

Knowledge, Attitude and Reaction of Newly Married Women toward the First Gynecological Examination

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Abstract

Background: The gynecological examination is an essential part and the most performed procedure in gynecological care. **Aim of the study:** This study aimed to assess knowledge, attitude and reaction for newly married women toward the first gynecological examination. **Setting:** The study was conducted at obstetric and gynecological outpatient Clinic in Benha university hospital. **Design:** A descriptive study design. **Sampling:** A Purposive sample of 327 of newly married women. **Four tools were used:** Tool I: A structured interviewing questionnaire sheet, tool II: Likert scale to assess women's attitude for gynecological examination, tool III: Emotional stress reaction questionnaire and tool IV: Visual analogue scale. **Results:** More than three quarters of the studied women had inadequate knowledge about first gynecological examination. Only less than one third of the studied women had positive attitude toward first gynecological examination. The higher mean of total reaction score was irritability while the lower mean of total reaction score was cooperative. Less than half of the women were complaining moderate pain during gynecological examination. **Conclusion:** More than three quarters and two thirds of the studied women had inadequate knowledge and negative attitude about first gynecological examination respectively. Most of studied women were irritability during gynecological examination. **Recommendation:** Improving knowledge and attitude about gynecological examination through counseling session and disseminating booklet among newly married women.

Keywords: Attitude, Gynecological examination, knowledge, Newly married, Reaction

Introduction

Gynecology is the branch of medicine that deals with health maintenance and diseases of the female reproductive system. The gynecological examination is frequently and routinely performed in the medical office and commonly used method. However, gynecological examination means examination of the genital organs which needs to be covered, hide and protected for most of the women (Bonewit-West, 2022).

Primary aim of gynecological examination is to improve the quality of life of female and many women have problems with sex at some stage in life specially newly married who were within first year of marriage, and who had no good attitude towards the gynecological examination comported to other married woman. So health care providers should pay enough attention to the quality of gynecological examination services (Yang et al., 2022).

The purpose of gynecological examination is identification of abnormal reproductive

anatomy and assess the health of the women reproductive organs to detect early signs of disease, leading to early diagnosis and treatment. There are many types of gynecological examinations which include inspection of the external genitalia, speculum examination, pap smear, bimanual examination and the recto vaginal examination (Towle, 2022).

Traditionally, pelvic examination includes evaluation of the external and internal genitalia and the pelvic organs. Along with external visual inspection, a speculum exam is performed to evaluate the internal genitalia and collect a pap smear. A pap smear consists of using a spatula to circumferentially scrape the ectocervix followed by either an endocervical brush or broom that is inserted to the level of the external cervical os and rotated in order to collect endocervical cells (Carusi et al., 2019).

Gynecological examination may be uncomfortable for most women. Gynecological examination can be physically and psychologically stressful for young women, mainly in the examination of the pelvic region. Some young women may be worry about the procedure and may be more influenced by knowledge from peers (Rosenbaum et al., 2018).

Gyn`ecological health attitudes are very important for being protected against illness and enhancing health conditions. Positive attitude toward gynecological health is very essential for improving the health level. Among the Egyptian women, there are many traditions and attitudes related to the gynecological examination. Some women usually rejecting to perform any gynecological examination for first time (Caxaj et al., 2022).

Women's reaction is also affected by the unfamiliarity of the hospital environment, working staff, instruments and medical

procedures used, unknown medical language, and disregard of individuality and privacy. The crowded hospital outpatient clinics and the endless waiting lines that make women feel overlooked may also over play negative emotions levels (Çankaya et al., 2022).

Nurses play essential roles in gynecological care, as the nurse provides hands on care to women which may range from total care to partial care as helping the woman with illness prevention. The nurse is beside a woman pre, during and post gynecological examination, the nurse has a very important role in preparing women before examination. Also preparing equipment, instruct women about laboratory investigations, medical treatment as well as follow up visits to the clinic to enhance women positive attitude and reaction to attend regularly to gynecological clinic (Avcı et al., 2021).

Significance of the study

Gynecological examination may be uncomfortable for most women. Gynecological examination may be cause physically and psychologically stressful for newly married women, mainly in the examination of the pelvic region. Newly married women may be worry about the procedure and may be more influenced by information from peers (Rosenbaum, 2018).

Women's experiences of pelvic examination were negative when communication between the women and health care provider was poor. Women experience many feelings such as, worries about cleanliness, qualms about vaginal odor, concern that the gynecologist might discover something about sexual practices, fear of discovery of a pathological condition and fear of pain. In addition, newly married women feel anxious about gynecological examinations, especially if is the first examination, women have a prior

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negative experience, or there is a history of trauma (Goje et al., 2021).

Furthermore, the researcher observed many women had gynecological problems at some stage in life specially newly married who are within first year of marriage. Newly married women have negative attitude and reaction toward the first gynecological examination as compared to other married women, due to various social cultural, beliefs and demographic factors. So, the current study was conducted to assess newly married women's knowledge, attitude and reaction toward the first gynecological examination.

Aim of the study

The study aimed to assess knowledge, attitude and reaction for newly married women toward the first gynecological examination.

