

## Knowledge, Attitude, Beliefs and Practices of Gynaecological Problems amongst Females in Rural and Urban Population

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Received: 08-06-2021 / Revised: 10-07-2021 / Accepted: 19-08-2021

### Abstract

**Background:** Vaginal discharge is one of the common problems affecting the reproductive life of women which has high prevalence in Asia.

**Aim:** The aim was to analyse the knowledge, attitude and perception of women towards vaginal discharge (VD). **Methods:** A prospective study was conducted on 150 women, above 18 years of age, irrespective of marital status, who presented with VD and its associated symptoms in the Out Patient Department. A pre-structured questionnaire was used to record various parameters related to VD. **Results:** Results of the present study revealed a relationship between the symptoms of VD and various socio-cultural based beliefs. Opinions regarding various aetiological factors and perception of preventive measures were recorded. **Conclusions:** A direct relationship between knowledge attitude and perception about symptoms of VD and educational status of the patients was observed. The study emphasised the need to take effective measures to educate women about reproductive health at community level.

**Keywords:** Attitude, Knowledge, Perception, Reproductive health, Vaginal discharge

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### Introduction

Women's health refers to a state of complete physical, mental and social well being as experienced by women and not merely the absence of a disease or infirmity. Women's health issues have gained a lot of importance in recent years [10]. It is equally important to address health promotion as health issues of women is now on the global social agenda for the forthcoming century.

A woman plays a multifaceted role contributing to the progress of society balancing her personal as well as professional life. Women have responsibilities to effectively manage their domestic as well as professional life. In order to deal with these stresses of family as well as professional life, a woman should have a healthy lifestyle. In all this, gynaecological health of a woman plays a very important role [1]. Generally, women have a tendency to ignore gynecological issues till it escalates to level where some intervention becomes necessary. There is very little information on prevalence of reproductive health problems in the community and their perceived needs, knowledge and attitudes [4].

The term gynaecological diseases is used to denote structural or functional disorders of female abdominal and pelvic organs. One reason for the relative neglect for gynaecological care is a failure to appreciate the extent of unmet needs in the rural areas. Studies have reported high morbidity rate due to neglect [2].

A wide variation is seen in the lifestyle of rural and urban populations which has an impact on the gynaecological health of women. The rural lifestyle involves more of heavy physical activities whereas the urban lifestyle is of sedentary type.

Health promotion is a process of enabling people to increase control over, and to improve their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs and to change or cope with the environment. Health education is the most used health promotion strategy in medical practice [5].

In the present study we sought to determine awareness of women about gynaecological issues; the incidence of gynaecological symptoms (Vaginal Discharge) faced by the population and their attitude towards them, also various practices and beliefs that they follow.

### Materials and Method

This prospective, cross-sectional, multicentric study was conducted by department of community Medicine (PSM), at Nalanda Medical College and Hospital, Patna, Bihar. The study was approved by the institutional; research and ethical committee. The study was conducted over a period of from November 2020 to December 2020.

Pre validated self made questionnaire was used in the study. The questionnaire had 24 questions which included questions on knowledge, attitudes, beliefs and practices and was circulated in a language best understood by the target population. A convenient sampling was undertaken with a sample size of 1200 women of which 600 were from rural areas and 600 from urban areas.

### Inclusion and Exclusion Criteria

The inclusion criteria for this study was women who were 18 years and above and who were willing to participate in this study. The exclusion criteria was women in health care profession.

The subjects who had fulfilled the criteria were explained about the study and a written consent was taken from them.

The data collected was analyzed through Statistical Package for Social Sciences (SPSS-Version 25). Descriptive statistics and spearman correlation were performed, considering  $p < 0.05$  as statistically significant.

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**Results**

Results of present study reveal that most of the women visiting hospital for VD belonged to the age group of 26- 35 years (47%). Minimum number of patients (11%) was in the age group of more than 45 years. 84% of the women were educated above primary level

including 32% who have received education either up to graduation or above. 81% of study population comprised housewives and only 15% were employed. 95% women were married and 79% had urban affiliation (Table 1).

**Table 1: Socio-demographic characteristics of study population.**

Age distribution(in years)	Number (n = 150)	Percentage
18- 25	44	29
26-35	70	47
36-45	20	13
>45	16	11
<b>Educational status</b>		
Illiterate	16	11
Primary	07	05
More than primary	79	52
Graduate or more	48	32
<b>Occupation</b>		
Employed	23	15
Housewife	121	81
Student	06	04
<b>Marital status</b>		
Married	143	95
Unmarried	06	04
Divorced	01	01
<b>Urban/rural</b>		
Urban	118	79
Rural	32	21

Majority of respondents (63%) in this study, presented with VD whereas 37% presented with associated symptoms as the main reason for consulting a doctor. 53% of women had lower abdominal pain with or without VD as the chief complaint. About one third of VD patients had associated symptoms such as genital itching (34%), dysmenorrhea (31%), burning micturition (28%) or painful intercourse (23%). Mass in inguinal region or genital erosions was reported by 4-5% women as associated symptom (Table 2). As far as their knowledge about the causative factors for VD is concerned, majority of subjects (49%) considered it to be a normal process in women's life whereas 40% women regarded that the disease emanates from multiple factors.

