Assessment of Knowledge and Attitude for Newly Married women toward their First Gynecological Examination Procedures in Al-Jouf City

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Abstract: Most women will have a pelvic examination (P.E.) at some time in their lives, but for various reasons. In general, women have a positive attitude to PE, but the procedure itself is often a negative experience. Most women endure the necessity of a PE as it is an opportunity to rule out gynecological disease. The aim of this study was to assess knowledge and attitude for newly married women toward their first gynecological examination procedures. In Al-Jouf City during 2011 .**Methods.** The research design was a descriptive design that operate within the prospective design study Setting: This study was carried out in three hospitals :maternity and child hospital of Al-Jouf , Eldoma hospital and Swear (obstetric and gynecologic outpatient clinic). Sample size were 200 newly married women were involved in this study . A structured interview questionnaire sheet was developed after review of the literature by the researchers to collect the following: Demographic data such as (age, education , and family health history).women knowledge,& attitude regarding their first gynecological examination. **Results.** showed that, the newly married women's level of knowledge about their primary gynecological examination was lack , only few (7%) of the newly married women had good knowledge level, and more than half of them had poor level. there were highly statistical significant difference observed between attitude score in favor of older women than younger, urban residents than rural and educated women than illiterate regarding their first gynecological examination. there was statistically difference observed between knowledge score and both age and place of residence of the study sample (*P*=0.000). **Conclusion.** The present study demonstrated that poor and inadequate knowledge& misconceptions of newly married women regarding their first gynecological exam . Gynecologists and nurses need to focus on the emotional contact and to reevaluate issues for communication before the examination . And recommended for the need to focus on the emotional contact and to reevaluate issues for communication before the examination& Further studies of influencing factors and interventions .

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1. Introduction

Gynecology is health care for the female body, focusing on the sexual and reproductive organs. Proper gynecological care helps in prevent many undesired cancers, diseases and other illnesses by allowing for early detection. Early detection is essential for effective preventative measures and treatment [(1)].

Regardless of the age, marital status, sexuality or level of sexual activity, gynecological care is important. Listen to the body when it signals that something may be wrong. Don't hesitate to approach a health care professional with any questions regarding the body or changes it might be going through. It is important to choose a doctor the woman's be comfortable speaking with confidentially and asking questions of a personal nature that might be of concern to the woman[(2,3)] .

From early, physicians were taught that all women should have a pelvic exam as part of their evaluation. The exam is thought to add valuable information that will aid the physician in reaching the correct diagnosis, and most emergency medicine and general surgery texts describe the pelvic exam as a key part of the evaluation of a woman. However, performing a pelvic exam is often challenging. It requires that the patient be placed in an examination room that offers privacy and that a chaperone be present for the duration of the exam. Furthermore, the reliability and accuracy of the exam itself has been questioned. It can be uncomfortable as well as being emotionally and physically invasive and is a source of anxiety and embarrassment. Pelvic exam may play a greater role in determining their clinical pathway [(4,5)] .

The pelvic exam has long been required as an essential part of the physical exam for women with abdominal pain regardless of the presumed etiology. This is because it is thought to add important information, and thus should be performed despite its invasive nature. For example, to acute abdominal pain in "It is wise to maintain a low threshold for performing a pelvic examination in the evaluation of abdominal pain, particularly in women of reproductive age, regardless of where in the abdomen the pain is localized." A recent video teaching the technique of the pelvic exam states that "any patient with genital or

pelvic symptoms should…undergo a gynecological exam" [6,7] .

Because of a lack of information on the bimanual pelvic examinations sensitivity, specificity, and positive and negative predictive values, this study was conducted.

2. Review of literature

1-Definition

A gynecological exam is an examination conducted to check the various parts of the female reproductive system. A gynecological exam is a regular medical procedure that needs to be conducted throughout the life of a female .It is important however for a gynecological exam to be conducted to ensure that there is no abnormality in the reproductive system. The first gynecological exam is usually conducted when the girl is approaching 18 years of age. This is done to check if the structures of the reproductive system are normal [8] .

A pelvic examination is a routine procedure used to assess the well being of the female patients' lower genito-urinary tract. This is done as part of a usual health screening and prevention tool, and is an element of the total health care for the female patient [9]

2- Indication for the first pelvic examination

After obtaining a thorough health history from the female, the health care provider must address the question -- 'Is a pelvic examination indicated? Can the pelvic examination be safely deferred or is it absolutely indicated? Absolute indications for a pelvic examination in females are outlined in Table 2 [10] . In the non-sexually active females, a pelvic examination is rarely indicated [11] .Young age is a risk factor for STIs, and sexually active female adolescents have the highest incidence of STIs of any sexually active population. The greatest STI risk occurs in sexually active female adolescents aged <15 years, residents in detention facilities, and injecting drug users.

