

Genital Hygiene Behaviors of Midwives and Nurses Working in Primary Healthcare Services and the Associated Factors

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ABSTRACT

Purpose: The purpose of this study is to determine the genital hygiene behaviors of midwives and nurses working in primary care services and the associated factors.

Patients and Methods: This cross-sectional study was conducted in 16 Family Health Centers (FHCs) and 1 Community Health Center in Bingöl and the population of the study consisted of 61 midwives and 65 nurses. The questionnaire prepared by the researchers based on the literature has two parts. The first part of the questionnaire is composed of descriptive questions questioning socio-demographic characteristics and the second part is composed of Genital Hygiene Behaviors Inventory (GHBI).

Results: When the comparison of Genital Hygiene Behaviors of the midwives and nurses in terms of their descriptive characteristics was examined, it was determined that there was no significant difference between GHBI scores of the midwives and nurses except for educational level (midwife: 85.4 ± 10.9 , nurses: 83.9 ± 9.0 points) ($p > 0.05$).

Conclusion: As a result of the study, the deficiencies about the genital hygiene behaviors of midwives and nurses were determined, and it was suggested to support these deficiencies through education. It is recommended to make in-service trainings regular and functional in primary healthcare services and for the specialists who are an expert in their areas to provide these trainings.

Keywords: Genital hygiene, primary health care, nurses, midwives

BİRİNCİ BASAMAK SAĞLIK HİZMETLERİNDE ÇALIŞAN EBE VE HEMŞİRELERİN GENİTAL HİJYEN DAVRANIŞLARI VE İLGİLİ FAKTÖRLER

ÖZET

Amaç: Bu araştırma, birinci basamak sağlık hizmetlerinde çalışan ebe ve hemşirelerin genital hijyen davranışları ve ilişkili faktörleri belirlemek amacıyla yapılmıştır.

Hastalar ve Yöntem: Kesitsel tipteki bu çalışma, Bingöl'de bulunan 16 aile sağlığı merkezi (ASM) ve bir Toplum Sağlığı Merkezi'nde gerçekleştirilmiş olup, araştırmanın evrenini 61 ebe ve 65 hemşireyi oluşturmaktadır. Literatür kaynaklı olarak araştırmacılar tarafından oluşturulan anket formu iki bölümdür. Formun birinci bölümü sosyo-demografik özellikleri sorgulayan tanımlayıcı soru takımından, ikinci bölümü ise, Genital Hijyen Davranışları Envanteri (GHDE)'nden oluşmuştur.

Bulgular: Ebe ve hemşirelerin tanımlayıcı özelliklerine göre Genital Hijyen Davranışlarının karşılaştırılması incelendiğinde; ebe ve hemşirelerin GHDE puanı arasında eğitim düzeyi dışında anlamlı bir fark bulunmadığı (ebe, $85,4 \pm 10,9$; hemşire: $83,9 \pm 9,0$ puan) saptanmıştır ($p > 0,05$).

Sonuç: Araştırma sonucunda; ebe ve hemşirelerin genital hijyen davranışları hakkında eksiklikler saptanmış olup, eksikliklerinin eğitimle desteklenmesi önerilmiştir. Birinci basamak sağlık kuruluşlarında hizmet içi eğitiminin düzenli ve işler hale getirilmesi ve bu eğitimlerin alanında uzmanlaşmış kişiler tarafından verilmelidir.

Anahtar sözcükler: Genital hijyen, birinci basamak, hemşire, ebe

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Woman is a bio-psycho-social being. Therefore, for her happiness and well-being, her physical, social and mental health are equally important (1). Being healthy for a woman is important not only for herself but also for her children, her family and the community health. However, women who have such important tasks in the community experience different health problems depending on their life period (2).

A significant part of women's health problems are reproductive health problems. Therefore, reproductive health needs to be addressed primarily in the interventions for protecting and promoting women's health. Because genital infections in the female reproductive system disrupt the physical, communal, and social balance (1). Inadequate healthcare services, lack of health insurance, inadequate social status and educational level of women, excessive fertility, early marriages and associated gynecological problems, false beliefs and practices about genital health, and genital infections involve in basis of reproductive health problems (3).

One of these care practices is genital hygiene care. Genital hygiene care behavior is necessary for the health and well-being of the individual and for him/her to feel socially well (4). Genital hygiene behavior is the care practices developed by the individual in accordance with his/her knowledge, beliefs and habits. These practices vary among individuals. This difference can be observed in the frequency and method of genital hygiene practices. The important thing is to carry out these hygiene practices in the quality and frequency to protect the health of the individual (5).

