

и предотвратить возможные осложнения, сказывающиеся на репродуктивной системе женщины (в том числе, приводя к формированию бесплодия), а также затрагивающие подлежащий органокомплекс [4]. Помимо этого, активная коррекция пролапсов предотвращает необходимость хирургического вмешательства. Это также важный аспект, так как исключится риск интраоперационных хирургических и анестезиологических осложнений, отсутствует период послеоперационной реабилитации, сопровождающийся временной утратой трудоспособности. К тому же, в литературе отмечается высокая частота рецидивов после хирургической коррекции пролапса. По данным источников, на повторную операцию в течение 10 лет возвращается 17% женщин [5].

Внедрение новых методов терапии легких форм генитального пролапса и его профилактики при наличии одного или нескольких факторов риска, поможет снизить число случаев тяжелых форм, а также предупредить ряд серьезных осложнений как со стороны половых органов и репродуктивной функции, так и со стороны мочеполовой системы и кишечника. Это может существенно улучшить эпидемиологическую картину данного состояния, а также сказаться на психоэмоциональных и социальных аспектах жизни женщины и поддержать ее репродуктивную систему, предотвращая ассоциированные с пролапсом риски формирования бесплодия.

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Asiya Naeem, I. A. Korbut

**Gomel State Medical University
Gomel, Republic of Belarus**

PERSONAL HYGIENE OF YOUNG GIRLS AND WOMEN

Introduction

Personal hygiene is defined as the practice of maintaining cleanliness to promote and preserve health [1]. Maintaining a high level of hygiene is particularly essential for the well-being and empowerment of women and adolescent girls. As highlighted by the World Bank Group, (2021) lacking menstrual hygiene management can worsen social and economic imbalances, significantly impacting health, safety, and human development among women.

The lack of proper resources and knowledge about the hygiene of women specifically menstrual hygiene affects physical health and gives other disadvantages such as economic

opportunities for women and girls [3]. Furthermore, there is a need to address the menstrual health and hygiene needs of women, especially in low- and middle-income countries where access to safe and effective means of managing menstrual hygiene is limited [3]. Therefore, studies related to the hygiene practices of women are essential.

Aim

To study the personal hygiene practices, particularly menstrual and genital hygiene management of women and girls.

Material and methods of research

A cross-sectional study was conducted among 31 young girls and 35 women from Republic of Maldives, interval 15.09–15.10.2024, using survey questionnaire method. A questionnaire was carried out among the females of different age groups of Maldives. This is a one-time survey, study setting is non contrived, and researcher interference is minimal.

Results of research and their discussion

Group A – 31 mothers of young girls, and Group B – 35 women categorized by age, specifically, those below 18 years old and above 25 years old. This demographic division allows for a comprehensive examination of the variations in personal hygiene knowledge and practices among mothers and younger girls.

Note: the numbers and percentages shown are based solely on the responses provided by this specific group and may not represent the broader population.

We summarize the key demographic data regarding mothers and their children. Regarding Educational Background: 45.2±8.9% of mothers have completed postgraduate education, while 32.6±8.4% have higher education, and 22.6±7.5% have reached ordinary level education. A study [2] shows mothers' education plays an important role in teaching personal hygiene habits to their children Therefore higher education is related to knowledge of child health matters.

Observing Pregnancy History, most mothers had 2 pregnancies 33.3±8.6%, followed by 3 pregnancies 26.7±8.1%. A smaller proportion had 1 20.0±7.3%, 4 pregnancies 6.7±4.7%, or more than 4 pregnancies 13.3±6.2%. About Childbirth Experiences, the majority 50.0±9.1% of mothers have given birth twice, while 33.3±8.6% have had one birth, and 10.0±5.5% have given birth three times. Concerning the Birth Weight of the Babies, 79.3±7.5% of mothers reported their babies had normal birth weight (2.5 kg to 4 kg). A smaller percentage 17.2±7.0% had babies weighing less than 2.5 kg, and 3.5±3.4% had babies over 4 kg. On Breastfeeding Practices, most mothers 60.0±8.9% breastfed their children for 2 to 3 years, while 23.3±7.7% breastfed for 6 months to 1 year. A few breastfed for less than 6 months or more than 3 years. Diaper Usage: a significant majority 90.0±5.5% used diapers both day and night, with 28.6±8.5% stopping diaper use at 1–2 years and 60.7±9.2% stopping at 3–4 years. All mothers involved in this study have said that they use water for washing the genital area of their children after toilet and every time changing the diapers. Majority of the women 84.6±7.1% reported that they wash the genital area of their children from front to back while 11.5±6.3% mentioned that they wash from back to front.

