving Participant 25:

I: Have you seen the label gynaecologist approved or tested?

P: I feel like I have yeah.

I: I’ve just wondering what your opinion is about that label?

P: I don’t usually trust that kind of stuff. I would rather go with a recommendation rather than…I don’t know I feel like any doctor could have approved it. Kind of like toothpaste like four out of five dentists recommend this and you’re like, whatever, it’s part of their marketing.

I: Yeah, do you think that if it’s gynaecologist approved or tested do you think it would influence women to purchase those products?

P: Um I think maybe women would look at it and be like oh why is this one recommended and see if there’s something…if it really does stand out to other
products because I might think oh maybe this one is okay for using in sensitive areas and it’s not harmful because they approved it.

Participant 25’s comment that she doesn’t “usually trust that kind of stuff” challenges how vaginal cleansing products are being marketed to convey physician endorsement. She further questions the trustworthiness of these labels in her statement “any doctor could have approved it” suggesting these labels are meaningless when judging the safety of vaginal cleansing products. While other participants similarly critiqued these labels, they also acknowledged them as influencing female consumers when purchasing vaginal cleansing products. However, participants often excluded themselves from the influence of this marketing. Thus, some participants positioned themselves as critical consumers in comparison to women who may be swayed by this type of advertising. Therefore, the notion that some participants positioned themselves as critical consumers is interesting given some of them were willing to overlook health risks associated with vaginal hygiene product use.

7.3 How Vaginal Hygiene Product Use is Rationalized in Spite of Criticism of Products

The decision by some participants to continue using vaginal cleansing products, despite being aware of health risks, was often rationalized in different ways but always reflected an underlying need to attain a clean vagina. The importance placed upon vaginal cleanliness by these participants is consistent with research conducted by some feminist scholars who argue cleanliness is a powerful construct motivating women to perform body practices such as pubic hair removal (Riddell, Vartio, & Hodgson, 2010). In demonstrating how some participants justified their use of vaginal cleansing products, I begin this section by presenting how vaginal
odour in particular was rationalized by participants as a priority that women need to address if they want to attain a clean vagina, even if it conflicted with their concerns of using these products internally. This is demonstrated in the following excerpt involving Participant 7:

I: Can you tell me what you know about vaginal hygiene and vaginal cleansing products?

P: I know that you’re actually not supposed to clean inside your vagina with like products…just the general idea of them not being safe to put in a vagina like putting toxins up there. Apparently, water is the best thing and just taking water and whatever you have to just clean it because the vagina is supposed to be self-cleaning, but some people use vaginal cleansing products because some people don’t like the smell of their vagina and they use wipes or sprays.

I: So, you mentioned before about using the deodorant for smell, was that a concern you had around vaginal hygiene or a reason why you wanted to use the products?

P: Um….well mostly just smell and not wanting to have a dirty vagina because I guess I had heard about all these things that you are supposed to be doing and I wasn’t doing them so I thought like is my vagina not clean? So that was kind of it.

Participant 7’s excerpt illustrates tensions between the risks associated with using vaginal cleansing products internally and the desire she states women have to clean their genitalia using
the products because they “don’t like the smell of their vagina”. Despite providing two reasons why women should not use vaginal cleansing products internally including the vagina being exposed to “toxins” and the vagina being naturally “self-cleaning” Participant 7 still uses a vaginal deodorant. Other participants’ accounts similarly focused on concerns around a “smelly” vagina (Participant 4) and not wanting to be labelled as ‘dirty’. Given that many participants expressed concerns about how others perceive them, the rationalization by some participants to use vaginal cleansing products may be driven by fears of being depicted as having a dirty vagina. Fear of being negatively depicted may be especially worrisome given the associations between vaginal odour and discharge with ‘dirtiness’ in Western culture (Braun & Wilkinson, 2001).

Other participants rationalized their use of vaginal cleansing products based on the positive feelings they attained from using them. As such, the perceived benefits of the products in creating feelings of vaginal cleanliness were prioritized by some participants over the risks associated with vaginal hygiene product use. Subjective feelings of cleanliness have similarly been written about in other studies on vaginal and feminine hygiene product use as motivations for why some women use these products (Jenkins, Crann, Money, & O’Doherty, 2017; Ness et al., 2003; Rosenberg, Phillips, & Holmes, 1991). However, none of these studies have explored how feelings of cleanliness are used by women in justifying their use of products that are perceived as being harmful. For example, this is demonstrated in the following excerpt where Participant 1 justifies her use of vaginal wipes because of the ‘clean’ feeling she attains from them:

I: Okay and can you see yourself continuing to use the products?
P: Yeah unless something comes up...like I’ve heard negative things about wipes that it takes away from like natural things that you have or whatever and it may not be healthy but I still think it feels better and unless something more...straightforward comes out I don’t know...or unless I actually hear about a friend who has had a bad experience with them I wouldn’t stop.

Participants 1’s statement, “it may not be healthy, but I still think it feels better” prioritizes the feeling of cleanliness over the “negative things” she has heard about vaginal wipes. In addition to cleanliness, positive feelings such as feeling confident and comfortable were used by participants to justify their use of vaginal cleansing products. Some research suggests that the positive feelings some women associate with beauty practices are used to justify the uncomfortable side effects of these practices (Halpin, 2005; Jeffreys, 2005). Although Participant 1 did not personally experience side effects from using vaginal wipes, she does associate them with potential health risks. These risks, however, are suggested in her account as being secondary to feeling clean.

