IOSR Journal of Nursing and Health Science (IOSR-JNHS)
e-ISSN: 2320–1959.p- ISSN: 2320–1940 Volume 8, Issue 6 Ser. IV. (Nov - Dec .2019), PP 01-17
www.iosrjournals.org

Dissemination of Gynecological Examination Practicing among Rural women in Beni- Suef City

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Abstract: *Gynecological examinations an essential part of reproductive health and a Key feature of human development. It received little attention in public policy discussions because of cultural and political sensitive. Aim of this study to evaluate dissemination of gynecological examination practicing on enhancing women health after adopted gynecological examination. Research design: A Quasi-experimental design Setting: in faculty of nursing and technical health institute at Beni-Suef city. Sample: purposive sample was selected according to inclusion and exclusion criteria. Tool:Data was collected through, first tool: a self-administrated questionnaire which included two parts 1) Socio-Demographic characteristics of woman's .2) Knowledge Assessment sheet to assess knowledge related to gynecological examinations. Second tool:scale measure (woman attitude toward gynecological examination):it aimed to assess the trend of women towards adopting the concept of gynecological examination. Third tool: A Health Practices Assessment checklist: including two Parts1) Breast self-examination checklist. 2) Vulvar examination checklist.Four tools: follow up sheetwas coveredwoman's knowledge, attitude and practice after one year to assess effectiveness of educational program Result:This study reveals a highly significant improvement in the different aspects of woman's knowledge regarding gynecological examination after implementing the study at faculty of nursing and technical health institute (P<0.001). Conclusion:the knowledge and practices of rural woman's regarding gynecological examination was improved after implementing the developed instructional guidelines about gynecological examination. Recommendations: Replication of the study in other city for rural women.*

Key word*: Dissemination, gynecological examination, rural woman.*

Date of Submission: 11-11-2019 Date of acceptance: 27-11-2019

I. Introduction

Reproductive health is a crucial aspect of general health and has a significant importance for human development especially for women particularly during the reproductive years. Although most reproductive health problems arise during the reproductive years, in old age general health continues to reflect earlier reproductive life events. Failure to deal with reproductive health problems in terms of obstetric or gynecological disorders at any stage in life sets the scene for later health and developmental problem[1]

In order to maintain good reproductive and sexual health, females should visit a gynecologist for an exam about once per year. Generally, females should begin seeing a gynecologist at the age of 21, but begin earlier if they become sexually active. After their first visit, females ages 21 to 29 should visit their gynecologist annually to get a pap smear. Females between the ages of 30 to 64 should generally visit every other year.[2]

Other reasons to visit a gynecologist include seeking treatment for irregular periods, sexually transmitted infections (STIs) and vaginal infections. Females who are sexually active or are considering becoming sexually active can visit a gynecologist to learn more about methods of protection from this disease. During each exam, the gynecologist typically asks about the female's sexual history and menstrual cycle .[3]

Gynecological examinations should be conducted along the appropriate guidelines and in a suitable environment, with the aim of initiating a routine of prevention and care for the women reproductive health. An annual gynecological exam is a routine checkup designed to ensure that a woman is healthy both inside and out. The exam consists of a brief physical assessment to check thyroid, heart, blood pressure and lungs, breast exam to check for lumps or soreness, and a pelvic examination to assess the condition of the external and internal reproductive organs and screen for certain health problems.[4]

Maternal mortality has long been the only indicator for women's health even though reproductive morbidity occurs far more frequently and seriously affects women's lives. The pattern of disability adjusted life years

(DALYs) lost from reproductive ill health either due to premature mortality or morbidity associated with obstetric or gynecological disorders is substantially different from that for deaths alone.[5]

During reproductive age, women received advice from various sources in the community. Women trust and value the advice of physicians the most, while also considering the advice from family and community members. Sources of advice on which gynecological examination during reproductive age came from health care providers, husbands, mothers-in-law, friends, and neighbors, as well as the Internet and television, which mothers acknowledged as affecting choices of gynecological examination during the reproductive age period. Women most often reported valuing and trusting the advice from medical doctors, who provide annual gynecological examination.[6]

Access to health care for rural residents is complicated by patient factors as well as those related to the delivery of care. Rural residents are more likely to be poor, lack health insurance, or rely substantially on Medicaid is defined as(a health care program that assists low income families or individuals in paying for doctor visits)and Medicare is defined as(federal government program that provides health care coverage health insurance) they also travel longer distances to receive care or to access a range of medical, dental, and mental health specialty services. Less than one half of rural women live within a 30-minute drive to the nearest hospital offering perinatal services. Within a 60-minute drive, the proportion increases to 87.6% in rural towns and 78.7% in the most isolated areas. Rural women aged 18–64 years reported the highest rates of delayed care or no medical care due to cost (18.6%) and no health insurance coverage (23.1%).[7]

Maternity nurses and other health professionals have a responsibility to provide women's holistic health care. So health-care teams including Obstetricians and gynecological nurse have to realize that women are at increased risk for severe gynecological disease and complications during reproductive age so they are urged to play a role and develop methods to ensure that women's started and ended safely through proper counseling specially regard annual gynecological examination .[8]

II. Significance of the study

.Egypt, as a conservative community, is lacking adequate studies addressing significant lacking persists in understanding the factors influencing gynecological morbidity as well as consequences for women's lives. Studying the prevalence of these morbidities helps in identifying the magnitude of such problems in the community. It identifies special at-risk groups to whom interventions should be directed as well as the most prevalent or serious problems. **[9]**

According to a recent studies foundation Egypt represent the highest percentage of breast cancer after Bahrain as 37.6 %of women has breast cancer and Bahrain 38.4 %. For gynecological morbidities, genital prolapse was diagnosed in 56%, reproductive tract infections in 52%, and abnormal cervical cell changes in 11% of the women, and urinary tract infection 14% there are more than 50% of women have poor knowledge and negative attitude regarding to gynecological examination. So the researcher suggested the present study to assess the real situation in Egypt as one of developing country has many challenges regarding gynecological examination during reproductive age and has no statistics regard it.**[10]**

1.2 Aim of the studythe study aims to evaluate dissemination of gynecological examination practicing on enhancing women health after adopted gynecological examination through;

1- Assess women's knowledge regarding to gynecological examination during reproductive age.
2- Explore obstacles that interferes women from doing gynecological examination.
3- Plan of gynecological examination educational program based on women's educational needs.
4- Implementation of gynecological examination educational program design based on women's educational needs.
5- Provide women's guidance to perform gynecological examination.
6- Raise women's awareness regarding to benefits/ importance of gynecological examination on their health.

