

# When Vagina Practices Threaten Health and Gender Equity: Evidence from the 2005-2007 Yogyakarta Vagina Practices Study

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## Abstract

Vaginal practices have been recorded in Indonesia for centuries and have become increasingly popular in recent times. *Jamu* (traditional herbal mixture) industries have sprung up with products that claim to enhance sexuality by “making the vagina tighter and drier”. These are multi-million dollar businesses. Beauty salons and spas promise vaginal services to deodorize, tighten, dry or clean. They are advertised in daily newspapers and mass circulation magazines. Large cities in Indonesia host private medical clinics offering female genital cosmetic surgery and hymen restoration. Specific vaginal products such as betel-leaf solutions, soaps and deodorants are available in shops, supermarkets and drug stores. Nevertheless the apparent widespread popularity of vaginal practices in Indonesia is largely unverified. Limited information is available regarding women’s actual behavior or the motivations they might have for using the available products and services. There are also few studies addressing possible health risks. As a result of this lack of scientific information on vaginal practices the Indonesian government has not formulated policies to regulate the industries promoting such practices, nor are there any public health messages to prevent women from engaging in practices that could pose harm for themselves or their partners.

**Keywords:** vaginal practices, Indonesia, gender, heterosexual relationships.

## Introduction

Businesses that cater for vaginal “grooming” and other practices are found throughout Indonesia, especially in large cities. Both traditional and modern treatments are available from healers, beauty salons, spas, and even specialist medical clinics. This paper draws together information from a combined qualitative and quantitative study carried out in Yogyakarta, Indonesia in 2005-2007. What are the types of vaginal practices being carried out by women in Yogyakarta? Why have services provided for female genital treatments and practices expanded relatively quickly in the past few years? What form do these treatments and practices take? Are the practices safe? What gender dimensions underlie these treatments and how does industry make use of social gender construction to gain commercial advantage?

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The term vaginal practices in this paper can be defined as any kind of treatment or practice applying to the female genital area that may be carried out by the women herself or by others. In Java, vaginal practices include action taken by women to make their vagina *peret*<sup>3</sup>(tight), drier, and firm. Treatments include *gurah vagina* or vaginal cleansing; drinking *jamu*; inserting *Tongkat Madura*<sup>4</sup> into the vagina, *V-spa (Vagina Spa)* or *Kendedes* (steaming or smoking) and vaginal operations. The key term surrounding these activities is *jamu*, a generic descriptor for herbal concoctions used for all types of traditional medical and preventative efforts to optimize health. Modern Indonesians have confidence in the efficacy and safety of *jamu* and people of all ages use the preparations regularly to deal with acute and chronic illnesses, or simply as a way to ‘keep healthy.’ While all the preparations mentioned in this paper are specifically used to treat the vagina, in daily life Indonesians use hundreds of different forms of *jamu*.

## Methodology

This paper is largely based on an exploratory qualitative study to document all types of vaginal practices that exist in Yogyakarta, Indonesia. Data collection was undertaken during August-September 2005. The study is a part of a Multi Country Gender Sexuality and Vaginal Practices Study (GSVP) in South Africa, Mozambique, Indonesia and Thailand supported by various agencies including the WHO, Ford Foundation, Australian Research Council, and The Australian National University. In Indonesia the collaboration was between Women’s Health Foundation (Jakarta), Mitra Inti Foundation (Jakarta) and the Centre for Population and Policy Studies, Gadjah Mada University (Yogyakarta) with the technical assistance of The Australian National University (Canberra). This paper presents results from the qualitative phase of the study documenting the diversity of vaginal practices that are found in Yogyakarta, but is also informed by the preliminary results of a representative survey of over 900 women in the province of Yogyakarta carried out in late 2006.

The 2005 Yogyakarta Gender Sexuality and Vaginal Practices Study (2005 Y GSVP) collected information using in-depth interviews (IDI), key informant interviews (KII) and focus group discussions (FGD). The IDI covered 12 adults drawn purposively from people found to have some knowledge of vaginal practices. Nearly all were Javanese, some worked as government employees while others were in the private sector, or worked at home. In addition, 18 KII were selected for particular expert knowledge about the nature and use of vaginal practices. These informants included a *jamu* manufacturer and a *jamu* retailer, a spa owner, one religious leader, one academic, two women activists, two bridal dressers (*perias penganten*), two gynaecologists, a general practitioner, one midwife and one traditional birth attendant.