Vaginal cleansing products were constructed by participants as necessary to the extent that some women did tolerate negative side effects if it meant attaining a clean vagina. These negative side effects ranged from mild irritations, such as vaginal dryness, to more severe issues, such as pain in the genital area. However, participants’ descriptions of these side effects were often presented in a way that attempted to minimize the issue and downplay the potential harm of using vaginal cleansing products. For example, this was evident in the types of words and phrases that were used (e.g. “I had pretty mild irritation”, “I’m usually just sensitive all over my
body anyways” Participant 18). This minimizing of risks was also evident in the types of products being used. For example, some participants specifically stated that they use ‘natural’ vaginal cleansing products because they are less harmful to women’s vaginal health. This is demonstrated in the following excerpt where Participant 21 justifies her use of a non-scented, more natural douche:

P: I kind of stick to the not so tutti frutti ones [laughs]. Less perfumy knowing that overall douching is really not the greatest…um it’s something that I want to be mindful of and sticking to a more natural douche if possible, sans perfume.

I: And the times that you did use the douche was there anything you liked about it?

P: I liked the fact that it completely eliminated any vaginal odour. Being a female, you know and learn how a vagina works and how it smells and how it functions on a day to day basis once you’ve grown into puberty it still becomes something that I find when you’re open and honest with people and women it’s something that we’re still incredibly sensitive about. And so, I liked the fact that I didn’t have discharge. I didn’t have my normal daily discharge for the next day and I felt odour wise I felt much cleaner. Especially the next couple days I noticed the odour took a while to come back and I noticed the odour coming back was much slower so it was like yay I don’t smell [laughs]

I: Did you find that it caused any type of irritation or anything like that?
P: Mmm I had some dryness. Like I had some vaginal dryness but I mean other than that the moisture returned and I had a sneaking suspicion it was because I was cleaning the bacteria all of it good and bad out.

Participant 21’s use of non-scented douches resulted in the side effect of vaginal dryness. However, the language she uses to describe this side effect including experiencing “some dryness” and noting the “moisture returned” minimizes the issue. Her description of using a “more natural douche” because it does not contain perfume further minimizes the harmful effects that she associates with douches (i.e. “overall douching is really not the greatest”). Given this minimizing talk was used to downplay the side effects some participants experienced, it may also reflect the idea that some women are willing to put up with unpleasant side effects in attaining an idealized body (Halpin, 2005).

In justifying their use of vaginal cleansing products some participants constructed their bodies, rather than the products, as being problematic. For example, some participants who experienced unpleasant side effects expressed dissatisfaction not with the products but with how their bodies responded to the products. By constructing their bodies rather than the products as problematic, these accounts reproduce constructions of women’s bodies as inadequate. Some women who view their bodies as inadequate are noted by Wijsbek (2000) as being willing to go to considerable lengths and incur serious risks if it means changing the appearance of their bodies to align with beauty ideals. For the women in this study the side effects they experienced reflects the physical discomfort some women are willing to suffer to fit social expectations of
beauty (Bloch & Richins, 1992). This is illustrated in the following excerpt involving Participant 15:

I: Was there anything that you didn’t like about the wash, the deodorant or the douche?

P: Um I found that a lot of the times that like um…with the deodorant it smelled really great for the night but then I would find the next day or the next two days everything kind of felt out of balance. Like my vagina didn’t smell great anymore and I know that’s just due to a huge pH issue um so I found more often than not I would use it and it would be really great for a short period of time but then it would kind of I would almost get a backlash from my body for the next two days… So it wasn’t that I disliked the products I just didn’t like how my body reacted to them.

I: So, when you said your body felt it was kind of off is that when you would use the products again to get to where you were?

P: Usually yes. With the deodorant it was kind of always a tradeoff like I knew I could use it for the night and for a day or two after I just…everything would be a little bit out of whack and it was always just a sacrifice I was willing to make so I would put up with it for the day or two after, the extra discharge.

Participant 15 justifies her use of the deodorant to eliminate vaginal odour when she describes the negative side effects she experiences as “a tradeoff”. Her statement that “it wasn’t that I
disliked the products I just didn’t like how my body reacted to them” constructs her body, rather than the products, as problematic in her pursuit of attaining vaginal cleanliness. This excerpt therefore suggests that for Participant 15 accepting unpleasant side effects is necessary to attain vaginal cleanliness. It is also acceptable to her even if it results in a continuous cycle of vaginal issues. This finding is consistent with other research exploring female beauty ideals which has shown that some women are willing to sacrifice their health to meet certain cultural norms (Hanigsberg, 1997). As shown in this analysis, these messages around the female body being inadequate have become internalized for some participants to the point where modifying the body to attain an ideal body is of greater importance than potential health risks.

### 7.4 Discussion

This chapter examined how some participants prioritized vaginal cleanliness over vaginal health to the extent that they were willing to use vaginal cleansing products that are potentially harmful. As such, this chapter demonstrated the tension some women experienced between 1) knowing that vaginal secretions are part of a healthy and normal vagina and 2) wanting to remove these vaginal secretions through products that are potentially harmful because they feel dirty. To draw on Rice (2014), this tension can be understood as a form of “split-consciousness” in which women internalize conflicting messages about their bodies. For example, women’s descriptions of vaginal secretions as healthy and normal reproduces medical literature that states that these secretions are part of a healthy functioning vagina. Women’s descriptions of some vaginal cleansing products as harmful are also in line with medical literature and broader health recommendations by the Canadian Women’s Health Network that using vaginal cleansing products internally is harmful. However, as analyzed in Chapter Six, women spoke about societal
messages that construct vaginal secretions as dirty, unwanted, and ultimately not part of an idealized clean vagina. These messages contributed to women experiencing societal pressures in needing to live up to strict vaginal beauty ideals.

