

Perineal Hygienic Practices in Patients of Himalayan Foothills - A Descriptive Study

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ABSTRACT

BACKGROUND

It has been said that health is wealth and when it comes to reproductive health of a women it has a significant value indeed. There is lot of loops and holes in perineal hygiene practices due to incomplete knowledge and various myth that is transferred from generation to generation in a family. The aim of the study was to study the perineal hygiene practices in women of Himalayan foothills.

METHODS

This is an observational study performed between March 2019 to February 2020 at AIIMS Rishikesh. Data was extracted from OPD records of patients which included details on perineal hygiene, routinely asked in one of the three units in department of obstetrics and gynaecology at AIIMS Rishikesh.

RESULTS

Total of 2400 women participated in the study. The mean age of subjects was 32± 6.9(Range 12 - 80 years). Maximum patients were married (92 %), mostly Hindus (48 %) belonging to upper lower class (37.5 %) according to modified Kuppaswamy socioeconomic scale. In this study we studied the routine perineal cleaning practices, Attention is being drawn to the fact that only 15 % of the subjects cleaned the genital area with water after urination, 5 % while changing pads during menstruation, only 1.5 % washed the genitalia immediately after sexual intercourse In present study the commonest method removal of perineal hair was shaving (38.4 %). While analysing menstrual hygiene, in present study, 42.5 % of study population was using sanitary pads from market and 35 % used homemade cloth pads. Ninety eight point seven percent of women avoided sexual intercourse during menstruation in present study.

CONCLUSIONS

Female genital hygiene is a vital topic. Awareness should be increased regarding maintenance of hygienic practices through health education programmes. More studies need to be performed in order to provide directions for proper female genital hygiene, as well as guidelines.

KEY WORDS

Perineal Hygiene, Pubic Hair Grooming, Menstrual Hygiene, Perineal Itching, Perineal Rashes, Long Mirror for Self Examination.

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BACKGROUND

"It has been said that Health is wealth and when it comes to the reproductive health of a woman it has a significant value indeed." Perineal hygiene is one of the least concern areas for most of the women. While on one hand, women are more conscious about their looks, on the other hand, they are not paying enough attention to cleanliness of genital organs. This is because these body parts are hidden beauties and need internal strength of superior level consciousness for taking care of these important body parts. Carelessness towards grooming of pubic hair, use of unsterilized cloth instead of sterilised sanitary pads. Cleaning practices, after nature's call and sexual activity, are some examples which portray the picture of a women's reproductive health among rural as well as urban community. Despite common anatomical structure of reproductive organs of all women, attitude towards hygienic practices vary among countries, cultures, societies and individuals.¹

The term perineal hygiene is used for caring and maintaining the external genital and perianal area. A wide variety of friendly microorganisms are found in the female genital tract which are commonly known as commensal which play a significant role in maintenance of pH of perineum and are responsible for its health. Lack of awareness, misinformation and poor hygienic conditions may change the flora which may become pathogenic and cause various types of infections.² In developing countries like India, 43 - 88 % women are using cloth during menstruation. Many a times these may be unclean and may lead to perineal rash and infections. Such kind of practices are usually passed from one generation to another as a part of their cultural practices.³ Women's genital anatomy is also a contributing factor for making them more prone to infections than man.¹ Reproductive tract infections (RTIs) including sexually transmitted infections (STIs) can be prevented if women are educated regarding proper perineal hygiene.⁴ Unsupported family, illiteracy, lack of resources and unawareness are some of significant contributing factors responsible for poor perineal hygiene practices among women.²

Present study was carried out to identify and explore the perineal hygiene practices of women along with details on type of sanitary napkins used, hygiene during menstruation and sexual activity so that appropriate measures can be planned to educate women and promote reproductive health.

METHODS

This is an observational study approved by institutional committee and was performed between March 2019 to February 2020. Since the study was a observational study between March 2019 and Feb 2020, all the patient attending opd between this time duration were included in the study, there was no predefined sample size.

Ethical Statement

Ethical clearance for the study was taken from AIIMS RISHIKESH and the study was conducted in the department

of obstetrics and gynaecology, the data was extracted from the OPD records of the patients

Data Collection Procedure

Data was extracted from OPD records of patients which included details on perineal hygiene, routinely asked in one of the three units in department of obstetrics and gynaecology at AIIMS Rishikesh.

Analytical Approach

The data collected were encoded into Microsoft Excel sheet and analysed using SPSS version 21. Data was analysed using appropriate statistical tests like frequency and percentage for demographic characteristics and perineal hygiene practices.

RESULTS

During the study period, data of Twenty four hundred females was recorded. Demographic profile of subjects is shown in Table 1.