Focus group discussions were conducted with men (husbands) in both rural and urban areas. The women’s FGDs contained a cross-section of participants including housewives, midwives and bridal dresser and beauticians. The members of the five FGD were purposely chosen for their knowledge and experience with vaginal practices.

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<sup>3</sup> The word *peret* literally means dry but can be understood to mean tight. Indonesians often use this word to describe a vagina that does not have “excessive” vaginal discharge or moisture.

<sup>4</sup> *Tongkat Madura* is a calcium carbonate rod about 15 cm in length and 2 cm wide. Women use *Tongkat Madura* by inserting it into the vagina to absorb fluid or vaginal discharge. It can be rinsed and reused. An advertisement for *Tongkat Madura* on the Internet states that it “is made from traditional herbs and is especially formulated to deodorize, tighten and cleanse the vagina” even though there are no plant materials used in the production, and the stone product is more likely to be abrasive than deodorizing (<http://www.indonesianmusic.com/jamu/madurastick.htm>).

Observational notes were taken during observation of local fresh/wet markets to investigate various herbal mixtures and vaginal washing solutions sold in *jamu* kiosks, cosmetic stores and *jamu* street stalls. In Yogyakarta research was conducted in the large central *Pasar Bringharjo*. This is the wholesale market for raw *jamu* ingredients. In Jakarta the same kind of observation was done at the *Majestik* wet market located in the southern part of Jakarta. A special one and a half hour observation was done in a famous family *jamu* shop established in the early nineteen sixties. Numerous Supermarkets and drug stores were also visited in Yogyakarta and Jakarta.

Other field observations included visits to a herbal ‘garden’ in Yogyakarta and a famous traditional cosmetic and herbal industry called *Sari Ayu* in Pulo Gadung, East of Jakarta. Team members also observed various private medical clinics offering vaginal surgery both in Yogyakarta and Jakarta; and beauty salons and beauty spas, and various distributors and agents promoting modern ‘vagina washing solutions.’

From the outset of the project, Utomo scoured press files for articles on traditional medicines and vaginal practices. Media clippings from a variety of newspapers and magazines included advertisements for vaginal *jamu* products as well as places providing vaginal treatments. The advertisements are usually placed in classified sections of the publications under health or traditional remedies, alternative treatments, and are sometimes places along with paranormal services as well as massage parlours and salons. Going through the advertisements broadened the researchers’ perspectives and indicated a strong demand for various vaginal *jamu* and treatments. This also applied to the development and modernisation of various *jamu* industry establishments. Advertisements for these products were followed up by phone call or a visit to the establishment to get more information.

### **Understanding the context of Vaginal Practices: Gendered pleasures**

Virginia Braun’s (2001, 2004, 2005) extensive research on the Western socio-cultural construct of the vagina argues that size matters. Women in the West desire vaginas that are tight (but not too tight) and find a “loose” vagina undesirable. Braun shows how the concept of the vagina as a receptive part of the female body has changed over the last century. She documented the rise of female genital cosmetic surgery as a means to promote female sexual pleasure and self confidence. Besides Braun’s work, extensive research has been conducted on techniques women use for treating and maintaining their vaginas as sensual organs. In this context the vagina can be seen as the focus of the woman’s pleasure.

In contrast to Braun’s stress on female sexual pleasure in developed countries, in most developing country settings women’s use of vaginal practices have the functional purpose of attracting men and competing with other women. Generally studies conducted in Africa, where vaginal practices and female genital mutilation (FGM) are commonplace find that women are not so much enjoying their bodies as they are using their bodies for specific social or economic purposes. The African countries in which such vaginal practices are common are Cameroon, Cote d’Ivoire, Kenya, Malawi, Mozambique, Nigeria, Senegal, South Africa, Tanzania, Zaire, Zambia and Zimbabwe. Similar practices and motivations can also be found in America, specifically in Haiti and the Dominican Republic. In South-East Asia vaginal practices to tighten the vagina are found in Cambodia, Indonesia (hull and Utomo, 2006; Agoes, 2002; Hudiono, 2002), Malaysia, Thailand (Im-em and Siritmongkhon, 2002), and Vietnam. In each of these settings the themes that have dominated the discussion of practices are those of sexual performance and female subordination.

