

THE ASSOCIATION BETWEEN MATERNAL ROLES AS EDUCATORS, ROLE MODELS, AND COMPANIONS AND VULVA HYGIENE PRACTICES AMONG ADOLESCENT GIRLS

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ABSTRACT

Misconceptions and improper practices in vulva hygiene among adolescent girls are often linked to inadequate maternal support. This study aimed to examine the association between maternal roles as educators, role models, and companions and vulva hygiene practices among adolescent girls in Indonesia. This study is A cross-sectional analytical survey that was conducted with 102 mother-daughter pairs selected through simple random sampling from a public high school in South Sumatra. Data were collected via structured questionnaires and analyzed using the chi-square test, with Prevalence Ratios (PR) and 95% confidence intervals calculated to measure association strength. Significant associations were found between maternal roles and good vulva hygiene practices: educator role ($p=0.033$, PR=1.93, 95% CI: 1.03–3.63), role model ($p=0.028$, PR=2.00, 95% CI: 1.03–3.87), and companion ($p=0.036$, PR=1.89, 95% CI: 1.03–3.46). Socioeconomic status was also significantly associated with maternal role quality ($p=0.030$), and mothers with higher education, greater knowledge, and authoritative parenting styles were more effective in supporting their daughters' hygiene. In conclusion, maternal involvement in multiple roles significantly influences vulva hygiene practices among adolescent girls. Health education programs should integrate maternal engagement strategies to improve adolescent reproductive health outcomes.

Keywords: Adolescent Girls; Companion; Educator; Maternal Role; Role Model

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INTRODUCTION

Adolescent reproductive health is a critical determinant of long-term well-being. The pubertal period is a time of significant physical and emotional change, during which mother-daughter dynamics play a crucial role in shaping health behaviors (Ismiyati et al., 2022). A pressing issue among adolescent girls is the widespread lack of knowledge and improper practices related to vulva hygiene, which elevates the risk of reproductive tract infections, vaginal discharge, and other complications (Anggraini, N., & Sriyulyani, N., 2023). Wardani (2021) similarly identified that multiple factors, including maternal roles and knowledge, are associated with adolescent vulva hygiene practices. This problem is frequently rooted in

inadequate family guidance, particularly from mothers, who serve as primary educators in personal health. In Islamic tradition, mothers are regarded as the 'first school' (madrasatul ula) for their children, responsible for instilling values and health practices from an early age (Hidayah, 2021; Koestanti et al., 2024; Yakub et al., 2023). When communication about reproductive health is limited or absent, adolescents often turn to unreliable sources for information, which can perpetuate misconceptions and harmful practices (Febriana & Mulyono, 2020; Likith, 2024). Thus, the central problem lies in the gap between maternal capacity and the need for accurate, open health communication within families.

The scale of this issue is substantial both nationally and globally. In Indonesia, recent data indicate that approximately 43.3 million adolescents aged 15–24 engage in unhealthy reproductive hygiene practices (Badan Pusat Statistik [BPS], 2022). Globally, the World Health Organization (WHO) reports that 25–50% of women experience vaginal infections linked to improper hygiene (WHO, 2020). These figures underscore the urgency of addressing vulva hygiene as a public health priority. The problem is further amplified in contexts where sociocultural norms restrict open dialogue about reproductive health, limiting both maternal involvement and school-based education (Sari et al., 2022).

Existing literature consistently highlights the influential role of parents, especially mothers, in shaping adolescent health behaviors. Studies have shown that maternal guidance significantly affects daughters' hygiene practices and can reduce the incidence of reproductive health issues such as leukorrhea (Ruliani & Chanafy, 2023). Furthermore, knowledgeable and communicative mothers tend to foster better hygiene habits (Putri, Sari, & Wijayanti, 2023). However, most research has examined maternal roles in isolation or within Western settings, leaving a significant gap in understanding how multiple maternal roles—specifically as educators, role models, and companions—operate simultaneously within specific cultural environments such as Indonesia. To address this gap, this study introduces a novel, integrated approach by employing a tri-role maternal model grounded in the Indonesian sociocultural context. By concurrently analyzing these three distinct roles within this localized setting, this research provides a more holistic and nuanced understanding of how multifaceted maternal involvement collectively shapes adolescent hygiene behaviors, offering insights that are both culturally specific and conceptually integrated.