Age in Years (Range 12 - 80 years)		32±6.9	
Variable		%	No.
Religion	Hindu	48.5	1164
	Muslim	36.5	876
	Other	15	360
Education	Illiterate	3.5	84
	Just literate	24	576
	Primary level	36	864
	Secondary level	16	384
	Senior secondary level	10	240
Marital status	Graduate and above	10.5	252
	Unmarried	4.2	101
	Married	92	2208
Socioeconomic status (Modified Kuppuswamy scale)	Widow / Divorce	3.8	91
	Lower class(<5)	30.5	732
	Upper lower (5 - 10)	37.5	900
	Lower middle(11 - 15)	17.5	420
	Upper middle(16 - 25)	9.5	228
Body mass index	Upper class(26 - 29)	5	120
	Underweight (< 18.5)	11	264
	Normal (18.5-25)	52	1248
	Overweight (25-30)	31.5	756
	Obese (> 30)	5.5	132

Table 1 Demographic Profile of Study Subject

The mean age of subjects was 32± 6.9(Range 12 - 80 years). Maximum patients were married (92 %), mostly Hindus (48 %) belonging to upper lower class (37.5 %) according to modified Kuppuswamy socioeconomic scale.

The majority of women took bath daily and washed perineum during bath with soap and water (99 %). More than 99 % women were washing perineum after defecation (99.87 %). There were 5 women who used water in routine but in case of emergency when out of home, used soil lump to clean after defecation. Only 15 % washed perineum after micturition, cleaning material used by maximum women was water (10 %), tissue (2.5 %) and other over the counter products (2.5 %). It was very interesting to find that only 5 % of women who washed perineum after micturition had history of drying the perineum with tissue paper (65 %) or towelette (35 %) and as far as use of fresh towelette is concerned majority of women washed it daily (81.06 %).

In present study 97.7 % women reported removing pubic hair at some point of time, the frequency of removal of perineal hair was every 15 days in 5.25 %, once a month in

53.04 %, more than 2 months is 15.33 % and whenever feasible or required in 24.08 %. The method used for hair removal was primarily a razor blade (28.4 %), but other methods, such as trimming with electric trimmer or scissors, cream, and waxing was also reported.

Variables	%	No.		
Perineal cleaning practices	Cleaning during bath	100	2400	
	Cleaning after urination	15	360	
	Cleaning after defecation	99.87	2397	
	Cleaning while changing pads during periods	5	120	
Cleaning material used for cleaning the perineum during bath	Water only	1	24	
	Soap and water	99	2376	
Cleaning material used for cleaning perineum after urination	Nil:	85	2040	
	Water	10	240	
	Tissue	2.5	60	
	Traditional antiseptics (chlorhexidine / soap, iodine solution, chloroxylenol)	2.5	60	
Underwear material	Cotton	37.5	900	
	Synthetic	21	504	
	Other (silk, Satan)	10	240	
	Not using underwear	31.5	754	
Using underwear at sleeping time	No	76	1824	
	Yes	24	576	
Habit of drying perineum after urination and defecation	No (95 %)	95	2280	
	Yes (5 %)	Tissue paper	65	78
		Towelette	35	42
Frequency of use of fresh towelette with urination	Every time after use	2.3	1	
	Daily	81.06	34	
	Less than weekly	9.5	4	
	Weekly	7.14	3	
Frequency of perineal hair removal	More than a week	Nil	Nil	
	Never	2.3	55	
	Every 15 days	5.25	126	
	Once a month	53.04	1273	
Method of removal of perineal hair	More than 2 months	15.33	368	
	Whenever required / feasible	24.08	578	
	Razor blade	28.4	682	
	Trim (electric hair trimmer)	13.46	323	
	Trim (scissor)	12.7	305	
	Cream	13.15	315	
Method of removal of perineal hair	Wax	12.29	295	
	Vary time to time	20	480	

Table 2. Variables of Routine Perineal Cleaning

Variable	%	No		
Menstrual blood absorbent / collector	Pad	42.5	1020	
	Cloth	35.5	852	
	Tampons	4.46	107	
	Menstrual cup	0.04	1	
	Not required (before menarche, amenorrhoea or post - menopausal)	17.5	420	
Sexual intercourse during menstruation	No	98.7	2369	
	Yes	1.3	31	
Practices in relation intercourse	Urination immediately before intercourse	51.5	1236	
	Urination immediately after intercourse	13.5	324	
	Never corelated urination with intercourse	35	840	
Cleaning perineum after intercourse	Washing	1.5	36	
	Wiping	98	2352	
	Nil	0.5	12	
	No	83.04	1992	
Lubrication during intercourse	Yes	Medicated cream	6.4	154
		Jelly	10.4	250
		Saliva	0.16	4

Table 3. Variables for Perineal Hygiene during Menstruation & Sexual Activity

Out of 2400 women 42.5 were using sanitary napkins from market as absorbent material during their menstrual cycle, while 35.5 % were using cloth, 4.46 % used tampons whereas one foreigner (German women) used menstrual cups. It was found that only 5 % of women washed perineum while changing of pad. It was seen that 98.7 % of women avoided sexual intercourse during menstruation.

