

Awareness about reproductive hygiene as a measure of genitourinary tract infection prevention in children- Is it time modify the national policies?

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Abstract:

The stigma around discussion about reproductive health is a major obstruction in spreading awareness and introducing sanitary practices and promoting reproductive hygiene early in childhood so that children can be conditioned into taking genital hygiene seriously and make intimate washing a routine habit. As healthcare workers, we must strive to raise awareness about reproductive hygiene in early childhood as an attempt to prevent genitourinary tract infections and if started early, the healthy cleaning habits can significantly reduce genitourinary tract infections due to infective causes in children and consequently in adults.

Keywords: Reproductive health, Genitourinary tract infection, Prevention of UTI, Mother and Child Healthcare

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I. Introduction

The Indian healthcare scenario presents a spectrum of contrasting landscapes. At one end of the spectrum are facilities delivering high tech medicare to the urban Indian and at the other end are the population in the remote reaches waiting for basic healthcare facilities. With the rapid pace of change currently being witnessed, this spectrum is likely to widen further, presenting even more complexity in the future.

The challenges in delivering healthcare to the “everyone” including the socially disadvantaged, the economically challenged, and the systemically marginalized are the 5 A’s:¹

1. **Awareness or the lack of it:** How aware is the Indian population about important issues regarding their own health?

Why is the level of health awareness low in the Indian population? The answers may lie in low educational status, poor functional literacy, low accent on education within the healthcare system, and low priority for health in the population, among others.²

2. **Access or the lack of it:** Access (to healthcare) is defined by the Oxford dictionary as “The right or opportunity to use or benefit from (healthcare)”.³

Physical reach is one of the basic determinants of access, defined as “the ability to enter a healthcare facility within 5 km from the place of residence or work”.⁴ Using this definition, a study in India in 2012 found that in rural areas, only 37% of people were able to access IP facilities within a 5 km distance, and 68% were able to access out-patient facilities.⁵

3. **Absence or the human power crisis in healthcare.**

4. **Affordability or the cost of healthcare:** Almost 75% of healthcare expenditure comes from the pockets of households, and catastrophic healthcare cost is an important cause of impoverishment.⁶ Added to the problem is the lack of regulation in the private sector and the consequent variation in quality and costs of services.

5. **Accountability or the lack of it:** Being accountable has been defined as the procedures and processes by which one party justifies and takes responsibility for its activities.

The same 5 A’s can be used to identify the challenges in achieving desired reproductive health measures I the country, especially in the remote areas.

Reproductive Health

WHO defines Reproductive Health as “A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes”.⁷

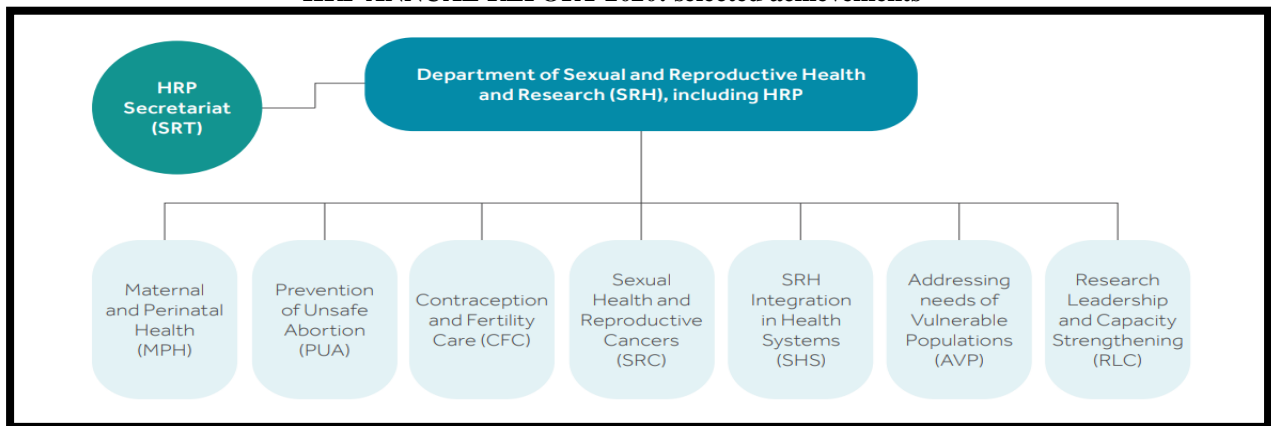
It is a broad term which includes prevention against:

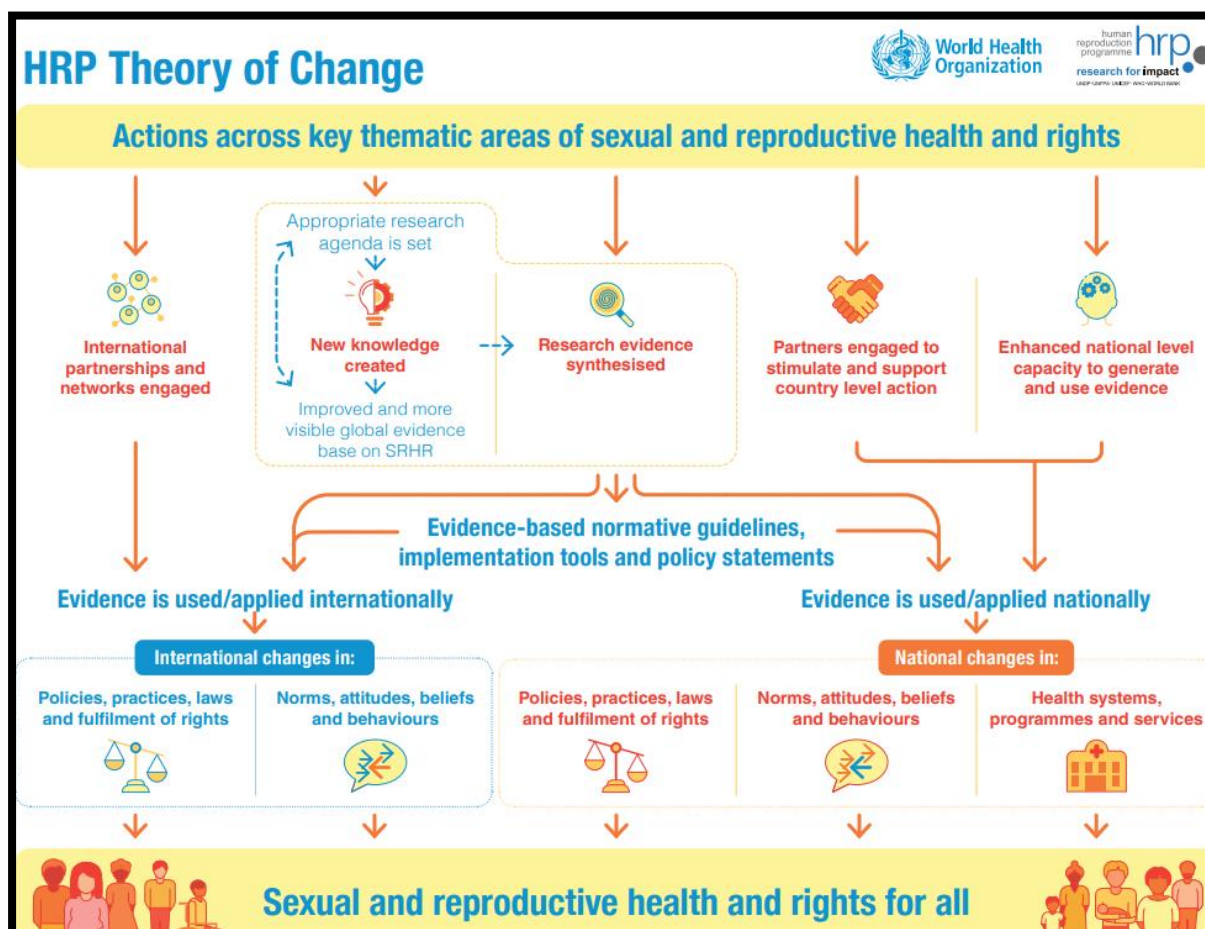
1. Sexually transmitted infections (STIs)

