

The Effect of Social Media Use on Women's Symptom Relieving Practices for Genital Infection

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Abstract

Background: The aim of this descriptive and correlation study is to determine how the use of social media affect women's symptom relieving practices for genital infections.

Methods: The sample of the study consisted of 315 women who applied to Erciyes University Health Application and Research Centre Gynaecology Outpatient Clinic and were diagnosed with genital infection between September and December 2019. The data were collected with the "Introductory Information Form", "Genital Hygiene Behaviour Inventory", "Information Form on Genital Infection/Symptom Relieving Practices and Use of Social Media". The data were analysed in the IBM SPSS (Statistical Package for Social Sciences) v.22 software.

Results: Women with genital infection obtained 79.51 ± 9.59 points from the "Genital Hygiene Behaviour Inventory" and women who had a high level of education and spent money easily for their daily needs had higher mean scores from "Genital Hygiene Behaviour Inventory".

Conclusion: Women who were previously diagnosed with genital infection and did not get information about genital infection obtained lower mean scores from "Genital Hygiene Behaviour Inventory". Women who did not use social media obtained lower mean scores from "Genital Hygiene Behaviour Inventory".

Keywords: Genital Infection, Social Media, Traditional Practices, Women's Health

Introduction

Reproductive health problems come into prominence throughout the climacterium, which includes the menopause phase, particularly during their adulthood when women gain their reproductive features [1-3]. Genital tract infections are among the reproductive health problems and one of the most common causes of gynaecology outpatient clinic applications [4]. Every year, nearly one million women worldwide suffer from genital tract infections and 75% of women have a history of genital infections [4]. The studies have reported that the prevalence of genital infection ranges between 27.6 and 74% [5-11].

Burning, pain, bleeding, malodorous vaginal discharge, dysuria, and dyspareunia are the most common symptoms of genital infections that affect women's physiological and psychosocial health [1,2,4]. Women's perceptions on abnormal vaginal discharge, which is a symptom of genital infection, differ. Therefore, some

women apply to a health institution, whilst others do not seek treatment even if the volume of vaginal discharge is substantial. A study reported that 57% of women who were affected with genital infection requested medical treatment from a healthcare institution, 64% accepted such abnormal symptoms as normal, and 28% shared their genital infection problems with their families or friends [12].

Traditional practices for genital infection are extensively used among women, with or without medical treatment. These practices include cleaning the genital area with some products, placing a herbal cure inside the vagina, wiping the vagina with yoghurt, propolis, honey, vinegar, soda, lemon juice, boric acid, and drinking juice of various plants after boiling them such as onion, parsley, corn silk, horsetail, yarrow, chamomile, linden, tea tree, zucchini, and fig, performing hot application, taking a milk bath, and applying apple cider vinegar [13-18].

Social media has an important place among women to share their experiences. Since many women are ashamed and afraid about many health-related issues, particularly gynaecological diseases, they perceive social media as a confidante during information collection process [19,20]. Social media leads people to learn about alternative medical practices and take various actions for the treatment of their diseases [21]. The studies have reported that women who have any disease and follow the publications containing herbal products in the media have a higher tendency to use herbal products [22,23]. For this purpose, answers to the following research questions were sought:

1. What are the symptom-relieving practices of women who have been diagnosed with genital infections?
2. Does the use of related social media by women who have been diagnosed with genital infection affect their symptom-relieving behaviours?

Method

The study was conducted as descriptive and correlational. The population of the study consisted of 2000 women who applied to Gynaecology Outpatient Clinic of Erciyes University Health Application and Research Centre and were diagnosed with a genital infection between January and December 2018 (the archive of the Erciyes University Health Application and Research Centre, 2018). The sample consisted of women who applied to Gynaecology Outpatient clinic of Erciyes University Health Application and Research Centre between September and December 2019 due to genital infection. The sample size was calculated in the G-Power software as $n=315$ with the effect size of 0.2, the confidence interval of 95%, and the type 1 error of 0.05 [9,24]. The study included 315 women aged 19 and above who were literate, able to communicate well, diagnosed with genital infection (vaginitis, cervicitis, etc.), sexually active, and were voluntary to participate. Migrant women were excluded from the study.

