



Original article

Exploring Jordanian women's experience of first pelvic examination

Lina Mryan, RN, MSN, PhD Assistant Professor^{a,*},
 Karimeh Alnuaimi, RN, RM, MSN, PhD Assistant Professor^b,
 Sanaa Abujilban, RN, RM, MSN, PhD Assistant Professor^c,
 Jamila Abuidhail, RN, MSN, PhD Associate Professor^d

^a Department on Maternal, Child and Family Health Nursing, Faculty of Nursing, Hashemite University, Room 2086, P.O. Box 150459, Zarqa 13115, Jordan

^b Department on Maternal, Child and Midwifery, Faculty of Nursing and Midwifery, Jordan University of Science and Technology, Irbid 13115, Jordan

^c Department on Maternal, Child and Family Health Nursing, Faculty of Nursing, Hashemite University, Room 2090, P.O. Box 150459, Zarqa 13115, Jordan

^d Department on Maternal, Child and Family Health Nursing, Faculty of Nursing, Hashemite University, Room 5359, P.O. Box 150459, Zarqa 13115, Jordan



1. Introduction

A pelvic examination is a complete physical exam of a woman's pelvic organs by a health professional (Massad et al., 2012). The pelvic exam is performed to assess women's internal and external reproductive tract organs. A pelvic examination is used for gynaecological reasons such as cervical biopsy, endometrial ablation, endometrial biopsy, hysteroscopy, Pap Test. Or obstetrical reasons such as pregnancy and routine antenatal care (American College of Gynecologists, 2013). While all married women experience pelvic examination at least once in their lifetime (Abdelati & Hasaneen, 2012), many of them still feel embarrassed because the examination relates to their intimate organs (Mryan, 2010).

Previously, the experience of pelvic examination has been studied globally, in terms of both women's and examiner's experience (Bloomfield et al., 2014; Grundstrom, Wallin, & Bertero, 2011; McLean et al., 2010; Oscarsson, Benzein, & Wijma, 2007; Ouj, Igberase, Eze, & Ejikeme, 2011; Yanikkerem, Ozdemir, Bingol, Tatar, & Karadeniz, 2009). These studies reported positive and negative experience. Some of the reported factors leading to the negative experience are: the presence of male health care providers (Gupta, Hogan, & Kirkman, 2001), a history of pelvic and vulvovaginal pain during intercourse (Boyer & Pukall, 2014), and the relationship between the examiner and the women (Gupta et al., 2001). However, the reported factors leading to the positive experience of pelvic examination were: the presence of a female doctor (Gupta et al., 2001; Yanikkerem et al., 2009), a deeper understanding of the situation from the women's perspective (Grundstrom et al., 2011), alternative method of pelvic examination (Carter, Rad, Schwarz, Van Sell, & Marshall, 2013), seeking permission before the examination (Gupta et al., 2001; Ouj et al., 2011) a trusting relationship with the examiner (Grundstrom et al., 2011; Gupta et al., 2001), and a reassuring environment, with the provision of information throughout (Hassan, Sundby, Husseini, & Bjertness, 2012).

In an Arabic conservative Muslim culture such as is found in Jordan, a pelvic examination is rarely performed before marriage (Hammoud, White, & Fetters, 2005). Jordanian women have a clear preference for a female care provider (Al Nsour, Brown, Tarawneh, Haddadin, & Walk, 2012). Previously published studies found that women tend to prefer female physicians, especially in the case of obstetricians and gynecologists. Embarrassment during the examination was the major reason for same-gender preference. (Groutz et al., 2016). However, they may accept male doctors in an emergency situation or for a complicated procedures (Rizk, El-Zubeir, Al-Dhaheri, Al-Mansouri, & Al-Jenaib, 2005).

Reviewing the literature in Jordan and the Arab countries it is clear that there has been no research studies in Jordan or other Arab countries which has previously explored or discussed women's experience of a first pelvic examination. Knowing that a pelvic examination is associated with negative feelings, such a study would help nurses to plan proper interventions to reduce the women's negative feeling toward the procedure, and enhance their positive experience as a whole.

The aim of this study was to explore the Jordanian women's experience of first pelvic examination. We asked the following research question: How do Jordanian women describe their experience of receiving their first pelvic exam.

2. Methods

The primary purpose of this research was to explore the experience of first pelvic examination in Jordan, the way they are perceived by the women involved in a set situation. A qualitative research design was used. The study aimed at achieving a two-pronged objective of advancing research on this topic, as well as informing policies and programs targeted to improve young women's experience of receiving an intimate exam.

* Corresponding author at: Department on Maternal, Child and Family Health Nursing, Faculty of Nursing, Hashemite University, Room 2086, P.O. Box 150459, Zarqa 13115, Jordan.
 E-mail addresses: linam@hu.edu.jo (L. Mryan), jabuid@hu.edu.jo (J. Abuidhail).

2.1. Ethical consideration

The research proposal received ethical approval from both the Hashemite University Ethics Committee, and from the Research Ethics Committee of the Ministry of Health Jordan. A consent form was signed from all research participants.

Confidentiality of data/records was maintained. Ensuring the separation of data from identifiable individuals and storing the code linking data to individuals securely. We ensured that no one have access to the data. The participants were promised not to discuss the issues arising from an individual interview with others in ways that might identify them. As well as not disclosing what the participant has said in an interview. And finally, we respect anonymising individuals and/or places in the dissemination of the study to protect their identity.