Pelvic inflammatory disease (PID) is defined by the CDC as a spectrum of upper genital tract infections that includes endometritis, salpingitis, pyosalpinx, tubo-ovarian abscess, and pelvic peritonitis [12]. Adolescent women are at a higher risk for STIs and PID and are physiologically at risk due to an immature cervix having a larger proportion of columnar epithelium on the ectocervix and an increased surface area for microorganisms to infect tissue. PID is a leading cause of reproductive health problems [13] and associated with long-term morbidity such as infertility, ectopic pregnancy, and chronic pelvic pain. Two symptoms that are "red flags" and are associated with an increased risk of PID in female adolescent are lower abdominal pain and dyspareunia. [14] These symptoms, particularly dyspareunia, may be unknown to the adolescent's parent or guardian. Health care providers caring for adolescents need to realize that adolescents often have a very different complaint from what their guardian or parent understands or reports the problem to be. Thus, it is critical to interview the adolescent in private and to obtain a comprehensive health history [15].

Table2. Absolute Indications for Pelvic Examination in the Adolescent

Abnormal vaginal discharge
Amenorrhea
Dysfunctional uterine bleeding in sexually active adolescents
Menorrhagia
Pelvic Pain
Pregnancy (obstetrical care)
Suspected pelvic inflammatory disease
Suspected sexual abuse or assault
Trauma
Unexplained abdominal pain
Unexplained urinary pain, frequency and/or urgency

Pelvic exams are useful as a screening tool for sexually transmitted diseases such as gonorrhea, chlamydia, genital warts, herpes, and syphilis. In addition, exams detect some forms of cancer that may affect the genitalia. By analyzing the cervical region with a Papanicolaou or Pap smear, clinicians are able to look for signs of cervical cancer. The American Cancer Society and the American College of Obstetricians and Gynecologists recommend pelvic exams with Pap tests for women starting at age 18. It is also recommended that exams start earlier if the teenager requests oral contraception [16] .

Women may need a pelvic exam:

To assess gynecologic health

A pelvic exam often is part of a routine physical exam for women to find possible signs of a variety of disorders, such as ovarian cysts, sexually transmitted infections, uterine fibroids or early-stage cancer. Your doctor can recommend how frequently you need to be examined, but many women have a pelvic exam once a year.

To diagnose a medical condition

Your doctor may suggest a pelvic exam if you're experiencing gynecologic symptoms, such as pelvic pain, unusual vaginal bleeding, skin changes, abnormal vaginal discharge or urinary problems. A pelvic exam can help your doctor diagnose possible causes of these symptoms and determine if other diagnostic testing or treatment is needed [16].

A gynecologic exam may be performed to evaluate a specific problem, or on a routine basis as screening for healthy lifestyles and subclinical disease. Routine

exams are usually performed annually among women of childbearing years [17] .

The **gynecological exam procedure** features several different steps which need to be conducted. These steps include the examination of the outer part of the reproductive system as well as inner parts of the system. Some of the aspects of the gynecological exam procedure may be uncomfortable for the patient, either because of discomfort or because of the mental discomfort associated with the process [9] .

3-Prepartion

Preparing for the visit may help to relax and get the most out of the appointment.

1. Make sure that woman will not have period during scheduled exam. Bleeding can affect the accuracy of the results and make it difficult for the clinician to perform some of the tests. Woman inform the examiner before come in for the exam if she think you might have period during that time woman might be asked to reschedule her appointment.
2. Don't douche for at least 24 hours before the appointment. Don't use any other vaginal preparation, either. They can mask many vaginal conditions [18].
3. Since the first part of the exam consists mainly of conversation, woman should know what she want to discuss before going in to the exam room. Make a list of all the concerns and general questions she want to discuss, don't forget to include problems she might be having. It's generally a good idea to have these questions written down going into the exam because they are easy to forget when she is nervous. Include questions about [19]:
    - Vaginal discharge
    - Spotting between periods
    - Heavier than usual flow
    - Bleeding after sex
    - Pelvic pain or other problems
    - Any noticeable irregularities regarding your period
    - Unusual pain

4- Performing the pelvic examination

Once the indications for the pelvic examination have been reviewed with the patient and she is in agreement that the examination will be performed, the woman should be moved to the examination room. It is important for the health care provider to remind him/herself that the patient's experiences during her first pelvic examination will significantly impact her perceptions of the health care process and future women's health visits. Individuals responsible for making appointments should be aware that additional time should be allocated for the adolescent's first pelvic examination. Previous publications provide a comprehensive review of how to best perform the first[20] and subsequent, pelvic examinations in the adolescent population and will not be repeated in this paper.

An additional consideration in examining the adolescent is the threefold rise in adolescent obesity over the last three decades [21] .Overweight and obesity in adolescence has been associated with adverse socioeconomic outcomes, increased health risks and morbidities, and increased mortality rates in adulthood [22] .Overweight adolescent females present significant challenges to the health care provider when performing a speculum, bimanual, and abdominal examination. In addition, adolescents who are overweight/obese are at risk for polycystic ovary syndrome; unintended pregnancy while taking oral contraception; difficulty with IUD insertion; and pregnancy-related issues such as diabetes, hypertension, preeclampsia, and increased cesarean delivery. Obtaining a body mass index, although not a perfect indicator of overweight/obesity, should be obtained at each visit. Unfortunately, there are limited evidence-based strategies for the non-surgical prevention and treatment of adolescent overweight/obesity [21].

