PSYCHO-SOCIAL FACTORS AFFECTING RURAL WOMEN’S
PERSONAL HYGIENE BEHAVIOUR RELATED TO VAGINITIS
IN YUNNAN PROVINCE, CHINA

XIAOPING KANG

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ABSTRACT

This is a cross-sectional study aimed at identifying the level of personal hygiene behavior related to vaginitis and certain psycho-social factors that affect that behavior. The target population is currently married women at reproductive age who live in the two villages of Chengjiang county, Yunnan province, China. The sample size was 502 women. The data was collected by interview using a structured questionnaire during August, 1996. Two focus group discussions were also held as a supplement. A modified Health Belief Model was employed as a conceptual framework in this study.

The findings indicate that the level of hygienic behavior for preventing vaginitis was quite low among respondents. Most women used foot-basins and over one-third of them used foot-towels to wash their vulva. More than half of the women washed their underwear together with other clothes and changed their underwear once in 4-30 days. The results show that there was a low level of knowledge about signs and causation of vaginitis and that the levels of perception of susceptibility and severity of vaginitis among respondents were also not high, while there was a higher level perceived benefits and a lower level of perceived barriers to practising hygienic behavior among respondents.

Four independent variables in multiple regression analysis had a statistically significant association with the level of personal hygiene behavior in the theoretically predicted direction. These variables were perceptions of benefits and barriers of practising hygienic behavior, women's age and knowledge about signs and causation of vaginitis. In addition to significance of these four variables, the variables indicating perceptions of susceptibility and severity of vaginitis, and education were also shown to have a statistically significant association with the level of personal hygiene
behavior in bivariate analysis. It was found that family income was not a sensitive predictor of personal hygiene behavior in this study.

Only knowledge of signs and causation of vaginitis had a strong and statistically significant association with each of four perception variables as anticipated in the framework. The relationships between education and the perceptions of susceptibility of vaginitis and between education and benefits of practising hygienic behavior were shown to be positive and statistically significant. The remaining findings did not support the research hypotheses. For example, education in relation to perceptions of severity of vaginitis was not significant. Barriers to practising hygienic behavior, age and family income were not significantly related to each of four perception elements.

In sum, this study provides some initial evidence that the Health Belief Model is useful in understanding personal hygiene behavior among poorly educated rural women in two villages of China.

It is suggested that in order to improve practising hygienic behavior which contributes indirectly to the prevention of vaginitis, effective health education should be emphasized more among poorly educated rural Chinese women. More attention should be paid to developing appropriate health education material which is accepted and easily read by illiterate and semi-literate women. The contents of the material should provide not only knowledge about signs and causation of vaginitis, but also guidance for practising preventive and treatment behaviors. In addition, local health worker training which addresses prevention and diagnosis of vaginitis is urgently needed.