Following the outpatient clinic examination, the researcher explained the objective of the study to women who were diagnosed

with genital infection and those who agreed to participate signed an informed consent form. She then collected data by using the “Introductory Information Form” as well as the “Genital Hygiene Behaviour Inventory” to assess genital hygiene behaviours, and the “Information Form on Genital Infection/Symptom Relieving Practices and Use of Social Media” to determine the health-seeking behaviours of women with genital infections on social media. The researcher filled the questionnaire and scales by using the face-to-face interview method. A preliminary application was made to 15 women, who constituted 5% of the sample ($n=315$), in order to test the operability of the questionnaires. Following the preliminary application, necessary revisions were made and the questionnaires were finalized. Women who were included in the preliminary application were excluded from the study. For the study, an Academic Committee Decision, Ethics Committee Decision, and written Institutional Permission were obtained.

The IBM SPSS (Statistics Package for Social Sciences) v.22 statistical software was used to analyse the data. As descriptive statistics for the data, percentage, arithmetic mean, standard deviation, median, minimum and maximum values were provided. The Shapiro-Wilk normality test and Q-Q graphs were used to determine whether or not the data were normally distributed. The Independent Samples t-test, ANOVA, and Bonferroni test were also employed. The statistical significance level was accepted as $p<0.05$.

Results

The mean age of the women who participated in the study was found to be 36.08 ± 10.35 .

Table 1 shows the characteristics of the participants concerning women’s health. It was found that 35.0% of the women complained of itching, 85.0% were diagnosed with vaginitis, and 65.7% received antifungal treatment. The women with genital infections got 79.51 ± 9.59 scores on the GHBI. 86.3% of the women had itching, 48.3% redness, 87.0% burning, 65.4% malodorous vaginal discharge, 55.9% dysuria, 55.6% abdominal pain, 52.1% dyspareunia, and 19.7% vaginal bleeding problems.

Table 1: Characteristics Regarding Women’s Health

Characteristics of the Participants Regarding Women’s Health	n	%
Number of pregnancies		
None	20	6.3
1-3	199	63.2
4 and above	96	30.5
Abortion		
Yes	199	63.2
No	116	36.8
Use of a family planning method		
Users	73	23.2
Non-Users	242	76.8

Family planning method used (n=73)		
Condom	26	35.6
Intrauterine Device (IUD)	22	30.1
Vasectomy/tubal ligation	12	16.4
Pills	7	9.6
Withdrawal	6	8.2
Frequency of sexual intercourse		
Once a week	53	16.8
2-3 times a week	233	74.0
4 times a week or more	29	9.2
Diagnosis		
Vaginitis	268	85.0
Cervicitis	35	11.1
Vaginitis+Urinary Tract Infection (UTI)	9	2.9
Human Immunodeficiency Virus (HIV)	3	1.0
Treatment (n=262)		
Antifungal	172	65.7
Antifungal+antibiotic	71	27.1
Problems (N=315)		
Itching	272	86.3
Redness	152	48.3
Burning	274	87.0
Malodorous vaginal discharge	206	65.4
Dysuria	176	55.9
Abdominal pain	175	55.6
Dyspareunia	164	52.1
Vaginal bleeding	62	19.7
Total	315	100.0
	±Sd	Med (Min-Max)
Genital Hygiene Behaviour Inventory Score	79.51±9.59	79.00 (55-104)

Table 2 shows the GHBI scores of women based on some characteristics. It was determined that the women, who had previously been diagnosed with a genital infection, did not get information on genital infection, and did not use social media, had lower GHBI mean scores, and the difference between the groups was statisti-

cally significant ($p=0.013$, $p\leq 0.001$, $p\leq 0.001$, respectively). The variables of the number of genital infections per year, traditional practice for genital infection, and the status of paying attention to the recommendations in the social media had no effect on the GHBI scores ($p>0.05$).