Study questions:

- What is the level of knowledge of newly married women regarding first gynecological examination?
- What is the level of attitude of newly married women regarding first gynecological examination?
- What is the level of reaction of newly married regarding first gynecological examination?

Subjects and Method

Study Design:

A descriptive design was used to achieve the aim of the study.

Setting of the Study:

The study was conducted at obstetric and gynecological outpatient clinic in Benha university hospital which only one room divided into two areas. First area for diagnosis, counseling, family planning and other obstetric and gynecologic services. Second area for examination includes ultrasonography. Besides, waiting area for women where the researcher

interviewed the women who seeking for gynecological examination.

Sample:

Sample type: A purposive sample was utilized in this study.

Sample size:

The sample size was 327 from a newly married women who attended to the prementioned setting for the first time according to the statistical formula and inclusion criteria.

$$n = \frac{N}{1 + Ne^2}$$

e = level of precision = 0.05

n = required sample size

N = total population of newly married women according statistical center of Benha university hospital 2019 was 1800 women.

Inclusion criteria:

Newly married in the first year, firstly exposed to the gynecological examination.

Tool I: Structured interviewing questionnaire

This tool was constructed by researcher after reviewing a related literature (Eid et al., 2019; Norrell et al., 2017; Freyens et al., 2017) and included four parts:

Part (a): Assessment of sociodemographic characteristics of the studied women included (age, educational level, occupation, residence, age at marriage and duration of marriage).

Part (b): Assessment current gynecological complaints included (itching or redness, inflammation, infections, abnormal vaginal discharge, have irregular menstruation, vaginal bleeding associated with the menstrual cycle, continuous vaginal bleeding, pain during intercourse and bleeding after intercourse).

Part (c): Assessment of women's knowledge concerning gynecological examination consisted of 7 items (definition of examination, indications of the examination, preparation for examination, parts of examination, equipment that are used for the first gynecological examination, procedures perform on the day of examination and complications) As well as source of information of studied women about first gynecological examination.

Part (d): Barriers that face women during gynecological examination consisted of 8 items (no keeping privacy, presence of male gynecologist, long waiting time before examination, no explanation or guidance before examination, transportation, the presence of chaperone, feeling ashamed of examination and feeling stressed about the examination and anxious about screening).

Scoring system

Each item of knowledge was scored (2) scores for the correct answer and (1) score for an incorrect answer/ do not know. The total score ranged from 7-14. The level of total knowledge score was classified as the following:

- Adequate knowledge $\geq 60\%$ ($9 \leq 14$).
- Inadequate knowledge $< 60\%$ ($1 < 9$).

Tool II: - Likert scale for newly married women's attitude toward first gynecological examination

This tool was constructed by researcher after reviewing a related literature (Atila et al., 2019; Ferguson and Chor, 2018; Yanikkerem et al., 2018) to assess newly married women attitude toward the first gynecological examination and consisted of 12 items (the gynecological examination did not cause any stress, the gynecological examination is hurting dignity, feeling embarrassed while exposing the genital parts, scared to discover anew condition of own, the gynecological examination is causing

genital pain, the gynecological examination is comfortable procedure, embarrassing to be examined by male obstetrician, feeling a lack of respect for the privacy during the examination with more than one obstetrician present, the gynecological examination is causing bleeding into the inner sexual parts, afraid from infection during the examination, believe that frequent gynecological examination leads to future infertility, frustrated by the gynecological examination).

Scoring system

Each item of attitude was rated according to three-point Likert scale, (3) score for agree, (2) score for neutral, (1) disagree and for negative sentence the score was reversed. The total score ranged from 12-36. The level of total attitude score was categorized as following:

- Positive attitude $\geq 60\%$ ($22 \leq 36$)
- Negative attitude $< 60\%$ ($12 < 22$)

Tool III: - The emotional stress reaction questionnaire

This tool was developed by Larsson and wilde, (2010) and was adapted by the researcher to assess women's reaction during first gynecological examination. The tool included words describing 5 different reactions (irritable, afraid, co-operative, frustrated and tense).

Scoring system

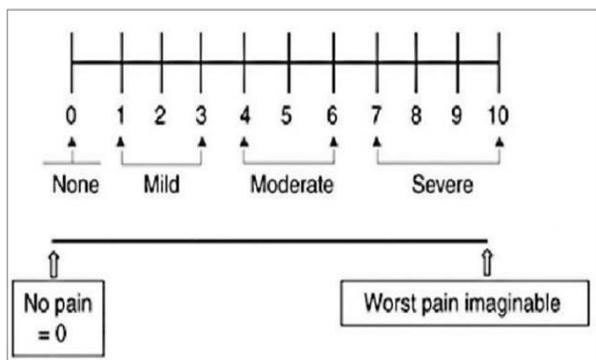
Each item of response was scored (1) if the word was not corresponded to how woman felled right (2) if the word partly corresponds to how woman felled right (3) if the word completely correspond to how woman felled.

Tool IV: - Visual Analogue Scale (VAS)

This tool was developed by Gillian et al., (2011) to assess level of pain. Visual analogue scale was 10 mm horizontal line, anchored by word descriptors at each end. The researcher asked the women to place a line perpendicular

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to the VAS line at the point that best indicated pain at the time of gynecological examination.