1.3 Research Hypothesis:

- Rural women's health will be enhanced after adopted gynecological examination concept**.`**
- Rural women's will follow gynecological examination after implement of study.

III. Subjects and methods

3.1 Research design:

A Quasi-experimental designwas used to conduct the present study.

3.2 Research setting:

The study was conductedin faculty of nursing and technical health institute at Beni-Suef city.

3.3 Subjects:
The subjects of the existing study were 70rural womenwomen at Beni-Suef city.
3.4 Sampling technique:purposive samplethe total number of women working at faculty of nursing & technical health institute were 234. The researcher selected 30%of them (70 women) of total women worker...

3.5 Tools of data collection
Tool I:Structural interview questionnaire was developed byresearcherto collect the necessary data: It consist of four parts: First Part: Socio-demographic characteristics, second part:obstetrical and gynecologicalhistory.Third Part: Knowledge aboutgynecological examination,Four part: data about knowledge regarding techniques of gynecological examination.[15]

Scoring system for knowledge items:
- For the knowledge items, a correct answer was scored (2)score& incorrect answer was scored (1)&wrong answer(0). The score of the items summed –up and converted into percent score.(The women had poor level of knowledge when his total score were below 50%, when total score(50<75) were considered average and good when total score more than 75%).

Tool II: woman attitude scale toward gynecological examination:
Tool III:Observational checklist ofBSE and vulvar examination.[16]
Tool (V):follow up sheetcoveredwoman's knowledge, attitude and practice after one year aimed to assess effectiveness of educational program

3.6 Validity:
These tools were reviewed by 2 experts in the field of maternity and neonateHealth Nursing –Helwan university and one expert from ain shames university

3.7 Reliability of tool:
To assess reliability, the study tools were tested by the pilot subjects at first session and retested after 2weeks as test-retest reliability for calculating Cronbach's Alpha which was 0.894 for the questionnaire.

A pilot study was carried out with 10 % of women (15) of the study subjects. Its aim were evaluated the clarity of the tools. It also helped in the estimation of the time needed to fulfillment in the forms. According to the results of the pilot study, simple modifications were done or rephrasing the pilot study was excluded from the actual study sample.

3.8 Fieldwork
Approval from the dean of faculty of nursing Beni-Sueif universtyand dean of technical health institue Was obtained through an official permission and also oral consent was taken from the **women**. Interviewing was carried out in **class** room after the investigator introduced herself and explained the nature and the purpose of the study. The average time taken to complete each questionnaire was around 20-25 minutes depending on the person response to questions. Observation checklist was done by the investigator herself, it took from 10-15 minutes.Of three months from the beginning of January 2017 to the end of March 2017. The researcher collected data for 2 days per week from 10:00am to 2:30pm.

The women were interviewed in Faculty of nursing and Technical health institute at Beni-Suef city, firstly the researcher was clarified the aim and the objectives of the study to women's after their acceptance of participant in the study. Women were assigned to three groups: each group consists of 24 women and the third group was23 women.

3.9 Ethical considerations:
An official approval was obtained from maternity and neonate health nursing department that was approved by the Faculty of Nursing, Helwan University. Another official approval taken from the ethical committee, Faculty of Nursing ,Helwan university. The aim of the study was explained to each women before applying the tools to gain their confidence and trust. An oral consent was obtained from each women to participate in the study, after ensuring that data collected were treated confidentially and he has the chance for withdrawal at any time**.**

3.10Data management:
Data entry and statistical analysis were done using SPSS version 19 (Statistical Package for Social Science). Data were presented as mean and standard deviations. Chi-square and Fisher Exact tests were used to compare between qualitative variables. P-value considered statistically significant when $P < 0.05$.

IV. Results

Table(1):demonstrate that nearly two thirds (65.7%) of studied women were in young age group (25 - 35 years), with mean age33.1 ± 6.8 years, 42.9% of them had intermediate education (secondary school or a technical diploma). As regards marital status, 81.4% of them were married and 14.3% weredivorced.

. Table(2) :distribution of studied women according to their menstrual history. more than half (54.3%) of the studied women had regular menstruation, and (57.1%) of them starting their menstruation at 11 -13 years. Also, more than three quarters of them (77.1%) were suffered from pain during menstruation, among them nearly one third (33.3%) were suffered moderate menstrual pain, and one fifth of them (22.2%) were suffered severe menstrual pain. In addition, nearly two thirds (64.3%) of studied women were suffered menstrual problems , among them approximately half of them (48.9%) were suffered hormonal disturbance, and one quarter of them (24.4%) were suffered from spots.

Table (3):revealed that only 14.3% were not pregnant before (zero gravida), while majority of studied women's (65.7%) were had from 1 to 2 gravida, and 20% had 3 – 5 Gravida.Among Gravidawomenmore than half (53.4%) suffered antepartum hemorrhage, and 43.3% suffered pre- eclampsia. Regarding delivery complications, 41.7% haven't delivery complications, while approximately one third of them (26.7%) were suffered from prolonged labor and perineal tears, the majority of studied women's wereusing Oral Contraceptive Pills (hormonal method – 44.3%), while IUD users were only 4.3 %, and 15.4% were not using any FP methods.

Table (4):highlighted that, the majority of the studied women demonstrated wrong answer or were didn't know the meaning of female gynecological examination before intervention (61.4%. 65.7%, 58.4% , 62.9%, and 31.4% were don't know or showed wrong answer regarding beginning of doing gynecological examination , knowing obstacles of GE from women's' point of view , knowing limitation of GE , and knowledge if GE is useful for early detection of diseases respectively. However, 0% mentioned correct complete answer regarding meaning of female gynecological examination. The table also shows that 90 % of women's do not know the importance of performing GE annually, and the majority of them mentioned the fear from methodology as the main cause for not doing GE annually. The mean total score of studied women's knowledge about GE before intervention was 9 ± 1.5.