2. Cervical cancer
3. HIV/AIDS
4. Family planning/contraception methods
5. Emergency contraception
6. Adolescent pregnancy
7. Abortion
8. Maternal mortality

HRP- Human Reproduction Programme (the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction) is the main instrument within the United Nations system for research in human reproduction, bringing together policy-makers, scientists, health care providers, clinicians, consumers and community representatives to identify and address priorities for research to improve sexual and reproductive health. HRP is based at the WHO headquarters in Geneva, Switzerland. It supports and coordinates research on a global scale, synthesizes research through systematic reviews of literature, builds research capacity in low-income countries and develops dissemination tools to make efficient use of ever-increasing research information.

HRP ANNUAL REPORT 2020: selected achievements





Various ministries of the government of India have developed policies related to ARH (Adolescent reproductive health). Some of the policies deal explicitly with adolescent health and development issues, whereas others have done so implicitly. Important relevant policies and plans that have been developed in India over the past 25 years include:

- The Children's Code Bill, 2000
- National Health Policy, 1983
- National Nutrition Policy, 1993
- National Plan of Action for Children (Planning Commission of India), 1992
- National Plan of Action for the South Asian Association for Regional Cooperation (SAARC) Decade of the Girl Child, 1991–2000
- National Policy for Children, 1974
- National Policy in Education 1986 (Modified 1992)
- National Policy on Child Labor, 1987
- National Population Policy, 1997
- National Population Policy, 2000
- National Youth Policy, 1986
- Draft New National Youth Policy, 2000
- National Health Policy 2017, and
- NHM: National Rural Health Mission

Some Indian states have developed their own Population Policy and Policy on Women. Where applicable, these have included concerns about adolescent health and development. Adolescent health is the domain of the Ministry of Health and Family Welfare and the Departments of Health and Family Welfare of the states.

The Ministry of Women and Child Development is significantly involved with the issues of nutrition and development of children, particularly girl children. The National Health Policy of 1983 (the draft National Health Policy 2000 is in the process of finalization) aimed at attaining health for all through primary health care. While the policy did not mention adolescence specifically, it emphasized safe motherhood and child survival as

well as the need for the provision of health care for school-going children through the school health program. The major thrust to adolescent health, however, was given in the National Population Policy 2000.⁸

There are several policies and awareness programmes revolving around Adolescent birth rate, Antenatal care coverage, Births attended by skilled health personnel, Births by caesarean section, Family planning needs satisfied, Female genital mutilation, Health service coverage, Institutional births, Stillbirth rate, Women married or in a union before age 15 and 18. We are yet unable to reach the remote areas of India and spread awareness about these complex policies. The need of the hour is to begin to enlighten the remote and tribal areas about the basic hygiene of intimate areas as a measure to prevent infections of the genitourinary tract.

Genital hygiene

The stigma around discussion about genitals and their hygiene is a major obstruction in spreading awareness and introducing sanitary practices to promote intimate hygiene early in childhood so that children can be conditioned into taking genital hygiene seriously and make intimate washing a routine habit. When children start toilet training,

good bathroom habits should be taught to them too as they will adapt them early in life. There are several modules available to guide parents/guardians in providing proper

genital hygiene to kids but a channel is required to counsel the parents regarding the same, a role which must be played by a healthcare professional. UTI can be prevented by taking simple measures like: changing diapers more often, after each bowel movement, girls should wipe from front to rear and not rear to front. This keeps germs from spreading from the anus to the urethra. Urine sitting in the bladder too long gives bacteria a good place to grow, therefore, children should be explained to not hold it in and inform whenever they need to go to the toilet.⁹

There are different methods of intimate washing in different conditions in both boys and girls which must be explained to parents soon after birth.

A) Cleaning genitals in boys:

At birth, the penis is covered by a double fold of skin, called foreskin. Circumcision is a practice in few cultures where this foreskin is removed. Care of the circumcised and uncircumcised penis is different which should be explained to parents soon after birth by the healthcare provider.

1. **For Uncircumcised Penis:** During the first several years of life, the intact foreskin will naturally separate from the glans. This is called foreskin retraction. Foreskin retraction should never be forced. Until it fully separates, do not try to pull it back. Forcing it to retract before it is ready can cause severe pain, bleeding, and tears in the skin.

