Women associated vaginal symptoms with disease and sexual infidelity


Q How do women interpret vaginal sensations as symptoms and construct these symptoms as problems requiring medical care?

DESIGN
Qualitative study.

SETTING
A family health centre serving a multi-ethnic, working class population in New York City, USA.

PARTICIPANTS
44 women ≥18 years of age who were diagnosed with vaginitis (ICD-9 code 616.10) in the previous 4 months.

METHODS
Women participated in semistructured telephone interviews of 30–45 minutes, during which interviewers took indepth notes. Data collection and analysis were based on an iterative process. Women were asked to generate illness narratives of symptom and treatment experiences. The semistructured component of the interview was based on the Illness Representation Model.

MAIN FINDINGS
Most women had some combination of itching, discharge, and odour. Conceptions of [a] normal [vagina]. Women judged normality based on characteristics of vaginal discharge (eg, quantity, colour, odour, consistency, and timing in relation to the menstrual cycle). Although most felt that some discharge was normal, one fifth thought that a normal vagina should be dry and odour free. Consequences. About half of the women thought that their symptoms resulted from infectious causes. Many did not distinguish between vaginitis and sexually transmitted diseases (STDs). Some women worried that their symptoms were caused by cancer or previous sexual misbehaviour.

CONCLUSIONS
Within a primary care context, women associated vaginal symptoms with disease. These symptoms were thought to be caused by sexually transmitted diseases, and thus were evidence of sexual infidelity.

Commentary
It’s hard to believe, but before 1970, little information on women’s health or women’s bodies was available to women. What little women knew about their bodies was often treated as a secret or meted out by physicians and other healthcare professionals according to what they believed women should know. Generations of young women, myself included, learned about normal female genitalia, menstruation, and reproduction from pamphlets or the school nurse. Typically these episodes of teaching, which sometimes included a film, occurred with our male classmates removed, the lights dimmed, and the blinds down. This encouraged a sense of shame and secrecy about our normal functions. Since the advent of the landmark Our Bodies, Ourselves by the Boston Women’s Health Collective, books on women and women’s health have proliferated. Women are encouraged to screen themselves for cervical cancer and to protect themselves against sexually transmitted diseases. Advertisers market feminine hygiene products to women to cover the “nasty” smells we have. Sanitary products are promoted to help us feel “fresh” and “clean.”

The study by Karasz and Anderson confirms that many women do believe their bodies aren’t clean and that any vaginal symptoms, normal or not, are symptoms of something seriously wrong or are related to sex and therefore immoral. For nurses who work in women’s health, this study is a reminder that we need to help women to understand that menstruation and sexual activity are normal and healthy and to identify the differences between normal, healthy vaginal discharge and that which is indicative of disease.

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