In Indonesia research related to vaginal practices arose out of studies of the changing context of family planning in the 1970s and 1980s. Women using hormonal contraception complained about the impact these methods had on their menstrual cycles and the condition of their vaginas during sexual intercourse. It was in this context that researchers discovered that folk traditions passed on from older generations were a major influence on women's expectations. Notions first introduced during pre-nuptial body and beauty treatments and during the marriage ceremonies of many cultural traditions encouraged women to drink *jamu* as part of a comprehensive set of vaginal practices. These are applied by women who believe that optimal sexual 'service' will prevent their husbands abandoning them for other women. Women who are economically dependent on their husbands live in fear of loss of economic security for themselves and their children. Excessive vaginal discharge can lead to complaints by husbands that the vagina is too wet (*beccek*) or loose. Women lose confidence about their sexual attractiveness in such a situation. In this context the vagina can be seen as the focus of the man's pleasure, and vaginal practices directed to effects that maximize male pleasure.

### **Female Genital Practices: Dangerous for Women's Health?**

In Africa, practices to tighten and dry the vagina use a range of natural and artificial ingredients which are suspected to harm health (Beksinska et al. 1999; Brown et al. 1992, 1993; Civic and Wilson 1996; Dalabetta et al. 1995; Irwin et al. 1991, 1993; La Ruche et al. 1999; Mungui et al. 1997; Orubuloye et al. 1995; Sandala et al. 1995; Smith et al. 2002; Van de Wijgert et al. 2000). Repercussions reported in African studies are sometimes contradictory. A study conducted in Cote d'Ivoire reported that the use of such materials might 'dry' the vagina and increase the chances of genital infections but nonetheless the materials do not directly endanger the flora of the vagina (La Ruche et al. 1999). In Zaire the use of leaves, rock powder, talcum powder, Vicks, and alum along with the insertion of fabrics into the vagina can cause infections due to friction occurring in the vagina causing wounding of the vaginal tissue (Brown et al. 1993, 1992). Other research undertaken in Zaire (Irwin et al. 1993, 1991) on the use of talcum powder, ginger root extracts, leaves, cola nuts and gun powder concluded that such materials cause irritation and conceal symptoms of STDs, which can lead to the spreading of HIV. Dalabetta et al. (1995) found that in Malawi HIV positive women use such materials plus lemons, sugar, and caustic pencils as a means to 'cure' HIV. The study also reported that such materials can **minimize** the chance of being infected with STDs. In Zambia, Sandala et al. (1995) found that the use of such materials can cause vaginal swelling and peeling, especially if leaves and fabrics are inserted into the vagina. Another study in Zambia by Van de Wijgert et al. (2000) showed the use of such materials can cause damage to the flora of the vagina, while Civic and Wilson (1996) and William (1993) reported similar practices cause scratching and swelling of the vagina.

Even though their research did not detail the methods used, Foxman and colleagues (1998) stated that the practice of 'dry sex' was common amongst African-American women. The study contended that 16 percent of African-Americans practice dry sex, compared to the 6 percent of Caucasian women. The authors argued that because of this African-American women are more prone to STDs. A different study in America concluded that more than one fifth of women aged 15-44 routinely practice douching, either with commercial or home made products. Various studies have found that routine douching is associated with vaginal irritations, vaginal infections, STDs and serious health problems related to reproductive difficulties, pregnancy, passing infections in utero and problems related to delivery (The National Women's Information Centre 2002).

In Indonesia little research has been carried out on vaginal practices and vaginal grooming. A study of pregnant women in Surabaya (Joesoef et al. 1996) was the first to clinically test the impact of vaginal practices. It was found that pregnant women washed their vaginas with water only, or soap and water,

Betadine and betel leaf extract. From the research only a small number of women inserted Betadine or betel leaf solution into their vaginas, whereas the others chose to wash only outside of their vaginas using water only or soap and water. The research concluded that except for the use of water, the use of products before intercourse can raise the risk of STD infection. The interpretation was that use of such products during vaginal washing can facilitate the growth of pathogenic bacteria thus killing the normal flora of the vagina.