Table(5): illustrates that, before performing GE, half of the studied women claimed they know method of GE (50%) . Unfortunately, when these later women's were asked to mention how GE will be done?, the majority of them mentioned wrong answer or were didn't know (77.1%).Also, more than two thirds of studied women's mentioned they know parts that will be examined during GE (64.3%), however, asking those who say yes" which parts?" the majority of them either were don't know or showed wrong answer(42.2%), or incomplete answer (40%).In addition, 67.1% of studied women's mentioned they were informed the methods of preparations at home before GE , nearly half (40%) of them mentioned that nurse as the person who told them this later information. Unfortunately asking those later women what's preparations in the morning before GE?, 71.8% of them were either don't know or showed wrong answer, and 28.2% showed incomplete answer. The table also shows that 67.1 % of women's were fear or anxious from doing GE, however, asking them about the causes for this fear? The majority mentioned causes answer (72.3%). The mean total score of studied women's knowledge about methodology of GE before interventionwas 9.5 ± 2.1.

Table(6):cleared that, after performing GE, majority of the studied womenmentioned that they were given explanation by the nurses or the physicians about GE method at starting of GE. Asking women's about contraindications that should be avoided before GE, unfortunately, more than half of them mentioned wrong answer. 55.2%, 41.4%, 42.9%,51.4%,82.8%,and 78.6% were answered yes about measuring WT, HT and B.P before GE:, taking urine analysis or empty bladder before GE, doctor reassure the women before GE, told result of exam? Does the medical examination room contain all the required screening GE instruments? And fear from GE respectively.A quarter of women's were notified about any health problem after GE, the majority of these problems were vaginal monilia or tricomonus (88.9%) discovered after GE. The mean total score of studied women knowledge after performing GE was 2.3 ± 0.9. The mean total score of studied women's knowledge pre intervention was 11.8 ± 3.2.

Table(7):cleared that, in follow up phase, majority of the studied women's mentioned that they were given explanation by the nurses or the physicians about GE method at starting of GE. Asking women's about contraindications that should be avoided before GE(92.8%, 85.7%, unfortunately), more than half of them mentioned wrong answer. 64.3%,48.6%,50%,and 92.8% were answered yes about measuring WT, HT and B.P before GE:, taking urine analysis or empty bladder before GE, doctor reassure the women before GE, told result of exam? Does the medical examination room contain all the required screening GE instruments? and fear from GE respectively.More than one third of women's were notified about any health problem after GE, the majority of these problems were vaginal monilia or tricomonus (88%) discovered after GE. The mean total score of studied women's knowledge in follow up phase was 3.4 ± 1.2. The mean total score of studied women's knowledge pre intervention was 11.8 ± 3.2.

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Table (8):revealed that majority of knowledge sources was the internet (42.9%), followed by other sources with (20%).Unfortunately the friends were the least knowledge source among our studied women's (8.6%).noticed woman's have knowledge from others except medical team.

.Table (9): reveals that, pre intervention, more than two thirds of the studied women's (62.9%) were strongly agree about performing follow up GE by female doctor. Sixty percent of women's were strongly agreed that GE is more expensive, and 41.4% of women's were strongly agree that they feel worry and sham from taking off their clothes during GE. However, 62.9 of women's were disagree that Gynecological examination help for screening, early detection and treatment of diseases. In addition, 55.7% were disagree about GE is performed at an early age and before marriage. Mean total attitude score about gynecological examination pre intervention : Mean ± SD36.5 ± 7.8

Table (10): illustrate the effect of nursing intervention in improving the positive attitude of studied women's from 67.1% pre intervention to 88.6% post intervention and 92.9% in follow up phase. In addition the mean total score of attitude was increased from 36.5±7.8 pre intervention to 52.4±4.5 post intervention and 55.2±5.8 in follow up phase.

Table (11):illustrated that all the studied women do not practice all items of BSE, before intervention. The mean total score of studied women practice about breast self-examination before intervention was 0.41± 0.68

Table (12):shows that all the studied women do not practice all items of vulvar examination before intervention. The mean total score of studied women practice about vulvar examination before intervention was 0.97± 0.36

Table (13): shows the effect of intervention program for the practice aspects of the selected women, there is a highly significant improvement in women's practice in post and follow up phases as compared with the pre intervention phase

Table (14):illustrate the efficacy of the implementation of nursing intervention for the knowledge aspects of the studied women about GE. Post intervention and follow up phase knowledge groups revealed a highly significant improvement in the different aspects of knowledge as well as total score of knowledge ($p<0.000$). The post intervention and follow up phase responses reveal that good knowledge responses ranged from 87.1% for knowledge of GE to 97.1.% for Kn. after performing GE. Moreover, the good knowledge responseof total score knowledge was improved from 35.7% pre intervention to 95.7% post intervention and (88.6%) in follow up phase

Table (15): reveal the efficacy of the implementation of nursing intervention on the attitude of the studied women towards GE. Post intervention and follow up phase intervention positive attitude groups revealed a highly significant improvement ($p=0.002$) from 65.7% pre intervention to 87.1% post intervention and 88.6% infollow up phase.

Table (16):shows that, there were no statistical significant differences between the women's socio-demographic characteristics and the total score of post intervention knowledge groups about GE ($p >0.05$ for each) .64.2% of the studied women's who had good knowledge score, their age were between 25 to 35 years, ($P = 0.54$), 43.3% of the studied women's who had good knowledge score had secondary school or a technical deploma, ($P < 0.29$) and 806% the studied women's who had good knowledge score were married ($P =0.53$). This result may be due to the small sample size of post intervention poor knowledge in our study (N=3).

Table (17):shows that, there were no statistical significant differences between the women's socio-demographic characteristics and the total score of follow up phase intervention knowledge groups about GE ($p >0.05$ for each) .(69.2%) of the studied women's who had good knowledge score, their age were between 25 to 35 years, ($P = 0.51$), 53.9% of the studied women's who had good knowledge score had secondary school or a technical diploma, ($P < 0.26$) and 87.7%the studied women's who had good knowledge score were married ($P =0.50$). This result may be due to the small sample size of follow up phase intervention poor knowledge in our study (N=5).

Table (18):illustrates that, there were statistical significant differences between the women's age groups andeducation and the total score of post intervention attitude groups on GE ($p <0.05$ for each) . sixty one point three percent of the studied women who had positive attitude score, their age were between 25 to 35 years, compared to 100% of women's who had negative attitude score ($P = 0.04$).In addition, the 27.4%ofstudied women who had positive attitude score were university educated compared to 0%of women who had negative attitude score ($P = 0.04$). 79% of the studied women who had positive attitude score were married, compared to 100% of women who had negative attitude score ($P =0.2$). This result may be due to the small sample size of post intervention negative attitude in our study (N=8).