5-The Exam

The amount of detail and the content of the exam will depend on many factors, but may include: medical history, physical exam, pelvic exam, pap smear, and such other services as cultures, rectal, urine, wet mount, mammogram, breast self exam, counseling, plan, and charting.

For a new patient, history-taking and physical examination will take longer than for a patient you've seen before and know well. For returning gynecologic patients, history and physical will likely be more focused[23].

Personal History

Before women are physically examined, you may be asked to fill out a questionnaire, or doctor or nurse may ask these questions:

- When was the last period?
- How often periods?
- How long do it last?
- Does woman have any bleeding between periods?
- Does woman feel any pain when having sex?
- Is there any bleeding after sex?
- Dos she have any unusual genital pain, itching, or discharge?
- Does she have any other medical conditions?
- What medical problems do other members of her family have?
- Does she using birth control?
- Dos she suspect you are pregnant?
- Dos she trying to become pregnant?

- What method does she use to prevent sexually transmitted infections?

She will be asked about past illnesses, allergies, surgery, and pregnancy. She may be asked if she smoke, how much her smoke, or if she drink alcohol or use other drugs. She may also be asked if she have problems holding her urine. Her clinician will review her contraceptive needs. If she is using birth control, she will be asked if she have experienced any side effects [20].

It is very important to be frank and honest about your sex life. One out of four women have an STD in her lifetime. STDs can cause sterility, birth defects, and cancer. Some can cause death. Great harm can be done even when there are no symptoms; very often, women have no symptoms. It's very important to let your clinician know whether or not you are at risk for STDs [12].

Previous pregnancies or STDs may be detected during the exam. However, your clinician won't be able to tell if you've had vaginal, oral, or anal intercourse, how many partners you have, or if you masturbate. So be sure to talk with your clinician about any sexual health risks you may be taking.

Don't let embarrassment become a health risk! Be precise about your sexual health risks and questions about your sex life. Being clear will help your clinician suggest the best solutions [24].

The Urine Sample

Pregnancy, kidney infections, diabetes, and some other diseases can be detected by testing your urine. You most probably will be asked to give a urine sample.

Since your bladder is located in front of your cervix and uterus link to dictionary, emptying your bladder before the pelvic exam may help you relax and make the exam a bit more comfortable for you, while also making it easier for the examiner [25] .

The Breast Exam

For the remainder of the physical exam, woman will need to be fully unclothed. You will be provided with an examination gown, a drape sheet, or both. The examiner will ask her to lie back on the exam table. The clinician will examine her breasts with his/her hands for any irregularities such as lumps, discharge, and thickening. To make woman a bit more comfortable, the examiner might ask her some more questions during this part of the exam. This would be a good time to ask the examiner to teach her how to do a Breast Self Exam (BSE) which should be done at least once every month. The best time for a BSE is just after your period, when breasts are not swollen or tender [26]. Since most breast lumps are discovered by a woman or her sex partner it is important to pay special attention to BSE. Most lumps are not cancerous, but should not be taken lightly; report anything unusual to clinician as soon as possible.

The Pelvic Exam

Once the breast exam is over, the examiner will need for woman to put her knees up. she will either rest the heels of feet on stirrups or her knees in knee rests. Then she will be asked to slide her hips to the edge of the table. This provides the examiner with the best angle for the pelvic exam and will also be the position of least discomfort for her.

She will need to let her knees spread wide apart and relax as much as possible. This may seem difficult, but it gets easier as she get used to visiting her gynecologist. Relaxation of the abdominal and vaginal muscles will make the exam more comfortable for her and provide best results. She does not need to worry about being exposed, she will be provided with a drape sheet,. The examiners are very respectful of woman s privacy and are understanding of the situation.

Woman 'll feel less tense if she

- Breathe slowly and deeply with her mouth open.
- Let stomach muscles go soft.
- Relax her shoulders.
- Relax the muscles between her legs.
- Ask the clinician to describe what's being done as it's happening.

If examiner or gynecologist is a man, woman should request having another woman in the room. Her presence may help you feel more relaxed. She may hold her hand or just talk to you to ease her tension. Ask in advance if you want to see what's going on and/or have her reproductive organs identified for her. A mirror may be positioned so she can see [14].

Usually, the exam lasts just a few minutes.

The External Genital Exam [13]

The examiner visually examines the soft folds of the vulva and the opening of the vagina to check for signs of redness, irritation, discharge, cysts, genital warts, or other conditions.

The Speculum Exam [16]

The clinician inserts a sterile metal or plastic speculum into the vagina. The speculum is opened to separate the walls of the vagina, which normally are closed and touch each other. It holds the walls apart so that the cervix can be seen.