This data highlights the important role of education and informed practices in maternal and child health.

A total of 21 women 70.0±8.3% reported that they take multivitamins during their pregnancies, indicating a commitment to nutritional health during this critical period. Furthermore, all respondents confirmed that they daily change their daughters' underwear and provide them with separate towels for personal hygiene. Among these women, 19 (90.5±6.4%) indicated that their children have never experienced any inflammatory diseases of the

lower genital tract during childhood, highlighting effective hygiene practices. Additionally, 23 women (79.3±7.5%) noted that their children wear cotton underwear, a crucial factor for maintaining genital hygiene. Lastly, 21 women (70.0±8.4%) reported that their children have never suffered from worm infestations, further.

Group B, which includes 35 women, the age distribution is as follows:

- 80.0±6.8% (28 women) are above 25 years of age.
- 20.0±6.8% (7 women) are below 25 years of age.

This distribution indicates a predominance of older participants in this group. As per Self-Reported Health, most women (58.8±8.4%) rated their health as good, while 8.8±4.9% rated it as excellent and 32.3±8.0% as satisfactory. Regarding Illness Frequency, almost half (45.7±8.4%) reported falling ill 1–2 times per year. About Hygiene Practices, all participants (100%) indicated they wash their hands before eating and change their underwear daily. Regarding Menstrual Health, all women reported starting their menstrual cycles between the ages of 10-16. A significant portion 77.1±7.1% indicated their menstrual cycles last between 3–7 days, and 40.6±8.7% reported cycles occurring every 28–35 days. About pad changing habits during periods 31.4±7.9% said they change as soon as the pad gets dirty, 31.4±7.9% responded doing it 6 times a day, 20.0±6.8% change it more than 6 times a day and 17.1±6.4% said they change it 2–3 times a day.

About Genital Hygiene, 42.9±8.4% use special products for washing the genital area, while 94.1±4.0% do not use tampons. The majority (96.4±3.5%) wash their private parts after sex, and 45.5±8.7% use panty liners. Bathing Habits, most women (82.9±6.4%) said they take showers instead of bathes. According to RCOG guidelines (2011) it is recommended on female genital hygiene to shower rather than bathe, avoid using soap, shower gel for cleaning the genital area and. avoid using panty liners. Before and after sex cleanse the vulva from front to back was also advised in the same guideline.

Concerning Contraceptive Methods 58.3±10.0% said they use the withdrawal method for contraception, while 33.3±9.6% said they use condoms. As per Reproductive Health Issues, 62.9±8.2% reported problems with their female reproductive systems, with menstrual irregularities being the most common issue (64.0±9.0%).

Limitations

The study's relatively small sample size may limit the generalizability of the findings.

The cross-sectional nature of the study does not allow for tracking changes in health and hygiene practices over time.

The study did not account for cultural differences in hygiene practices and beliefs, which could influence participants' responses and health behaviours.

The study relies on subjective assessments of health and hygiene. If clinical evaluations were also done, that may affect the accuracy of health status reported by participants.

The findings may not be applicable to women in different regions or communities with varying health resources and cultural practices.

Conclusions

Hygiene is not just basic human needs, it is also the foundation of good health, disease prevention, and the well-being of societies. By promoting personal hygiene and implementing effective sanitation measures, we can protect ourselves from various diseases.

This study provides valuable insights into the health and hygiene practices of women highlighting significant patterns related to self-reported health, menstrual health, hygiene behaviours, and reproductive health issues. The findings indicate that a majority of participants

rate their health positively, with all women demonstrating strong commitment to hygiene practices, such as regular handwashing and daily changes of underwear.

The statistics revealed a concerning frequency of menstrual irregularities among those reporting reproductive health issues, suggesting a need for greater awareness and management of menstrual health. Additionally, the age distribution shows a predominant image of women above 25, which may influence health-related behaviours and perceptions.

Overall, these findings stress the importance of education and support for whom absence hygiene, emphasizing the need for targeted interventions to address the specific challenges faced by this demographic. Further research could provide deeper insights into the factors influencing these practices and health outcomes, eventually contributing to improved health initiatives for women.

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