Table (19) :illustrates that, there were statistical significant differences between the women's age groups and education and the total score of follow up phase intervention attitude groups on GE ($p <0.05$ for each) . (53.2%) of the studied women who had positive attitude score, their age were between 25 to 35 years, compared to 100% of women's who had negative attitude score ($P = 0.02$).In addition, the 21% of studied

women who had positive attitude score were university educated compared to 12.5% of women who had negative attitude score (P = 0.03). 80.6% of the studied women who had positive attitude score were married, compared to 87.5% of women who had negative attitude score (P =0.1). This result may be due to the small sample size of follow up phase intervention negative attitude in our study (N=8).

V. Discussion

Gynecological examinations aimed at initiating a routine of prevention and care for the women reproductive health. However, obstacles such as difficulty in making appointments, not being able to choose the professional and care inadequate to the needs of this age group are encountered, which can lead to reluctance to attend gynecological examinations. These are not problems which solely affect public health care but also the private sector.[11]

During reproductive age, women received advice from various sources in the community. Women trust and value the advice of physicians the most, while also considering the advice from family and community members. Women most often reported valuing and trusting the advice from medical doctors, who provide annual gynecological examination.[12]

The current study aimed to evaluate dissemination of gynecological examination practicing on enhancing women health after adopted gynecological examination

Regarding the distribution of the studied women socio-demographic characteristics, nearly two thirds of studied women were in young age group (25 - 35 years), nearly half of them had level of education (secondary school or a technical diploma) and the majority of them were married.

This finding was agreement with conducted a study entitled "Impact of gynecological examination on quality of life" and found that the studied woman aged from 20 to 35 years old had a secondary school or diploma. This finding was agreement with.[14] conducted a study entitled "evaluate dissemination of gynecological examination practicing" found that majority of the participants were married and their ages ranged from 35 to 50years..[13]

Regarding to distribution of studied women according to their menstrual history, result of the current study revealed that more than half of the studied women starting their menstruation at 11 -13 years &regular menstruation. Also, more than three quarters of them were suffered from pain during menstruation. In addition, nearly half of studied women were suffered menstrual problems as hormonal disturbance. Regarding to distribution of studied women according to their gynecological history majority of studied women were had 1 to 2 gravida, More than half of them suffered antepartum hemorrhage, and nearly half of them suffered pre-eclampsia. Regarding to delivery complications one third of them were suffered from prolonged labor and perineal tears.

This finding was agreement withconducted a study found that more than half of the participants suffered from antepartum hemorrhage and starting their menstruation at 11 -13 years..[14]

In the same line.conducted a study entitled "delivery complications due to perineal tears: a rare evolution of the disease requiring multidisciplinary management" found that more than half of women had delivery complications and more than half of them complain from antepartum hemorrhage.Nearly half of them had pre- eclampsia.[15]

This agreement of result may be due to the neglection of pregnancy follow up and decrease awareness about important of it.

Regarding to distribution of the studied women according to their knowledge about gynecological examination majority of the study women didn't know the meaning of women gynecological examination before intervention. More than half of them were shown wrong answer regarding beginning of doing gynecological examination, knowing obstacles of GE from women point of view, knowing limitation of GE and knowledge if GE is useful for early detection of diseases respectively. The majority of women did not know the importance of performing GE annually.

This result was in congruent with.[16] conducted a study entitled "Therapeutic Inhibition of Improves Metabolic Dysfunction and knowledge about gynecological examination" and found that majority of the studied women's demonstrated wrong answer or were didn't know the meaning of women gynecological examination before intervention. More than half of them weren't know or showed wrong answer regarding beginning of doing gynecological examination

In the same line.[17] conducted a study entitled "Mechanisms of gynecological examination practice" and found that majority of women's do not know the importance of performing GE annually and methods of seeking help from the available health care settings. Moreover,conducted a study entitled "gynecological examination practice in women and chronic pelvic pain" and stated that majority of women reported that they didn't know methodology of gynecological examination.[18].

This agreement of result may be due to lack of awareness about the importance of gynecological examinations and lack of information sources in their community that affected their awareness negatively.

Regarding to Distribution of the studied women according to their knowledge about preparation of Gynecological Examination (GE) before performing GE the majority of them mentioned wrong answer or weren't know. Nearly half of them mentioned that nurse as the person who told them this later information. It also shows that two thirds of women were fear or anxious from doing GE.

This result was agreement with the study done byconducted a study entitled "Risk of Gynecological Examination among women" and stated that majority of women feel fear and anxious from before doing Gynecological Examination (GE)..[19]

Moreover, this result was agreement with the study done by conducted a study that more than half of them mentioned wrong answer about contraindications, they were answered yes about measuring weight, height and blood pressure, taking urine analysis or empty bladder before GE & the medical examination room contain all the required screening GE instruments. Doctors reassure the women after GE where he told the result of exam to decrease anxious level.[20].

This result was congruent with the study done by conducted a study entitled "Methodology of Gynecological Examination –related to knowledge" and found that more than two thirds of the participants mentioned that nurse as the person who told them this later information..[20]

This agreement of results may be due to lack of seeking advices from the studied women and inability to conduct health care facilities because of difficulty of transportation in the rural areas and also lack of interest to such information that affect their quality of live in the future.

This result was incongruent with conducted a study stated that total score of studied women's knowledge after performing GE was majority of them give correct answer about women's knowledge pre intervention .[21].

This disagreement of result may be due to level of education of women &their experience or the doctor & nurse explained the preparation before the performance of GE.

Regarding to distribution of the studied women regarding a source of information about the gynecological examination the majority sources was the internet while friends were the last source. Minority of women have knowledge from others except medical team.

This result was congruent with the study done by conducted a study entitled "An exploratory study about a source of information about the gynecological examination" there were more than half of the participants had stated sources was the internet..[22]

This agreement of results may be due to difficulty of transportation that limits their ability to seeking advices from health care personnel

On the other hand, this result was disagreement with the study done by conducted a study entitled "Long-term outcomes of gynecological examination in women" and indicated that majority of women have knowledge from others except medical team..[23]

This disagreement may be due to women awareness, their culture and their interesting.