You may feel some degree of pressure or mild discomfort when the speculum is inserted and opened. You will likely feel more discomfort if you are tense or if your vagina or pelvic organs are infected. The position of your cervix or uterus may affect your comfort as well. If a metal speculum is used, you may feel the chill of the metal. Most clinicians lubricate the speculum and warm it to body temperature for more comfort, but you should talk with your clinician about any discomfort you feel.

Once the speculum is in place, the clinician checks for any irritation, growth, or abnormal discharge from the cervix. Tests for gonorrhea, human papilloma virus (HPV), chlamydia, or other STDs may be taken by collecting cervical mucus on a cotton swab. It is possible to have many of these STDs without symptoms. The tests may not be done unless you have a concern about infections and ask for STD testing. Be sure to talk with your clinician if you have symptoms or concerns about your sexual partner(s).

The Pap Smear

The clinician will take a smear for a Pap test. Usually a small spatula or tiny brush is used to gently collect cells from the cervix. The cells are tested for the presence of precancerous or cancerous cells. You may have some staining or bleeding after the sample is taken .

As the clinician removes the speculum, the vaginal walls are checked for redness, irritation, injury, and any other problems [23].

Pap tests can detect:

- The presence of abnormal growth in the cervix
- Infections and inflammations of the cervix
- Thinning of the vaginal lining from lack of estrogen.

Interpreting Pap Tests:

Cytologists are very careful about interpreting Pap tests. They don't want to overlook any abnormality. They are also aware that failure to detect early cancers can lead to serious and even deadly consequences. Their caution may lead them to label test results as "ASCUS" (atypical cells of unknown significance)[22].

If the test results are labeled ASCUS, your clinician is required to schedule more frequent testing that may include colposcopy and biopsy. Fewer cancers are overlooked with these precautions. But waiting while more tests are done can lead to more anxiety, as well as expense. It is reassuring that all precautions improve the chance of finding abnormal growths before it is too late. A number of different treatments may be prescribed if you have abnormal results.

- Be sure to complete the prescribed treatment and repeat the test as advised if noncancerous abnormalities and infections are found.
- You will need treatment and follow up if early precancerous or suspicious growths are found.[23]

Women might be advised to:

- Repeat the test in a few weeks.
- Treat the cervix with antibiotic cream.
- Have a colposcopy and biopsy.
- Moderate to severe precancerous growths require colposcopy and biopsy. They usually need to be removed with cryotherapy, laser surgery, or electrocautory.
- Discuss your options with your clinician and/or consult a gynecological oncologist if cancer is found.

Pap tests need to be repeated if there is too much blood present for an accurate reading or if there is not enough tissue to be examined.

Remember:

- Most abnormalities that are detected are not cancerous.
- Early treatment of precancerous growths can prevent cancer from developing.
- Follow-up examinations are necessary if an abnormal condition is found.[20]

The Bimanual Exam

With a gloved hand, the examiner will insert one or two lubricated fingers into the vagina while the other hand presses down on the lower abdomen. This is done so that the internal organs of the pelvis can be felt between the two hands.

This part of the exam detects for [21]:

- Size, shape, and position of the uterus
- An enlarged uterus, which could indicate a pregnancy or fibroids
- Tenderness or pain, which might indicate infection
- Swelling of the fallopian tubes
- Enlarged ovaries, cysts, or tumors.

The bimanual part of the exam causes a sensation of pressure. You may find it somewhat uncomfortable. Deep breathing through the mouth helps. If you feel pain, tell the clinician, its important that you voice any pain you might experience during the examination [22].

Rectovaginal Exam

One last part of the exam is the insertion of the examiner's gloved finger into the rectum. This rectovaginal exam detects for possible tumors on the uterus, vagina, and rectum, while checking the condition of the muscles that separate the rectum from the vagina. Some clinicians complete the rectovaginal exam with one finger in the anus and another in the vagina for a more thorough examination of the tissue in between. This is definitely not one of the most comfortable experiences, but our health is worth this mild discomfort. During this procedure, you may feel as though you need to have a bowel movement. This is normal and lasts only a few seconds [23].

After the Physical Exam

This is a time for further consultation with your clinician. You will discuss the results of your exam, arrange for any follow up or consultation that may be needed, and ask any further questions you may have. This is another opportunity to discuss your concerns about sex and sexuality, birth control, pregnancy, abortion, STDs, loss of urine, inherited disorders, infertility, cancer signals, breast self-exams, and

menopause. Don't let embarrassment become a health risk. Speak up[24]

If the lab tests indicate anything unusual, you will be contacted when the results are completed. Pregnancy test results are usually ready during your visit. Other test results may take three to 14 days. Your clinician will tell you how long you'll have to wait. Be sure your clinician has your current address and phone number.

It is also important to schedule regular appointments with your gynecologist in order to ensure your future good health[28]

Results of the exam

When the exam is done, your doctor can usually tell you immediately if the pelvic exam revealed anything unusual. If you had a Pap test, those results may take a few days. Your doctor will discuss with you any next steps, additional tests, follow-up or treatment needed.

If you have questions about the pelvic exam or any other aspect of your health, bring them up while you're still in the office with your doctor.

