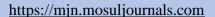


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Enhancing Perineal Hygiene Awareness among Primiparous Women



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Abstract

Background: Attention has grown surrounding perineal health self-care practices due to their perceived benefits in promoting postpartum recovery, alleviating discomfort, and preventing long-term problems.

Objective: This study aimed to comprehensively explore the various aspects of awareness of perineal health, specifically among first-time mothers (Primiparous Women).

Method: Using a descriptive-analytical approach, the research was conducted with 520 first-time mothers in a maternal teaching hospital in Sulaimani City. Data collection occurred over four consecutive months, from September 2022 to March 2023, involving direct interviews using a questionnaire encompassing maternal demographic characteristics and awareness of postnatal perineal hygiene.

Result: The results demonstrated various levels of awareness about postnatal self-care practices: 45.4% exhibited inadequate awareness, 44.2% showed moderate awareness, particularly after undergoing an episiotomy, and 10.4% demonstrated a high level of awareness.

Conclusion: This study underscores the importance of focusing on perineal health through effective self-care practices, given their potential to improve postpartum recovery, alleviate discomfort, and prevent potential long-term complications. In particular, the research highlights a worrying trend in awareness of postnatal self-care practices, indicating a significant proportion of participants with limited understanding. This emphasizes the pressing need for targeted interventions and educational initiatives to cultivate improved self-care practices among first-time mothers, ultimately leading to better perineal health outcomes.

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Introduction

Primiparous women, those experiencing their first childbirth, undergo a multitude of physical and emotional changes during this phase. Maintaining proper perineal hygiene is crucial for your general well-being among their various postpartum challenges. (Brown et al., 2020). The perineum, the area between the vagina and the anus, is particularly vulnerable to discomfort and infections due to the strains of childbirth. Therefore, increasing awareness of perineal hygiene practices is essential to ensure

the health and comfort of primiparous women during their postpartum journey (Smith et al.,2021).

Primiparous women often face a myriad of physical changes in their bodies. The delivery process places immense stress on the perineal region, leading to possible tears, swelling, and discomfort. The vulnerability to infections and discomfort requires a comprehensive understanding of the proper hygiene practices that can prevent complications. Educating primiparous women about effective perineal

hygiene measures can alleviate discomfort and reduce the likelihood of postpartum infections (Williams et al., 2020). Despite the critical importance of perineal hygiene, primiparous women often lack adequate awareness of hygiene practices during the postpartum period. This knowledge gap can arise from cultural taboos, lack of open discussions, or inadequate healthcare care guidance. To bridge this gap, healthcare providers play an essential role in disseminating accurate and accessible information. By providing evidence-based guidance on perineal care, healthcare professionals can empower primiparous women to adopt effective hygiene practices and decisions about informed postpartum well-being (Jones AA et al., 2019) (Foureur M. et al., 2017) & (WHO, 2013). Technology offers a promising avenue to enhance awareness of perineal hygiene among primiparous women in an era dominated by communication and digital information sharing. Online platforms, mobile applications, and social media channels present innovative ways to reach a wider audience with personalized and culturally sensitive information. Using these platforms, healthcare organizations and professionals can create interactive educational resources, share success stories, and facilitate discussions, fostering a supportive community that encourages positive perineal hygiene practices among primiparous women (Miller, Ed. D., Anderson, S. J., & Clark, LA 2022). This article aims to explore the existing literature on perineal hygiene among primiparous women, focusing on the challenges they face and the interventions that have been proposed to improve awareness and education in this regard. By synthesizing and analyzing available research, we aim to contribute to a deeper understanding of the importance of perineal hygiene for primiparous women and identify practical approaches to promote better hygiene practices.

METHOD

Research design: This study will employ a descriptive-analytic design to assess the level of awareness of perineal hygiene among primiparous women. The study was conducted at the Maternity Teaching Hospital, the largest and only government-run maternity hospital in Sulaimani City.

Sampling: The target population for this study will be first-time mothers (first-time mothers) who have recently delivered. A prospective

sampling technique was used to recruit participants from postnatal units of maternal teaching hospitals and selected hospitals or healthcare centers. Inclusion criteria will include women under 18 years of age or older, vaginal delivery, the ability to comprehend the local language, and the willingness to participate voluntarily. Participants with any perineal or postpartum complications were excluded.

Data Collection: Data were collected using a structured questionnaire developed based on validated scales and previous research on awareness of perineal hygiene. The questionnaire will include items related to knowledge of perineal hygiene practices toward perineal hygiene and self-reported hygiene behaviors. The study was carried out from September 2022 to February 20, 2023.

Data Analysis: Data were analyzed using appropriate statistical methods, such as descriptive statistics, t-tests, or chi-square tests. The significance level was established at p < 0.05.