Table 2: Genital Hygiene Behaviour Inventory (GHBI) Scores of the Women based on Some of Their Characteristics

Characteristics Regarding Women's Health	n	±Sd	Test*
Previous diagnosis of genital infection			
Yes	245	78.80±9.50	t=-2.489
No	70	82.01±9.55	p=0.013
Number of genital infections per year			
1-3 times	242	79.52±9.72	
4-6 times	47	78.00±10.01	F=1.575
7 and above	26	82.15±6.96	p=0.209
Getting informed about genital infection			
Yes	177	81.80±8.95	t=4.963
No	138	76.58±9.62	p≤0.001
Traditional practice for genital infection			
Yes	172	80.08±8.99	t=1.156
No	143	78.83±10.26	p=0.248
Use of Social media			
Yes	204	81.51±9.50	t=5.212
No	111	75.84±8.66	p≤0.001
Paying attention to the recommendations in the social media (n=204)			
Yes	27	80.77±7.92	
Partially	74	81.91±9.48	F=0.152
No	103	81.41±9.96	p=0.859
* Independent Samples t and ANOVA tests were used.			
** The superscripts, a, b, indicate intra-group differences within each group, and measurements expressed by the same letters are similar.			

Table 3 shows the social media use characteristics of the women. It was determined that 64.8% of the women used social media, 54.4% used social media to get information, 56.4% believed that information on social media was partially accurate-reliable, 50.5%

disregarded the recommendations on social media, and 65.2% thought that the recommendations shared on social media were not more effective than medical treatment.

Table 3: Social Media Use Characteristics of the Women

Social Media Usage Characteristics of Women	n	%
Social Media Use		
Yes	204	64.8
No	111	35.2
Social media channels used (n=204) *		
YouTube	166	29.1
Instagram	162	28.4
Women's Portals	132	23.2
Facebook	102	17.9
Twitter	8	1.4
Purpose of social media use (n=204)		
Boredom	41	20.1

Boredom and getting information	52	25.5
Getting information	111	54.4
Membership of social media channels (n=204)		
Yes	53	26.0
No	151	74.0
Accurate-reliable information (n=204)		
Yes	31	15.2
Partially	115	56.4
No	58	28.4
Paying attention to the recommendations in the social media (n=204)		
Yes	27	13.2
Partially	74	36.3
No	103	50.5
Thinking that recommendations on social media are more effective than medical treatment		
Yes	14	6.9
Partially	57	27.9
No	133	65.2
Total	315	100.0
*More than one answer is given		

Table 4 includes the genital infection experiences of the women and their status of getting information. It was determined that 66.3% of the women's first response to women's gynaecological problems was to consult a physician, 77.8% had previously been diagnosed with genital infection, 42.1% of the women who had previously been diagnosed with genital infections had a period

between two and twelve months between their last two genital infection diagnoses, 76.8% of the women had genital infections 1-3 times a year, 56.2% got information about the genital infection, and 43.0% of women got information on genital infection from health personnel, and 54.6 % performed traditional practices for genital infection.

Table 4: Women's Genital Infection Experiences and Status of Getting Information (N=315)

Practices for Problems	n	%
Initial Practices for Complaints		
Consulting to a physician	209	66.3
Taking no action	66	21.0
Seeking treatment on social media/internet	31	9.8
Performing traditional practices	4	1.3
Consulting the environment	3	1.0
The physician and social media treatment	2	0.6
Previous diagnosis of genital infection		
Yes	245	77.8
No	70	22.2
Time elapsed between the last two genital infection diagnoses (n=245)		
4 year and more	9	3.7
1-4 years	79	32.2
2- 12 months	103	42.1
1 month	54	22.0
Number of genital infections per year		

1-3 times	242	76.8
4-6 times	47	14.9
7 and above	26	8.3
Getting informed about genital infection		
Yes	177	56.2
No	138	43.8
Source of information on genital infection (n=177) *		
Healthcare personnel	139	43.0
Social media	96	29.7
Friend/relative/family/neighbour	59	18.3
TV	26	8.1
Newspaper/book/magazine	3	0.9
Traditional practice for genital infection		
Yes	172	54.6
No	143	45.4
Total	315	100.0

Table 5 shows the practices related to the problems experienced by women due to genital infection. It was found that 31.7% of women douched their vaginas with soap and water, 38.0% of these women learned that information through social media, and 39.0% of the women who douched their vaginas with soap and water thought that this procedure had a positive effect on the treating genital infection, and all of the women (n=12) who douched their vaginas with soap and water shared that with their family, relatives, and neighbours.