Age of the first exam

There is no "perfect" time for the adolescent patient to have their first pelvic examination. The decision to perform a pelvic examination should be based on the age of the patient, her history and presenting symptoms, and considerations of the additional value a pelvic examination will add in making a diagnosis. The American College of Obstetricians and Gynecologists (ACOG) and the American Cancer Society recommend that female adolescents have their first pelvic examination and Pap test within 3 years of the onset of vaginal intercourse or no later than 21 years of age.[29,30]However, throughout early middle and late adolescence at the time of the periodic preventative care visits health visits, health care professionals should provide developmentally appropriate information, counseling, and anticipatory guidance on reproduction, STIs, pregnancy prevention, and other women's health issues.

If the adolescent is sexually active and there are no indications for an immediate pelvic examination, the up to 3-year delay in performing a pelvic examination serves to allow for the development of a good patient-health care provider relationship and partnership. Goals for the follow-up visits should be discussed at the initial visit and a timetable set for: history taking, blood drawing and STI screening, breast examination, pelvic examination, anticipatory guidance and education, and immunizations. If a Pap test is performed, it is important to avoid aggressive management of benign lesions in adolescents because most cervical intraepithelial neoplasia grades 1 and 2 regress. Surgical excision or destruction of cervical tissue in a nulliparous adolescent may be detrimental to future fertility and cervical competency[31,32]

Reducing anxiety during first pelvic examination

There is limited research describing adolescent females' experiences of their first pelvic examination. Most recommendations on best practices in performing a pelvic examination are made from the health care provider's perspective. Oscarsson et conducted a review of studies conducted in the United Kingdom and Denmark on female adolescents' experiences to first pelvic examination and reports the following: the older the adolescent in age, the more positive the experience; the greatest fears were speculum examination and not being able to stop the examination; [3] gender of health care provider may be a concern for first examination and less of concern in subsequent examinations; and a high degree of embarrassment. Of note, after completion of the first pelvic examination, the majority of female adolescent's surveyed reported that the experience of the first pelvic examination was better than they expected it to be.

As reported elsewhere, providing an environment that is adolescent-friendly with age-specific literature, stresses good communication while maintaining confidentiality between patient and staff, [3] has health care providers that are educated on the unique physiological and psychological needs of adolescents, and [4] empowers the adolescent female to have a sense of control during the history and pelvic examination, will likely have a positive impact on the overall experience and reduce the patient's stress and anxiety. This is crucial because the first pelvic examination will set the tone for all future adolescent women's health visits.

Aim of the Study:

The aim of this study:

The aim of this study was to assess of knowledge and attitude for newly married women toward their first gynecological examination procedures. in Al-Jouf City during 2011

2. Subjects and Methods

Research design:

Our research was a descriptive design that operate within the prospective design study

Setting:

This study was carried out in maternity and child hospital of Al-Jouf , Eldoma hospital and Swear hospital (obstetric and gynecologic outpatient clinic)

Subjects:

Target population: Newly married.

Sample size:

The sample size were 200 newly married women

Tool I: (Appendix I)

Structured interview questionnaire sheet:

This sheet was developed after the review of the literature by the researcher to collect the following:

- Demographic data such as (age, education , and family health history).
- women knowledge, regarding first gynecological examination

Operational Design

Pilot study:

A pilot study was done on a sample of 10 newly married women who attending the obstetric and gynecologic outpatient. The aim was to test the feasibility and legibility of the study instruments. According to the results obtained, some questions were restructured and rephrased to give the most accurate response.

Administrative design

Before conduction of the study, a written letter explaining the aim of the study was directed from the faculty of applied medicine Al jouf University to the directors of this hospital in order to obtain their permission to collect necessary data. An agreement to participate in the study was taken from women involved in this study, after explaining the purpose of the study for all of them.

Statistical analysis:

Collected data will be entered into a database file. Statistical analysis was performed by using the (SPSS 10) computer software statistical package. (10)

3. Result

The present study is a descriptive research aimed at assessing knowledge and attitude of newly marriage toward their first gynecological examination procedures. To achieve the aim of the study, a sample of 200 women have been interviewed and data were collected, tabulated, analyzed and presented.

The results of this study are presented in five parts as follows:

Part 1: Socio-demographic characteristics of the newly marriage women and their mothers. (Tables 1).

Part 2: The newly marriage awareness and knowledge regarding primary gynecological examination. (Tables 2,3).

Part 3: Medical staff performance before and during the gynecological examination. (Tables 4 & 5 6,).

Part 4: The newly marriage women 's attitude and opinions towards primary gynecological examination. (Tables 7 - 9).

Part 5: Relation between socio-demographic characteristics of the newly marriage and their knowledge and attitude score. (Tables 10& 11).

Table (1) shows the distribution of the study sample according to their socio demographic characteristics. Concerning women's age, 74% of them their age ranged from 16 to 25 years. As regards their place of residence, 58% of them were from urban area. While.77 % of the sample had education.