To address this gap, this study aims to examine the relationship between maternal roles as educators, role models, and companions and vulva hygiene practices among adolescent girls at SMA Negeri 1 Indralaya, Indonesia. By adopting a cross-sectional analytical design, this research seeks to provide empirical evidence on how these interconnected roles influence hygiene behaviors. The findings are expected to inform the development of culturally sensitive health education programs that actively engage mothers, thereby improving adolescent reproductive health outcomes. Ultimately, this study contributes to strategies that enhance maternal involvement in health education within family and community settings.

METHODS

Study Design

This study employed a cross-sectional analytical survey design to examine the relationship between maternal roles (as educators, role models, and companions) and vulva hygiene practices among adolescent girls. The design is observational and non-experimental,

focusing on measuring associations between variables at a single point in time, without implementing any intervention.

Setting

The study was conducted at SMA Negeri 1 Indralaya, located in Kabupaten Ogan Ilir, South Sumatra, starting from May 17, 2017. Data collection was conducted in the school setting to assess both mother and daughter perceptions and practices regarding vulva hygiene.

Research Subject

The study population consisted of all grade XI female students and their mothers at SMA Negeri 1 Indralaya, South Sumatra, totaling 123 mother-daughter pairs. The sampling frame was compiled from the school's official student records, which included the names and contact details of all eligible mother-daughter pairs. A simple random sampling technique was employed. Each mother-daughter pair was listed by name in the Wheel of Names online randomizer (<https://wheelofnames.com/>). The wheel was spun electronically, and the first 102 unique names selected by the randomizer were included as study participants. Inclusion criteria required participants to be mothers of female students enrolled in grade XI at the school. Exclusion criteria included mothers who were unable or unwilling to provide informed consent, those who were unavailable during the data collection period, or those whose daughters were absent on the day of the survey.

Instruments

Questionnaire Development and Structure

Data were collected using a structured questionnaire consisting of two main sections. The first section measured mothers' roles through three subscales: educator (10 items), role model (10 items), and companion (10 items), each rated on a 5-point Likert scale (1=strongly disagree to 5=strongly agree). Example items included: "My mother teaches me how to clean my vulva properly" (educator), "My mother practices good personal hygiene herself" (role model), and "I feel comfortable discussing personal hygiene with my mother" (companion). The second section assessed adolescents' vulva hygiene practices using 20 items on a 5-point Likert scale (1=never to 5=always), covering behaviors such as frequency of washing, wiping direction, and use of hygiene products.

Validity and Reliability

The instruments were pre-tested on a sample of 30 mother-daughter pairs not included in the study. Content validity was established through expert review by three public health and nursing specialists. Construct validity was assessed using Pearson's product-moment correlation; items were retained if the correlation coefficient exceeded 0.30. Reliability was evaluated using Cronbach's Alpha, with all constructs demonstrating good internal consistency ($\alpha > 0.70$). No items were removed after the pre-test. The validity and reliability results are summarized in Table 1 below.

Table 1. The validity and reliability results for each construct are summarized in the table below.