Genital hygiene is one of the most important elements in protecting women's health. In addition to many factors in the formation of vaginal infection, the importance of the care shown by women towards genital hygiene is well known (6). Genital infections can impair the quality of life and result in social isolation by affecting sexual life and family life of women negatively (7).

In the whole world, the training and counseling roles of midwives/nurses have become increasingly important along with extension of the understanding focusing on the protection and promotion of health rather than the treatment of diseases (8). Many women abstain from discussing their problems about their reproductive organs or asking questions to healthcare professionals. The midwife and the nurse should encourage the woman to ask questions and discuss her ideas and provide information about her care

needs (9). Midwives/nurses communicate with healthy or sick individual more than other healthcare personnel in their institutions and they communicate especially with the pregnant women, who came to the examination, before and during the examination. In this period, they have the opportunity to determine the deficiencies or malpractices of people and take interventions for them (8).

Regarding genital hygiene, midwives and nurses have a major role in the education of women. For this reason, it is important to determine the knowledge levels of midwives and nurses and, if necessary, to raise their knowledge levels. The purpose of this study is to determine the genital hygiene behaviors of midwives and nurses working in primary care services and the associated factors.

Material and method

This cross-sectional study was conducted in 16 Family Health Centers (FHCs) and 1 Community Health Center in Bingöl and the population of the study consisted of 61 midwives and 65 nurses. The study protocol was approved by Bingöl University Local Ethics Committee. The study was conducted between 01–15 May 2018 in accordance with the principles of Declaration of Helsinki. All participants gave written and verbal permission to participate in this study. The following criteria were sought for the sample:

- Being aged between 15–49 years,
- Being married,
- Being voluntary to participate in the study for midwives and nurses.

The questionnaire prepared by the researchers based on the literature has two parts. The first part of the questionnaire is composed of descriptive questions questioning socio-demographic characteristics and the second part is composed of Genital Hygiene Behaviors Inventory (GHBI).

Genital Hygiene Behaviors Inventory (GHBI)

Genital Hygiene Behavior Inventory (GHBI) is a measuring tool developed by Ege and Eryilmaz in 2002 in the form of a 4-point Likert type in order to measure general hygiene, menstrual hygiene, toilet hygiene and sexual hygiene practices of sexually active women from the age group of 15–49 years. GHBI is composed of a single dimension and a total of 27 items including 24 positive, 3 negative (items 17, 26, and 27). For each item, one of the options is asked to be selected and marked. The items containing positive expressions in entering the database are scored as "1" for "never", "2" for "sometimes", "3" for "often", and "4" for "always". The items containing negative expressions are reversely scored

as “4” for “never”, “3” for “sometimes”, “2” for “often” and “1” for “always”. While the lowest score to be obtained from the inventory is 27, the highest score is 108. Higher total score signifies that the genital hygiene behavior is at desired level (10). In the study by Ege and Eryilmaz, the Cronbach's alpha reliability coefficient of GHBI was found as 0.86.

The limitation of the study is that the study was conducted on the midwives and nurses working in primary healthcare institutions in city center of Bingöl. The data were evaluated in the statistical package program. The mean scores were given with standard deviation and the value of $p < 0.05$ was accepted as the significance level. In the statistical evaluation of the mean values of the data, “Mann-Whitney U test” for two groups and “Kruskal-Wallis Test” for comparing 3 and more groups were used in independent groups. The data were given in the form of descriptive statistics (number and percentage).

Results

In the study where questions were asked about the genital hygiene behaviors of midwives and nurses working in primary healthcare services, Table 1 shows the distribution of the descriptive characteristics of midwives and nurses. Accordingly, 51.6% of the women participating in the study were nurses and 48.4% were midwives. The average age of the participants was 32.5 ± 6.7 years. When the family type, educational background and income levels were examined, it was found that 91.3% were living in nuclear families, 41.3% had a bachelor's degree, and 55.6% had incomes higher than their expenses. Considering the continuation of menstrual cycle, it was determined that 83.3% of the participants were still continuing and 66.7% of those who did not continue did not continue menstrual cycle due to menopause. 76.2% of the women breastfed their children and the mean breastfeeding time was found as 13.4 ± 10.3 months. The age of menarche and the first pregnancy age of women were determined to be 12.7 ± 2.5 and 36.9 ± 6.7 years, respectively.