Table (1): Socio demographic characteristics of the study sample. (n= 200)

Items	No.	%
1- Age **(years):**		
16-25	148	74
26-35	52	26
2- **Place of residence**		
Urban	116	58
Rural	84	42
*3-***Women's Education Level**		
Illiterate	21	10.5
intermediate	25	12.50
Secondary Education	130	65.00
University Degree	24	12.00
Women's Work		
Work	61	30.50
House-wife	139	69.50

Table (2): Women awareness about primary gynecological examination. (n=200)

Items	Frequency	
	No.	%
Anyone explained the primary gynecological examination:		
-Yes	34	17.0
-No	166	83.0
Who explained it (n=34):		
-Doctor	1	2.9
-Nurse	10	28.6
-Others (mother/ sister/friend)	23	68.5
Why he/she explained it: (n=34):		
-For its importance	22	64.7
-Just knowledge	9	26.5
-Other causes	3	8.8

Table (3) shows that, the majority of the newly married women had no one explained for them the primary gynecological examination. Only 17 % of them had someone explained for them the primary gynecological examination. Among those, 68.5% had a friend or sister or their mothers who explained this. As regards why they explained to them the primary gynecological examination, 64.7% of the women reported that because its importance.

Table (3): Newly married women awareness about how primary gynecological examination proceeds

Items	Frequency	
	No.	%
Have anyone explained how the examination proceed (n=200):		
Yes	20	10.0
No	180	90.0
Have anyone explained the preparations before the examination proceed (n=200):		7.0
Yes	14	93.0
No	186	
Who asked you to do these preparations (n=14):		
Doctor	2	14.3
Nurse	8	57.2
Others (mother/ friend)	4	28.5

Table (3) shows that, there were few of the newly married women (10%) had someone explained to them

how the examination will proceed and 7% were informed about the preparations to be taken before the examination. Among this group, mothers and friends were the persons who explained it.

Table (4): Medical staff performance before the gynecological examination (n=200)

Items	Frequency	
	No.	%
Doctor be sure you are free from contraindications of the examination:		
Yes	78	37.1
No	122	62.9
What are these contraindications (n=78):		
No menses	33	42.3
No local creams 3 days before	1	1.3
Both of them	44	56.4
Did doctor / nurse measure your weight, height & blood pressure before examination:		
Yes	42	21.0
No	158	79.0
Did doctor / nurse take urine sample or evacuate the bladder before examination:		
Yes	41	20.5
No	159	79.5
Did doctor take your medical history before examination:		
Yes	31	15.5
No	169	84.5

Table (4) reveals that, the majority of the newly married women (62.9%), doctors did not make sure that they were free from the contraindications for gynecological examination. Among those who the doctors were not being sure they were free from gynecological examination, 56% mentioned the correct answer. In addition, 79% of the study sample, the medical staff did not take their weight, height, blood pressure, urine sample or evacuate the bladder. While, 84% of them doctors did not take their medical history before examination.

Table (5): (Cont.) Medical staff performance before the gynecological examination. (n=200)

Items	Frequency	
	No.	%
- Did the doctor explained how the examination will proceed at the beginning of the examination:		
Yes	100	50.0
No	100	50.0
-Did the doctor assured you before beginning the examination:		
Yes	142	71.0
No	58	29.0
-Did doctor or nurse leave you alone to take off your clothes:		
Yes	88	44.0
No	112	56.0
-Did the nurse explained your role after took off the clothes:		
Yes	148	74.0
No	52	26.0

Table (5) revealed that in half of the sample, doctor was explained how the examination will be proceeded, and in 71% of them doctor was assured them. In 44% of the students, the medical staff leaved them to take off their clothes alone and in 74% the nurse explained to the women their role after they took off their clothes.

Table (6): Medical staff performance during the gynecological examination. (n=200)

Items	Frequency	
	No.	%
How the doctor examined you:		
Only by observation	46	23.0
By observation & palpation	152	76.0
By instrumental examination	1	0.5
Others	1	0.5
Did you find in the examination room as you expected:		
Yes	65	32.5
No	135	67.5
Did the doctor told you the results of the examination:		
Yes	81	40.5
No	119	59.5
Do you still feel fears or tense from the first gynecological examination:		
Yes	108	54.0
No	92	46.0
Will you have this examination once more:		
Yes	44	22.0
No	156	78.0
What is the suitable interval between regular gynecological examination: (n=44)		
Every 6 months	8	18.2
Every year	12	27.3
When needed	24	54.5
Do you think that every woman have to know how the examination will proceed before examination:		
Yes	159	79.5
No	41	20.5
Why she have to know: (n=159)		
To assure the girl	84	52.8
To be aware with the required examination	57	35.9
Other causes	18	11.3

Table (6) shows that, 76 % of the women , doctor examined them by observation and palpation, and in 59.5% of the sample doctors did not tell them the results of the examination. Also, 54% of them still feel fears or tense from their first gynecological examination, and 54.5% of them reported that the suitable interval between regular gynecological examination must be done when needed, also the majority of them 79.5% showed that every girl have to know before the examination how it will proceed.