**Table 2: Presenting complaints.**

	Yes(%)	No (%)	Do not know (%)
Discharge per vaginum	63	37	00
Genital itching	34	66	00
Lower abdominal pain	53	47	00
Burning micturition	28	72	00
Genital erosion/lesions	04	96	00
Dysmenorrhoea	31	69	00
Mass in inguinal region	05	95	00
Painful intercourse	22	77	01

**Table 3: Knowledge about the causes of symptoms.**

	Yes(%)	No (%)	Do not know (%)
Normal process in women	49	36	00
Warm food	14	67	19
Curse of God	05	84	11
Bad blood in body	11	76	13
Multiple causes	40	30	30

**Table 4: Perception about effects.**

	Yes (%)	No (%)	Do not know (%)
Problems related to child birth and pregnancy (still birth or congenital malformation)	33	45	22
Causes menstrual disorder	35	41	24
Bad effects on future pregnancy	33	39	28
Chronic abdominal pain	35	39	26
Cancer of uterus	44	30	26

Higher percentage of patients did not agree that the symptoms have any relationship with curse of God (84%), bad blood (76%) or warm foods (67%) as summarised (Table 3).

About one third of women had the perception that VD can lead to still births/ congenital malformations, menstrual disorders, effect on future pregnancy or persisting abdominal pain. About one fourth of subjects reported their ignorance about these effects (Table 4).

Majority of women held that observance of genital hygiene (80%), use of condom (66%) and avoiding sex with infected person (59%) constitute important measures to prevent this problem whereas 63% considered that a combination of these measures is important as a safety factor for this condition. Around 73% patients disagreed when asked about any relationship between VD and taking hot foods (Table 5).

**Table 5: Attitude regarding preventive measures.**

	Yes(%)	No (%)	Do not Know (%)
Maintaining hygiene of genitalia	80	14	06
Using condom during intercourse	66	17	17
Avoiding sex with infected person	59	21	20
Not taking hot foods	27	40	33
Multiple options (hygiene, condom etc)	64	21	15

Among the patients, 76% of women showed positive attitude about the efficacy of medical treatment in resolving the symptoms. An equal percentage of women believed that treatment of both husband and wife is required in order to get rid of the disease (Table 6).

**Table 6: Attitude towards treatment.**

	Yes(%)	No (%)	Do not Know (%)
Whether treatable	76	20	04
Whether treatment of husband is also required for cure	76	23	01

## Discussion

To change the health behaviour of the people, it is important that enough information is gathered about the knowledge, attitude and perception of the society they live in. Analysis of such information forms the basis of formulating evidence based health policies that will be feasible and sustainable [6].

Present study was a step in this direction. In the present study, socio-demographic characteristics of women having VD revealed that majority of them were in the age group of 26-35 years. Reason for this can be explained on the basis of peak sexual activity during this period of life which increases the susceptibility of women to infective pathology of reproductive tract. Majority of women (84%) in the present study were qualified above primary level out of which 32% had received education up to graduation or above. Higher literacy rate (79%) in this group was related predominantly to their urban base. 95% of them were married and 81% were housewives. Disease characteristics in our study show that majority of women (63%) presented with VD as the chief symptom which brought them to hospital. Rest of the women visited hospital primarily due to associated symptoms but when specifically questioned, admitted having vaginal discharge as well. Lower abdominal pain was the commonest presenting symptom in these cases. Genital itching, dysmenorrhoea and painful intercourse were observed in about one third cases.

As far as their knowledge about the cause of VD is concerned, it was found that it is taken as a normal process by half of the women. Such statements gave an impression about concept of normality in the feminine society [5]. This perception of normality is influenced by cultural, social and other ethnic factors. Women have fixed their own threshold of abnormality depending upon these factors. Some women take normal secretion as abnormal whereas others seek advice only when it exceeds their limit of normality [3]. So the problem should not be seen only from biomedical perspective but should also be viewed through the framework of ideas that constitute a prism of psycho-emotional and socio-cultural network [2].

Patel et al reported that most of women believed that VD is the 'fate of every woman' and there is nothing to be taken care of [7]. Nevertheless, many women feel apprehensive in view of the need for consultation and medical treatment related to their health and physical and emotional well being. About three fourths of respondents did not agree when asked about supernatural powers and intake of warm foods as causative factors for VD. Higher literacy rate and predominantly urban base of study population explains the negative response to such beliefs. Only one third participants were of the perception that VD could lead to pregnancy related problems, menstrual disorders, persistence of abdominal pain or even cancer of uterus. Rest of them either did not agree or were ignorant about these complications. As far as the attitude of the study population is concerned, 60-80% of respondents showed positive attitude towards observance of good genital hygiene, use of condom and avoidance of sexual relationship with infected persons as the best preventive measures to curtail this problem. Three fourths of participants when asked about the efficacy of medical treatment for VD stated that the disease is treatable but wanted their husbands to be simultaneously

treated to prevent recurrence. From the knowledge, attitude and perception of women about VD, it can be derived that proper interpretation of symptoms by the treating doctors is essential to understand the reproductive implications.

Although earlier workers assumed VD as a symptom indicative of reproductive tract infection, recent studies have shown considerable discordance between symptoms and actual disease [7].

According to Trollope, genital secretion represents a culturally shaped illness and needs to be interpreted more broadly because the symptoms have both emotional as well as physical concern [2]. Main challenges are lack of knowledge about VD, lack of good educational environment and even lack of interest in learning by the members of society. Health activities need to be improved and education of women about vaginal health at community level should be included in the curriculum of health care workers.

## Conclusion

Health seeking behaviour of women with VD is directly related to the knowledge, attitude and perception of the symptoms. Level of education, local beliefs and socio-cultural factors play an important role in the clinical picture presented.

Both biomedical and cultural interpretation of symptoms has relevance. To focus only a biomedical diagnosis is to ignore the socio-cultural meaning of the problem. A better understanding of the emotional dimension of symptoms in gross cultural context needs to be addressed. Emphasis is required to be laid on promoting reproductive health education of women at community level starting right from adolescent period through their reproductive years.

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**Conflict of Interest: Nil Source of support: Nil**