Scoring system

The score considered as the following: 0 = no pain, 1-3 = mild pain 4-6 = moderate pain, 7-10 = severe pain.

Tools validity and reliability

The tools of data collection were reviewed by panel of three expertise in the field of Obstetrical and Gynecological Nursing from Faculty Nursing Benha university to assess content validity and according to expertise's judgment; the questionnaire was not modified. Internal consistency of the tools was assessed by cronbach's alpha coefficient test which revealed that each of the four tools consisted of relatively homogenous items as indicated by the moderate to high reliability of each tool. Internal consistency of knowledge was 0.94, attitude was 0.87, the emotional stress reaction questionnaire was 0.85. Visual analogue scale was 0.98 according to **Ferraz et al., (1990)**.

Ethical considerations:

Ethical aspects were considered before starting the study as the following:

- The study approval was obtained from scientific research ethical committee at Faculty of Nursing, Benha University before starting the study.

- Each woman was informed about the study aim then an oral consent was obtained before starting the data collection.
- No harm or any physical, social or psychological risk for participants.
- Confidentiality was ensured throughout the study process, and the women were assured that all data was used only for research purpose.
- Each woman was informed that participation is voluntary and freedom to withdraw from the study at any time.
- Each woman was informed about the purpose and benefits of the study.

Pilot study:

The pilot study was carried out on 10% (33 women) of the total study sample to assess applicability, clarity and feasibility of the tools as well as estimate time of data collection. No modifications were done. Therefore, women involved the pilot study was included in the main study sample.

Field of work:

The current study was carried out from the beginning of October 2020 and completed at the end of March 2021 covered 6 months. The researcher visited the previous mentioned setting 3 days/week (Saturday, Monday and Wednesday) from 9 am to 12 pm. At the beginning of the interview the researcher greeted and introduced herself to each woman in the study, the researcher explained the aim of the study to each participant newly married woman then, the researcher obtained oral consent from each participant newly married woman, the researcher provided appropriate separate place for each newly married woman to maintain privacy and confidentially for filling tools of data collection.

The researcher met the women individually for filling tools of data collection, explained the questionnaire items to women take 5 minutes before data collection. The researcher utilized tool I, structured interviewing questionnaire to collect sociodemographic data and data about gynecological examination, also assess level of knowledge related to gynecological examination, that took 10-15 minutes. Tool II took 5-10 minutes. Tool III was used to assess women's reaction during first gynecological examination that sheet that took 5-10 minutes. Tool IV was used to assess women's pain level during first gynecological examination. The researcher interviewed 4-5 women daily. Total time required to filling tools for data collection ranged from 25-35 minutes. The researcher analyzes the collected data and tabulated in form of results.

Statistical analysis:

All data collected were verified prior to computerized entry. The statistical package for social science (SPSS version 20) was used for the purpose, followed by data tabulation and analysis. Descriptive statistics were applied (e.g., mean, standard deviation, frequency and percentages). Test of significance was used chi-square, Pearson correlation was used to investigate correlation between the study variables. A significant level value was considered when:

- No statistically significant difference obtained at $P > 0.05$.
- Significant statistically difference obtained at $P \leq 0.05$.
- A Highly statistically significant difference obtained at $P \leq 0.001$.

Limitation of the study:

Occasionally, the waiting place of the obstetrics and gynecology outpatient clinic was crowded and noisy.

Results

Table (1) shows that, 59.9% of studied women in group age 20<30 years with mean \pm SD 26.05 \pm 4.33 years. Also 45.9% of studied women were having secondary education, 82.6% of the studied women were housewives and 58.1% from rural area. The age at marriage of studied women with mean \pm SD 24.45 \pm 5.08 years and duration of marriage with mean \pm SD 5.74 \pm 2.34 months.

Table (2) demonstrates that, 83.5%, 85.9%, 78.0%, 81.0%, 87.5%, 80.1% and 85.3% of the studied women had incorrect knowledge about definition of gynecological examination, indications of gynecological examination, preparations at home before the examination, parts that are examined during the first gynecological examination, equipment's that are used for the first gynecological examination, procedures performed on the day of examination and complications due to gynecological examination respectively.

Table (3) demonstrates that 48,1%, 58.1%, 45, 3%, 45, 5%, 50, 2%, 56% and 51, 4% of studied women were agreed with the gynecological examination was hurting dignity, feeling embarrassed while exposing the genital parts, feeling scared to discover anew condition, embarrassing to be examined by male obstetrician, feeling lack of respect for privacy during screening, afraid from infection during the examination and feeling frustrated by the gynecological examination. Meanwhile, 54.1%, 56.6%, 44,0%, and 45.6% of studied women were disagreed with the gynecological examination did not cause any stress, the gynecological examination is a comfortable procedure, the gynecological examination is causing bleeding into the inner sexual parts and believe that frequent gynecological examination leads to future infertility respectively.