When the comparison of Genital Hygiene Behaviors of the midwives and nurses in terms of their descriptive characteristics was examined, it was determined that there was no significant difference between GHBI scores of the midwives and nurses except for educational level (midwife: 85.4 ± 10.9 , nurses: 83.9 ± 9.0 points) ($p > 0.05$). It was also determined that there was no significant difference between GHBI scores according to their family type, income level, the status of continuing menstrual cycle and the status of breastfeeding ($p > 0.05$). When GHBI scores were examined in terms of educational levels, GHBI scores of associate degree graduates were determined to be significantly higher than the others ($p < 0.05$) (Table 2).

Table 1. Distribution of midwives and nurses according to their descriptive characteristics

Descriptive Characteristics	Number (N=126)	Percentage (%)
Profession		
Midwife	61	48.4
Nurse	65	51.6
Family Type		
Nuclear Family	115	91.3
Extended Family	11	8.7
Educational Level		
Health vocational high School	42	33.3
Associate Degree	32	25.4
Bachelor's Degree	52	41.3
Income Level Perception		
Income is lower than expenses	38	30.1
Income is equal to the expenses	18	14.3
Income is higher than expenses	70	55.6
Continuation of menstrual cycle		
Yes	105	83.3
No	21	16.7
Reasons for not continuing menstrual cycle		
Menopause	14	66.7
Surgical	4	19.0
Hormonal disorder	3	14.3
Breastfeeding		
Yes	96	76.2
No	30	23.8
Age (min: 21, max: 49)	32.5 ± 6.7	
Age of Menarche ($x \pm S$)	12.7 ± 2.5	
Breastfeeding duration ($x \pm S$) (month)	13.4 ± 10.3	
First pregnancy age ($x \pm S$)	36.9 ± 6.7	
Total number of pregnancies ($x \pm S$)	1.7 ± 1.2	

* Descriptive statistics were conducted.

Table 2. Comparison of genital hygiene behaviors of midwives and nurses according to their descriptive characteristics

Descriptive Characteristics	GHBI			
	Mean (N=126)	Std. Deviation	Test value	P value
Profession				
Midwife	85.4	10.9	U: 1865.5	0.567
Nurse	83.9	9.0		
Family Type				
Nuclear Family	84.5	10.3	U: 516.0	0.563
Extended Family	86.2	5.1		
Educational Level				
Health vocational high School	84.5	6.4	Chi-square: 6.216	0.045*
Associate Degree	88.6	14.7		
Bachelor's Degree	82.3	7.9		
Income Level				
Income is lower than expenses	82.4	8.8	Chi-square: 1.867	0.393
Income is equal to the expenses	85.0	9.8		
Income is higher than expenses	85.7	10.5		
Continuation of menstrual cycle				
Yes	85.1	10.3	U: 915.5	0.220
No	82.3	8.0		
Breastfeeding				
Yes	84.7	10.3	U: 1394.0	0.792
No	84.3	9.0		

* for comparing two groups Mann-Whitney U test, and for comparing three and more, Kruskal-Wallis test were used ($p < 0.05$).

Table 3 shows the distribution of perceptions of midwives and nurses on genital hygiene behaviors and responses given for GHBI.

Discussion

This descriptive study was conducted in 16 family health centers (ASM) and 1 Community Health Center in Bingöl between 01–15 May 2018 in order to determine the genital hygiene behaviors of midwives and nurses working in primary healthcare services and the associated factors.

It was found that 51.6% of the women participating in the study were nurses and 48.4% were midwives. The average age of the participants was 32.5 ± 6.7 years. When the family type, educational background and income levels were examined, it was found that 91.3% of them were living in nuclear families, 41.3% had a bachelor's degree, and 55.6% had incomes higher than their expenses.

When the comparison of Genital Hygiene Behaviors of the midwives and the nurses in terms of occupation, family type and income level was examined; it was determined that there was no significant difference between GHBI scores of the midwives and nurses except for educational level (midwife: 85.4 ± 10.9 , nurses: 83.9 ± 9.0 points) ($p > 0.05$). In the comparison of Genital Hygiene Behaviors, the studies about midwives and nurses working in Primary Healthcare Services in Turkey have not been yet at the desired level. In this context, I think that this study would make contributions to the literature.

