

# Societal Expectations for Women to Meet Unrealistic Standards of an Idealized Clean Vagina

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## Description

This study examines concerns regarding women's reproductive health in Italy's steel town of Taranto, a "high-risk environmental area." It examines political and social aspects of women's reproductive health in relation to pollution and draws on participatory ethnographic research (body mapping, interviews, and field notes). I argue that woman's health concerns about their bodies and political rationalities increase in highly polluted environments, going beyond the focus on their bodies as shaped by toxic exposure. Women use references to the polluted environment and political-economic structures in which they live to make sense of information about their reproductive health and questions of responsibility in relation to societal norms. The study aims to complicate women's role as environmental subjects beyond "toxic bodies" by focusing on their own experiences and expanding our understanding of women's agency over their environment-health relationships. Imprisonment has been linked to poor oral health outcomes in previous studies. In a similar vein, recent research has revealed that women who are pregnant and are either directly or indirectly exposed to incarceration through a partner suffer worse health outcomes. However, no previous study has examined the relationship between oral health during pregnancy and exposure to incarceration. From 1993 to 1998, 161,808 racially and ethnically diverse postmenopausal women between the ages of 50 and 79 participated in the Women's Health Initiative at 40 clinical centers across the United States.

## Prevention of Cardiovascular Disease

WHI evaluated three randomized interventions as part of its clinical trial component (menopausal hormone therapy; modification of diet; and taking calcium and vitamin D supplements) in older women for the primary prevention of major chronic diseases like cardiovascular disease. Numerous clinical, behavioral, and social factors have been evaluated as predictors of incident chronic disease and mortality in the WHI observational study. The WHI data and biomarker resources continue to be leveraged and expanded through ancillary studies to yield novel insights regarding the prevention of cardiovascular disease and healthy aging in women despite the completion of

the initial interventions. In North America, the market for over-the-counter vaginal hygiene products, such as feminine washes, douches, sprays, personal wipes, and powders, is expanding. For instance, almost half of the 1435 women who participated in a recent cross-national study in Canada said that they had used vaginal wipes at least once in their lives (42 percent). Biomedical literature increasingly suggests that some of these products pose health risks, such as increased susceptibility to bacterial vaginitis and cervical cancer, despite their growing popularity. Given that these products are promoted as safe and beneficial to women's vaginal health, this is concerning. A subset of eight women from a larger sample of 31 women was interviewed for this study about their use of vaginal cleansing products.

Despite being aware of health risks and/or experiencing adverse effects, we investigate how these women justified their use of vaginal cleansing products. Women's justifications included describing the negative effects of using the products as a trade-off for having a clean genital area, minimizing undesirable effects, and wanting to avoid being labeled as having a dirty genital area. We talk about how women are expected to maintain an idealized clean genital area or face negative consequences if they fail to do so. We show how these findings are influenced in part by representations of desirable vaginas as "contained" and devoid of odour and discharge in broader cultural meanings of women's bodies as problematic. Women's midlife is understudied when it comes to environmental chemical exposure and menopausal effects. Phthalates and hot flashes have been linked in recent cross-sectional studies, but little is known about these relationships over time. We fitted repeated measures over a four-year period to data from the Midlife Women's Health Study, a prospective longitudinal study. These data were used to fit generalized linear mixed-effects models and Cox proportional hazards regression models. Between 2006 and 2015, there was recruitment in Baltimore and the surrounding counties in Maryland, USA. The women who took part were premenopausal or perimenopausal women between the ages of 45 and 54, had never had a hysterectomy or oophorectomy, were not pregnant, or were taking oral contraceptives for menopausal symptoms. Premenopausal women made up 65% of the population, with a mean age of 48.4 (2.45).

## Generalized Anxiety Disorder

The main outcome measures were the hazard ratios (HRs) for incident hot flashes and the adjusted odds ratios for the four self-reported hot flash outcomes (ever experienced, past 30 days experience, weekly/daily, and moderate/severe). Higher concentrations of di (2-ethylhexyl) phthalate, monoisobutyl phthalate, and a molar summary measure of plasticizer phthalate metabolites (DEHP metabolites, mono-(3-carboxypropyl) phthalate (MBzP)) were mostly associated with increased odds of certain hot flash outcomes. There were some associations that showed lower odds between exposures and outcomes. In conclusion, certain hot flash outcomes in middle-aged women were linked to phthalate metabolites. Higher concentrations of phthalate metabolites may be more sensitive to menopausal symptoms during middle age. Amyotrophic lateral sclerosis (ALS) is a neurodegenerative problem with no fix. Environmental exposures may influence ALS risk, despite the fact that the cause of sporadic ALS is largely unknown. There are significant racial-ethnic disparities in women's health in the United States, and growing attention has focused on discrimination in health care as a root cause. However, little is known about the effects of racial-ethnic discrimination in health care on the health of women of color throughout their lives. Our goal was to examine a variety of health care areas that women of color encounter throughout their lives by compiling the existing literature on the impact of racial-ethnic health care discrimination on health care outcomes. The COVID-19 pandemic and the perinatal period have both been well-established as times of vulnerability to anxiety. When these stressors are added together, pregnant women who have previously been diagnosed with Generalized Anxiety Disorder (GAD) may be expected to have more symptoms. A sample of women who entered perinatal status during the COVID-19 pandemic was the subject of this study, and it was aimed at determining whether or not anxiety that was already present increased anxiety symptom severity-related health concerns. During the COVID-19 pandemic (May 21, 2020 to June 24, 2021) we conducted a cross-sectional assessment of generalized

anxiety symptoms, prior GAD diagnosis, and COVID-19-related health concerns in 1,587 pregnant U.S. women. Pre-existing GAD patients were 3.56 times more likely than those without a pre-existing GAD diagnosis to report clinically significant levels of generalized anxiety among perinatal women who reported high levels of COVID-19-related health concerns.

Coronavirus related wellbeing stresses represented a bigger gamble for raised tension side effects among those without a prior finding of Stray. For those without a mental health diagnosis, increased access to psych education and treatment may be necessary. The COVID pandemic has accelerated the introduction of tele Health, which has emerged as an alternative to in-person visits. Telephone appointments make use of technology that is accessible and simple to use. The entire women's health clinical rotation in our nursing program was replaced with simulation training because of the cultural requirements of male Jewish Ultra-Orthodox nursing students. During a pilot of an alternative method of instruction, the purpose of this study was to ascertain student and teacher satisfaction as well as knowledge and skill acquisition. Women's roles in families as primary caregivers and health monitors were overstated during the COVID-19 pandemic. This is made worse by the possibility of losing employment and health insurance. The Virtual Academy of Women's Health is a novel idea for a computer- and internet-based method of learning and training in medicine, particularly obstetrics and gynecology. Learning at home rather than in a large lecture hall may be more essential and practical than ever before, especially in the face of global pandemics of infectious diseases. The Virtual Academy is based on free worldwide medical knowledge in the form of websites, video and audio platforms, scientific papers, medical books, and other guidelines. A collection of videos on a variety of topics related to women's health can help students and doctors learn about diseases' symptoms, diagnostic procedures, and treatment options. It focuses on two main goals: putting the knowledge to the test through clinical case simulations and online.