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Table (4) clarifies that, the mean of total reaction score co-operative, afraid, irritability, tense and frustrated reaction of studied women toward first gynecological examination were 13.69 ± 1.71 , 15.44 ± 2.92 , 21.92 ± 1.94 , 18.79 ± 2.43 and 15.96 ± 2.56 respectively. The higher mean of total reaction score was irritability, and the lower mean of total reaction score was co- operative.

Table (5) shows that there was a highly positive correlation between total knowledge and attitude scores of the studied women regarding first gynecological examination ($P \leq 0.001$).

Figure (1) shows that 66.4%, 59.6%, 58.1%, 57.2%, 55.0%, 54.1%, 41% and 38.8%

of studied women's barriers was means of transportation, feeling ashamed of examination, presence of male gynecologist to do the examination, no explanation before examination, presence of chaperone with women caused shame, waiting for the examination long time, feeling anxious about the examination and lack of privacy during examination respectively.

Figure (2) shows that, 45.9% of studied women had moderate pain, 29% of studied women had mild pain, 16.8% of the studied women had severe pain while and 8.3% of women had no pain.

Table (1): Distribution of the studied sample according to demographic characteristics (n=327).

Demographic Characteristics	No	%
Age (years)		
< 20	37	11.3
20 < 30	196	59.9
≥ 30	94	28.8
Mean ± SD	26.05 ± 4.33	
Educational level		
Illiterate	12	3.6
Read and write	30	9.2
Basic education	45	13.8
secondary education	150	45.9
University education	90	27.5
Occupation		
Working	57	17.4
House wife	270	82.6
Residence		
Urban	137	41.9
Rural	190	58.1
Age at marriage (years)		
Mean ±SD	24.45 ± 5.08	
Duration of marriage (months)		
Mean ±SD	5.74 ± 2.34	

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Table (2): Distribution of studied women's knowledge about gynecological examination (n=327)

Knowledge Items	Correct answer		Incorrect answer / don't know	
	No	%	No	%
Definition of gynecological examination.	54	16.5	273	83.5
Indications of gynecological examination.	46	14.1	281	85.9
Preparations at home before the examination.	72	22.0	255	78.0
Parts that are examined during the first gynecological examination.	62	19.0	265	81.0
Equipment that are used for the first gynecological examination.	41	12.5	286	87.5
Procedures perform on the day of examination.	65	19.9	262	80.1
Complications may occur during examination.	48	14.7	279	85.3

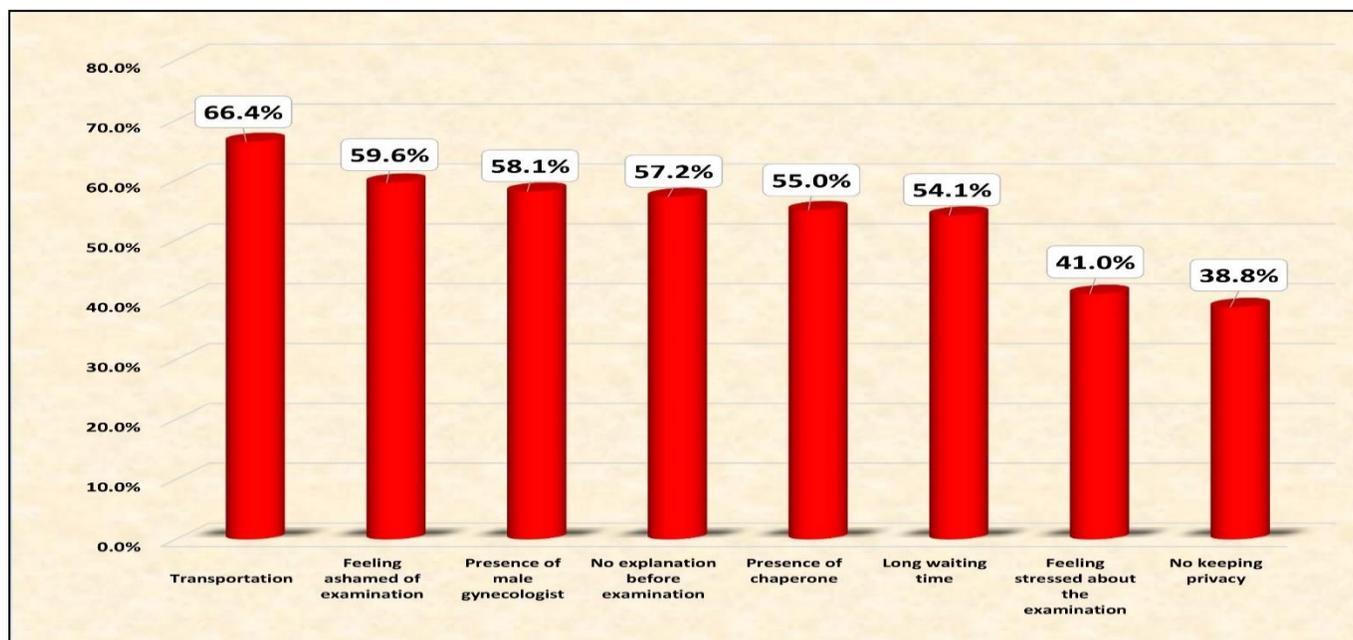


Figure (1): Distribution of studied women according to barriers facing them during gynecological examination (n=327).