Limitations: Generalizability could be limited due to the specific nature of the sample (primiparous women) and the selected healthcare facilities. b. Self-reported data may be subject to bias, including bias of social desirability bias. c. Short-term follow-up may not capture long-term changes in perineal hygiene practices.

Implications: This study's findings will contribute to the existing literature on perineal hygiene among primiparous women and can inform healthcare professionals about effective strategies to improve awareness of perineal hygiene. Improved perineal hygiene practices can reduce postpartum complications and improve postnatal care for primiparous women. **RESULTS**

As shown in Table (1), the predominant segment of the sample population (64.2%) fell within the age bracket of 18 to 25 years. A substantial part, representing 30.8% of all respondents, was 25 or older, while a smaller fraction (5%) was under 18. Regarding distribution educational attainment, the indicated that 44.2% of the participants had completed secondary school, 40.8% had institutional or college degrees, 11.2% had achieved a primary school education, and 1.9% were illiterate or had proficiency in reading and writing. In the occupation domain, a significant majority (98.1%) identified themselves as

housewives, with a minor segment (1.9%) employed in government positions. Geographical location revealed that 75.0% of

the respondents resided in urban areas, 22.7% in suburban regions, and 2.3% in rural settings.



Figure 1 : Levels of perineal hygiene awareness

Table 1 The study aimed to assess the awareness of perineal hygiene among participants based on various practices related to perianal care. A total of 520 participants were included in the study, and their responses were evaluated to determine their awareness of perineal hygiene. Most participants (76.54%) did not wear breathable clothing, such as cotton and disposable shorts, resulting in a poor score for this aspect of perineal hygiene. Similarly, a significant proportion (75.38%) did not position the sanitary pads from front to back, contributing to another poor Furthermore, many participants (94.62%) did not let their perineum air dry, resulting in a poor score for this practice. On the other hand, good scores were observed in areas such as hand hygiene (66.15% practiced thoroughly washing hands before and after perianal care) and regular bathing (73.85% took regular baths or showers and washed the area with soap and participants water). Most generally

demonstrated poor awareness of perineal hygiene (mode: poor). The scale used to classify awareness levels indicated that most participants fell into the poor awareness category (0 - 258). Only a few participants showed fair awareness (score 260 - 389), and a smaller proportion showed good awareness (score <75%) with a total score of 390-520. The data provided indicate the distribution of levels in a particular category. Interestingly, most instances fall under the "poor" and "fair" categories, collectively accounting for 89.6%. This suggests that there may be room for improvement in this category overall. However, "Good" level represents a smaller proportion at 10.4%, implying that there are still a relatively small number of instances meeting a higher standard. It would be beneficial to delve deeper into the factors contributing to these levels and consider strategies to enhance the distribution towards the "Good" category, which might lead to more favorable outcomes in this context.