When examining the Genital Hygiene Behaviors of the participants and the family types from the descriptive characteristics, no significant difference was determined between the groups ($p > 0.05$). In the studies by Yıldırım (11) and Ege and Eryılmaz (5), GHBI mean scores of women living in nuclear families were found to be high. In the

Table 3. Distribution of perceptions of midwives and nurses on genital hygiene behaviors and responses given for GHBI (N=126)

	<i>Never</i>		<i>Sometimes</i>		<i>Often</i>		<i>Always</i>	
	<i>Number (n)</i>	<i>Percentage %</i>	<i>Number (n)</i>	<i>Percentage %</i>	<i>Number (n)</i>	<i>Percentage %</i>	<i>Number (n)</i>	<i>Percentage %</i>
Statements about sexual health perceptions								
I participate in the training meetings on subjects concerning my sexual health.	10	7.9	52	41.3	34	27.0	30	23.8
I follow news about sexual life on written and visual media	8	6.3	36	28.6	60	47.6	22	17.5
I get information about cleaning of genital area from healthcare professionals.	6	4.8	18	14.3	46	36.5	56	44.4
I go to regularly to a gynecologist	10	7.9	78	61.9	18	14.3	2	1.6
Statements about menstrual hygiene behaviors and the use of underwear								
I use sanitary pad during menstrual cycles	2	1.6	6	4.8	26	20.6	92	73.0
I take a shower during menstrual cycles	0	0	28	22.2	36	28.6	62	49.2
I use a piece of cloth during menstrual cycles	76	60.3	22	17.5	16	12.7	12	9.5
I change my underwear everyday	4	3.2	0	0	28	22.2	94	74.6
I iron my underwear	14	11.1	64	50.8	34	27.0	14	11.1
my underwear is made of cotton fabric	0	0	24	19.0	50	39.7	52	41.3
I constantly use pad	24	19.0	34	27.0	52	41.3	16	12.7
Statements about hand washing behaviors								
I wash my hands before changing my pad	10	7.9	36	28.6	34	27.0	46	36.5
I wash my hands after changing my pad	2	1.6	8	6.3	20	15.9	96	76.2
I wash my hands before sexual intercourse	6	4.8	50	39.7	28	22.2	42	33.3
I wash my hands after sexual intercourse	0	0	18	14.3	24	19.0	84	66.7
I wash my hands before going to the toilet	8	6.3	48	38.1	26	20.6	44	34.9
I wash my hands after going to the toilet	14	11.1	8	6.3	12	9.5	92	73.0

study by Kavlak et al. (12), supporting this study, no statistically significant difference was determined between the family type and GHBI mean scores of the participants.

No significant difference was found between the income level and GHBI scores of the midwives and nurses participating in the present study ($p>0.05$). It was reported in the studies that there was no significant correlation between the monthly income and GHBI mean scores of the women (10–12). Additionally, there are studies indicating a correlation between monthly income and GHBI mean score of the women (13). The fact that women with high income level had high GHBI score in the present study can be associated with the better living conditions as a result of increased economic level, better access to health services and increasing hygienic practices.

When GHBI scores were examined in terms of educational level, GHBI scores of the associate degree graduates were determined to be significantly higher than the others ($p<0.05$) (Table 2). It was determined that genital hygiene behaviors of those with high school and higher education level in the study of Kavlak et al., conducted with pregnant women (12) and those of women with higher educational level in the study of Ege and Eryılmaz were better and the trainings given in this respect further improved these behaviors (5). In the study by Demirbağ et al., it was determined that the trainings conducted about genital hygiene was effective in improving the genital hygiene behavior of women (14). As a result of the studies, it can be asserted that people had more knowledge about hygiene along with the increased educational level, it increased their look after themselves positively and the working women accessed to the hygiene-related materials more easily since they were economically independent. As in all areas, education factor is also an important

factor affecting the women's health. As the educational level of women increases, their tendency to apply positive health-related behaviors also increases.

In addition, it was also determined in the present study that there was no significant difference between GHBI scores of the participants in terms of the status of breastfeeding and continuing to menstrual cycle ($p>0.05$).

Conclusion

In the practice of genital hygiene behaviors of the women included in the present study, it was determined that there was no difference according to their occupation, family type and income levels ($p>0.05$). When the GHBI scores were examined in terms of their educational level, GHBI scores of those having an associate's degree were determined to be significantly higher than the others ($p<0.05$). It is recommended to support studies about increasing the educational level of the women.