From the studies mentioned above it can be concluded that these vaginal practices whether it be douching or inserting artificial or natural ingredients into the vagina can endanger the health of women, and increase the possibility of being infected with STDs, vaginal infections, and HIV/AIDS. However, it is very unfortunate that no laboratory research has been conducted on the effects of vaginal practices such as *gurah vagina* and *Tongkat Madura* in Indonesia, so that the health effects of these practices cannot be definitely determined. Nevertheless, an assumption can be made from the results of medical studies conducted in other countries regarding the dangers of vaginal practices which can especially cause harm to a woman's reproductive health system. Indonesian women should at least know of the health risks associated with vaginal practices. Sadly the Indonesian government has not put any effort into socializing the problems related to vaginal practices, merely ignoring practices which conduct treatments for the intimate organ to loiter and develop in Indonesia. Attention must also be paid to the fact that even though *jamu-jamuan* or traditional broths are sold complete with a license from the Health Department, they still do not bear any sort of expiry date. It can be said that despite registration numbers provided by the Department of Health on such products, the products have not been medically tested in a laboratory. Registration simply means that the product names have been listed in a register in the Department of Health.

### **Female Genital Practices: Dangerous for Men's Health?**

In Haiti and the Dominican Republic the materials used for vaginal practices include traditional herbs and an array of natural products as well as common commercial products such as alum, boric acid, and bactericides. According to Halperin, many women use these products for 'dry sex.' Their partners have been found to suffer penile injuries, lacerations to the foreskin, and bleeding (Halperin 1999). These products are very similar to the materials used in Africa and Southeast Asia, but no research has been carried out in those regions to confirm the potential danger to men's sexual health.

### **Qualitative Research Findings: identifying various vaginal practices in Indonesia**

#### ***Washing the vagina using betel leaf extract solution (Larutan Sirih), specific vaginal soap and wet vagina tissue***

Varieties of products used to wash the vagina may include betel leaf solution available in different aromas and manufactured by an array of different brands. These can be purchased in stores and supermarkets. Vaginal soaps and wet tissues (similar to 'wet wipes') containing betel leaf extract are also available. Women can also simply prepare betel leaf solution themselves by boiling the leaves in water. Betel leaf is found through out Indonesia and it is very inexpensive. The betel leaf solutions, vagina soaps and wet tissues are used by women whenever they wash (*cebok*) their genital area. Vaginal solutions, soaps and wet tissues are used by both teenagers and married women because it is believed to prevent excessive vaginal discharge and to make vaginas *keset*<sup>5</sup> and *peret*. It is also hoped that such treatment will prevent itchiness and give the vagina a pleasant odor.

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<sup>5</sup> *Keset* means dry.

### ***Application of whitening solutions***

Vaginal whitening cream is used to whiten the skin around the genital area. For example, *Wish Whitening Cream* is specifically used to whiten dark skin of the pudenda and labia (the product name in Indonesian is often abbreviated to *Selangit*, literally meaning heavenly). Both Indonesian women and men are obsessed with white skin. A ‘beautiful’ woman should have white skin. So the beauty and cosmetic industry in Indonesia, as in most of Asia, produce a wide variety of whitening creams. What is unusual is the recent emergence of whitening agents specifically for the external genitalia. It is not clear whether this is related to any expectations about the exposure of the genitals during sex, or the practice of oral sex.

### ***Drinking traditional herbs to make the vagina drier and tighter***

There are several kinds of *jamu* that are marketed to make the vagina drier, tighter or smaller. Vaginal *jamus* for ingestion take the form of dried powder to be mixed with hot water, lime juice and honey. These traditional *jamus* are known generically as *Sari Rapet* (literally the essence of tightness), *Rapet Wangi* (tight and fragrant), *Asrirapat* (long-lasting tightness), and *Jamu Empot-empot Ayam* (literally tight as a chicken’s anus). There are also *jamu* to prevent vaginal discharge and other similar conditions known as *Siputih* (literally ‘Miss’ White referring to white discharge). *Jamu* inserted into the vagina is limited to a form of *Tongkat Madura* (Madura rod) or a variety of traditional mixtures prepared by traditional healers for *gurah* vagina (see below).

Even though we do not fully understand why some women consume such products or if these products really make the vagina drier and tighter, an indication into the success of sales of such products is the sheer variety of these products produced under an array of different brand names. They are bought through street vendors, traditional markets, specific *jamu* stalls, supermarkets, and in upper class shopping malls. The magnitude of treatments and practices available and the variety of prices on offer, indicate that women from different economic strata are using these commercial products.