Variable	Total Number of Items	Cronbach's Alpha
Maternal Role (Educator)	10	0.82
Maternal Role (Role Model)	10	0.80
Maternal Role (Friends)	10	0.79
Vulva Hygiene Practices	20	0.85

Variables and Cut-Off Points for Categorization

Scores for each construct were summed and converted into percentages. Categorization into “good” and “poor” was based on the following thresholds, adapted from previous studies on maternal roles and adolescent hygiene (Putri et al., 2023) and confirmed through expert validation:

- a) Maternal Role as Educator: $\geq 70\%$ = “good”, $< 70\%$ = “poor”
- b) Maternal Role as Role Model: $\geq 70\%$ = “good”, $< 70\%$ = “poor”
- c) Maternal Role as Companion: $\geq 70\%$ = “good”, $< 70\%$ = “poor”
- d) Vulva Hygiene Practices: $\geq 80\%$ = “good”, $< 80\%$ = “poor”

The higher threshold for hygiene practices (80%) reflects a more stringent criterion for adequate hygiene behavior, consistent with clinical and behavioral guidelines.

Data Analysis

Hypothesis testing in this study was conducted using the Chi-Square test, with an alpha value of 0.05, to evaluate the relationship between mothers' roles as educators, role models, and companions and vulva hygiene practices among grade XI female students at SMA Negeri 1 Indralaya. The statistical analysis was chosen because it allows for the examination of categorical data and the identification of significant relationships between variables.

Ethical Consideration

This study was approved by the Health Research Ethics Committee, Faculty of Public Health, Sriwijaya University (No. 640/UN9.FKM/TU.KKE/2025). All participants provided written informed consent prior to completing the questionnaire. The study complied with the ethical standards of the institutional committee and the Declaration of Helsinki.

RESULTS

Sample Characteristics

The study participants comprised 102 mother-daughter pairs from SMA Negeri 1 Indralaya. The daughters' ages ranged from 15 to 17 years, with a mean age of 16.2 years (SD = 0.6). All participants were female because the study focused exclusively on adolescent girls and their mothers.

Descriptive Findings

Table 1 summarizes the distribution of maternal roles, vulva hygiene practices, and socioeconomic status among participants.

Table 2. Distribution of Maternal Roles, Vulva Hygiene Practices, and Socioeconomic Status (N=102)

No.	Variable	Category	Frequency (n)	Percentage (%)
1	Mother's Role as Educator	Poor	45	44.1
		Good	57	55.9
2	Mother's Role as Role Model	Poor	38	37.3
		Good	64	62.7
3	Mother's Role as Companion	Poor	44	43.1
		Good	58	56.9
4	Vulva Hygiene Practices	Poor	45	44.1
		Good	57	55.9
5	Monthly Family Income	< Rp 2,213,001	49	48.0
		\geq Rp 2,213,001	53	52.0

The majority of mothers were perceived as performing well in their roles: 55.9% as educators, 62.7% as role models, and 56.9% as companions. Similarly, 55.9% of adolescents reported practicing good vulva hygiene. Socioeconomically, 52.0% of families had a monthly income above the provincial minimum wage (Rp 2,213,001).

Bivariate Analysis: Association Between Maternal Roles and Vulva Hygiene Practices

Chi-square tests were conducted to examine the associations between each maternal role and adolescent vulva hygiene practices. Prevalence Ratios (PR) with 95% confidence intervals were calculated as the measure of association, consistent with the cross-sectional design. All associations were statistically significant ($p < 0.05$).

Table 3. Association between Mother's Role as Educator and Vulva Hygiene Practices

Mother's Role as Educator	Vulva Hygiene: Poor n (%)	Vulva Hygiene: Good n (%)	Total n (%)	p-value	PR (95% CI)
Poor	24 (23.5)	21 (20.6)	45 (44.1)	0.033	1.93 (1.03–3.63)
Good	21 (20.6)	36 (35.3)	57 (55.9)		
Total	45 (44.1)	57 (55.9)	102 (100)		

Adolescents whose mothers were rated as poor educators were 1.93 times more likely to have poor vulva hygiene compared to those with good educator mothers (PR = 1.93, 95% CI: 1.03–3.63).