In negotiating this tension, it was evident that participants prioritized messages that vaginal secretions are not part of the idealized clean vagina and therefore need to be removed. In large part, women’s prioritization of vaginal cleanliness over vaginal health came down to women’s experiences of their vaginas. As noted above, women’s accounts reproduced medical literature that states vaginal secretions are normal and healthy. However, women did not experience vaginal secretions as normal or healthy. Rather, for many participants these secretions felt dirty and unclean. This discrepancy between women’s experiences of their bodies and medical framing of women’s bodies has been explored by Martin (1989) in her work on menstruation. Similar to the findings in this study that show that women’s experiences of their vaginal secretions do not align with medical descriptions, Martin (1989) found that women’s experiences of menstruation differed from medical representations of this protective functioning. While medical representations framed menstruation in negative and scientific ways (i.e. menstruation is failed reproduction due to the egg not being fertilized), many women experienced it as a natural part of their bodies and of womanhood. For the women I interviewed, their findings are in a sense the opposite of what Martin (1989) found. While medical literature frames vaginal secretions in more positive ways, women experienced them as an unwanted aspect of the female body.
Women’s use of vaginal cleansing products to remove vaginal secretions, even though they know there are potential harmful consequences, may become more understandable given the emphasis women placed upon how they feel. In fact, women’s reasoning and justification for using vaginal cleansing products was based on how these products make them feel. For many women, these products made them feel confident, good, clean, and more willing to engage in sexual intimacy. Thus, many women took pleasure in the use of vaginal cleansing products to the point where they were willing to overlook potential health risks. Similar findings have been found in the literature on beauty practices. For example, body hair removal and wearing high-heeled shoes are just two forms of beauty practices that some women partake in to feel confident even if they result in unpleasant side effects such as pain (Jeffreys, 2005). Given the emphasis within our culture on female beauty and the positive associations with it (Christer & Johnston-Robledo, 2018), harms associated with certain beauty practices such as vaginal cleansing products may therefore be overlooked or rationalized. For example, Hanigsberg (1997) notes that some women who, despite being aware of serious side effects, undergo cosmetic surgery to have silicone breast implants because they have rationalized large breasts to be “worth the risks in order to be desired, loved, and successful in our sexist culture” (p.74). In a culture where female bodies are constructed as inadequate, Bordo (1993) further emphasized how women are required to modify their bodies to what is viewed as culturally desirable.

Furthermore, the fear that women expressed about being shamed or talked about in regard to having a dirty vagina may provide insight into their justification of vaginal cleansing products despite knowing that they may be harmful. For example, participants’ concerns around others remarking on their vaginal odour may reflect what Hartley (2001) describes as the fears that
many women have around being negatively depicted. This fear is argued by Hartley (2001) as
driving some women to perform beauty practices that may be associated with health risks, such
as extreme dieting, if it means avoiding being negatively portrayed (Hartley, 2001). As Rice
(2014) explains, there are severe consequences for women who fall outside of beauty ideals and
being negatively depicted is only one of them. For participants, however, how others view them
was the main concern in whether they meet standards of an idealized clean vagina and one that I
have discussed in greater detail in the previous discussion chapter.

Overall, the findings in this chapter show how women’s decisions to use vaginal cleansing
products are largely shaped by cultural messages that vaginal secretions are dirty and unwanted.
Thus, women’s experiences of their vaginas conflict with medical literature which describes
vaginal secretions as normal and healthy. Therefore, to understand the reasons why some women
perform certain beauty practices I take guidance from Martin (1989) who states that women’s
experiences of their bodies often tell a different story than what is represented in science and
medicine. In this case, although women knew that vaginal secretions are healthy and normal and
some vaginal cleansing products may be harmful, their experiences of vaginal secretions as
feeling dirty and the use of vaginal cleansing products as creating positive feelings, presents a
story that is only accessible by asking women about their bodily experiences.
8 Discussion of Findings

This dissertation explored the role vaginal cleansing products play in women’s experiences of the vagina and how these experiences are constructed in relation to broader cultural meanings of women’s bodies. As discussed throughout this dissertation, understanding women’s experiences in relation to the use of these products is important given the increasing popularity of vaginal cleansing products despite the health risks associated with them. The analysis in this dissertation therefore contributes to the literature on vaginal practices by understanding how vaginal cleansing products are a cultural practice that some women feel pressured to perform within a society where vaginas are dominantly constructed as dirty, shameful, and in need of modification. The analysis in this dissertation focused on three areas: 1) the multiple constructions of the vagina in relation to the use of vaginal cleansing products, 2) the societal pressures women felt in attaining an idealized clean vagina and 3) the prioritization of vaginal cleanliness over vaginal health. In this chapter, I situate the findings of this analysis within the broader feminist literature on agency beauty practices. I will also identify strengths, limitations, and speak to my reflections on this study as a feminist researcher.

8.1 Agency and Vaginal Cleansing Product Use

The findings of this study demonstrate how women’s experiences around the use of vaginal cleansing products are shaped by societal power structures. Specifically, women’s use of vaginal cleansing products was demonstrated as being less related to individual choice and more representative of a societal aspect of women’s oppression. This was evident in women’s accounts in which vaginal cleansing products were framed as a required practice that women should perform in order to meet societal standards of an idealized clean vagina. For example, the
emphasis by participants in Chapter Five on needing to use the products conveyed a level of compulsoriness to control and manage the abject vagina. As noted by Bartky (1990), women grow up in a culture where they learn to manage their bodies to meet what are constructed as acceptable standards of femininity. The fact that some participants began managing their bodies through the use of vaginal cleansing products as adolescents provides support to Bartky’s (1990) theory that girls are taught to practice monitoring their bodies from a young age. The need to manage the vagina was so powerful that it preoccupied some participants on a daily basis and affected their psychological and emotional well-being. For example, the concerns that women expressed around failing to meet societal standards of an idealized clean vagina contributed to heightened anxieties in some situations such as being sexually intimate. This resulted in many participants feeling the need to conceal aspects of the vagina that were perceived as being embarrassing (i.e., vaginal odour, discharge, menstrual blood).