Alternatively, women believe that the common drink of turmeric and tamarind juice (*kunir asam*) can have an impact on vaginal health. There are different versions of the juice. In some cases it is mixed with betel leaf and aims to improve blood circulation and eliminate bad odors and decrease vaginal discharge after menstruation.

### ***V-Spa (Vagina Spa) and Kendedes***

V-spa and *Kendedes* treatments are used by women in vaginal grooming. Both practices are provided by a variety of beauty salons and beauty spas, especially in metropolitan regions (Utomo, 2007). Because these body and vagina treatments are quite elaborate, they are quite costly and only can be afforded by middle and upper class women. The treatment takes one and a half to two hours, so women have to allocate a special time slot to relax and enjoy the pampering they are offered.

V-spa treatment begins with a bath, then body exercises that aim to train muscles in the lower back and hip area to contract, often referred to as *Kegel* exercise. A range of herbs and medicines are mixed with honey to create a drink meant to improve stamina, strengthen the immune system, warm and calm the body and also rid the vagina of excess discharge. Following this, the woman will be steamed with aromatic scents aimed to make the body more fragrant. Then a total body massage is done, followed by a bath in a spa where the water is mixed with herbs and aromatic oils. The next step in the treatment is to *compress* the vaginal region with a large warm ‘tea bag’ filled with betel leaf extract, sandalwood, small aromatic lemon, and areca nut. This part of the therapy is said to improve blood circulation around the area being heated, heal infections around the vagina and improve vaginal

stamina. The treatment is concluded with vaginal fogging (*pengasapan*). Fogging is done by sitting on a chair which has a hole in the seat above a burner that contains *ratus* (Javanese aromatic scent). It is intended that the pleasant scent of *ratus* enters the vagina.

*Kendedes* is similar to the V-spa and also is done with similar stages. However, this treatment is not as comprehensive, and the client is only massaged, treated to a body scrub, bathed in a variety of different herbs before the vaginal fogging is done.

Obviously these ‘traditional’ practices are complex combinations of activities that are found in many countries around the world, but the use of Javanese terms and symbols to create the illusion of tradition is a means of appealing to the middle class or elite women for whom the practices are promoted. The mixture of personal pampering and a promise of improved sexual performance make this form of vaginal practice more complex and subject to a variety of gendered meanings.

### ***Vaginal Cleansing (Gurah Vagina) Techniques***

*Gurah* or flushing involves treating the inside of the vagina with fluids. This technique is done by inserting liquids, herbal mixtures, ozone, and medicines through the vaginal aperture. In the practice of *gurah*, specifically designed tools are used to remove excessive vaginal discharge.

The traditional *gurah* (flushing) technique is not alien since it has been used by *dukun* (traditional healers) in curing conditions such as sinusitis. Recently the method of *gurah* has been applied to the vagina, hence the term ‘*gurah vagina*’. There are several different techniques in the practice of *gurah vagina*. One involves inserting secret herbal mixtures into the vagina then holding them inside for a period of time related to the intended purpose. This cycle is repeated several times depending on the intended purpose. For example, in solving excessive vaginal discharge problems arising due to an infection the herbal mixture is inserted for 20-30 minutes and then removed along with the discharge. The treatment is repeated once a week until the infection is cured. Whereas healers promising to restore a woman’s virginity insert herbs into the vagina for approximately 20-30 minutes twice a week for a duration of three weeks or six treatment sessions. Then the treatment is continued at home by the woman for another one week.

The cost of such treatments varies between Rp.200,000 – 800,000 (US\$ 22-87)<sup>6</sup>, depending on the economic wellbeing of the client. *Gurah vagina* is said to reduce fluids in the vagina, therefore making it more *peret*, tight, and dry. The practice of *gurah vagina* also “promises” to return a woman’s virginity.

In recent years, many ‘alternative’ medical practices of *gurah vagina* are advertised in printed media. However, from what information those ads give, it is hard to understand which specific technique of *gurah vagina* is being offered. Nevertheless as there are increasing advertisements for *gurah vagina* it can be assumed that there is some demand for such services. From reviewing advertisements offering *gurah vagina*, it can be concluded that there are more advertisements for *gurah vagina* by traditional healers compared to those offered in salons and medical clinics. Different *gurah* techniques are individually tailored by different salons and spas. Some provide what are purported to be ancient Chinese treatments, while others their own innovations using traditional herbs. There are no *gurah vagina* treatments that could be regarded as ‘standard operating procedures’.