Table (3): Distribution of the studied women' attitude toward first gynecological examination (n=327).

Items	Agree		Uncertain		Disagree	
	No	%	No	%	No	%
The gynecological examination did not cause any stress.	85	26.0	65	19.9	177	54.1
The gynecological examination is hurting dignity.	157	48.0	43	13.1	127	38.8
Feeling embarrassed while exposing the genital parts.	190	58.1	90	27.5	47	14.4
Scared to discover a new condition of own.	148	45.3	72	22.0	107	32.7
The gynecological examination is causing genital pain.	130	39.8	156	47.7	41	12.5
The gynecological examination is a comfortable procedure.	55	16.8	87	26.6	185	56.6
Embarrassing to be examined by a male obstetrician.	149	45.6	96	29.4	82	25.1
Feeling a lack of respect for my privacy during the screening with more than one obstetrician present.	164	50.2	88	26.9	75	22.9
The gynecological examination is causing bleeding into the inner sexual parts.	68	20.8	115	35.2	144	44.0
Afraid from infection during the examination.	183	56.0	104	31.8	40	12.2
Believe that frequent gynecological examination leads to future infertility.	102	31.2	76	23.2	149	45.6
Frustrated by the gynecological examination.	168	51.4	94	28.7	65	19.9

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Table (4): Mean scores of the studied women' reactions toward first gynecological examination (n=327).

Reaction Item	Co - operative	Afraid	Irritability – cover eye	Tense	Frustrated
	Mean ±SD	Mean ±SD	Mean ±SD	Mean ±SD	Mean ±SD
During admission to examining room	1.33 ± 0.64	2.34 ± 0.75	2.86 ± 0.45	2.49 ± 0.46	2.52 ± 0.61
During positioning women on examination table	1.33 ± 0.59	2.43 ± 0.77	2.74 ± 0.59	2.55 ± 0.59	2.51 ± 0.62
During vaginal examination	1.97 ± 0.48	1.76 ± 0.80	2.62 ± 0.62	2.46 ± 0.66	1.90 ± 0.83
During instrumental examination	2.13 ± 0.55	1.84 ± 0.86	2.68 ± 0.61	2.22 ± 0.80	1.76 ± 0.77
During informing about laboratory investigation	1.44 ± 0.70	1.53 ± 0.74	2.83 ± 0.49	2.37 ± 0.72	1.60 ± 0.76
During informing about medical diagnosis	1.32 ± 0.66	1.55 ± 0.80	2.81 ± 0.49	2.22 ± 0.76	2.12 ± 0.87
During pap smear	2.16 ± 0.57	1.84 ± 0.86	2.68 ± 0.61	2.22 ± 0.80	1.76 ± 0.77
During perineal swabbing	1.98 ± 0.71	2.12 ± 0.87	2.68 ± 0.61	2.22 ± 0.80	1.74 ± 0.84
Range of possible scores	9-18	9-23	13-24	12-24	10-23
Total reaction score	13.69 ± 1.71	15.44 ± 2.92	21.92 ± 1.94	18.79 ± 2.43	15.96 ± 2.56

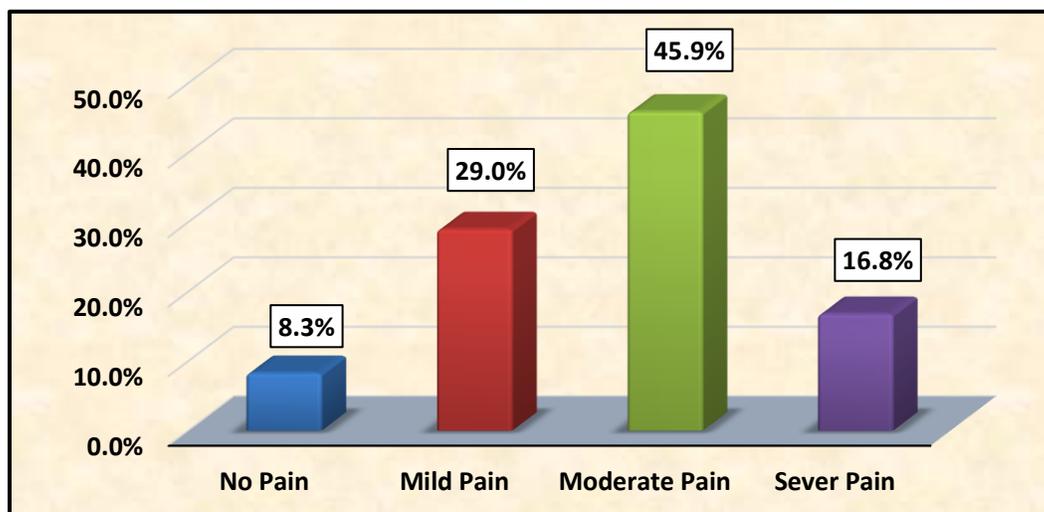


Figure (2): Distribution of studied women ' level of pain during first gynecological examination (n=327).

Table (5): Correlation between total knowledge score and total attitude score among studied women regarding gynecological examination (n=327).