Regarding to distribution of the studied women regarding to their attitude about Gynecological Examination (GE) pre intervention more than two thirds of the studied women were strongly agree about performing follow up GE by women doctor. Majority of women were strongly agreed that GE is more expensive, and nearly half of women were strongly agreed that they feel worry and sham from taking off their clothes during GE. However, two thirds of women's were disagree that Gynecological examination help for screening, early detection and treatment of diseases. In addition, more than half of them were disagree about GE is performed at an early age and before marriage.

This result was agreement with the study done by conducted a study entitled "Knowledge and attitude about Gynecological Examination in women" and stated that majority of the participants were strongly agree about performing follow up GE by women doctor and majority of the participants were strongly agree that GE is more expensive..[24]

Moreover, this result was congruence with the study done by conducted a study entitled "Experience of healthcare encounters among women with Gynecological Examination: A qualitative study" and found that nearly half of the participants were strongly agreed that they feel worry and sham from taking off their clothes during GE and majority of them were disagree about GE is performed at an early age and before marriage..[25]

This agreement of results may be due to lack of financial resources that limit their ability to spend much money on the routine examinations that can be omitted for later stages after marriage in addition to their community culture regarding exposing their body to male physicians and refuse to be examined by them.

Regarding to the effect of nursing intervention on women attitude, the current study revealed that there was an obvious improvement of the studied women attitude in the post intervention and follow up phases compared to pre intervention phase.

This result was agreement with the study done by conducted a study stated that the attitude of the studied women towards GE. Post intervention positive attitude women revealed a highly significant improvement from pre intervention to post intervention..[24]

Moreover, this result was congruent with the study done by conducted a study found that the attitude of the studied women's towards GE. Post intervention positive attitude groups revealed a highly significant improvement from pre intervention to post intervention..[25]

Additionally, this result was congruent with the study done by conducted a study found that nursing intervention improving the positive attitude of studied women's from pre intervention to post intervention..[21]

This agreement of results may be due to the positive impact of the study intervention on women attitude and their readiness and acceptance of them to be counseled when the service available.

Regarding to distribution of the studied women according to their breast self- examination and vulvar examination practices, the current study revealed that, all the studied women do not practice all items of BSE, before intervention.

This result was congruent with the study done by conducted a study entitled "breast self- examination and vulvar examination in women with gynecological examination" and found that majority of the participants had do not practice all items of BSE, and vulvar examination before intervention..[26]

Moreover, this result was congruence with the study done by conducted a study entitled "gynecological examination practice in women and chronic pelvic pain" and stated that majority of women mentioned the fear from methodology as the main cause for not doing GE annually..[27]

This agreement of results may be due to the fact that rural women didn't trained enough about breast self-examination due to their community culture.

Regarding to the effect of intervention program for the practice aspects of the selected women, the current study revealed that there was a highly significant improvement in women's practice in post and follow up phases as compared with the pre intervention phase.

This result was congruent with the study done by conducted a study found that there is a highly significant improvement in women practice in post and follow up phases as compared with the pre intervention phase..[21]

This agreement of results may be due to the positive effect of the intervention program on the practice aspects and improvement of positive attitude of women to programs.

Regarding to the efficiency of the implementation of nursing intervention for the knowledge aspects of the studied women's about GE, the current study revealed that post intervention knowledge groups revealed a highly significant improvement in the different aspects of knowledge as well as total score of knowledge. Moreover, the good knowledge response of total score knowledge was improved from pre intervention to post intervention.

This result was congruent with the study done by conducted a study found that Post intervention knowledge groups revealed a highly significant improvement in the different aspects of knowledge as well as total score of knowledge..[20]

Also, this result was agreement with conducted a study found that good knowledge response of total score knowledge was improved from pre intervention to post intervention..[19]

This improvement of women's knowledge may be due to the positive effect of the intervention program on women's knowledge and positive response of women to this program.

Regarding to Relation between the women socio-demographic characteristics and their level of post intervention knowledge about GE, there were no statistical significant differences between the women's socio-demographic characteristics and the total score of post intervention knowledge groups about GE .

This result was agreement with the study done by conducted a study entitled " Beliefs about dissemination of gynecological examination practicing on enhancing women health" and found that there were no statistical significant differences between the women's socio-demographic characteristics and the total score of post intervention knowledge groups about GE ..[28]

This significant of results may be due to the similarity of the demographic characteristics in the studied women.

On the other hand, this result was disagreement with the study done by conducted a study entitled "Relations among knowledge, and Psychological Well-Being in women with gynecological examination practice" found that there was a statistically significant differences between the women's socio-demographic characteristics and the total score of post intervention knowledge groups about GE..[29]

Regarding to Relation between studied women socio-demographic characteristics and their level of post intervention attitude towards GE, there were statistical significant differences between the women's age groups, education and the total score of post intervention attitude groups on GE .

This result was agreement with the study done by conducted a study stated that there were statistical significant differences between the women's age groups and education and the total score of post intervention attitude groups on GE post intervention..[24]

Also, this result was congruent with the study done by conducted a study found that Post intervention there were statistical significant differences between the women's age groups and education and the total score of post intervention attitude groups on GE..[25]

This significant of results may be due to the positive effect of educational level and maturity level on women's attitude.

VI. Conclusion

More than one half of the ruralwomen have poor level of knowledge regarding to gynecological examination and also practicing. Their poor knowledge regarded to inadequate awareness about importance of it. So most of them exposed to gynecological problem.

Recommendations

On the basis of the current study findings, the following recommendations are suggested: Regular implementation of health education &training programs for women aboutgynecological examination and problems related to neglecting of follow up, Proper attitude regardinggynecological examination and practicing BSE & vulvar Further researches are recommended Finding emphasizes that information about and gynecological examination should be included in secondary school curriculum.