It was determined that 15.9% of women used grape/apple cider vinegar for genital infection, and 56.0% of those who used grape/apple cider vinegar learned that information through social media,

74.0% of women who used grape/apple cider vinegar thought that this procedure had a positive effect on treatment of genital infection, and all of the women (n=8) who used grape/apple cider vinegar shared that with their family, relatives, friends, and neighbours.

It was determined that 27.6% of the women drank herbal juice (parsley, onion, thyme, rosemary, sage, nettle) for genital infection and 60.9% of those who drank herbal juice learned that information through social media, 55.2% of the women who drank herbal juice thought that this procedure had a positive effect on the treating genital infection, and 95.7% (n=23) of them who drank herbal juice shared that with their family, relatives, friends, and neighbours.

Table 5: The Practices for the Problems Experienced By the Women Due To Genital Infection.

TRADITIONAL PRACTISES	YES	WHERE THE PRACTICE WAS LEARNED		RESULT OF THE PRACTICE		WHERE THE PRACTICE WAS SHARED	
		FRIEND RELATIVE FAMILY NEIGHBOUR	SOCIAL MEDIA	EFFECTIVE	INEFFECTIVE	FRIEND RELATIVE FAMILY NEIGHBOUR	SOCIAL MEDIA
	<i>n (%)</i>	<i>n (%)</i>	<i>n (%)</i>	<i>n (%)</i>	<i>n (%)</i>	<i>n (%)</i>	<i>n (%)</i>
DOUCHING WITH WATER AND SOAP	100 (31.7)	62 (62.0)	38 (38.0)	39 (39.0)	61 (61.0)	12 (100.0)	-
USING GRAPE/APPLE VINEGAR	50 (15.9)	22 (44.0)	28 (56.0)	37 (74.0)	13 (26.0)	8 (100.0)	-

DOUCHING THE CAVITY WITH HERBY WATER	6 (1.9)	2 (33.3)	4 (66.7)	4 (66.7)	2 (33.3)	1 (100.0)	-
DRINKING HERBAL JUICE	87 (27.6)	34 (39.1)	53 (60.9)	48 (55.2)	39 (44.8)	22 (95.7)	1 (4.3)
USING HERBAL POULTICE APPLYING HERBAL OIL	4 (1.3)	2 (50.0)	2 (50.0)	4 (100.0)	-	2 (100.0)	-

Additionally, it was determined that other practices associated with genital infection include douching with hot water (66.7 %) and using carbonated water (22.2 %) and cologne (11.1%).

Discussion

Women experienced mostly problems of itching, redness, burning, malodorous vaginal discharge, dysuria, abdominal pain, dyspareunia, and vaginal bleeding in this study (Table 1). The studies have reported that there are complaints such as excessive amounts of malodorous and cheesy vaginal discharge, itching, abdominal pain unrelated to menstruation, genital ulcers, malodorous vaginal discharge, frequent urination, dysuria, lower abdominal and inguinal pain, hyperaemia in the cervix, cervical erosion, dyspareunia, and postcoital bleeding and intermittent bleeding [9,12,25-27]. It can be thought that all of these symptoms have a physical, social, and psychological impact on women, leading to the development of various health-seeking behaviours.

In this study, more than half of the women used social media to get information, they believed that information shared on social media is partially accurate-reliable, and nearly half believed that recommendation shared on social media is ineffective for medical treatment (Table 3). The studies reported that women were willing to try social media posts and compared the shared information with their own experiences [28]. In a study, the web page contents were examined and then it was determined that treatment approaches such as CAM related to women's health were included, and they included treatment recommendations or guidance regarding gynaecological diseases [29]. On the pages where alternative treatments are shared, recommendations for relieving the symptoms of genital infections include the use of yoghurt, probiotics, garlic, tea tree oil, and boric acid [30]. It was found that the internet pages with the most shared herbal products contained information about the benefits of plants, but more than half of the shares did not include a source or expert opinion, and misleading content received more interaction [31-33].