Only when such aspects of the vagina were concealed or removed through the use of vaginal cleansing products did the participants feel confident and attractive. Even though some participants were aware that their perceptions of their genitalia may be influenced by outside factors, they continued to experience a negative relationship with their body. In fact, none of the women described loving their natural/unmodified vaginas. While some participants did talk about natural vaginas as healthy, only vaginas modified through the use of vaginal cleansing products were associated with positive words like clean, confident, and desirable. The way that many participants expressed experiencing vaginal dissatisfaction supports theories by Wolf (1990) and Bartky (1990) that women internalize patriarchal standards of body acceptability. Similar findings have been found in other studies where women’s feelings of body deficiency are
connected to patriarchal beauty ideals (Thompson, 2008; Urquhart, 2016; Williamson, 2015). Thus, the societal pressures that women experienced in needing to attain an idealized clean vagina demonstrates how the use of vaginal cleansing products is not a reflection of creative expression, female empowerment, and choice; rather the societal pressures are indicative of what Beausoleil (1994) describes as the narrow and unattainable standards of beauty that women are expected to meet.

Furthermore, as shown in Chapter Six, many participants experienced social sanctions for not conforming to an idealized clean vagina. This demonstrates what Rice (2014) describes as the penalization women experience when they deviate from beauty ideals. This suggests that women have limited ‘choice’ in whether they conform to beauty ideals as they can face severe sanctions (Bartky, 1990). For example, participants described women who do not conform to an idealized clean vagina as risking judgment and exclusion from others. The role that other people had in shaming women who do not comply with an idealized clean vagina reflects arguments by Bartky (1990) of how oppressive practices of feminine beautification are reinforced within a patriarchal society. For some women this shame was internalized and manifested in their embodied experiences of their vaginas causing them to feel embarrassed and ashamed. In addition, the fear that some women expressed around being negatively viewed by others suggested not conforming to an idealized clean vagina wasn’t an option for some women.

Similar findings have been found in other studies where women experienced fear and anxiety around failing to meet societal ideals of beauty (Angelaka, 2013; Moran & Lee, 2016; Thompson, 2003). For example, in a study conducted by Angelaka (2013), norms around having
white skin were found to control Japanese women’s lives who expressed anxiety around being subjected to negative consequences including social exclusion, rejection and being invisible to others. Other studies on female beauty practices such as wearing makeup and body hair removal have further demonstrated how women fear social sanctions if they do not conform to societal beauty ideals (Fahs, 2011; Williamson, 2015). These studies illustrate how some scholars who advocate for beauty practices as a reflection of individual choice fail to take into account the power of beauty ideals and the expectations that surround them. Thus, if we attempt to understand women’s actions with regard to their use of vaginal cleansing practices according to the theories of Jeffreys, Wolf, and Bartky, then we are led to conclude that they are not choosing to use vaginal cleansing products but rather would be understood as engaging in the use of these products as part of a powerful cultural expectation around femininity.

However, this is not to say that women are completely without agency and this study found that the participants did demonstrate forms of resistance. This included participants criticizing, resisting, and challenging dominant discourses that female genitalia are dirty, inadequate, and in need of modification through the use of vaginal cleansing products. As was explored in Chapter Six, some women problematized the societal pressures they felt to use the products to attain an idealized clean vagina. This included the problematization of media portrayals of idealized feminine bodies which were suggested to be a powerful influence in dictating how women should look. In fact, every participant who talked about media conveyed in some way the idea that it holds power over women by presenting narrow beauty standards for ‘desirable’ vaginas. Media portrayals of women in advertising and pornography, in particular, were identified by participants as being detrimental to women and the relationships that they
have with their bodies. By resisting beauty imperatives, such as the idea that women’s vaginas need to be “perfect”, participants normalized vaginas that do not conform to cultural body ideals (i.e., vaginas that aren’t completely hairless, odourless, and are of a certain size and shape). In addition, some women not only challenged the dominant messages that they were exposed to but changed these messages to empower women’s bodies that do not meet societal standards of an idealized clean vagina. For example, in Chapter Five some women constructed vaginal odour and discharge as healthy and normal aspects of the vagina that almost all women experience. If we use Davis’ (1991) conceptualization of agency as a form in which a subject can “resist, subvert and change the discourses themselves through which one is being constituted”, women’s criticisms of social and media discourses challenge the idea that they are solely oppressed victims in a patriarchal capitalist culture.

It is important to recognize that women have agency because it acknowledges that women are able to challenge the status quo, existing institutions and social norms that are oppressive to women (World Development Report, 2011). In addition, recognizing that women have some form of agency is critical in giving credence to women’s voices and the ability for women to use their voices to push for greater gender equality (World Development Report, 2011). By challenging social norms and gender roles, women’s voices have the ability to influence their environment in transformative ways. However, women’s agency does have constraints, and this was evident in the findings from my study. While some women were willing to resist feminine ideals around having an idealized clean vagina, many of them still found it difficult to overcome the societal expectations placed upon them in needing to have idealized
genitalia. This is demonstrated in the fact that every participant I interviewed was still using vaginal cleansing products to remove unwanted vaginal secretions.

Furthermore, while many participants did criticize societal and media portrayals and expectations of having idealized clean vaginas, some of these women also continued to describe their genitalia as inadequate throughout the interview. These contradictions highlight the tensions between 1) the internalization of the idealized clean vagina and the need to conform to it using vaginal cleansing products and 2) the desire women have to challenge dominant and oppressive discourses around vaginas being inadequate. This tension between the need to conform to beauty ideals and the desire to resist them highlights the complexities around women exercising agency and the contradictory bodily experiences that women can hold.