Table 4. Association between Mother's Role as Role Model and Vulva Hygiene Practices among Adolescent Girls

Mother's Role as Role Model	Vulva Hygiene: Poor n (%)	Vulva Hygiene: Good n (%)	Total n (%)	p-value	PR (95% CI)
Poor	28 (27.5)	19 (18.6)	47 (46.1)	0.028	2.00 (1.03–3.87)
Good	17 (16.7)	38 (37.3)	55 (53.9)		
Total	45 (44.1)	57 (55.9)	102 (100)		

Daughters of mothers with poor role modeling were **twice as likely** to engage in poor hygiene practices (PR = 2.00, 95% CI: 1.03–3.87).

Table 5. Association between Mother's Role as a Friend and Vulva Hygiene Practices among Adolescent Girls

Mother's Role as Companion	Vulva Hygiene: Poor n (%)	Vulva Hygiene: Good n (%)	Total n (%)	p-value	PR (95% CI)
Poor	22 (21.6)	17 (16.7)	39 (38.2)	0.036	1.89 (1.03–3.46)
Good	23 (22.5)	40 (39.2)	63 (61.8)		
Total	45 (44.1)	57 (55.9)	102 (100)		

Similarly, poor maternal companionship was associated with a **1.89 times higher likelihood** of poor vulva hygiene (PR = 1.89, 95% CI: 1.03–3.46).

Association Between Socioeconomic Status and Maternal Role

A significant association was found between family income and overall maternal role quality ($p = 0.030$). Mothers with incomes below the provincial minimum wage were 1.86 times more likely to be categorized as having a poor maternal role (PR = 1.86, 95% CI: 1.04–3.32)

Table 6. Association between Socioeconomic Status and Maternal Role

Maternal Role Category	Income < UMP n (%)	Income ≥ UMP n (%)	Total n (%)	p-value	PR (95% CI)
Poor	23 (22.5)	14 (13.7)	37 (36.3)	0.030	1.86 (1.04–3.32)
Good	22 (21.6)	43 (42.2)	65 (63.7)		
Total	45 (44.1)	57 (55.9)	102 (100)		

DISCUSSION

This study examined the association between maternal roles as educators, role models, and companions and vulva hygiene practices among adolescent girls in Indonesia. The findings indicate that maternal involvement across these roles is closely related to adolescents' hygiene behaviors. Most mothers were perceived positively in their roles, suggesting that maternal engagement remains a central component in shaping reproductive health practices during adolescence. These results reinforce the importance of the family environment, particularly the mother-daughter relationship, in promoting healthy behaviors (Ismiyati et al., 2022; Putri et al., 2023). The role of mothers as educators appears to be fundamental in influencing adolescents' understanding and practice of vulva hygiene. Adequate maternal knowledge and the ability to convey health information effectively contribute to better hygiene behaviors among adolescents. This finding is consistent with previous studies showing that maternal education significantly affects adolescent hygiene practices (Wiratmo & Utami, 2022; Ruliani & Chanafy, 2023). However, cultural taboos surrounding reproductive health discussions may limit open communication, thereby restricting the quality of information delivered (Noe et al., 2018; Olusanya & Jegede, 2022).

In addition to educational roles, maternal function as a role model plays a significant part in shaping behavior through observational learning. Adolescents tend to imitate behaviors demonstrated by their mothers, particularly in daily hygiene practices. This finding aligns with social learning perspectives, which emphasize that behaviors are acquired through observation and imitation (Brahmana, 2023). When mothers consistently demonstrate proper hygiene, adolescents are more likely to adopt similar practices. Furthermore, the role of mothers as companions reflects the importance of emotional closeness and open communication in influencing adolescent health behaviors. A supportive and communicative relationship encourages adolescents to discuss sensitive topics, including reproductive health, more openly. This is consistent with studies highlighting that parental support and quality interaction significantly influence adolescent personal hygiene behaviors (Sholikha et al., 2019; Oktavia et al., 2024). Authoritative parenting, characterized by warmth and responsiveness, further strengthens this dynamic (Üstündağ, 2024).

