

Daily genital cares of female gynecologists: a descriptive study

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<http://dx.doi.org/10.1590/1806-9282.65.2.171>

SUMMARY

INTRODUCTION: *Genital hygiene can play an essential role in avoiding vulvovaginal discomfort and preventing infections. The scientific evidence on best practices on genital hygiene is scarce, and without doubt, gynecologists should be the best person to discuss and guide the subject.*

OBJECTIVE: *Evaluate the general genital female gynecologist hygiene.*

METHODS: *This descriptive analytic study identified genital hygiene and sexual practices of 220 female gynecologists, through a questionnaire with 60 self-answered questions. The data were analyzed and presented using frequency, percentage, mean and standard deviation.*

RESULTS: *The studied population was constituted by middle age (37.3 years) and white (71.3%) female gynecologists. More than a half (53.6%) declared spending over 10 hours a day away from home and complained of vaginal discharge in 48.1% of the cases. Regular vulvovaginal hygiene: 17.8% reported washing genitals once a day and 52% twice a day. The use of dry paper alone was reported in 66.4% post urination and 78.5% post-evacuation. Using running water and soap was practiced by 25.9% and 21.5% respectively. Vulvovaginal hygiene related to sex: More than half of them had intercourse 1-3 times a week, and 37.4% and 24.1% had frequent oral sex and eventually anal sex of the participants, respectively. Genital hygiene before sex was positive in 52.7% of the subjects and, post-sex hygiene in 78.5% of them. Conclusion: Genital hygiene habits of female gynecologists can be improved, despite the high grade of scientific knowledge they hold.*

KEYWORDS: *Gynecology. Feminine Hygiene Products/adverse effects. Vaginal Creams, Foams, and Jellies. Sexual Behavior. Physicians, Women.*

INTRODUCTION

The modern woman has changed her lifestyle and social behavior, and her genital care changed too¹. According to the Brazilian Institute of Geography and Statistics (IBGE), 49.5% of them work 40 to 44 hours weekly². This new lifestyle imposes situations that may interfere in the vaginal ecosystem, providing or even preventing infections. The use of toilet

tissue, soaps with different pH, intimate deodorants, sanitary pads, panty liners, the frequency of sexual intercourse, use of adornments, hair removal, clothing, and physical activity are important factors that should be taken into consideration, but haven't been thoroughly investigated¹.

The anatomy of the female genitalia presents nu-

DATE OF SUBMISSION: 09-May-2018

DATE OF ACCEPTANCE: 27-May-2018

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merous skin creases, hair and is located in a region that hinders the aeration and increases the friction, making it difficult to remove debris³. There is, in this area, sweat and sebaceous glands that cause organic waste, facilitating infection or modifications, promoting odor, vaginal discharge, and vulvar pruritus. Others external factors as ingestion of drugs, sexual activity, and genital hygiene can also affect the genital well-being¹.

Genital hygiene is the set of actions aimed at removing excess residues (dead cells, secretions, oiliness, menstrual blood, lubricants, sperm, and remains of urine, feces, and paper) in the female genital area in order to promote wellness and comfort, besides preventing genital infections¹. Genital hygiene includes, besides the local cleaning, removal of pubic hair, piercings and tattoos, use of sanitary pads and wearing appropriate clothing.

The ideal feminine genital hygiene has not been established yet and can vary in different countries. Unfortunately, the side effects of unappropriated hygiene and its consequences are not reported regularly. It is known, that total hair removal is linked to a younger age with active sexual life⁴. Sexual activity is an important factor in changing the vaginal environment, either by the presence of semen (due to the alkalinity) or introducing new bacteria or promoting micro fissures⁵.

Furthermore, feminine hygiene products such as soaps, lotions, wipes, and sanitary pads are used by women around the world daily without knowledge of its implications^{6,7}.

Pediatricians, infectious disease doctors, and dentists have already realized the importance of disease prevention practices by promoting hygiene measures and changes in lifestyle habits. Research shows that washing hands with soap reduces by 44% the morbidity from diarrhea and decreases the transmission of various infectious agents, such as the H1N1 virus^{8,9}.

Gynecologists, due to their professional knowledge, are the professionals who should know better how to guide patients on genital hygiene practices. However, few scientific publications have endorsed the guidelines which are usually presented. In practice, these professionals guide their patients without knowing the real consequences of poor hygiene, based only on common sense.

This research aimed to study the habits of hygiene in female gynecologists (products and approaches for genital hygiene, clothing habits, menstrual products, hair removal, sexual practices), since female gynecolo-

gists are excellent representatives of the modern woman, with the addition of having scientific knowledge about vulvar and vaginal conditions. Thus, they should know what is better or not regarding the proper care of female genitals. Therefore, we should know how the female gynecologists take care of their own genitals as they will be health providers for other women. Gynecologists are responsible for guiding other women in their daily care and must be qualified to do so.