Total attitude score	Total knowledge score	
	r	P-value
	0.87	0.000**

*A high Statistical significant $P \leq 0.001$

Discussion

Gynecological examination must be accessible for all women to meet the health needs. Routine gynecological care is essential for maintaining good health as gynecological examination is integral in the early detection and treatment of sexually transmitted diseases, pelvic infections, pathologic conditions, and cancer (**Barros et al., 2021**).

Regarding the demographic characteristics of studied women, the current study findings showed that more than half of studied women had age between 20-30 years old with mean age of 26.05 ± 4.33 years. This result was disagreed to a study conducted by **Al shafey, (2017)** about "Assessment of care given to women Undergoing gynecological examination" stated that less than half of studied women were less than 30 years. This may be due to most women were married among Egyptian women in this age.

Concerning educational level, the present study showed that less than half of the studied women had secondary education. This may be due to the low socioeconomic status of women who have not completed education and women prefer to stay at home. This result matched with **Zaic and Prosen (2015)** who carried out study about " Importance of demographic characteristics and nurses' role in women's perceptions and experiences of gynecological examination" and found that most of the studied women were secondary education.

Regarding to occupation, the current study represented that more than three quarters of the studied women were housewives. This result might be due to social beliefs which play an important role, such as considering women's work outside the home unnecessary. This result was in the same line with a study by **Al shafey, (2017)** and reported that most of the studied women were unemployment.

As regards residence, the present study reported that more than half the studied women was living in rural area. This result also agreed with a study performed by **Demirel et al., (2020)** who studied " Anxiety levels and methods of coping with stress of adolescents undergoing their first gynecological examination" demonstrated that majority of the studied women residing in the rural areas.

Concerning age at marriage, the present study reported that the mean age at marriage of studied women was 24.45 ± 5.08 years. This result was nearly in the same line with study by **Mousavi et al., (2018)** who carried out a study about "knowledge, attitudes and practice related to pap smear test among Iranian women" and found the mean age at marriage of studied women was 20.31 ± 4.28 .

The current study findings revealed that there was more than three quarters among studied women had inadequate knowledge regarding gynecological examination. This is may be due to reproductive health illiteracy among Egyptian women. This is answered the first study question which stated what is the

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level of knowledge of newly married women regarding first gynecological examination?

The present study results revealed that the majority among studied women had inadequate knowledge concerning definition, indications of gynecological examination, preparations, parts that were examined, equipment's, procedures and complications of first gynecological examination. This was agreed with **Freyens et al., (2017)** who studied "newly married women describe the ideal first pelvic examination" in France and found that the majority of newly married women had incorrect knowledge regarding reproductive issues of reproductive and gynecological health .

These findings were agreed with **Norrell et al., (2017)** who studied " Women's beliefs about the purpose and value of routine pelvic examinations."

in France found that more than half among control women were had in correct answers regarding women's preparation at home in the morning during gynecological examination.

On the other hand the current study was disagreed with **Bryan and Chor (2019)** who studied "Factors Influencing Adolescent and young adults' first pelvic examination experiences" in France and found that approximately one half of the participants stated that the studied sample knew the examination's purpose. This disagreement may be due to different in culture, traditions and education in Egyptian women and women in other countries. Also, may be due to educational level and nature of study sample that most of women from rural area led to inadequate knowledge.

Also the current study illustrated barriers facing women for gynecological examination, reported by the studied women, the main barriers concerning gynecological examination

were means of transportation related to long distance between home and hospital and feeling ashamed of examination while more than half of studied women reported the feeling ashamed of examination related presence of male obstetrician. These barriers had reflected upon the attitude where women disagreed to repeated gynecological examination.

The current study revealed that more than half of the studied women reported barrier during the gynecological examination was long waiting time before examination. This result was in agreement with **Eid et al., (2019)** who studied "study women verbal and nonverbal response during their first gynecological examination" reported that more than half among the studied women had reported long waiting time before the examination as a barrier.

This result was in the same line **Ulker and Kivrak (2018)** reported that study women had long time for awaiting gynecological examination and the major complain of the women visiting an outpatient clinic was the waiting time before the clinical interview and examination. In addition, long distance between home and hospital plays a role in hindering to be checked and follow up by gynecological examination. This lack of privacy and, no preparation before gynecological examination and in complete explanation this led to negative emotional reaction to gynecological examination.

Concerning newly married women's attitude toward first gynecological examination, the current study had illustrated that more than two thirds among the studied women had negative attitude about first gynecological examination. This is answered the second study question which stated what is the level of attitude of

newly married women regarding first gynecological examination?

More than one third among studied women agreed with the gynecological examination was hurting dignity, this could be related to exposure of intimate parts of the bodies in a vulnerable situation with loss of control and nature also Arab who are viewed as being highly traditional, especially when comes to rules of women's behavior, with an emphasis up on modesty.

This finding agreed with **Bekar et al., (2018)** who studied "Women's attitudes toward gynecological health "in Turkey and found that the attitude of women towards gynecological health is insufficient and not at the desired level and there was a need for education in this area. Women need to be educated and consulted about the protection and development of the gynecological health.