Overall, the findings from this study demonstrate how the women in this study reproduced discourses around the dirty vagina that have been well documented in feminist literature (McKee et al., 2009; Seidman, Fischer, & Meeks, 2006). While some women in this study resisted and challenged societal expectations around needing to have an idealized clean vagina, for many of these women dominant ideologies were shown to regulate and limit their choices when it came to the use of vaginal cleansing products. However, it is important to note that my data is from the context of an interview study with women who use vaginal cleansing products. As such, I am not implying that women in general are simply subject to oppressive dominant discourses. Furthermore, in coming from a social constructionist lens, I do acknowledge that women are active participants in co-producing discourse. While the women I interviewed were therefore active participants in creating bodily discourses, the discourses they
produced were to a large extent disempowering and reflective of broader societal messages that vaginas are dirty and in need of beauty work to be desirable.

From undertaking this study, the importance of taking a nuanced view of agency may be especially important within Western cultures where female subjectivity is increasingly being understood through concepts of individual liberty and empowerment as part of a broader, global, and neoliberal discourse (Lazar, 2011). These messages of empowerment are suggested by Lazar (2011) as being adopted by media and beauty industries who associate beauty practices with an ‘emancipated identity’. This emancipated identity is one that is connected with choice, autonomy, personal empowerment, sexual agency, and an entitlement to pleasure. This association being made between beauty practices and an emancipated feminine subjectivity is described by Lazar (2011) as fitting in with a capitalist and consumerist culture that focuses on individualism and the right that women have to shape their bodies in attaining feminine ideals. Thus, as noted by Gill (2008), “women are required to work on and transform the self, to regulate every aspect of their conduct, and to present all their actions as freely chosen” (p.443). Crawford (2006) further suggests health campaigns and marketing companies use discourses of empowerment to suggest to women they can live a healthy life if they take care of their bodies.

Some feminists have criticized this focus on the individual because it does not account for social and structural constraints on the self (Stewart & Donaghue, 2011). For example, Jeffreys (2015) raises issues with this individualistic discourse as she argues that it results in beauty practices not being questioned or criticized because they are constructed as reflecting women’s choice. This is problematic to Jeffreys (2015) who states that some Western beauty
practices meet the same criteria as non-Western practices according to the United Nations Fact sheet of harmful female practices. However, only practices in non-Western cultures where women are viewed as not having agency are seen as harmful. For example, in her comparison of labiaplasty and female genital mutilation, Jeffreys argues that both of these practices have harmful effects upon women’s bodies as they involve degrees of pain, mutilation, potential surgical complication and can lead to long term side effects such as difficulties in sexual functioning. For labiaplasty, the labia minora are surgically removed to create what is viewed as an aesthetically pleasing body part. Jeffreys describes female genital mutilation as including practices like elongation of the labia among women in Rwanda to ‘beautify’ female genitalia. However, while female genital mutilation has received international scrutiny, labiaplasty has not been recognized as brutalizing the female body and instead is largely framed as a practice that women choose to undergo to empower themselves. In making this comparison Jeffreys does recognize differences between them. For example, she states that while women in the West are not physically coerced into performing beauty practices, they are still culturally enforced. As a result, she argues that because practices like labiaplasty are becoming more normalized and associated with messages of empowerment this beauty practice is not viewed as oppressing women. Jeffreys therefore argues due to such practices being harmful yet also culturally acceptable they warrant feminist criticism.

Similar to labiaplasty, the use of vaginal cleansing products is a beauty practice that is becoming more popular among women in the West (Chen, Bruning, Rubino, & Eder, 2017) despite the harms associated with these products. Therefore, in line with Jeffrey’s argument, these products warrant feminist criticism because they are becoming more normalized despite...
increasing medical literature that indicates that some vaginal cleansing products are harmful to women’s health (see Chapter Two). In addition, how these products are promoted plays upon and exacerbates gender stereotypes (i.e., that women’s genitals are unclean) and conveys messages that these products need to be used for the benefit of others. This includes the idea that vaginal cleansing products are required for women to be physically desirable to men. However, with Western women primarily constructed as being able to freely choose the practices they engage in, vaginal cleansing products may be another beauty practice that is not questioned or criticized to the extent that it should be by feminist scholars. This issue is raised by Stewart and Donaghue (2011) who argue that beauty practices have taken on a benign role within feminist culture. This includes beauty practices being constructed as “an unproblematic expression of the autonomous, self-regulating and self-choosing feminine subject” (p.117). While it is important to recognize that women have agency, it is also necessary to examine how women’s experiences and the choices they make are situated within a consumerist Western culture that is driven by beauty imperatives and the quest for an idealized body.

In addressing this tension between recognizing that women have agency while also acknowledging cultural pressures in attaining idealized bodies, some critical feminist psychologists argue that women’s choices only make sense when the context is taken into consideration (Rutherford, 2018). This includes decisions that women make around fashion and cosmetic surgery within a culture where rhetorics of choice and agency are increasingly being used by corporations to sell their products. As demonstrated in Rutherford’s (2018) discussion on female genital cosmetic surgery, women’s ‘choices’ to modify their vaginas results in genital appearance becoming more uniform rather than more diverse. As such, Braun (2009) states the
outcome of what is understood as “freely made” choices often reproduce norms of femininity (as cited in Rutherford, 2018, p. 19). This suggests women’s choices may not be so ‘free’ but rather shaped by broader social and cultural ideals of femininity. Rutherford (2018) therefore states critical feminist scholars need to ask the following questions: “What meanings do choice and agency acquire in particular contexts? Who has access to choice? Who doesn’t? Why? What choices? Under what conditions? To whose benefit? To what ends?” (p.20). These questions are especially important based on the idea by Riger (1993) that individuals who are higher up in social hierarchies have greater access to the expression of agency and choice because they benefit from social supports (as cited in Rutherford, 2018). In regard to the question of choice and how it relates to my dissertation, my findings confirm that choice is contextual and for the women in this study it was evident that their choices to use vaginal cleansing products were largely constrained by societal and cultural expectations of having an idealized clean vagina. While the findings from my dissertation therefore touch upon some of these questions, further addressing and exploring these questions in feminist work is critical to challenging ‘decontextualized’ concepts of agency, choice, and empowerment (Rutherford, in 2018).