METHODS

This is a descriptive, analytical study that enrolled 220 female gynecologists interviewed at scientific meetings of the specialty. The research involved a self-administered questionnaire with 60 questions related to the topic: genital hygiene habits, including cleaning (frequency, time, the specific type of soap, use of wipes), hair removal, usual clothing, and use of sanitary pads or panty liners. The questionnaire was designed by the researchers themselves and is currently undergoing validation. Inclusion criteria: to be a gynecologist, complete the TCLE, and answer more than 75% of the questions. Exclusion criteria: be under antibiotics treatment in the last 15 days, be pregnant, a chronic and/or degenerative patient (cancer, diabetes, immunosuppression), be a syphilis, HIV or hepatitis patient. Some female gynecologists were approached during a specialized congress, between June and September 2013, during the coffee break. To ensure confidentiality and anonymity of the interviewees, the questionnaire was inserted by the participant in a sealed box.

During the approach, there was an acceptance rate of 84.6%. The main reason for denial was the lack of time to answer the questionnaires. After collecting the data, we developed the database in Microsoft Excel 2007. The results were analyzed using descriptive statistics, such as frequency, percentage, mean and standard deviation, where applicable.

All participants signed an informed consent form before filling out the questionnaire. The study was approved by the Research Ethics Committee of a university hospital in São Paulo, Brazil.

RESULTS

The average age of interviewees was 37.3 years (± 12.9); 71.4% of them were white, and 46, 8% had been a graduate for between one and ten years-graduated. More than half (53.6%) of the women

are away from home for more than 10 hours a day. Table 1 shows that more than half (55.9%) take two baths per day, 52% wash genitals twice a day, 66.4% of them do not wash genitals after urination, using toilet paper to dry the vulvar area. Only 21.5% wash the anal area after evacuations with soap and water, and 48.6% of them frequently use intimate deodorants. The genital hygiene with liquid soap is made by only 39%, and antibacterial soaps were used by 6.8% of the interviewees; 52.7% and 78.5% sanitize them before and after intercourse respectively. Vaginal douching was reported by 21.4% of the female gynecologists. Table 2 shows that panty liners are used by 41% of them, changing it four to five times a day (34.1%). Pruritus was referred by 83.2% of the panty liners users. Over 83% shave, at least once a month, meanwhile, 31.6% twice or more. After shaving, 48.6% do not use moisturizing products to prevent complications in the region. Table 3 shows that over 85% use cotton underwear or cotton lining during the day, but only 3.63% sleep completely naked. The majority (62.7%) reported wearing tight pants. Sexual profile showed that 50.9% female gynecologists have sexual intercourse one to three times per week, 47.2% and 22.2% practiced oral and anal sex respectively. Over 29% reported pain in relations in varying intensities.

DISCUSSION

This is, perhaps, the first study on genital hygiene on gynecologists. Surprisingly, we found that even people with high scientific training could significantly improve hygiene habits and consequently, decrease not only the discomforts of the genital area but mainly prevent gynecological infections. Our attention is drawn to the fact that only 25.9% and 21.5% of the interviewees wash the genital area with running water after urination and evacuation, respectively. We know that the accumulation of residues, whether urine or feces, promote irritation and itching so that they may predispose to the formation of cracks and the increase of bacteria. Removing urine or feces using only toilet paper requires the use of strength and can scrape a region that is delicate and at the same time has many folds of skin. Gynecologists, from a practical point of view, are very similar to any other category of professionals who have to work many hours a day without adequate time and availability to do proper genital hygiene.

TABLE 1. GENITAL HYGIENE HABITS CHARACTERISTICS OF FEMALE GYNECOLOGISTS

Characteristics		N	%
Daily genital hygiene (freq.)	1	39	17.8
	2	114	52.1
	3 or more	63	28.7
	Don't do	3	1.4
Time of genital hygiene	<1m	63	28.6
	1 - 2m	123	55.9
	Up to 5m	30	13.6
	Over 5m	4	1.8
Vaginal discharge	Often	30	13.7
	Eventually	75	34.4
	Rarely	82	37.6
	Never	31	14.3
Hygiene product used	Only water	10	4.5
	Water and solid soap	84	38.2
	Water and liquid soap	86	39.1
	Liquid and solid soap	21	9.5
	Bactericidal soap	15	6.8
	Other	4	1.8
	Missing		
Vaginal douching	1x day	17	7.7
	1x week	10	4.5
	1x month	20	9.1
	Never	173	78.6
Urination after hygiene	Water shower	57	25.9
	Toilet paper	146	66.4
	Wet towels	17	7.7
Hygiene after evacuation	Water and soap	47	21.5
	Toilet paper	171	78.5
	Missing		2
Hygiene after SR	Yes	116	52.7
	No	104	47.3
Hygiene before SR	No	7	3.2
	Wash	173	78.6
	Toilet paper	21	9.5
	Wet towels	3	1.4
	Others	16	7.3