The current study revealed that the most of studied women felt embarrassing while exposing the genital parts. These finding agreed with **Tancman et al., (2022)** who studied " Silent voices that must be heard–women's perceptions of gynecologic examinations".Tancmen's results revealed that the most of studied women reported that; the most un pleasant and stressful moment during visit to gynecologist was time spent on examination table. However the most embarrassing moment of the examination was vaginal examination.

This may be due to educational level and nature of study sample that women were from rural area also and nature of silent symptoms of complains. Furthermore, some women scared to discover a new condition or something abnormal and feeling such as, worries about cleanliness, qualms about vaginal odor, concern that the gynecologist might discover something about sexual practices.

Moreover, the current study found that the majority among studied women embarrassed to be examined by a male obstetrician because the Egyptian culture, traditions and religious beliefs prevent women from exposing intimate part to male obstetrician. Furthermore Arab women's preference for a female obstetrician in intimate procedures was due to feeling more comfortable with a female obstetrician as reported by **Shalowitz et al., (2022)**.

These findings of the present study agreed with the findings of study conducted by **Palacios et al., (2018)** who studied "the European vulvovaginal epidemiological survey" and found that the majority of women were not preferred to be examined by male doctor and pelvic examination leads to feeling of lost dignity and shyness.

Also agreed with the findings reported by **Mayra et al., (2022)** who studied "breaking the silence about obstetric violence" and stated that women who preferred a female physician were asked about the reasons, the majority among the studied women reported that feeling comfortable with female obstetrician than male one. Women who wish examined by female obstetrician provide causes such as religious, beliefs, unwillingness to discuss sensitive and confidential situation with a male obstetrician. This stressed the importance of female obstetrician at any health setting to enhance women to regularly visited health services.

The current study had revealed that there is a lack of privacy during gynecological examination due to much presence of medical and nursing students and a feeling of embarrassment. This result similar to result by **Million et al., (2020)** who studied "The first pelvic examination a rite of passage for the women" and affirmed that embarrassment and lack of privacy are the most commonly

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experienced during the first gynecological examination.

This negative attitude reflected upon women's attitudes concerning the first gynecological examination because lack of communication from health team and preparation before the examination and women's attitudes levels for gynecological examination are also affected by the unfamiliarity of the hospital environment, working staff, instruments and medical procedures used, unknown medical language and disregard of individuality and privacy.

Additionally, the current study findings revealed that the majority of studied women stated that gynecological examination may cause genital pain. This finding agreed with **Lamvu et al., (2021)** who studied "chronic pelvic pain in women" and found that most common causes for anxiety among women undergoing gynecological examination were fear of pain, being examined by a male obstetrician, the position for the examination and instrument used for examination. This negative attitude reflected upon women's attitude concerning the first gynecological examination due to inadequate knowledge and lack of preparation before the examination.

Concerning newly married women's reaction toward first gynecological examination, the current study findings revealed that the higher mean of total reaction score was irritability, tense, frustrated, afraid, cooperative, while the lower mean of total reaction score was cooperative during gynecological examination. This is answered the third study question which stated what is the level of reaction of newly married women regarding first gynecological examination?

The study findings revealed that the majority of women felt irritability from the examination,

in agreement with results, **Hassan et al., (2022)** who studied "investigate young female reaction concerning their gynecological examination" and reported that more than half among the studied women felt irritability and disagreed with gynecological examination, technique, pre-examination preparation and with health team communication.

As well as these findings agreed with **Vincent et al., (2021)** who studied "the management of chronic pelvic pain in women" and reported that most of studied sample reported that the gynecological examination embarrassing and stressful event according to women the most unpleasant moment during the visit to gynecologist was time spent on examination table, whereas the least embarrassing moment the gynecological examination, however, the most embarrassing moment of the examination was vaginal examination. This may be due to educational level and nature of study sample that women were from rural area also nature of silent symptoms of complains.

Additionally, **Mubuuke et al., (2020)** found that the women experienced discomfort, tension, and anxiety during the gynecological examination and the common words to express the responses included embarrassment, fear, guilt, pain, regret and tension, also reported low levels of anxiety and discomfort because women were reassured and counseled before and during the procedure.

Also this finding was agreed with **Eid et al., (2019)** who revealed that, the most of studied women were frustrated and felt afraid during vaginal examination.

Also this finding agreed with **O'Laughlin et al., (2021)** who studied "Addressing Anxiety and Fear during the Female Pelvic Examination" and found that anxiety and fear

are common before and during the pelvic examination.

On the other hand the current study disagreed with the findings of study conducted by **Timur et al., (2017)** who studied "Influence of Gynecologic Examination Anxiety on Application period to Gynecology Clinics" and determined that women have experienced mild anxiety after a gynecological examination, experienced anxiety reduced and the embarrassment suffered by women during gynecological examinations are among the most important reasons that delay the first contact the health care provider.

Also this finding disagreed with **Zeynep et al., (2022)** who studied "women's feeling of discomfort during vaginal examination and related factors" and found that participant women felt low level discomfort from the vaginal examination, approximately one fifth of studied women had the feeling of discomfort. This may be due to gynecological examination is a stressful procedure that is the women may be irritability and afraid as a consequence of no orientation before the examination.