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Table 1: Socio-demographic characteristics of the studied women

Socio-demographic characteristics	**Frequency**	**Percent**
Age groups :		
• 25 - 35 years	46	65.7
• 36 - 45 years	24	34.3
Mean ± SD	**33.1 ± 6.8 years**	
social status:		
• Married	57	81.4
• Divorced	10	14.3
• Widow	3	4.3
Job		
• Work	70	100
Education		
• Read and write	23	32.9
• Intermediate education	30	42.9
• University	17	24.2

Table 2:- Distribution of studied women according to their menstrual history

Menstrual history	**Frequency**	**Percent**
Criteria of menstruation : Regular	38	54.3
Irregular	32	45.7
Age of menarche :		
11 -13 years	40	57.1
14 -15 years	30	42.9
Mean ± SD	**13.2 ± 1.2 years**	
Pain during menstruation:		
Yes	54	77.1
No	16	22.9
If Yes: Degree of pain (N=54):		
Mild	24	44.5
Moderate	18	33.3
Sever	12	22.2
bleeding among menses: Yes	26	37.1
No	44	62.9
Menstrual changes Yes	43	61.4
No	27	38.6
Menstrual problem Yes	45	64.3
No	25	35.7
If Yes: menstrual disorders (N=45):		
Amenorrhea	12	26.7
Spots	11	24.4
Hormonal disturbance	22	48.9

Table 3:- Distribution of studied women according to their gynecological history

Gynecological history	Frequency	Percent
Number of Gravida:		
Zero	10	14.3
1 – 2	46	65.7
3 – 5	14	20
Pregnancy complications		
Pre-eclampsia	26	43.3
Anti-partum hemorrhage	32	53.4
Ectopic pregnancy	2	3.3
Delivery complications (N=60):		
No complications	25	41.7
Prolonged labor & perennial tears	16	26.7
Anal fistula	17	28.3
Post-partum infection	2	3.3
Family planning methods:		
Hormonal	31	44.3
IUD	3	4.3
Nothing	36	15.4

Table (4): Distribution of the studied women according to their knowledge about Gynecological Examination (GE) (N = 70)**)**

The Women's' knowledge about the GE	Wrong answer& I don't know		Incomplete correct answer		Complete correct answer	
	No	%	No	%	No	%
Meaning of female gynecological examination	43	61.4	27	38.6	0	0
Beginning of doing gynecological examination?	46	65.7	22	31.4	2	2.9
Knowing importance of GE: Yes: {67 (95.7%)} If **yes**, what is importance? (N=67)	29	43.2	28	41.8	10	14.9
Knowing obstacles of GE from women's' point of view	41	58.4	27	38.6	2	2.9
Knowing barriers of GE	44	62.9	24	34.2	2	2.9
Knowledge if GE is useful for early detection of diseases?	22	31.4	19	27.1	29	41.4
Knowing the importance of doing GE annually Yes: 7 (10%) **No: 63 (90%)** **If <u>No</u> , mentioned causes were(N=63):** I don't know 18 (28.6%) GE is not important 14 (22.2%) Fear from methodology 23 (36.5%) Fear from results 8 (12.7%)						
Mean total knowledge score about gynecological examination pre intervention : Mean ± SD 9 ± 1.5						

Table (5): Distribution of the studied women's' according to their knowledge about methodology of Gynecological Examination (GE) before performing GE (N = 70) **)**

The Women's' knowledge about the methodology of GE during Reproductive age before performing GE	Wrong answer& I don't know		Incomplete correct answer		Complete correct answer	
	No	%	No	%	No	%
Before performing GE:						
Knowing methodology of G E: Yes: 35(50%) If yes ,How GE will be done?(N=35)	27	77.1	0	0	8	22.9
Knowing parts that will be examined during GE? Yes: 45 (64.3%) if yes, which parts(N=45)	19	42.2	18	40	8	17.8
Methods that will be used during GE	30	42.8	24	34.3	16	22.9
Did you informed methods of preparation before GE? Yes: 47 (67.1%) if yes, who?(N=47): Physician: 9 (12.9%) Nurses : 28 (40%) Others : 10(14.3%) If yes, knowledge of special preparation for genitalia before GE(N=47)	20	42.5	25	53.2	2	4.3
Knowing preparation in the morning before GE Yes: 47 (67.1%)	28	71.8	11	28.2	0	0

No: 23 (32.9%) If yes, what's preparation (N=47):						
are you feel fear or anxious from GE Yes: 47 (67.1%) No: 23 (32.9%) If yes, why (N=47)	34	72.3	10	21.3	3	6.4
Mean total score of knowledge before performing GE = 9.5 ± 2.1						

Table (6): Distribution of the studied women's' according to their knowledge about methodology of Gynecological Examination (GE) after performing GE (N = 70)**)**

The Women's' knowledge about the methodology of GE during Reproductive age after performing GE	**Wrong answer& I don't know**		**Incomplete correct answer**		**Complete correct answer**	
	No	**%**	**No**	**%**	**No**	**%**
After performing GE:						
Explaining GE method by nurse or physician at the beginning of it: **Yes**: **67 (95.7%)**. **If Yes:** are they insure that women is free from contraindications before GE (N=67)? **Yes**: (57 (85%) If yes, knowledge contraindications before performing GE (N=67)	37	55.2	30	44.8	0	0
Taking WT, HT and B.P before GE: Yes = (29 (41.4%) No=41 (58.6%)						
Taking urine analysis or empty bladder before GE: Yes =30 (42.9%) N0= 40 (57.1%)						
Does the medical examination room contain all the required screening GE instruments? Yes : 32(45.7) Doctor reassure the women before GE Yes= 36(51.4%) No = 34 (48.6%)						
How physician examine you? *Observation by eye 42 (60%) *Observation by eye, palpate, & use instruments 25 (35.7%) Refuse perform GE by women's 3 (4.3%)						
Are you told result of exam? Yes: 58 (82.8%) No: 9 (12.9%) Refuse perform GE by women's 3 (4.3%)						
Are you feared from GE? Yes: 55(78.6%) No: 12(17.1%) Refuse perform GE by women's 3(4.3%) If yes, intending doing examination annually (N=55)? Yes : 30(54.5) No: 25(45.5) **If yes,** What is the appropriate period for GE for you (N=55)? Every 6 months 24 (43.6%) Every year 5 (9.1%) If there is problem &need GE 26 (47.3%)						
Every woman must know every think about GE before it: Yes: 49 (70%) If yes, what causes (N=49)?	8	16.3	41	83.7	0	0
After GE, have you been notified of any health problem? **Yes: 18 (25.7%)** **If yes**, what's problems (N=18)? Vaginal monilia or tricomonus : 16 (88.9%) Cervical erosions : 2 (11.1%)						
Mean total score of knowledge after performing GE = 2.3 ± 0.9						
Grand total knowledge pre intervention 11.8 ± 3.2						

Table (7): Distribution of the studied women's' according to their knowledge about methodology of Gynecological Examination (GE) in follow up phase (N = 70)**)**