Table 1 Sociodemog	raphic chara	cteristics of	the study	sample

Groups F < 18 26 Age (Years) $18 - 25$ 334 > 25 160 Mean \pm S.D 23.13 ± 3.47 Illiterate 10 Primary School Graduated 68	6	5 64.2 0.8	
Age (Years) $18-25$ 334 > 25 160 Mean \pm S.D 23.13 ± 3.47 Illiterate 10 Primary School Graduated 68	3	54.2	
	3		
Mean \pm S.D 23.13 ± 3.47 Illiterate10Primary School Graduated68		0.8	
Illiterate 10 Primary School Graduated 68	1		
Primary School Graduated 68	1		
•		1.9	
•	13.1		
Secondary School 230	44.2		
Level Education Graduated			
Institution and College 212	40.8		
Graduated			
Employed 10		1.9	
Occupation Housewife 510	98.1		
Urban 390	75		
Residence Suburban 118	22.7		
Rural 12		2.3	
Total 520	100		
Table 2: Awareness of the study sample of perineal hygiene.	100		
Perineal Hygiene F %	Total Score	Resu	
Hand Hygiene: Wash your hands thoroughly before and after No 88 33.85	172	Fair	
perianal care, such as using the bathroom or changing a sanitary Yes 172 66.15 pad.			
Perineal Cleaning: Clean the perineum from front to back to prevent No 156 60.00	104	Poo	
the spread of bacteria from the anus to the vagina Yes 104 40.00			
Use plain warm water to gently clean the area, pouring water from No 42 16.15	218	Goo	
front to back. Yes 218 83.85			
Regular Bathing: Take regular baths or showers, and while bathing, No 68 26.15	192	Fair	
gently wash the area with soap and water, paying attention to any Yes 192 73.85			
stitches if present.			
Sanitary Pad Placement: When using sanitary pads, position them No 196 75.38	64	Poo	
from front to back to protect the inner surfaces from potential Yes 64 24.62			
contamination. Drying After Cleaning: Dry the perineal area gently with toilet No 28 10.77	232	Goo	
paper or a towel. Yes 232 89.23	232	000	
	93	Poo	
Change in Sanitary Pads: Change sanitary pads at least 3 to 4 times No 167 64.23			
daily to maintain cleanliness and hygiene. Yes 93 35.77		Poo	
daily to maintain cleanliness and hygiene. Yes 93 35.77 Air drying: Let the perineum air dry after cleaning to aid in the No 246 94.62	14	100	
daily to maintain cleanliness and hygiene. Yes 93 35.77 Air drying: Let the perineum air dry after cleaning to aid in the No 246 94.62 healing process. For this, lie on your bed without underwear for 10 Yes 14 5.38	14	100	
daily to maintain cleanliness and hygiene. Yes 93 35.77 Air drying: Let the perineum air dry after cleaning to aid in the healing process. For this, lie on your bed without underwear for 10 Yes 14 5.38 minutes once or twice daily.			
daily to maintain cleanliness and hygiene. Air drying: Let the perineum air dry after cleaning to aid in the healing process. For this, lie on your bed without underwear for 10 Yes 14 5.38 minutes once or twice daily.	223		
daily to maintain cleanliness and hygiene. Air drying: Let the perineum air dry after cleaning to aid in the healing process. For this, lie on your bed without underwear for 10 Yes 14 5.38 minutes once or twice daily. Stitch Care: Avoid removing the stitches on your own. No 37 14.23 Yes 223 85.77		Goo	
daily to maintain cleanliness and hygiene. Air drying: Let the perineum air dry after cleaning to aid in the healing process. For this, lie on your bed without underwear for 10 Yes 14 5.38 minutes once or twice daily. Stitch Care: Avoid removing the stitches on your own. No 37 14.23 Yes 223 85.77	223	Goo	

Exposing the stitches to fresh air can help the healing process. Lying on your bed without underwear for 10 minutes once or twice a day may be helpful	Yes	7	2.69		
Sitz Bath: A warm bath daily can provide soothing relief and	No	9	3.46	251	Good
promote healing.		251	96.54		
Ice-Cool Packs: In the first 2-3 days, use ice-cool packs to reduce	No	247		13	Poor
swelling and discomfort. Apply the pack for up to half an hour,			95.00		
allowing for at least an hour of rest between applications. Ensure	Yes	13			
that the ice-cold pack does not directly contact your skin; place a			5.00		
towel between the pack and your skin to prevent skin burns.					
Breathable clothing: Opt for breathable materials such as cotton and	No	199		61	Poor
disposable briefs, and avoid wearing tight clothing that can cause			76.54		
discomfort.	Yes	61	23.46		
Abstain from Sexual Intercourse: Refrain from sexual intercourse	No	46	17.69	214	Good
during the first six weeks.		214	82.31		
Total		520	100	Mode	Poor

Note/sample (520), Total score (520), No (0), Yes (1) The awareness scale was classified as good awareness (75%) with a score (of 390-520), fair awareness (50% - < 75%) with ascore (of 260 - 389) and poor practice (<50%) with score (0 - 258)

Discussion

The findings presented in this study shed light on the state of awareness of perineal hygiene among primiparous women, offering valuable information on specific practices and areas of concern. The results highlight areas of improvement and possible interventions to improve awareness of perineal hygiene, which ultimately contributes to improved postpartum health outcomes.

Hygiene Practices and Poor Awareness:

The observation that most participants (76.54%) did not wear breathable clothing such as cotton and disposable briefs is concerning. Breathable fabrics are crucial to maintaining proper perineal health by minimizing moisture and promoting airflow, thus preventing discomfort and potential infections. This finding underscores the need to educate people about clothing materials supporting perineal health.

This discovery is consistent with previous research, showing that over 50% of primiparous mothers did not follow practices such as changing pads more than once a day, maintaining proper hand hygiene, and cleaning the perineum from front to back. These behaviors are known to affect the healing process of episiotomies, as indicated in studies conducted by Ettore et al. (2016) and Gamel W. et al. (2020).

Furthermore, our findings are consistent with other studies that demonstrate a lower percentage of primiparous women who use fresh air for perineal drying, a practice recognized to accelerate the healing of episiotomies, as observed in research conducted by Darulis N. et al. (2021). However, it is essential to note a discrepancy with the rates reported by Novelia

S. et al. (2021), in which more than half of the mothers in their study adhered to proper practices, including using soap and water for proper care of the perineum.

