

A Study on Role of Sociodemographic Status of Women of Reproductive Age Group in Excessive Vaginal Discharge in DMCH

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Abstract: ***Introduction:** Vaginal discharge is the commonest complaint of women of reproductive age group in OPD of DMCH. It is the common symptom associated with reproductive tract infection. But recent evidence shows weak association between vaginal discharge and reproductive tract infection. Psychosocial factors also contribute to vaginal discharge. Factors like illiteracy, muslim religion, low socioeconomic status, high parity, increasing age were found to be significantly associated with vaginal discharge. So the problem of vaginal discharge should be understood in sociocultural perspective. Proper understanding of this problem helps in framing health policies and medical education programme. **Method:** The study is conducted in the outpatient department of Obstetrics and Gynaecology, Darbhanga Medical College, Laheriasarai, Bihar. Women with C/o vaginal discharge were interviewed with a pretested questionnaire & sociodemographic details, obstetrics history, contraceptive practices personal and menstrual hygiene were noted. Statistical analysis of the significance of association of different variables was done. **Results:** The prevalence was found to be 29.44%. It is more prevalent in younger age group, high parity, illiterate women, lower socioeconomic class, history of home delivery, induced abortion, poor personal & menstrual hygiene were significantly associated with vaginal discharge. Commonest complaint associated with vaginal discharge were backache, lower abdominal pain and dysuria. **Conclusion:** Increasing awareness regarding personal & menstrual hygiene, proper education, increasing employment rate, women's empowerment, increasing institutional deliveries will help in decreasing problem of vaginal discharge.*

Keywords: Prevalence, Reproductive age, Sociodemographic correlates, Vaginal discharge

1. Introduction

The commonest reproductive tract infection among women is vaginal discharge. Though it affects both men & women, women tend to suffer disproportionately more than men. Vaginal discharge is referred to as **safed panni** or **swetprador** or **dhat** in local language of Bihar. The medical term used to describe this is leucorrhoea. The term 'leucorrhoea' is strictly defined as an excessive normal vaginal discharge. Secretion from the endometrial gland, cervical glands & vagina contribute to this discharge.

This may be physiological or pathological. An increase in the normal vaginal secretion develops physiologically at puberty, at ovulation, pregnancy, sexual arousal & premenstrual phase of menstrual cycle. Pathological discharge may be infections or non-infections. Infections discharge may be due to specific infection like, Gonorrhoea, Trichomoniasis, Chlamydia, which are sexually transmitted. Disturbances in the normal vaginal flora cause Moniliasis & Bacterial vaginosis. Some amount of vaginal discharge is perceived by many women as normal. Women seek medical attention when it is excessive in amount or have fear of contracting a sexually transmitted infection or cancer.

The non-infectious secretions are non-purulent, non-offensive & non-irritant. Study shows 60% of vaginal discharge had laboratory evidence of infection. In the remaining non-infections cause was detected.

Recent studies by Vikram Patel et al have shown that there is a strong association between psychosocial adversity & vaginal discharge in South Asian women. Another study shows that vaginal discharge increases in condition of stress, domestic violence. So the problem of vaginal discharge can be best understood not only in the biomedical context but also with the sociocultural perspective. Proper understanding of local belief perception & cultural practice is important for planning proper health education programmes & health policy.

This study was conducted to assess the magnitude of the problem of vaginal discharge in women of reproductive age group & the sociodemographic factors associated with it, associated gynaecological morbidities & their treatment seeking behaviour.

2. Methods

This is a hospital based cross-sectional study. The present study was conducted in the gynaecological outpatient department of Obstetrics & Gynaecology, Darbhanga Medical College & Hospital, Laheriasarai. The study was conducted in October 2017 to March 2018.

Total number of 500 patients in the age group 15 to 49 years attending the Gynaecological OPD were studied.

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Inclusion Criteria

All married women of reproductive age group.

Exclusion Criteria

- 1) Pregnant & lactating women
- 2) Unmarried women
- 3) Those who have gone hysterectomy
- 4) Those who did not give consent

A pretested questionnaire including information regarding sociodemographic details, menstrual history, socioeconomic status, education, occupation personal & menstrual hygiene were collected & all details were documented. The socioeconomic status was noted based on modified B.G. Prasad scale. P value was calculated to assess the association between the variable tested. A P value of less than 0.05 was taken as significant.

3. Result

A total of 500 women were studied. 170 women complained of vaginal discharge, so the prevalence of vaginal discharge was found to be 29.44%.

Table 1: Association of vaginal discharge with sociodemographic factors

Sociodemographic variables	No. of vaginal discharge n = 170 (% prevalence)	Total no. screened n = 500 (%)	Chi square P value
Age group			
15-24	34	62	24.99
25-34	70	26	
35-44	55	195	
45-54	11	67	
Marital status			
Married	144	447	24.21
Widow	13	33	
Divorcee	13	20	
Educational status			
Nil	78	233	8.41
Primary & Middle class	50	158	
High school & above	42	109	
Socioeconomic status			
Upper class	03	11	16
Upper middle class	16	54	58.6
Middle class	24	145	20.3

70% of the respondents were in the age group 24-44. It is more prevalent in married group. Maximum number of vaginal discharge complaining patients are were illiterate. The discharge was white in colour in 90%, scanty, on & off, colourless in 60%, not associated with pruritus in 74%. 74% felt that there is no relation to periods. Almost half proportion of women had thick & curdy 45% & thin & watery (55%) discharge. 76% of patient had coexisting morbidities & significant association with itching in external genitalia lower abdominal pain, dysurea and backache.

4. Discussion

The prevalence rate is higher in the younger age group of 15-24 years in present study similar to that of Patel V et al and Geetha Mani et al. It may be due to younger age of marriage. Immature cervical epithelium is more susceptible

to ascending infection. There is decrease in vaginal discharge with increasing educational status of women. Similar trends was observed by Patel V et al¹⁵ & Chaudhary V. et al¹⁹, vaginal discharge is more prevalent in women of lower class & lower middle class. These findings are comparable with Kulkarni et al, Chaudhary V. et al. Poor personal genital hygiene may be responsible for this. It is more commonly observed in respondents who have no toilet facility at home. It may be due to improper cleaning of the perineum following urination & defecation or due to non availability of adequate amount of clean water for cleaning.

There was strong association of vaginal discharge with lower abdominal pain, dysurea backache. The limitation of this study is that lab investigations were not done to rule out the infections etiology of vaginal discharge. Deepa LM et al studied the utility of microbiological profile of rural women with symptomatic vaginal discharge. They found that specific diagnosis was obtained in 89% of cases only. No specific etiology was found in 11% of cases.

In another hospital based study by Sevaranjan R. et al 51.7% had infections cause 18% had physiological discharge and specific diagnosis could not be established in 24.2% of cases. So, treating women complaining of recurrent episode of non purulent, non offensive vaginal discharge with syndromic approach may be inappropriate. Apart from clinical examination, microbiological tests, psychosocial evaluation should be a part of the working of these women. It was observed by Oomman N.M. et al that poverty is the root cause. It makes the woman feel psychologically weak. So, social and economic empowerment of women are the key areas of intervention to bring about positive change in the reproductive health of rural Indian women. Improvement of education, socioeconomic status of women, increasing awareness about personal and menstrual hygiene may decrease the problem of excessive vaginal discharge.

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