The Women's' knowledge about the methodology of GE during Reproductive age in follow up phase	**Wrong answer& I don't know**		**Incomplete correct answer**		**Complete correct answer**	
	No	**%**	**No**	**%**	**No**	**%**
In follow up phase						
Explaining GE method by nurse or physician at the beginning of it: **Yes**: **65(92.8%)**. **If Yes:** are they insure that women is free from contraindications before GE (N=65) ? **Yes**: (60 (85.7%) If yes, knowledge contraindications before performing GE (N=65)	33	47.2	32	45.7	0	0
Taking WT, HT and B.P before GE: Yes = 25 (35.7%) No=45 (64.3%)						
Taking urine analysis or empty bladder before GE: Yes =36 (51.4%) N0= 34 (48.6%)						
Does the medical examination room contain all the required screening GE instruments? Yes : 30(42.9) Doctor reassure the women before GE Yes= 35(50%) No = 35 (50%)						
How physician examine you? *Observation by eye 40 (57.1%) *Observation by eye, palpate, & use instruments 25 (35.7%) Refuse perform GE by women's 5 (7.1%)						
Are you told result of exam? Yes: 60 (85.8%) No: 5 (7.1%) Refuse perform GE by women's 5 (7.1%)						
Are you feared from GE? Yes: 57(81.4%) No: 8(11.4%) Refuse perform GE by women's 5(4.3%) If yes, intending doing examination annually (N=60)? Yes: 30(50%) No: 30(50%) **If yes,** What is the appropriate period for GE for you (N=60)? Every 6 months 30 (50%) Every year 5 (8.3%) If there is problem &need GE 25 (41.7%)						
Every woman must know every think about GE before it: Yes: 52 (74.3%) If yes, what causes (N=52)?	10	19.2	39	75	3	5.8
After GE, have you been notified of any health problem? **Yes: 25 (35.7%)**						

If yes, what's problems (N=25)? Vaginal monilia or tricomonus: 22(88%) Cervical erosions : 3 (12%)						
Mean total score of knowledge in follow up phase = 3.4 ± 1.2						
Grand total knowledge pre intervention 11.8 ± 3.2						

Table 8: Sources of knowledge about gynecological examination among studied women's (N=70)

Knowledge sources	Frequency	Percent
Books	**8**	**11.4**
internet	**30**	**42.9**
Friends	**6**	**8.6**
T.V	**12**	**17.1**
other resources	**14**	**20**
70	**100**	

Table (9): Distribution of the studied women's' according to their attitude about Gynecological Examination (GE) pre intervention (N = 70)**.**

The Women's' attitude about GE during Reproductive age before intervention	Disagree		Agree		Strongly agree	
	No	%	No	%	No	%
Gynecological examination not seriously	15	21.4	31	44.3	24	34.3
gynecological examination formal and ineffective	15	21.4	37	52.9	18	25.7
I feel that I have no idea about gynecological examination	13	18.6	37	52.8	20	28.6
Gynecological examination help for screening, early detection and treatment of diseases.	44	62.9	17	24.2	9	12.9
I feel fear from GE	9	12.9	38	54.2	23	32.9
I sham from takeoff my clothes	9	12.9	32	45.7	29	41.4
My husband must agree to do GE	9	12.9	61	87.1	0	0
I feel headache and stress from GE	9	12.9	61	87.1	0	0
I feel severe pain and spasm in site of GE	16	22.9	31	44.2	23	32.9
I feel a disorder in the urine.	16	22.9	21	30	33	47.1
I feel more anxious from GE	4	5.7	42	60	24	34.3
I'm fear from bad vaginal discharge	4	2.7	56	80	10	14.3
I'm fear from physician look bad to me	10	14.3	42	60	18	25.7
You do not have to go to do GE, except if you feel tired.	6	8.6	26	37.1	38	54.3
Gynecological examination more expensive	0	0	28	40	42	60
G E is very important for the reproductive health	30	42.8	20	28.6	20	28.6
GE is performed at an early age.	39	55.7	15	21.4	16	22.9
I cannot follow up GE with the lack of a female doctor.	9	12.9	17	24.2	44	62.9
Mean total attitude score about gynecological examination pre intervention : Mean ± SD 36.5 ± 7.8						

Table (10): Distribution of the studied women according to their attitude groups about Gynecological Examination (GE) throughout the intervention phases (N = 70)**.**

Total Attitude groups	Frequency	Percent
Pre- intervention		
Negative attitude	23	32.9%
Positive attitude	47	67.1%
Mean ± SD 36.5 ± 7.8		
Post- intervention		
Negative attitude	8	11.4%
Positive attitude	62	88.6%
Mean ± SD 52.4 ± 4.5		
Follow up intervention phase		
Negative attitude	5	7.1%
Positive attitude	65	92.9%
Mean ± SD 55.2 ± 5.8		

Table (11): Distribution of the studied women according to their breast self- examination practices (n=70).

BSE practices	Done		Not Done	
	No	%	No	%
1) Wash your hands and cut your nails	6	8.8	46	91.2
2) Maintain privacy	10	14.3	60	85.7
3) Expose the examination area (upper part)	7	10	63	90
4) Stand in front of the mirror and inspect the breasts	11	15.7	59	84.3
5) Observe contour or shape of breast, noting any masses, retracting of tissue or flattening.	15	21.4	55	78.6
6) press the breast into the inside with all fingers stretched flatly using the fingertips	12	17.2	58	82.8
7) Examine the clavicle and axillary regions through palpation the tail of the breast and check for enlarged lymph nodes, tenderness, discoloration, swelling or lesions	9	12.8	61	87.2
8) Lift the breast by the other hand if the breast is heavy to do the examination	20	28.6	50	71.4
9) Gently press the nipple using the index finger and thumb to check fluid flow such as lactic fluid, yellow liquid or blood.	31	44.3	39	55.7
10) Repeat examination with the other breast	24	34.3	46	65.7
11) Record checking data	18	25.7	52	74.3
Total mean score(practice BSE)	0.41± 0.68			

Table (12): Distribution of the studied women according to their vulvar examination practices (n=70).