Table (7): Distribution of the newly married women according to their attitude score towards primary gynecological examination.(n=200)

Items	Frequency	
	No.	%
Attitude score:		
Positive attitude	22	11.0
Neutral attitude	166	83.0
Negative attitude	12	6.0

Table (7) shows that, the majority of the women had neutral attitude, and only 11% of them had positive attitude towards their primary gynecological examination.

Table (8): Knowledge level of the newly married women about their primary gynecological examination. (n=200)

Knowledge level	Frequency	
	No.	%
Good	14	7.0
Average	55	27.5
Poor	131	65.5

Table (8) Illustrates the newly married women's level of knowledge about their primary gynecological examination was lack , only few (7%) of the newly married women had good knowledge level, and more than half of them had poor level.

Table (9): Newly married opinion about primary gynecological examination.

item	No.	%
Did you get benefit from this gynecological examination:		
Yes	159	79.5
No	41	20.5
Did you find in this examination what you have expected:		
Yes	101	50.5
No	99	49.5

Table (9) Most of them (79.5%) got benefit from primary gynecological examination.

Table (10): Relation between socio-demographic characteristics of the newly married women and their knowledge score. (n=200)

Variables	Knowledge level		
	Good (n=14)	Average (n=73)	Poor (n=113)
Age (years):			
16 -25 (n=148)	6	36	106
26 -35 (n=52)	8	37	7
$\chi^2 = 53.21$ $p = 0.000000$**			
Place of residence:			
Urban (116)	10	65	41
Rural (84)	4	8	72
$\chi^2 = 51.79$ $p = 0.000000$**			
Educational level:			
Educated (179)	11	66	102
Illiterate (21)	3	7	11
$\chi^2 = 1.91$ $p = 0.364$			

*Significant at $p < 0.05$ **Highly significant at $p < 0.001$

Table (10) shows that there is no statistically difference (*P*=0.364) observed between knowledge score and the women's level of education, while there was statistically difference observed between knowledge score and both age and place of residence (*P*=0.000).

Table (11): Relation between socio-demographic characteristics of the newly married women and their attitude score regarding their first gynecological exam. (n=200)

Items	Attitude		
	Negative (n=12)	Uncertain (n=166)	Positive (n=22)
Age (years):			
16 -25 (n=148)	4	134	10
26 -35 (n=52)	8	32	12
$\chi^2 = 23.53$ $p = 0.00000$**			
Place of residence:			
Urban **(n=116)**	2	97	17
Rural **(n=84)**	10	69	5
$\chi^2 = 11.78$ $p = 0.00276$*			
Educational level:			
Educated (179)	3	161	15
Illiterate (21)	9	5	7
$\chi^2 = 73.67$ $p = 0.00000$**			

*Significant at $p < 0.05$ **Highly significant at $p < 0.001$

Table (11) showed that, there were highly statistical significant difference observed between attitude score in favor of older women than younger, urban residents than rural and educated women than illiterate regarding their first gynecological examination.

4. Discussion

The bimanual pelvic examination has long been considered an essential component of the female physical examination and are an integral component of any gynecological consultation. it is highly accurate in assessing uterus, Fallopian tubes, and ovaries determining the presence of adhesions, hydrosalpinx, pyosalpinx; and differentiating benign from malignant neoplasm's. However, the need for a bimanual pelvic examination as part of routine gynecologic care has been recently approved [33,34].

This study was a descriptive research aimed at assessing knowledge and attitude of newly married women toward their first gynecological examination procedures. To achieve the aim of the study, a sample of 200 newly married women have been interviewed.

Their socio demographic characteristics concerning women 's age, 74% of them their age ranged from 16 to 25 years. As regards their place of residence, 58% of them were from urban area. While.77 % of the sample had education (Table 1).

In accordance with other study conducted by Elsevier cultural values can shape people's attitudes toward subjects and influence their experimentation . findings suggest that it might be useful to incorporate the cultural values and address the personality trait of fatalism in prevention programs for Hispanic adolescents.[35]

Finding in Table (3) showed that, the majority of the newly married women had no one explained for

them the primary gynecological examination. Only 17 % of them had someone explained for them the primary gynecological examination. Among those, 68.5% had a friend or sister or their mothers who explained this. As regards why they explained to them the primary gynecological examination, 64.7% of the women reported that because its importance. Cooper et al .in their study founded that most participants said they had heard of gynecological examination but were unfamiliar with it which mean lacked critical knowledge [36] .

Petravage results showed that women feel less comfortable during the pelvic examination than they do during the breast examination physical discomfort of the pelvic examination is the reason most frequently cited. There were 77.1 percent who stated they would feel better about the examination if the physician told them what was going to happen. Over 70 percent wanted to know more about their female organs, normal sexual functions and emotions, and reasons and procedures for the pelvic examination; 68.3 percent felt that knowing more would make them more comfortable. There were 46.5 percent who thought the use of a mirror for the woman to observe the examination was a good idea. Only 28.9 percent knew the rectum was examined. This study shows that women need and want to be educated about the gynecologic examination [37].