The findings also highlight the influence of socioeconomic factors on maternal roles. Families with higher socioeconomic status may have better access to education, health information, and resources, enabling mothers to perform their roles more effectively. This is in line with previous research linking socioeconomic conditions with parental involvement in adolescent health education (Sari et al., 2022). Conversely, limited resources may constrain maternal capacity to provide adequate guidance. It is important to recognize that adolescent hygiene behaviors are influenced by multiple factors beyond maternal roles. External influences such as peers, school-based education, and media exposure also contribute significantly to shaping health behaviors. Adolescents may seek information from alternative sources when maternal communication is limited, which can sometimes lead to misinformation (Febriana & Mulyono, 2019; Likith, 2024). Therefore, a comprehensive approach integrating family, school, and community interventions is necessary.

Overall, this study supports the conceptual framework that emphasizes the interconnected roles of mothers in shaping adolescent health behaviors. The integration of educational, behavioral, and emotional support roles provides a more holistic understanding of maternal influence. Future research should incorporate broader contextual variables and apply

longitudinal or mixed-methods approaches to better capture the complexity of adolescent reproductive health behaviors.

IMPLICATION AND LIMITATIONS

Implications

This study contributes to the literature by concurrently examining three distinct maternal roles within the Indonesian context, offering a nuanced perspective on how maternal involvement may relate to adolescent vulva hygiene. The findings suggest that health education programs aiming to improve adolescent reproductive health should consider integrating strategies that engage mothers across their multiple roles. However, given the cross-sectional design, causal inferences cannot be drawn, and the observed associations should be interpreted as preliminary evidence supporting the value of maternal involvement.

Limitations

This study has several limitations. First, the use of self-reported questionnaires may introduce social desirability bias, with participants potentially overreporting favorable behaviors and underreporting sensitive practices. Second, cultural taboos surrounding reproductive health in Indonesia may have limited the honesty of responses, particularly regarding vulva hygiene and maternal communication. Third, the cross-sectional design prevents causal inference and limits understanding of the directionality of associations. Fourth, the study's scope—conducted in a single public high school in South Sumatra with 102 mother–daughter pairs—restricts generalizability to broader populations. Fifth, unmeasured factors such as peer influence, school-based education, social media exposure, and health literacy may confound the findings. Finally, the use of dichotomous categories (“good” vs. “poor”) may oversimplify complex behaviors and reduce analytical sensitivity. Future research should consider longitudinal or mixed-methods approaches, larger and more diverse samples, and the inclusion of broader contextual and psychosocial variables to better capture maternal influence and adolescent reproductive health behaviors.

CONCLUSION

This study found that maternal roles as educators, role models, and companions are significantly associated with vulva hygiene practices among adolescent girls. Socioeconomic status was also related to the quality of maternal involvement. The findings support the conceptual model, highlighting the importance of maternal roles and socioeconomic factors in shaping adolescent health behaviors. However, the model could be strengthened by incorporating additional influences, such as peer dynamics and school-based health education. Overall, mothers play a critical role in promoting proper vulva hygiene among adolescent girls. Future research should focus on developing effective and accessible health education strategies targeting both mothers and adolescents.

SUGGESTIONS

Based on the findings, it is recommended that educational programs on vulva hygiene be integrated into school curricula to ensure that adolescent girls receive accurate information. Additionally, more targeted interventions are needed to engage mothers, particularly in their roles as educators and role models, to enhance their daughters' hygiene practices. Future research could explore the impact of different educational delivery methods, such as multimedia or interactive approaches, to improve understanding and adoption of proper hygiene practices.

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DECLARATION OF INTEREST

The authors declare that there is no conflict of interest.

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AUTHOR CONTRIBUTION

Author 1: Contributed to the conceptualization and design of the study, developed the methodology, performed data analysis, and drafted the initial manuscript.
Author 2: Conducted data collection, contributed to the interpretation of results, wrote sections of the manuscript, provided critical revisions, and approved the final manuscript.
Author 3: Conducted the literature review, contributed to the discussion and analysis, performed editing of the manuscript, and provided final approval for the manuscript.

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