Practices	Done		Not Done	
	No	%	No	%
1) Wash your hands and cut your nails	15	21.4	55	78.6
2) Maintain privacy	10	14.3	60	85.7
3) Take off your clothes and wear a medical gown	24	34.3	46	65.7
4) Make the patient lying on his back on the examination table with the knees bent and put the feet on the corners of the examination bed	20	28.6	50	71.4
5) Visually inspect the vulva for irritation, redness, ulcers, swelling or other abnormalities.	31	44.3	39	55.7
6) Heating the laparoscope before inserting it	9	12.8	61	87.2
7) Open the walls of the vagina and to show the vagina and cervix	24	34.3	46	65.7
8) Ask the patient to relax as much as possible to avoid feeling pain	18	25.7	52	74.3
9) Insert two fingers into the vagina with one hand, while the other hand gently presses the outer part of the abdomen to examine the size and shape of the uterus and ovaries.	24	34.3	46	65.7
10) Insert a finger into a glove inside the rectum in search of soft, oily or other areas	13	18.6	57	81.4
11) Ask the patient to wear her clothes	16	22.8	54	77.2

12) Record checking data	31	44.3	39	55.7
Total mean score(practice BSE)	0.97± 0.36			

Table 13: Pre, post, and follow up women responses to practice aspects, and total practice assessment (N=70).

Practice aspects	Pre				Post				Follow up				F	P value
	Poor practice		Good practice		Poor Practice		Good practice		Poor practice		Good practice			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%		
BSE	61	87.2	9	12.8	6	8.8	46	91.2	10	14.3	60	85.7	1.52	.000*
Vulvar Examination	58	82.8	12	17.2	7	10	63	90	9	12.8	61	87.2	0.98	.000*
Total practice	59	84.3	11	15.7	10	14.3	60	85.7	12	17.2	58	82.8	1.63	.000*

(*) statistically significant p< 0.001

Table (14): Pre, and post intervention of studied women's responses to knowledge aspects, and total knowledge groups (N=70).

Knowledge aspects	Pre intervention		Post intervention		Follow-up intervention		Test of sig.	P value
	Poor Knowledge N0. (%)	Good knowledge N0. (%)	Poor Knowledge N0. (%)	Good knowledge N0. (%)	Poor Knowledge N0. (%)	Good knowledge N0. (%)		
Knowledge of GE	24 (34.3%)	46(65.7%)	9 (12.9%)	61 (87.1%)	15(21.4%)	55 (78.6%)	X^2=8.9	0.002 HS
Knowledge Before performing GE	51 (72.9%)	19 (27.1%)	6 (8.6%)	64 (91.4%)	8(11.4%)	62 (88.6%)	X^2=65.7	0.000 HS
Knowledge After performing GE	65(92.9%)	5 (7.1%)	2 (2.9%)	68 (97.1%)	5(7.1%)	65 (92.9%)	X^2=98.2	0.000 HS
Total score knowledge	45(64.3%)	25 (35.7%)	3 (4.3%)	67 (95.7%)	8(11.4%)	62 (88.6%)	X^2=55.5	0.000 HS

HS= High significant

Table (16): Relation between the women's socio-demographic characteristics and their level of post intervention knowledge about GE (N= 70)

Total knowledge / **Socio-demographic characteristics**		**Post knowledge groups about GE**					
		Poor know.		**Good know.**		**Chi-square**	
		N	**%**	**N**	**%**	**X^2**	**P-value**
Age (years)	25 – 35 years	3	100	43	64.2	Fisher exact test	0.54 NS
	36 – 45 years	0	0	24	35.8		
Education	Read& Write	2	66.7	21	31.3	LR=2.5	0.29 NS
	2ry school or a technical diploma	1	33.3	29	43.3		
	University	0	0	17	25.4		
Marital status	Married	3	100	54	80.6	LR=1.3	0.53 NS
	Divorced	0	0	10	14.9		
	Widow	0	0	3	4.5		
Total		3	100	67	100		

NS = Not significant. LR = Likelihood Ratio

Table (17): Relation between the women's socio-demographic characteristics and their level of follow up phaseintervention knowledge about GE (N= 70)

Total knowledge / **Socio-demographic characteristics**		**follow up phase intervention knowledge groups about GE**					
		Poor know.		**Good know.**		**Chi-square**	
		N	**%**	**N**	**%**	**X^2**	**P-value**
Age (years)	25 – 35 years	5	100	45	69.2	Fisher exact test	0.51 NS
	36 – 45 years	0	0	20	30.7		
Education	Read& Write	3	60	20	30.8	LR=2.1	0.26 NS
	2ry school or a technical diploma	2	40	35	53.9		
	University	0	0	10	14.3		
Marital status	Married	5	100	57	87.7	LR=1.9	0.50 NS
	Divorced	0	0	3	4.6		
	Widow	0	0	5	7.7		
Total		5	100	65	100		

NS = Not significant. LR = Likelihood Ratio

Table (18): Relation between studied women's' socio-demographic characteristics and their level of post intervention attitude towards GE (N= 70)

Total Attitude groups / **Socio-demographic characteristics**		**Attitude groups about GE post intervention**					
		Negative attitude		**Positive attitude**		**Chi-square**	
		N	**%**	**N**	**%**	**X^2**	**P-value**
Age (years)	25 – 35 years	8	100	38	61.3	Fisher exact test	0.04Sig.
	36 – 45 years	0	0	24	38.7		
Education	Read& Write	2	25	21	33.9	LR=6.2	0.04 Sig.
	2ry school or a technical diploma	6	75	24	38.7		
	University	0	0	17	27.4		
Marital status	Married	8	100	49	79	LR=3.5	0.2 NS
	Divorced	0	0	10	16.1		
	Widow	0	0	3	4.9		
Total		8	100	62	100		

NS= Not significant Sig.= Significant

Total Attitude groups / **Socio-demographic characteristics**		**Attitude groups about GE post intervention**					
		Negative attitude		**Positive attitude**		**Chi-square**	
		N	**%**	**N**	**%**	**X^2**	**P-value**
Age (years)	25 – 35 years	8	100	33	53.2	Fisher exact test	0.02Sig.
	36 – 45 years	0	0	29	46.8		
Education	Read& Write	2	25	22	35.5	LR=6.4	0.03 Sig.
	2ry school or a technical diploma	5	62.5	27	43.5		
	University	1	12.5	13	21		
Marital status	Married	7	87.5	50	80.6	LR=3.8	0.1 NS
	Divorced	1	12.5	8	13		
	Widow	0	0	4	6.5		
Total		8	100	62	100		

NS= Not significant Sig.= Significant

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Neama Abd El- Fattah Abd El- Gwaad. "Dissemination of Gynecological Examination Practicing among Rural women in Beni- Suef City" .IOSR Journal of Nursing and Health Science (IOSR-JNHS), vol. 8, no.06 , 2019, pp. 01-17.