Take an example of *gurah vagina* using ‘ancient’ Chinese technique. Women are charged Rp.600000 (US\$65) per treatment. The treatment takes approximately 20 minutes. The procedures are as follows:

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<sup>6</sup> One US\$ is equal to 9191 Indonesian Rupiah.

first the vagina is steamed, and then the area around the vagina is massaged (*ditotok*), followed by the cleaning of the vagina. The last phase of the treatment involves inserting a capsule filled with ‘secret’ Chinese herbs into the vagina. The day after the treatment when the capsule would have dissolved, the client is then asked to return to the salon. There the practitioner would examine the discharge to determine problems or diseases suffered by the client. If further treatment and more Chinese or other medicines are needed the client will incur another fee. Even though the practitioner at the salon is based in Jakarta, she often travels to other cities such as Surabaya, Semarang, Pekanbaru, and Batam to provide alternative beauty treatments including *gurah* vagina to an elite clientele.

### ***Vaginal Operations***

Vaginal beauty operations are conducted using either laser surgery or manual surgical operations. Many gynecologists offer a variety of treatments to women able to afford their fees, but in Jakarta and Yogyakarta special clinics were found to specialize in vaginal treatments and virginity restoration. In the instance of vaginal laser surgery, practitioners promised to treat mismatched forms or sizes of the *labia minora* and *labia majora*, along with unwanted pubic hair. Laser surgery is also used to tighten the vulva and vaginal canal weakened by age and childbirth. This method is also used to repair a damaged hymen.

### **Why Do Indonesian Women Care About Grooming Their Vaginas? A Gender Analysis**

Among Indonesian women, ‘grooming’ the vagina is introduced when a young girl experience menarche (Utomo and Hull 2006). Among Javanese women specifically, such practices are integrated into a woman’s life cycle. Grooming and caring for the body including the vagina are part of Javanese women’s philosophy of life (*Ngudi Saliro*) providing the foundation to always present well groomed physical beauty to men. In regards to grooming the vagina, after the first menstruation, the next development would be during pre-wedding beauty care treatments which would continue after entering marriage, during the postpartum period through to when a woman starts her menopausal period.

There is a very strong belief amongst both men and women, although more so amongst men, that wet vaginas with excess vagina fluids reduce the pleasure of sexual intercourse. According to the belief, a vagina which is *peret* will be more pleasurable for the male. Young girls just after their first menses are taught by either their mothers or elder female siblings to take care of their vaginas and bodies. At this stage, grooming of the vagina is introduced even though not explained explicitly. Nevertheless, young girls are introduced to a habit of drinking *jamu kunir asam*. At this stage of their lives young women are also introduced to *jamu galian putri* (Girls *jamu* mixture) and *jamu galian singset* (Slimming *jamu* mixture), intended to preserve a slender figure. Adolescent girls are also told to avoid eating cucumber, water melon, pineapple, and Ambon bananas since these are believed to make their vaginas overly damp or wet (*becek*). Sometimes young girls are also advised not to eat fish or anything made from fish during menstruation as a way to avoid bad vaginal odors.

During the teenage years many young women experience excessive vaginal discharge (*keputihan*). Therefore, many consume *jamu* to reduce the problem. Others choose to use wet tissues or vagina solution products, and vaginal soaps which are readily available from stores and supermarkets. As they approach marriage women are often advised by their bridal dressers or beauticians, close friends, and elder female relatives to undergo a series of pre-wedding beauty and body treatments provided by beauty salons and spas. Some involve the *asmaragama* massage (love massage) to increase sexual stamina. Pre-wedding treatments are popular amongst elite and upper middle class couples and thus salons and spas provide special pre-wedding treatments ranging in price from Rp. 2.000.000 (US\$217).

At such pre-wedding preparations, women gradually absorb information on how to be a 'good wife'. It is then that a woman is told of the womanly duties and responsibilities owed her partner, including the provision of sexual services that will satisfy him any time he 'needs' sex. This information frequently relates to how women must be diligent in maintaining their physical beauty and appearance, including their vaginas. If the vagina is *peret* it is said that movements and frictions between the penis and vagina are optimal, therefore creating maximum sexual pleasure for the man.