Steps to clean:

- a. Wash all body including genitals, when giving bath to your infant.
- b. Wash the head of the penis and the inside fold of the foreskin with soap and water. W
- c. Watch your baby urinate to be sure that the hole in the foreskin is large enough to allow a normal stream.

Kids should be taught to clean their genitals in the following way:

Step 1: Gently pull the foreskin back away from the end of the penis.

Step 2: Rinse underneath the foreskin with soap and warm water.

Step 3: Pull the foreskin back over the penis.

If the foreskin becomes considerably red or swollen, a paediatrician must be consulted. If the foreskin is fully retracted before puberty, an occasional retraction with cleansing beneath will do.

2) For Circumcised Penis:

Usually, after the circumcision has healed, the penis requires no additional care. During the bath, soapy water can be squeezed over the penis from a washcloth and rinse it.

Occasionally a small piece of the foreskin remains which should pull back gently each time the child is bathed. The groove around the head of the penis is examined and made sure it's clean.

3) Steps to clean while diaper change:

The baby's bottom and surrounding dirty areas should be wiped with a sensitive baby wipe (alcohol & fragrance free), moist tissue, or damp washcloth using only plain water. In boys, the groove between scrotal sacs and thighs must be cleaned properly. The penis is tucked into a downward position just before putting a fresh diaper to avoid urine to escape over the top end of the diaper.¹⁰

B) Cleaning genitals in girls:

1) During bath, avoid getting soapy water inside the vagina as it is an irritant. Be careful while giving Bubble baths, avoid using harsh soaps and body washes. They may strip the natural protective layer of the vagina. Clean by running a washcloth up each side of the labia, between the inner and outer labia. Always clean from front to back and never from back to front, to avoid urinary tract infections. Rinsing off the soap from the vulva is very important. Kids should be taught to clean their own vulva and shown them exactly where this is, and explain what each part is called and why it's important to clean it. The vagina is the part on the inside; the vulva is on the outside, and includes all 'external genitalia' – the labia (four lips), the clitoris and the opening of the urethra (for urine).

The vagina cleans itself, so unless there is something up there (like faeces), it should not be cleaned from the insides and soap must never be used to clean the insides of vagina.

2) Steps to clean while diaper change:

For girls, the entire outside of visible soiling should be wiped firmly but gently, and then in between the outer labia and inner labia as required. Always wipe the area from front to back. Dry off with air or a dry cloth, but don't rub hard.¹¹⁻¹²

As healthcare workers, we must strive to raise awareness about reproductive hygiene in early childhood as an attempt to prevent genitourinary tract infections and identify and analyse possible barriers to access in the financial, geographic, social, and system-related domains, and do our best to get our students and peers thinking about the problem of access to good quality healthcare. If started early, the healthy cleaning habits can significantly reduce genitourinary tract infections due to infective causes in children and consequently in adults. Several studies have shown association of developing genitourinary tract infections with factors like unclean latrines, improper handwashing, unclean clothes and improper menstrual hygiene but not much focus has been given to awareness of people about proper cleaning of genitals in kids and adults.¹³ More research is required to understand the level of awareness in different communities about genital/intimate hygiene and a targeted approach could help in combatting the stigma and providing correct information to them at the right time.

There are several national policies available which focus on wellbeing of mother and child, intimate hygiene must be included in them as it can be the first step to introducing menstrual hygiene as well, through this, girls will already be aware about the proper steps of washing their genitals to avoid infections and can carry on the same practice when they start menstruating leading to a healthy reproductive life as well. The similar model may be adopted hospitals where patients can be counselled about genital hygiene along with other information provided to them after delivery. 10-15 minutes of counselling by a healthcare professional at early stages can have a huge impact and in turn lead to reduced prevalence of preventable infective Urinary Tract Infections and Genital Tract Infections and their complications and with time, there is hope that both parents will be actively involved in healthy child raising and the male members of the family will also be actively involved in childcare along with busting the stigma around the topic of genital hygiene and move a step closer to improving maternal child health.

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