2.2. Data collection

A purposeful sampling strategy was used; covering Jordanian married women with various reasons for visiting the clinic. All women who had their pelvis examined for the first time were invited by the midwife. Thirty seven Jordanian women agreed to participate in our study. The size of the sample was based on data saturation, that is, sampling to the point at which no new information is obtained and redundancy is achieved.

The interviews were scheduled to take place in the location where the participant was recruited, or as the women preferred. The study settings were four Comprehensive Health Centers and two maternity clinics in public hospitals. Interviews were conducted in Arabic between June 2014 and June 2015 in a private room in the clinic or in a place chosen by the participants. Several contextual matters may influence the possibility of the participants expressing their experience, such as worrying about their quality of care, which might prevent participants from sharing negative experience. To rectify this, bringing the participants to a private room and not allowing any of the health care team to be present during the process of interviewing was meant to decrease this sense of worry and increase the sense of security.

Semi-structured, in-depth interviews using a pre-prepared interview guide was made use of in this study. All interviews started with the open-ended question “Can you describe your experience of the pelvic examination?” To make the women speak about their own experience and to get a deeper understanding, and to clarify some aspects of the interview, questions such as “Can you tell me more about that?” or “Can you explain that?” were asked. Questions concerning making the appointment, undressing, the procedure and equipment used, and their general experience were also included.

2.3. Data analysis

The interviews were transcribed verbatim by the primary investigator. The transcriptions were compared to the recordings in Arabic and the participants received copies of their interview transcripts to ensure the accuracy of the transcripts. The participants were assured that they could contact the researchers to clarify any issues they believed important. A manual Thematic Content Analysis Tool (TCAT) (Berg & Lune, 2012) was used to analyse the data. TCAT reveals the thematic content of the interview transcripts by identifying common themes in the texts for further analysis (Anderson, 2007).

Our focus was on gaining in-depth information from the women regarding their experience of the pelvic examination. To ensure the accuracy of the analysis, separate analyses by co-researchers were done. Data were coded, recorded and sorted into meaningful components. As analysis continued, major themes were identified. Related themes were paired with each other, and whenever a new theme appeared, previous transcripts were reread to determine if that theme had been identified in previous interviews.

3. Results

3.1. Socio-demographic characteristics

Thirty seven married women gave their consent and were interviewed. The average age of the women was 19 years. All women were literate. Eight of them had finished only high school, 13 had completed a diploma, and 16 were university graduates. Nine women were employed. Almost all of them were considered low to middle income, and the majority of them lived in a nuclear family.

Twenty five women were pregnant (first pregnancy 67.5%). Some of them reported a pregnancy-related complication such as abnormal uterine bleedings (5.4%) and itching, unusual odour or increased vaginal discharge (18.9%). Others came for consultation with regard to menstrual disorders (10.8%), vaginitis (8.1%), infertility issues (2.7%) and ovarian cyst (2.7%).

Four general themes emerged from the interviews describing the young women's lived experience of the pelvic examination. Each is listed in the following section evidenced by the participants' own words.

Theme 1. Being not informed, shocked, pained, depressed, humiliated and embarrassed.

Some of our participants described their experience of receiving their pelvic examination as “*shocking*” and unexpected. They stressed that the lack of information about the procedure itself was the only reason behind the feeling of “*shock*”. Participants repeatedly expressed anger because of the failure of the health care providers to inform them with information about the procedure, specifically because it was their first experience of PE. This woman was young (21 years old), married for two years, and had come to the clinic for fertility issues.

“I never ever thought of it like that... It's so bad and gave me a shock that I will never ever forget... I will never forgive anyone who failed to give the information needed and explanation before the procedure...”

Most of our participants found the experience of pelvic examination painful and “*depressing*” and might influence their maternity care in the future: “*The doctor was so tough. He gave me a lot of pain, honest I will think hundreds of times before seeking maternity care in the future...*”.

Other participants described their experience as “*humiliating, immoral*” and “*embarrassing*”. They said that there was no respect for their dignity on the part of the health care providers. Furthermore, exposing themselves and show their private body part was an embarrassing experience.

“They don't explain or give any information, you feel like you have no choice. It is so embarrassing to remove your underclothes and expose yourself to a stranger... That was such a bad feeling”.

One participant described her feelings as “*being raped*” because of the way it was performed:

“The doctor asked me to go behind the screen, take my underclothes off and lie down on the bed.... then he came.. It was like ‘open your legs’ and suddenly he inserted his hand... it's like ”being raped, “I screamed... he shouted at me... I cried a lot... it was not expected at all”.

In Jordan, there is no routine pelvic exam in regular antenatal visits. It is not expected to be done until there is a reason to perform the exam. The first antenatal visit is composed of taking a history, lab tests and a brief physical exam (weight, height and blood pressure).

“I came to the antenatal visit for a routine care. I told the doctor that I have excessive vaginal secretions, then he decided to perform the pelvic exam. It was never expected”.

Theme 2. Absence of nurses and midwives role.

Predominant views of the participants described the relationship between the health care providers and them, with simply no relationship and “*one way communication*”. They said that the midwives and nurses don't speak with them during the visit. Some participants came to the clinic with no idea about the content of the visit, they had no idea

Download English Version:

<https://daneshyari.com/en/article/8567725>

Download Persian Version:

<https://daneshyari.com/article/8567725>

[Daneshyari.com](https://daneshyari.com)