There would be lot of drama on the first night of a couple's marriage if it turned out that the bride was not a virgin. This would apply if she had lost her virginity with an earlier partner or had experienced a physical accident causing the hymen to break. There is a strong stigma attached to brides who are not virgins, even though there are no problems if the groom is sexually experienced (Bennett 2005; Utomo 2003; Situmorang 2001). To anticipate this problem, well off brides can seek hymen restoration. Operations to recreate a hymen costs Rp. 4.000.000 (US\$435) or more depending on the type of clinic as well as the doctor's reputation. On the other hand poorer brides can seek less expensive treatments offered by *dukun*.

Such messages of feminine sexual duty are products of the strong patriarchal environment in Indonesia. The idea is that a wife should totally serve and attend to her husband, should maintain her physical beauty and provide satisfying sexual services and favors so the husband is not tempted to keep a mistress or look elsewhere for pleasure when conditions at home are not sufficiently satisfying. In fact, women are often blamed by their friends and family members if a marriage does not work or if a husband leaves suddenly leaves home. This is where gender bias and inequality occurs, where women must serve their husbands and always try to maintain a harmonious relationship, whereas men are not pressured to be responsible in a similar way (Utomo, 2004 and 2007). For this reason women are willing to drink *jamu* and seek specific treatments to ensure their vaginas stay *peret*. The burden of making relationships work and maintaining sexual attractiveness rests heavily on women.

After a woman has just given birth, husbands are often heard to complain that the vagina is loose. The fact that the vagina is not as tight may not only linked to how many times a woman has given birth, but also to the natural aging process that influences the flexibility and elasticity of the vagina. It is during this phase that middle and upper class women seek vaginal treatments and operations to improve both the cosmetic beauty and tightness of their vaginas. Some elite women from Jakarta, Medan and other major cities also travel to Singapore to seek vaginal surgery (Personal communication with a Singaporean based gynecologist, 2005).

## **Discussion and Conclusion**

Commercial interests capitalize on the underlying patriarchal gender constructions to create a demand for materials used in vaginal practices. There is no government control of institutions providing services. Many are provided by uncertified *dukun*. Even when doctors, nurses and midwives offer vaginal services, it is clear that they are not trained to follow approved procedures or apply only materials that have been tested for purity and safety. Beauty salons, spas, and traditional market sellers all have certificates to allow them to trade, but this does not provide any assurance of safety. Medical clinics, doctors and nurses similarly are required to have official licenses from the Department of Health to operate their businesses. Neither the certificates given to practitioners nor the licenses of the businesses guarantee the safety or efficacy of the practices provided therein.

The same problem arises from the booming *jamu* industries. Products have to be registered with the Department of Health before they can be marketed but, the registration number stamped on every product does not mean that it has been clinically tested. Consumers seldom understand the health implications of the system. They assume that a registered product must have the approval of the Department of Health and that this would be based on rigorous clinical testing. Nothing could be further from the truth.

Interestingly, the study revealed that some medical professional have begun to promote vaginal practices as part of their services. One famous sexologist who had previously criticised vaginal practices has recently brought out a line of vaginal solutions and whitening creams for the groin area and has enlisted members of the midwives' association to promote his products. Focus group discussions with midwives revealed that promotion of this type of product has been integrated into their ante natal and post natal consultations. Similarly some medical doctors have begun to offer *ozonisasi* of the vagina as an innovative part of their treatments.

The social gender construction passed on from generation to generation stresses that 'good' women must marry and commit their lives to husband and children. It is an obligation for a woman to serve her husband, including serving him sexually. As long as there are social norms fixing the attention of women and men on the performance of the vagina and availability of ready made vagina products, treatments and procedures are widespread, then women will be easy targets for commercial preparations that may endanger their reproductive health. Gender constructions supporting these practices are socialized by cultural norms and through the misapplication of religious norms. Many of the popular Islamic teachers in Indonesia stress that women must serve their husbands' dominant sexual needs. Despite some recent questioning of these values by feminist religious texts, the current orthodoxy of female servitude is promoted on morning religious programs on television and in Friday sermons to the largely male congregations at mosques. It is here that the cunning of the business world takes advantage of the idea of 'dry' sex to generate demand for products. Women are trapped by expectations of sexual performance that are neither realistic nor fair. Without consideration of the side effects of such practices there is no balance in this equation. Women simply become victims of male expectations and socially defined entitlements.

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