As a result of the study, the deficiencies about the genital hygiene behaviors of midwives and nurses were determined and it was suggested to support these deficiencies through education. It should also be noted that positive genital hygiene behavior rates determined in the studies conducted about genital hygiene behaviors in Turkey are generally low (4, 15–17).

It is recommended to make in-service trainings regular and functional in primary healthcare services and for the specialists who are an expert in their areas to provide these trainings. In addition, before and after each training activities, knowledge, attitude and behavior levels should be measured and the effectiveness of the trainings should be assessed.

References

1. Kaya A. Master's Thesis of the Psycho-social health effect of genital infections. İstanbul: 1993; pp.5–64.
2. Koştun N, Taşçı Beydağ KD. Genital Hygiene Practices of Women who Present to a Gynecology Clinic. *Atatürk Univ Nurs Sch J* 2009;12:66–71. Erişim: <https://dergipark.org.tr/tr/download/article-file/29449>
3. Özvarış ŞB, Akın A. Türkiye'de Doğum Öncesi Sağlık Hizmetlerinden Yararlanma; 1998. Erişim: http://www.huksam.hacettepe.edu.tr/Turkce/SayfaDosya/turkiyede_dogum_onesi.pdf
4. Ünsal A. Girl Students Reading at University Genital Hygiene Behaviors. *Firat Health Serv J* 2010;13:79–93.
5. Ege E, Eryılmaz G. The Effect of Planned Education Given to the Women on Genital Hygiene Behaviours. *J Anatol Nurs Health Sci* 2006;9:8–16. Erişim: <https://dergipark.org.tr/tr/download/article-file/29318>
6. Ferris DG, Francis SL, Dickman DE, Miler-Miles K, Waller JL, McClendon N. Variability of vaginal pH determination by patients and clinicians. *J Am Board Fam Med* 2006;19:368–73. [CrossRef]
7. Temel M. The Study of Genital Hygiene Applications in Women Aged 15–49 Who Applied to the 1st and the 4th State Health Care Centers in Tekirdağ. *Florence Nightingale J Nurs* 2007;15:91–9.
8. Yangın HB. Master's Thesis of Determination of sexual behavior in pregnancy, Hacettepe University Institute of Health Sciences. Ankara: 2004; pp.190–8.
9. Sevil Ü, Özkan S. Common Vulvovaginal Infections in Women. *Izmir: Pakman Matbaası*; 2004. pp.2–4.
10. Ege E, Eryılmaz G. Developing The Inventory of Genital Hygiene Behaviour (IGHB). *J Anatol Nurs Health Sci* 2005;8:67–75.
11. Yıldırım F. Master's Thesis of Genital Hygien Behaviours and Related Factors of Women Living in Urban or Rural Area. Selçuk University Institute of Health Sciences. Konya: 2009; pp.1–43.

12. Kavlak O, Saruhan A, Er Güneri S, Şen E, Sevil Ü. Determination of Genital Hygiene Behaviors of Pregnant Women. *Ege Univ Nurs Coll J* 2010;26:53–63.
13. Erbil N, Bölükbaş N, Kocabaş E, et al. Determination of genital hygiene behaviors and affecting factors of married women. 6. National Reproductive Health and Family Planning Congress Book. Ankara: 2009; pp.199–20.
14. Demirbağ BC, Çan G, Kaya S, Köksal İ. The Effects of an Education Program on the Genital Hygiene Behaviors of 18–49 Year-old Women Who Use Intrauterine Devices or Oral Contraceptives. *Koç Univ J Nurs Educ Res* 2012;9:15–20. Erişim: http://www.journalagent.com/kuhead/pdfs/KUHEAD_9_3_15_20.pdf
15. Dalbudak S, Bilgili N. Genital hygiene behaviors and their effect on vaginal infection of the women who apply to GATA women's illnesses and birth clinic. *Gülhane Med J* 2013;55:281–7. [[CrossRef](#)]
16. Yağmur Y. The Genital Hygiene Behaviors of the Females Aged 15–49 Living at the Firat Health Clinic Neighborhood in Malatya. *TAF Prev Med Bull* 2007;6:325–30.
17. Cangöl E, Tokuç B. The Evaluation of Genital Infections and Genital Hygiene Practices of Women Who Applied to Gynecology Polyclinic. *Florence Nightingale J Nurs* 2013;21:85–91.