Concerning level of pain during gynecological examination among studied women the current study had illustrated that the majority among the studied women had self reported moderate pain and mild pain while few of studied women self reported sever pain and lower than one tenth reported no pain.

This finding agreed with **Tancman et al., (2022)** who reported that the gynecological examination was considered an embarrassing event by more than one fourth, painful by more than one third and traumatic by more than one tenth. The quality of obstetrician to women communication was rated as the most important aspect of gynecological examination and showed a significant association with the general quality of the experience (levels of

pain, embarrassment and trauma). Matters relating to women's privacy during gynecological examination were also considered important.

This finding is in line with the findings of **Hassan et al.,(2022)** illustrated that around half of the studied sample self reported had moderate level of pain, during gynecological examination while few self reported sever pain during gynecological examination Also, about one tenth reported no pain. This result reflects the nature of Egyptian females about pain tolerance with calm and silence trying to manage the pain by traditional method.

This emotional stress reaction reflected upon women's attitude concerning the first gynecological examination because most of women are injurious to health team communication and upset with the procedure preparation for gynecological examination.

Additionally, **O'Laughlin et al., (2021)** found that the pelvic exam is one of the most common anxiety provoking medical procedures. This examination can provoke negative physical and emotional symptoms such as pain, discomfort, anxiety, fear, embarrassment and irritability. These negative symptoms can interfere with preventative health screening compliance resulting in delayed or avoided care and significant health consequences.

Yilmaz and Demirel (2021) who studied "the relationship between body privacy and anxiety in women having gynecological examination" and showed that all women experienced anxiety before gynecological examination.

This emotional stress reaction reflected upon newly married women attitude concerning the first gynecological examination because most of studied women are injurious to health team

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communication and upset with the procedure preparation for gynecological examination.

In the point of the researcher view this might affect the size of the awareness and information about gynecological examination because of secondary schools are considered less qualified than high education university and when scientific level increased, the bulk of knowledge should be increased about examination and give positive effect. This could mean that knowledge and attitude could be improved with education and occupation.

Regarding the correlation between total knowledge score and attitude scores among studied woman regarding first gynecological examination, there was a highly positive correlation between studied women's total knowledge and attitude score of the studied women's regarding first gynecological examination. This finding was agreed with **Mousavi et al., (2018)** who found that a highly positive correlation between studied woman's knowledge and woman's attitude regarding first gynecological examination. This could mean that knowledge could contribute to positive attitude chance. In the point of the researcher view this the more knowledge of the women the more positive attitude regarding first gynecological examination.

Finally, the provision of information and a respectful and engaged behavior during gynecological examinations were of great importance for women. The present study could help to improve health programs to enhance the experience of gynecological examination for women.

Conclusion

More than three quarters and two thirds of the studied women had inadequate knowledge and negative attitude regarding gynecological examination respectively. The higher mean of

total reaction score was irritability while the lower mean of total reaction score was cooperative. Also less than half of studied women were complaining moderate pain during gynecological examination. The main barriers for doing gynecological examination were difficulty in transportation, feeling ashamed of examination, presence of male gynecologist, no explanation before examination, presence of chaperone and waiting for long time. So, the aim of the study was achieved, and study questions were answered.

Recommendation

- Improving awareness and attitude about the gynecological examination through counseling session and disseminating booklet and posters among newly married women.
- Awareness programs must be designed and instrumented at the gynecological clinic to improve women's knowledge and concepts related to the gynecological examination.

Further studies need to be performed:

- Reapplication the same study on large sample of women in different settings.
- All health care providers must be attended training and counseling program to be able to communicate and interactive positively with women who attending to gynecological examination for first time.

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معلومات واتجاهات ورد فعل النساء المتزوجات حدثنا تجاه الفحص الأول للأمراض النساء

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الفحص النسائي هو الاجراء الأكثر أداء في رعاية أمراض النساء. لذا هدفت الدراسة إلى تقييم معلومات واتجاهات ورد فعل النساء المتزوجات حديثاً تجاه الفحص الأول للأمراض النساء وتم استخدام دراسة وصفية لتحقيق الهدف من الرسالة. وقد أجريت الدراسة في العيادات الخارجية لأمراض النساء والتوليد لمستشفيات بنها الجامعي. و تم استخدام عينة غرضية اشتملت العينة على 327 من النساء المتزوجات حديثاً. وأوضحت النتائج إلى أن هناك أكثر من ثلاثة أرباع النساء اللاتي شملهن الدراسة لم يكن لديهن معرفة كافية بالفحص النسائي وأقل من ثلث النساء كان لديهن اتجاهات ايجابية تجاه الفحص النسائي الأول وأن المعدل الأعلى لدرجات رد فعلهم تجاه الفحص هو التهيج والمعدل الأقل لدرجات رد فعلهم تجاه الفحص هو التعاون. كما اوصت الدراسة بتحسين المعرفة والاتجاهات بشأن فحص أمراض النساء من خلال الجلسات الاستشارية ونشر الكتيبات بين النساء المتزوجات حديثاً.