SR= sexual relationship; m= minutes

The data collected annually by the Federal Council of Medicine provides an overview on distribution, compensation and working hours of Brazilian medical professionals, however, are lacking information about the quality of this medical health¹⁰. Despite their medical profile, gynecologists are similar to other Brazilian women with a hectic routine, with

TABLE 2. PANTY LINERS AND HAIR REMOVAL PRACTICES OF FEMALE GYNECOLOGISTS

Characteristics		N	%
Panty liners use	No	130	59.9
	Daily	9	4.1
	>3x week	17	7.7
	Sometimes	37	16.8
	Rarely	27	12.3
Type of panty liners	Dont use	130	59.9
	With plastic film	11	5
	Without plastic film	72	32.7
	Don't know	7	3.2
Genital hair removal motivation	Do not do it	23	10.4
	More hygienic	95	43.2
	Aesthetic	29	13.2
	Hair discomfort	60	27.3
	Non specified	13	5.9
Type of hair removal	No hair removal	23	10.4
	Shave	65	29.5
	Hot wax	90	40.9
	Cold wax	14	6.4
	Depilation cream	1	0.5
	Fotodepilation	20	9.1
	Others	7	3.2
Use of substances after hair removal	Don't use	107	48.6
	Ointment	20	9.1
	Moisturizing	59	26.8
	Others	34	15.5

many working hours and unhealthy habits (smoking and physical inactivity), adding to this the constant stress of the complex universe in which they live ¹⁰.

Hygiene practices are effective methods and recommended in various specialties to prevent diseases. Take the case of *H Pylori*; research currently proposes that if there was any transmission in childhood, it could be interrupted if new hygiene habits such as washing hands, not sharing oral-oral food or utensils are initiated ¹¹. Another example, much more palpable and well-studied in the literature, is the control of caries by proper hygiene of the teeth and oral cavity. It is known that in countries where the rate of caries is smaller there is an investment in guidance and education of dental hygiene. ¹².

Similarly, there are some premises about female genital hygiene as a prevention method for genital infections. Amiri et al. ¹³ showed that pregnant women with Urinary Tract Infection presented as main char-

TABLE 3. CLOTHING AND SEXUAL HABITS OF FEMALE GYNECOLOGISTS

Habits	Type	N	%
Underwear material			
	Synthetic	22	10
	Cotton	96	43.6
	Synthetic with cotton lining	93	42.3
	Elastane	5	2.3
	Others	4	1.8
Tight jeans			
	Yes	138	62.7
	No	82	37.3
Clothing at sleeping time			
	Panties	140	63.6
	Pijama	54	24.5
	Camisole	17	7.7
	Day clothes	1	0.5
	Naked	8	3.6
SR per week			
	No relationship	49	22.3
	<1x	44	20
	1-3x	112	50.9
	4-6x	14	6.4
	>6	1	0.5
Dyspareunia			
	Never	79	35.9
	Rarely	76	34.5
	Sometimes	34	15.5
	Frequently	3	1.4
	Always	19	8.6
	Other	9	0.4
Anal SR			
	Never	157	75.8
	Sometimes	46	22.2
	Frequently	1	0.5
	Always	3	1.4
	Missing	13	
Oral SR			
	Never	33	15
	Sometimes	104	47.2
	Frequently	60	27.3
	Always	23	10.4
Intimate lubricants			
	Yes	58	26.4
	No	162	73.6

SR= sexual relationship

acteristic the habit of not washing hands after going to the bathroom and genitals after coitus. A 2011 Brazilian study found that using acidified liquid soap as an adjunct to metronidazole decreases the time between recurrences of bacterial vaginosis ¹⁴. Among

the interviewees, 52%⁷ sanitize themselves before sexual intercourse, and 66.3% say just use toilet paper after micturitions, leading to prolonged accumulation of sperm, urine, and scraps of paper in contact with vulvovaginal mucosa may cause irritation and facilitating any vulvovaginitis.

Approximately 50% of North American and European women use sanitary pads and 10% to 30% daily during the intermenstrual period with the idea of staying clean and dry¹⁵. A recent survey of Brazilian estimated using sanitary pads in 28.3%¹⁶. They used it for different reasons and associated improvement in self-esteem and security with their genital hygiene. Our study showed a high prevalence in the use of sanitary pads in the intermenstrual period (41%). It is double the use compared with European standards. This may be explained by the difficulty of work periods or the practicality of the product.