On inquiring about practices of urination in relation to intercourse, it was found that 51.5 % women practiced urination before sexual intercourse while only 13.5 % immediately after sexual intercourse and 35 % did not correlate urination with sexual intercourse. Ninety eight percent women practised cleaning of perineum by wiping

with cloth after intercourse whereas 1.5 % had habit of washing the perineum with water. However, it was strange to find that 0.5 % did not cleaned perineum at all after intercourse.

Variables	%	No.	
Past History of Perineal rashes	Yes	58.6	1406
	No	41.4	994
Past history of Itching in perineal region	Yes	65.58	1574
	No	34.42	826
How did they came to know about rash in perineal region	During routine examination by a doctor	51	1224
	Seen by partner	40.5	972
	Self - examination using mirror	8.5	204
Long mirror available in privacy	Yes	9.5	228
	No	90.5	2172

Table 4. Variables in Relation to Perineal Itching / Rashes

On enquiring about past history 58.61 % women gave history of perineal rash and 65.58 % gave history of itching in perineal region at some point of time in past. The diagnosis of perineal rash in majority of women (51 %) was made during routine examination by a doctor or paramedic, some women came to know when they developed itching and was seen by partner or she examined in mirror. It was very interesting to find that only 9.5 % of females had a long mirror (example in bathroom, bedroom, in assigned area) for self - examination.

DISCUSSION

This study examined the perineal hygiene practices among women of Himalayan foothills. This study helps to add to the limited data available on this subject. While there are some studies available on the perineal hygiene practices but majority of these are limited to western world. Strength of present study includes the large sample size and inclusion of extensive array of behaviours in the different age group.

Regarding perineal hygiene, attention is being drawn to the fact that only 15 % of the subjects cleaned the genital area with water after urination, 5 % while changing pads during menstruation, only 1.5 % washed the genitalia immediately after sexual intercourse. It is known that accumulation of residues of urine, sperm, faeces, menstrual blood and scrapes of paper promotes irritation and itching, so that they may predispose to the formation of cracks and cause perineal infection. These hygienic practices are almost similar in all strata of education. In a similar descriptive study by Ruiz et al on daily genital cares of female gynaecologists, only 25.9 % practiced washing of genitalia with running water after urination and 52.7 % sanitized themselves after sexual relation.⁵ Similar results were seen in a study by Giraldo et al in their survey on 341 university students of a large Brazilian university.⁶

Pubic hair grooming practices are currently considered as social norm however, very little data on the topic exists. There are many reasons for removal of pubic hair like hygiene and cosmetic however the main reason for perineal hair grooming were for comfort and preventing odour.⁷ In present study the commonest method was shaving (38.4 %). Similarly, in a study by Rouzi et al the most common single method of removal of pubic hair was razor blade (33.5 %).⁸ It was observed in present study that 77 % of the population removed pubic hair monthly similar to a study by AlGhamdi KM et al in which removal of pubic hair was practiced once in

40 days.⁹ The results of the study are consistent with previous studies in different study population.

While analysing menstrual hygiene, in present study, 42.5 % of study population was using sanitary pads from market and 35 % used homemade cloth pads. Women who used cloth for menstrual protection, majority discarded the cloth after every use however very few reused the cloth after washing. Similarly habit of reusing the cloth was found in a study done by Santra S. on reproductive age women of slum area of Kolkata, west Bengal, India.¹⁰ It was found that only 5 % of women were doing perineal washing while changing of pad. Privacy for washing, changing of pads or cleaning purpose is something very important for proper menstrual hygiene but in it was seen that, lack of privacy was an important problem, both at home or at school / work place. The results of present study are consistent with previous reports in different study populations. Similar results were seen in a community - based study on menstrual hygiene among adolescent girls in a study done by Jogdand K.¹¹

Ninety eight point seven percent of women avoided sexual intercourse during menstruation in present study. Which match the results seen in a study by Mazokopakis E et al. According to the Old Testament (Provisions for clean and unclean of the Mosaic Law), a woman during menstruation or a man who has sexual relations with a menstruating woman are perceived as "unclean". When seven days pass after the first day of menstruation, the woman is regarded as "clean" and sexual contact is permitted.¹² Modern medical science also discourages practice of sexual intercourse during menstruation as it has been reported that there are higher risk of infection and endometriosis to the female partner. Menstruation should not be treated as a dirty phenomenon and it should not be a hindrance to daily activities. Sanitary pads should be made available free or at affordable price and it should be easily accessible. Clean toilet, water and facilities to dispose sanitary pads should be made available at schools and at work place. Discussion about intimate hygiene should be a routine at home and at schools. This topic should not be considered a taboo. As a frontline health care worker, it's our duty to promote healthy perineal hygienic practices.

CONCLUSIONS

Female genital hygiene is a vital topic. Awareness should be increased regarding maintenance of hygienic practices through health education programmes. More studies need to be performed in order to provide directions for proper female genital hygiene, as well as guidelines.

Data sharing statement provided by the authors is available with the full text of this article at jemds.com.

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