8.2 Women’s Health: Individual and Collective Approaches

Monique Deveaux (1994) argues that feminist scholars who conduct research on women’s oppression need to write about forms of female empowerment. This includes discussions about how women can exercise power in individual and collective ways to resist exploitation and domination. By writing about forms of resistance, Deveaux (1994) states that feminists can avoid paradigms of subjectivity that position women’s bodies as completely docile. These discussions are necessary, according to Deveaux, to recognize the capabilities women have to create political
change. By taking Deveaux’s argument into account, I discuss below how both individual and
collective forms of resistance are critical in order to challenge social constructions of female
genitalia as dirty and shameful. I write about how this resistance is important in creating positive
constructions of the vagina and the female body more generally within our society.

Braun and Kitzinger (2010) argue that women’s genitals continue to be represented and
spoken about in derogatory ways. For example, studies whose authors look at the use of sexually
degrading language suggest that men use more degrading sexual language when they describe
women’s bodies especially in the company of other men (Murnen, 2000). In addressing these
derogatory terms used to describe the vagina, Braun (1999) argues that a feminist strategy is
important in destabilizing the status quo by making private topics public. Discussing such
‘troublesome’ topics is one way to challenge socially constructed taboos that maintain
oppression against women (Beveridge & Mullally, 1995). Therefore, having open conversations
about vaginas is critical in not only breaking taboos of secrecy and shame but creating alternative
discourses that construct vaginas in more positive and accepted ways. By speaking about vaginal
odour, discharge, and menstruation as natural, rather than as dirty aspects of the female body, we
can have dialogues that empower women’s bodies. A shift in ideology is thus argued by Querna
(2008) as necessary if we are to change negative cultural representations of women’s bodies to
positive discussions about women’s sexual and psychological well-being.

Given the increasing medical research that points to some vaginal cleansing products
having adverse health consequences, creating avenues for open dialogues about vaginas and
vaginal practices may be especially important. In fact, the existence of these products provides
an opportunity to open a dialogue around women’s vaginal health. Having these conversations is also critical because of the messages conveyed in marketing that tell women these products are safe and even beneficial to their vaginal health and hygiene. As such, vaginal cleansing products could be considered harmful cultural practices by putting girls and women’s vaginal health at risk according to the United Nations’ (UN) definition of Harmful Traditional and Cultural Practices. While vaginal cleansing products are not currently identified by the UN as harmful, this has not prevented organizations in the West from taking a political stance against these products. For example, some Western non-profit organizations such as Women’s Voices for the Earth have raised concerns about how these products are being marketed as safe to women. This includes creating awareness through an online website about the harmful ingredients in feminine and vaginal cleansing products including known or suspected carcinogens. Other organizations such as the Canadian Women’s Health Organization have information pages that debunk cultural myths around vaginal odour needing to be masked through the use of feminine and vaginal cleansing products. In promoting women’s health, this organization raises awareness about vaginal odour and discharge as natural and healthy aspects of a vagina and criticizes practices such as vaginal douching. Some scholars and scientists have similarly voiced concerns about the use of these products and have argued that additional research needs to be conducted on them before they are marketed to women. For example, Chen, Bruning, Rubino, and Eder (2017) argue that there is limited medical published literature looking at how externally used products like vaginal washes affect the outside of the vulva.

Although these organizations are taking steps in the right direction by raising awareness, measures such as stricter regulations by Health Canada pertaining to the selling of these products
may be more impactful. More stringent regulations for how these products are being marketed to women’s health is important. This is especially critical in preventing the marketing of products as ‘safe’ and ‘beneficial’ when they may be associated with adverse health effects. Overall, my intention as a feminist scholar is to contribute towards eradicating gender inequalities and forms of oppression and suffering that stem from the societal, ideological, economical, and cultural system that produces as well as sustains them (Longman & Bradley, 2015). My aim therefore is not to make decisions on the behalf of women about the types of bodily practices they partake in but to create changes around the negative cultural discourses that continue to shape women’s bodies as dirty and shameful.

### 8.3 Personal Reflexivity as a Feminist Researcher

Personal reflexivity is critical to qualitative feminist research in acknowledging who you are as a researcher and the connection you have to your research. I therefore reflect in this section on my connection to the research on vaginal health and hygiene that I conducted for this dissertation. My research was informed by my experience as a white, cis-gendered, heterosexual woman. Growing up, I was exposed to messages in magazines, television shows, and the internet that women’s bodies are naturally flawed. I was therefore able to easily connect with the participants that I interviewed who similarly spoke about and criticized the expectations placed upon women in needing to attain unrealistic body ideals. By being reflexive we are better able to engage with the research process and the experience of going through that process. Part of this reflexive journey is exploring how researchers have shaped their research and how the research has shaped them (Palaganas, Sanchez, Molintas & Caricatvi, 2017). This produces an iterative and powerful process (Palaganas, Sanchez, Molintas & Caricatvi, 2017).
In my own research I was reflexive of interviewing women about a sensitive topic that has many taboos surrounding it (Braun, 1999; Braun & Wilkinson, 2001; McKee et al., 2009; Seidman, Fischer, & Meeks, 2006). Due to these taboos surrounding vaginas it can make it difficult to have conversations on this topic because they can evoke feelings of embarrassment (Braun, 1999; Ensler, 1998). I found the taboo surrounding the word vagina very much apparent in my research. In speaking with women about vaginal cleansing products I found the language used or rather not used reflected this deeply embedded taboo of vaginas within Western culture. For example, the word vagina was rarely mentioned by participants during interviews. Instead, euphemisms were common when referring to vaginas including “female private area”, “private parts”, “downstairs”, “down there”, “that part”, and “my parts”. The word vagina was framed by many participants, even without using the word, as a body part that was private and uncomfortable for them to talk about.