Similarly, the substantial proportion (75.38%) of participants who did not position the sanitary pads from front to back indicates a lack of understanding of basic hygiene principles. The incorrect placement of the sanitary pads can lead to contamination and potential infections. This highlights the importance of targeted education to address misconceptions and provide clear instructions for sanitary pads.

Another significant concern is the large number of participants (94.62%) who did not allow their perineum to air dry. Allowing the perineum to air dry can help prevent moisture-related issues and promote healing. The high prevalence of this practice suggests the need for comprehensive education on the benefits of air drying and its role in maintaining perineal health.

A separate investigation agrees with our findings in Pune city, revealing that over 75% of postpartum women used warm water, cleaned the perineum from front to back, and used toilet paper to dry their stitches. This alignment is evidenced by the study conducted by Gadade et al. (2018). Furthermore, an additional study by Timilsina S. & Dhakal R. (2015) also mirrors the results of our study, in which a significant proportion of participants adequately cleaned and dried their stitches and perineum.

The results of a different investigation conducted by Oleiwi S. (2010) indicated that ice packs were used correctly. Furthermore, a notable aspect within this

category is their awareness of abstaining from sexual intercourse during the initial six weeks to mitigate perianal discomfort and pain, a practice influenced by religious and cultural norms.

The results of another study conducted by Adanikin et al. (2015) align with our discovery, affirming that approximately two-thirds of the mothers refrained from participating in sexual activity within the initial two months post-delivery.

Positive Practices:

On a positive note, the findings indicate good scores in certain areas. Hand hygiene practices were relatively favorable, with 66.15% of participants washing their hands before and after perianal care. This is an essential practice to prevent the spread of germs and reduce the risk of infections.

The report that 73.85% of the participants take regular baths or showers and wash the perineal area with soap and water is encouraging. Regular bathing is a fundamental hygiene practice that contributes to general perineal health.

As indicated by the provided data, the distribution of levels within a particular category offers valuable information on the prevailing conditions and potential areas of concern. In this case, the analysis reveals a distribution between three levels: 'poor,' 'fair,' and 'good.' The findings prompt us to consider the implications of this distribution, explore possible contributing factors, and discuss strategies to promote improvement in the given category.

Distribution Analysis and Implications

The data demonstrate that most instances, comprising 89.6%, fall within the "poor" and "fair" levels. This suggests that overall performance or compliance may be suboptimal. A significant proportion at these lower levels could indicate challenges, gaps in understanding, or areas where current practices do not meet the desired standards. This finding was consistent with a study by (Mohammed et al., A.K. M. A. K., 2023).

On the contrary, the "Good" level constitutes a smaller fraction, comprising 10.4% of the instances. This implies that some cases meet higher standards but remain relatively rare. This revelation prompts inquiries into the underlying factors contributing to this elevated "Good" level. It raises considerations regarding the potential existence of certain exemplary practices or conducive conditions that might warrant broader encouragement. It is important to note that our findings diverge from those of a Turkish study conducted by Karaçam Z. et al. (2013). In their research, which bore similarities to ours, involving 396 primiparous participants, 223 of whom had undergone episiotomies, it was reported that less than half of the women who underwent episiotomies faced

challenges in self-care and wound healing. Furthermore, the percentage of individuals who showed commendable self-care practices was significantly lower in that study cohort.

Implications for Healthcare Professionals:

These findings emphasize the role of healthcare providers in raising awareness of perineal hygiene among primiparous women. Healthcare professionals can play an essential role in providing accurate information and practical tips and dispelling myths related to perineal hygiene. Personalized guidance during prenatal and postpartum care can empower women to make informed choices about their perineal health.

Conclusions Increasing awareness of perineal hygiene among primiparous women is imperative to impact their postpartum journey positively. By recognizing their challenges, disseminating accurate information, and utilizing technology-driven interventions, healthcare providers and organizations can empower these women to prioritize their perineal health, leading to better well-being and a smoother transition to motherhood.

CONCLUSIONS

Improving awareness of perineal hygiene among primiparous women is imperative to impact their postpartum journey positively. By recognizing their challenges, disseminating accurate information, and utilizing technology-driven interventions, healthcare providers and organizations can empower these women to prioritize their perineal health, leading to better well-being and a smoother transition to motherhood.

DECLARATION SECTION

Ethical Considerations

This study adhered to ethical guidelines, and informed consent was obtained from all participants. Confidentiality and anonymity will be maintained throughout the study. Participants were informed of their right to withdraw at any stage without facing any consequences.

Conflict of interest

None to be declared.

Funding:

None to be declared.

Data availability:

Data are available by contacting the corresponding author by email.

Authors contribution

All authors have read and approved the manuscript.

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