It was determined in this study that more than half of the women

used traditional methods for genital infection (Table 4). The studies reported that women with gynaecological problems performed traditional methods and used herbal products [27,34,35].

The study determined that the majority of the women were influenced by the social media posts about genital infection and they tried the practices they learned in these posts on their own bodies (Table 5). In a study, it was found that 3% of participants were harmed by health information obtained on the Internet [36]. Likewise, 43.9% of the women who applied intravaginal herbs complained of dyspareunia, 46.2% dysuria, 40.8% a change in vaginal discharge, and 46.1% abdominal pain [37]. These results indicated that the women were highly influenced by social media and they took the recommendations on women's health into consideration.

In this study, it was found that almost one third (31.7%) of the women douched their vaginas with soap and water for genital infection, and 38.0% of those who douched their vaginas with soap and water learned that information through social media, and 39.0% of women who douched their vaginas with soap and water thought that this procedure had a positive effect on the treating genital infection (Table 5). It was stated that around half of African-American women and nearly half of American women douched their vaginas and vaginal douching increased the risk of genital infection 2.5 times [38,39]. The studies conducted in Turkey reported that 66.7% of women with VVC douched their vaginas with soap and water, 51.5% with water and antiseptic, and 75.8% only with water [40,41]. The studies on VVC infection reported that women used water and commercial solutions that contain vinegar as a source of vaginal douching [18,42]. It was determined that natural products were preferred for vaginal douching, according to the findings of this study (Table 5). This could be thought to be attributed to easy access to natural products, their low cost, and the fact that the products most frequently recommended by other women were also natural. The tendency to use herbs in women's health has increased all across the world due to the reasons such as the difficulty of modern medical treatment, high cost, and ineffective treatment [12,13,25]. In the literature, women generally

believe that it is worthwhile to try herbal treatments in addition to modern medicine, are unworried about possible side effects, and regard herbs as reliable products that have been used since ancient times [40,43].

When the literature is examined, it is stated that the sources where vaginal douching is learned are mostly family, friends, neighbours and social media [8,41,44], and women who benefit from the practices they do recommend them to family members and friends via social media [45-48]. This study was found that almost a quarter of women drank herbal juice (parsley, onion, thyme, rosemary, sage, nettle) for genital infection, and they learned that information mostly through social media, more than half of the women who drank herbal juice thought that this procedure had a positive effect on the treating genital infection, and 95.7% of them shared that with their family, relatives, friends, and neighbours (Table 5). In a study, 4.3% of women with vaginal discharge did practices, such as drinking nettle-parsley juice, placing boiled garlic in the vagina, applying apple oil and sugar in the vagina. 58.8% of women learned about these practices from family and relatives, 14.7% from television, 1.7% from books, magazines, and newspapers, and 20.6% from healthcare professionals. While 44.1% of the women thought that the non-medical treatment method treated, 67.6% stated that they benefited from the method they used [34].

Conclusion

In this study, which examined the effect of social media on symptom relief practices of women with genital infections, it was found that 77.8% of the women had previously been diagnosed with the genital infection and 76.8% had genital infections 1-3 times a year, and 54.6% did traditional practice for genital infection and the most common traditional practices were douching the cavity with soap and water, drinking herbal juice, and douching the cavity with grape/apple cider vinegar. The women who had previously been diagnosed with genital infection but did not receive information about it had lower GHBI mean scores. Additionally, 29.7% of the women obtained information about genital infection through social media and women who did not use social media had a lower GHBI mean score.

Recommendations

In the light of the data of this study, healthcare professionals should pay more importance to genital infection and coping practices in primary health care services, and online education brochures describing how to protect against genital infections by collecting detailed data, considering the cultural structure of the society, should be shared on social media. Healthcare professionals should create reliable websites where women with genital infections can seek counselling, and women should be provided with accurate and reliable information through social media channels. Additionally, health professionals should educate students on correct genital hygiene behaviours and proper use of social media within formal education at schools and studies with a high level of evidence should be conducted on the subject.

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