As a feminist researcher I therefore felt it was important to be consistent in using the word ‘vagina’ during my interviews to break through this barrier and set a precedence for participants that it is okay to use this word. However, even though I have been conducting this research for four years I realized that similar to the women I interviewed it is something that I have struggled with as well. For example, I am still sometimes hesitant to use this word publicly. This hesitation has similarly been written about by other feminist researchers who study vaginal practices. For example, Virginia Braun (1999) recalls when conducting her PhD on the social and cultural representations of the vagina she felt embarrassed talking about her research with others. This embarrassment extends from what she characterizes as social codes within our society that prevent individuals from discussing ‘private parts’ with strangers aside from specific
environments such as a doctor’s office. The very act of speaking about her research in
acquaintances transgresses what she describes as a boundary between private experiences and
public discussion. Braun’s (1999) self-described “verbal paralysis” (p.368) of speaking about her
research on vaginas also partly stemmed from what she states as her desire to protect others from
feeling uncomfortable. In conducting my own research on women’s use of vaginal cleansing
practices, I sympathize with Braun and her experiences. Braun’s confession of giving ‘parent
friendly’ versions of her research is something I can similarly relate to. Framing my research in a
specific way, sometimes blanketed through vague terms such as women’s health or reproductive
health, is something I have done when there is uncertainty about how individuals may react.
Laughter, intrigue, and puzzlement have been common responses when I tell people about my
research in non-academic settings. In giving presentations and lectures I am cognizant every time
I say the word vagina and how my audience will react.

In further reflecting on the discussions I had with the women in this study I came across
Rodrigues’s (2012) work. In her research on female genital cosmetic surgery, Rodrigues (2012)
encourages women to “employ the terms that best enable them to speak about their genitalia
honestly and without shame, rather than suggesting that they avoid or preserve certain language
because it may be medicalized or non-specific” (p.3). In connecting this to my own research I
realized that euphemisms may have provided a space for the women I interviewed to speak about
a topic that is otherwise considered inappropriate or uncomfortable to discuss. While several
participants freely used the word vagina during the interviews, they discussed their struggles in
reaching a point that they felt comfortable using the word. In conducting these interviews, I
began to acknowledge the influence I had as a researcher and feminist in breaking the silence of
the taboo surrounding vaginas. Yet engaging women in conversations on vaginal cleansing products and vaginal hygiene was only one part of breaking this silence and I fully credit the participants in my research for openly sharing their experiences with me. One participant in particular who emailed me after our interview highlighted the importance of having these conversations when she wrote, “It was great talking to you, and definitely got me thinking about the need to talk to my girls about vaginal health. Thank-you”. In reading this email, I recognized the power these conversations can have in igniting further dialogues about a topic that affects many women.

8.4 Strengths, Limitations and Future Research

Exploring the ways in which some women construct, manage, and feel about their bodies in relation to the messages they receive around vaginal health and hygiene and how this translates to particular bodily practices provides insight into a topic that is often not spoken about. In particular, a social constructionist approach along with a CDA method of analysis allowed me to make an in-depth exploration of women’s use of vaginal cleansing products while also examining and criticizing dominant ideologies. In taking a social constructionist approach and CDA method of analysis I was further able to generate a critical discussion on representations of the female body that can be taken for granted within Western society. This includes constructions of the vagina as dirty that predominate without being questioned. Furthermore, in drawing on embodiment theories, I was able to explore women’s experiences around vaginal health and hygiene. These embodiment theories allowed me to understand the shame some women internalize about female genitalia and the beauty practices women employ to address this shame. By exploring the role of shame, this study contributes to literature on
female bodily oppression and how this oppression can be challenged by resisting and changing negative discourses surrounding vaginas and the female body more broadly.

Due to the majority of participants ranging in age from 18 to 39, one limitation of this study was the lack of older women. Although I interviewed three women who identified as being in the age categories of 40-44, 45-49, and 60-64, respectively, including additional voices from mature women may have provided greater diversity in the types of experiences shared by women. While I did not specifically focus on how the messages women receive around vaginal health and hygiene vary according to age, this could be a future research study given the changes over the past 50 years around how the vagina has been represented in media and culture. Although I specifically only recruited women who had experience using vaginal cleansing products, interviewing women who do not use these products may also provide additional insights into whether women who don’t use vaginal cleansing products feel similar pressures around vaginal cleanliness.

Another limitation that is important to acknowledge is that the majority of the women in this study were predominantly heterosexual. Most of the findings in this study therefore pertain to heterosexual women who use vaginal cleansing products. In recognition that women’s experiences vary given differences in social stratification such as ethnicity, class, culture, social orientation, religion, and disability, among others, incorporating this lens in future research on vaginal cleansing product use would add an additional layer of analysis.

In conclusion, this study provided a safe space for women to speak about their experiences on a topic that is often viewed as taboo. By exploring women’s experiences of
vaginal hygiene product use, this study offered insights into how dominant discourses of vaginas shaped women’s use of vaginal cleansing products. As such, the ways in which women constructed and managed their vaginas reflects how women’s bodies are sites of regulation, oppression, and improvement. The shame that women spoke about in connection with a dirty vagina further highlights how the internalization of this emotion is a powerful enforcer in conforming to an idealized clean vagina. Overall, this study demonstrated the pressures that impact women’s experiences around vaginal cleanliness and the practices they partake in. However, in exploring how women also problematized the societal pressures they experienced, this study demonstrated forms of resistance and agency. In conclusion, I hope this study contributes to a broader conversation on how women can be empowered by challenging negative constructions of the female body.
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APPENDICES

APPENDIX A: SEMI-STRUCTURED INTERVIEW GUIDE

Preamble: Thank you for agreeing to participate in this interview today. I am interested in learning about the types of vaginal health and hygiene products you have used, or practices you’ve engaged in, and what your experience has been with those products and practices.