Only 9.5% of the doctors in this study used liquid soaps with acid pH, products that are recommended for the genital area because they have acidic pH similar to that of the skin of the vulva and because they have low detergency (do not excessively remove the fat from the skin and do not resect the genital area). On the other hand, 6.8% of them had the (inadequate) practice of using bactericidal soaps, since the genitals are colonized by bacteria that protect the vulvovaginal ecosystem.

Among those interviewed at least 62.7% wear tight jeans, considering the extended time away from home (more than 10 hours in half of the cases: 53%) the lack of habit of washing the vulva (33.7%) and anus (21.5%) after urination and evacuation inevitably worsens local conditions. Although 83.18% of gynecologists declared wearing cotton underwear, 62.7% of them wear tight jeans but do not have vaginal discharge.

Most of the subjects shave at least once a month (42.7%), while others (31.6%) shave two or more times a month. This implies 74.3% concerned with this process of hygiene. Twenty percent of them declare that they do vaginal douches at varying frequencies, although they are gynecologists and know that this practice is condemned by most studies, due to association with Pelvic Inflammatory Disease, bacterial vaginosis¹⁷. The sexual profile of interviewees is very similar to the profile of the general population. More than half reported to having sex 1-3 a week with a high prevalence of dyspareunia of 29%¹⁸. The discomfort to talk about sexuality was evident by the

number of lost cases in issues related to sexual activities (13 lost cases).

There is a massive number of hygiene products currently available for women. The need, erroneously propagated to feel fresh, leads many women to live a dilemma between using or not using such products¹⁹. The reality is that women, regardless of the profession, are making increasing use of hygiene products in search of vulvar health.

Because of the vocational training and science they have, the interviewed gynecologists should know the ideal way to carry out genital hygiene; however, they practice hygiene inappropriately. A survey of 341 university students (biological area, social area, and exact area) of a large Brazilian university shows patterns of genital hygiene and sexual practices very similar to those found in medical gynecologists. In this study, it was found that after sex, 69.3% of women bathe and 14.2% do not bathe but do genital hygiene, and 13.9% do vaginal douching²⁰.

This study is the first to methodologically investigate the group of medical gynecologists on the subject, extending the line of research in women's clinical care. However, being a descriptive study, we believe that further research and clinical trials need to be conducted to evaluate the effects of the practice of female genital hygiene and thus offer subsidies for proper orientation on how to promote genital hygiene.

CONCLUSION

Female genital hygiene is a vital topic which should be more widespread between gynecologists and society. Gynecologists behave, regarding genital hygiene, like most women with an intense professional and social life, committing the same inadequacies as most women. Surprisingly, despite female gynecologists having previous knowledge about the vaginal environment and how to perform proper genital hygiene, some of their hygiene habits are questionable. More studies (clinical trials) need to be performed in order to provide directions to proper female genital hygiene, as well as guidelines and education for the gynecologists, collaborating with women health.

Conflict of interest

The authors have no conflict of interest to declare.

RESUMO

INTRODUÇÃO: A higiene genital pode desempenhar um papel importante na prevenção de desconfortos vulvovaginais e infecções. Evidências científicas sobre as melhores práticas em higiene genital são escassas, e o ginecologista, sem dúvida, é a melhor pessoa para discutir e orientar o assunto.

OBJETIVO: Avaliar a higiene genital feminina usual de médicas ginecologistas.

MÉTODOS: Estudo analítico descritivo que identificou higiene genital e práticas sexuais de 220 ginecologistas por meio de um questionário com 60 perguntas autorrespondidas. Os dados foram analisados e apresentados por frequência, porcentagem, média e desvio padrão. Resultados: A população estudada consistiu de médicas ginecologistas femininas brancas (71,3%) com idade média de 37,3 anos. Mais da metade (53,6%) relatou ficar fora de suas casas por períodos superiores a 10 horas por dia e queixaram-se de descarga vaginal em 48,1% dos casos. Higiene vulvovaginal regular: 17,8% relataram lavar os genitais uma vez por dia e 52%, duas vezes por dia. O uso apenas de papel (seco) foi relatado em 66,4% dos casos após micção e em 78,5% após a evacuação. A higiene ideal com água corrente e sabão foi praticada apenas em 25,9% e 21,5%, respectivamente. Higiene vulvovaginal relacionada ao sexo: mais da metade delas relatou relações sexuais 1-3 vezes por semana, sexo oral frequente e anal eventual em 37,4% e 24,1%, respectivamente. A higiene genital pré-sexo foi relatada por 52,7% das pessoas e em 78,5% após o coito. Conclusão: Os hábitos de higiene genital dos ginecologistas femininos estão sujeitos a melhorias, mesmo considerando o alto grau de conhecimento científico que possuem.

PALAVRAS-CHAVE: Ginecologia. Produtos de higiene feminina/efeitos adversos. Cremes, espumas e géis vaginais. Comportamento sexual. Médicas.

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