In general, women have a positive attitude to PE, but the procedure itself is often a negative experience [38]. During a consultation women lack control and want to be met on equal levels, as human beings and with respect [39]and informed of the procedure and the findings [40-42].

Regarding medical staff performance before the gynecological examination Tables (4&5) in our study revealed that, the majority of the newly married women (62.9%), doctors did not make sure that they were free from the contraindications for gynecological examination. In addition, 79% of the study sample, the medical staff did not take their weight, height, blood pressure, urine sample or evacuate the bladder. While, 84% of them doctors did not take their medical history before examination. Half of the sample50%, doctor were explained how the examination will be proceeded, and in 71% of them doctor was assured them. In 44% of the women the medical staff leaved them to take off their clothes alone and in 74% the nurse explained to the women their role after they took off their clothes.

Women's health is an important element of the medical school curriculum, all physicians and nurses must be trained in the basic knowledge and skills of care the female patient& pelvic examinations, they need to learn how to perform pelvic examinations in a sensitive, competent and ethical manner that competency includes not only the capacity to perform the examination but the ability to patients and models can be effective in teaching medical students the technique prior to patient contact[43] .

Performing a PE requires incorporated knowledge about interpersonal and technical skills that are implemented in a way that benefits both examiner and patient. During a consultation women want to be met on equal levels, as human beings and with warmth, respect [39]and empathy [44]. Most women indicate that the sex of the doctor makes no difference [39,45]. Several studies about the PE. emphasize the nature of the interpersonal relationship between the doctor and the patient as the most important aspect for women [44]. A physician appears to control the procedure of sociable conversation and, in doing so, maintains and perpetuates the social distance between a doctor and patient [46]. However, the physician also has the opportunity to change this into a positive interaction.

Information obtained from both quantitative and qualitative studies indicate that women often lack basic knowledge about their bodies and the PE procedure and are interested in becoming better informed [43]. They want knowledge about the anatomy and a rationale for each aspect of the examination [40]. They request explanation of the procedure, step by step, and want the examiner to tell them what he/she is going to do and what a woman might feel during the examination [40,43]. Women want confirmation about the findings and to know whether they are healthy or not [47].

Table (6) showed that, 76 % of the women, doctor examined them by observation and palpation, and in 59.5% of the them doctors did not tell them the results of the examination. Also, 54% of them still feel fears or tense from their first gynecological examination, and 54.5% of them reported that the suitable interval between regular gynecological examination must be done when needed, also the majority of them 79.5% showed that every woman have to know before the examination how it will proceed.

Other study was conducted to determine how the initial gynecological examination was experienced, examining the relationship between anxiety and pain its Results revealed that There was a significantly positive correlation between anxiety and pain; however, the sex of the examiner had no influence on how the examination was experienced and surprisingly high frequency of pain, anxiety, and their correlation during the initial gynecological examination[47] .

Table (7) showed that, the majority of the women had neutral attitude, and only 11% of them had positive attitude towards their primary gynecological examination. Also in consistent with previous research by (**Thomas , Joiner 2001**)[48], the present results **indicated that newly married women reported neutral** attitude for gynecological examination while their study results indicated that Mexican-American

adolescent girls displayed more negative cognitive styles than girls from other ethnic backgrounds.

Table (8) Illustrates the newly married women's level of knowledge about their primary gynecological examination, only few (7%) of the newly married women had good knowledge level, and more than half of them had poor level.

Table (10) showed that there is no statistically difference (P=0.364) observed between knowledge score and the women's level of education, while there was statistically difference observed between knowledge score and both age and place of residence (P=0.000000)

A study by **Julie** To examine women's preferences for the type and sex of the provider of basic gynecological services and the correlates of these preferences. LACK of knowledge &preferring a female provider was strongly and independently associated with lower income, higher education, nonwhite race, having a male primary care physician, having an older primary care, physician, and having seen a female provider at the last pelvic examination [(50)] .

Table (12) showed that, there were highly statistical significant difference observed between attitude score in favor of older women than younger, urban residents than rural and educated women than illiterate regarding their first gynecological examination.

In accordance with Hilden Discomfort during the gynecologic examination was strongly associated with a negative emotional contact with the examiner and young age. Additionally, dissatisfaction with present sexual life, a history of sexual abuse and mental health problems such as depression, anxiety and insomnia were significantly associated with discomfort [(51)].

Conclusion and Recommendations

Based on study findings it could be concluded that:-

The present study demonstrates that The result shows poor and inadequate knowledge& misconceptions of newly married women regarding first gynecological exam .gynecologists and nurses need to focus on the emotional contact and to reevaluate issues for communication before the examination.

According to the results of the study the following recommendations could be suggested:

* An educational programs for newly married should be carried out to acquaint them with the necessary knowledge and practice regarding gynecological examination .
* Gynecologists need to focus on the emotional contact and to reevaluate issues for communication before the examination.
* Further studies of influencing factors and interventions are needed.

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