What do you consider is vaginal hygiene?

What kinds of things do you do related to vaginal hygiene?

Are there things you are concerned about related to vaginal hygiene?

What vaginal cleansing products do you know of? (E.g., vaginal sprays, douches, tablets, wipes, etc.)

Where did you learn or hear about vaginal cleansing products?

What are your thoughts on vaginal cleansing products?

What do you think are some reasons women may use vaginal cleansing products?

In what way were these products presented to you/discussed? (positively/negatively, necessary, health reasons, hygiene reasons, sexual reasons)?

Have you talked to anyone about vaginal cleansing products? What did you talk about? (What do those conversations look like?)

Which vaginal cleansing products have you used? /Do you currently use any vaginal cleansing products?

How did you come to the decision to start using those products?

What are your reasons for using/not using the products?

Did you continue using these products?

What was your experience using these products? How do you use this product (internally or externally)?

What do you feel is the difference (or is there a difference) after using these products?

What do you like or dislike about the products?
Tell me about when you usually decide to use the product(s).

If you use multiple products, how do you decide to use one over another?

Do you use different products for different reasons?

If no longer using the products: How did you come to the decision to stop using those products?

**Have you seen any vaginal hygiene advertisements?**

(If yes) What vaginal hygiene advertisements have you seen?

Can you describe these advertisements to me?

Where have you seen these advertisements? (i.e. television, online, magazines)

What do you think of these advertisements?

How do you think these advertisements portray vaginal hygiene?

Have any of these advertisements influenced your decision to use a vaginal hygiene product?
APPENDIX B: UNIVERSITY OF GUELPH RESEARCH ETHICS

RESEARCH ETHICS BOARDS
Certification of Ethical Acceptability of Research Involving Human Participants

APPROVAL PERIOD: May 19, 2016
EXPIRY DATE: May 19, 2017
REB: G
REB NUMBER: 16MY002
TYPE OF REVIEW: Delegated Type 1
PRINCIPAL INVESTIGATOR: O'Doherty, Kieran (ohoertk@uoguelph.ca)
DEPARTMENT: Psychology
SPONSOR(S): None
TITLE OF PROJECT: An Exploration of Women's Use and Practices of Vaginal Hygiene Products and Vaginal Hygiene Product Advertising

The members of the University of Guelph Research Ethics Board have examined the protocol which describes the participation of the human participants in the above-named research project and considers the procedures, as described by the applicant, to conform to the University’s ethical standards and the Tri-Council Policy Statement, 5th Edition.

The REB requires that researchers:
- Adhere to the protocol as last reviewed and approved by the REB.
- Receive approval from the REB for any modifications before they can be implemented.
- Report any change in the source of funding.
- Report unexpected events or incidental findings to the REB as soon as possible with an indication of how these events affect, in the view of the Principal Investigator, the safety of the participants, and the continuation of the protocol.
- Are responsible for ascertaining and complying with all applicable legal and regulatory requirements with respect to consent and the protection of privacy of participants in the jurisdiction of the research project.

The Principal Investigator must:
- Ensure that the ethical guidelines and approvals of facilities or institutions involved in the research are obtained and filed with the REB prior to the initiation of any research protocols.
- Submit a Status Report to the REB upon completion of the project. If the research is a multi-year project, a status report must be submitted annually prior to the expiry date. Failure to submit an annual status report will lead to your study being suspended and potentially terminated.

The approval for this protocol terminates on the EXPIRY DATE, or the term of your appointment or employment at the University of Guelph whichever comes first.

Signature: 
Date: May 19, 2016

Johanna Goertz
Chair, Research Ethics Board-General

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APPENDIX C: RESEARCHER GENERATED QUESTIONNAIRE

1. Please circle your age group:

18-24
25-29
30-34
35-39
40-44
45-49
50-54
55-59
60-64
65-69
70 and over

2. Please circle which group(s) you identify with:

Aboriginal/First Nations/Métis
White/European
Black/Africa/Caribbean
Southeast Asian (e.g., Chinese, Japanese, Korean, Vietnamese, Cambodian, Filipino, etc)
Arab (Saudi Arabian, Palestinian, Iraqi, etc)
South Asian (East Indian, Sri Lankan, etc)
Latin American (Costa Rican, Guatemalan, Brazilian, Colombian, etc)
West Asian (Iranian, Afghani, etc)
Other (please specify) ________________________
3. Please circle the sexual orientation(s) you identify with:

Asexual
Heterosexual
Bisexual
Gay
Lesbian
Pansexual
Other _________

5. Please circle your level of education:

High school
College
University
Postgraduate Degree
Other _________

6. Please state your occupation:

________________________________________________________________________
APPENDIX D: RECRUITMENT POSTER

FEMALE RESEARCH PARTICIPANTS NEEDED

Are you an English speaking woman 18 years or older who has experience using vaginal hygiene products?

You are invited to participate in a private, one-time phone interview about your experiences using products such as:

- Douches
- Vaginal washes, wipes, sprays, deodorants, and powders

Interviews will last approximately 60-90 minutes and will be conducted privately

In appreciation for your time, you will receive a $10 Tim Hortons gift card

For more information about this study, please contact Amanda at ajenkio2@uoguelph.ca or 226-600-7027

This study has been reviewed by, and received ethics clearance through, the Office of Research Ethics, University of Guelph, REB#16MY002