Original Article

Socio-demographic Characteristics of Women having Vaginal Discharge attending a Military Hospital

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Abstruct

Introduction: Vaginal discharge is the commonest concern among women and leads many women to visit Gynaecology OPD. It is a normal part of women reproductive cycle, unless it causes itching, burning or other bothersome symptoms. Association between vaginal discharge and reproductive tract is weak. Psychological factors also contribute in vaginal discharge. So the problem of vaginal discharge can be best understood not only in bio-medical perspective but also in socio-cultural perspective. Proper understanding of the subject is required for appropriate medical intervention and bringing awareness among women.

Objectives: To determine prevalence of vaginal discharge, the socio-demographic factors associated with it, women's perceptions of vaginal discharge and their treatment seeking behaviour.

Materials and Methods: This cross sectional study was performed at outpatients' Department of Obstetrics and Gynecology, Combined Military Hospital, Chattogram from January 2016 to January 2017. Total 150 women with complains of vaginal discharge were interviewed with questionnaire.

Results: Most of the patients63(42%) belong to 25-34 age group, 86(57.3%) had poor sanitation facilities and 126(84%) used cloth pads during menstrual period. Many of them had backache 64(42.6%) followed by itching, bad smell 48(32%) and lower abdominal pain 15(10%). Most of the cases 98(65.3%) were multiparous.

Conclusion: To diminish the problem of vaginal discharge women should improve their health knowledge, empower economic status, maintain personal hygiene. Further study is needed for better outcome.

Key-words: Vaginal discharge, Poor sanitation, Reproductive age.

Introduction

Vaginal discharge is the commonest reproductive tract infection among women. One fourth of the women of gynaecology outpatient department (OPD) has the complaints of vaginal discharge[1]. Vaginal discharge serves a significant house-keeping function in the female reproductive system. Fluid made by glands inside the vagina and cervix carries away dead cells and bacteria. This retains the vagina clean and helps prevent infection. Most of the time vaginal discharge is perfectly regular. The amount can differ, as can odor and color depending on the time of menstrual cycle.Though in rural Bangladesh vaginal discharge is commonly known as 'swedpradhar' but the medical persons used to describe this as 'leucorrhea'[2]. Secretions from endometrial glands, cervical glands and vagina contribute to this discharge. This may be physiological or pathological. Increase in normal vaginal secretions progresses physiologically at puberty, during pregnancy, at ovulation, sexual arousal and premenstrual phase of menstrual cycle. Pathological vaginal discharges may be infectious or non-infectious[1,3]. Infectious discharge may be due to specific infections such as Gonorrhoea, Trichomoniasis, Chlamydiasis which are sexually transmitted and disturbances in the normal vaginal flora cause Moniliasis and Bacterial vaginosis. Some amount of vaginal discharge is perceived by many women as normal. Women resort to medical help when it is excessive or they have fear of contracting a sexually transmitted infection or cancer[4].

Studies from Bangladesh and India have shown that only 30 to 60 percent of women with vaginal discharge had laboratory evidence of infection[5,6]. In the remaining cases no infectious cause was detected. Strong association between psychological adversity and vaginal discharge has been observed in South Asian women[7]. Another study done in North India has shown that women who experienced domestic violence had greater odds of reporting symptoms of gynaecological morbidity[8]. Genital secretions are thought to be a highly purified form of bodily substance and loss of this precious substance is thought to result in progressive weakness and even death. In this study the main objective is to evaluate the prevalence and socio-demographic correlates of vaginal discharge among married women of reproductive age group in Combined Military Hospital (CMH).

Materials and Methods

This cross sectional study was conducted at Obstetrics and Gynaecology OPD of CMH, Chattogram from January 2016 to January 2017. During the study 150 women with complains of

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vaginal discharge were interviewed with questionnaire; socio-demographic details, details of obstetric history, contraceptive practices, personal and menstrual hygiene were noted. Statistical analysis was performed by SPSS 12.0 for Windows. The proportions and frequency tables were used to summarize categorical variables.

Results

Among 150 respondents' most of the patients 63(42%) belong to age group 25-34 followed by age group 35-44 having 51(34%) patients. Most of the patients 98(65.3%) completed primary and secondary level education and 68(45.3%) were housewives. Most of the patients 100(66.7%) belong to lower and lower middle economic class. Patients' husbands completed primary and secondary level education were 79(52.7%). About 126(84%) patients use cloth pads and 86(57.3%) had poor sanitation facilities (Table-I). Majority of the patients 87(58%) were married before 18 years of age, most of the patients 119(79.3%) were multi-para and 106(70.7%) had history of institutional delivery (Table-II). Table-III showed distribution of the respondents based on morbidity associated with discharge where most of the respondents had general weakness 115(76.5%) regarding gynecological symptoms about 64(42.7%) present with backache followed by itching and bad smell 48(32%) and lower abdominal pain 15(10%).

Table-I: Distribution of patients by socio-demographic characteristics (n=150)

Characteristics	Demographic factors	Frequency	Percentage
Age in years	15-24	28	18.7
	25-34	63	42.0
	35-44	51	34.0
	45-54	7	5.3
Education	Primary and secondary school	98	65.3
	Higher secondary and above	52	34.7
Occupation	Housewife	68	45.3
	Teacher	23	15.3
	Social skilled worker	59	39.4
Economic status	Upper class	20	13.3
	Middle class	30	20.0
	Lower middle class	40	26.7
	Lower class	60	40.0
Husband's Education status	Primary and secondary school	79	52.7
	Higher secondary and above	71	47.3
Use of pad	Sanitary pads	21	14.0
	Cloth pads	126	84.0
	Both	3	2.0
Types of toilet	Poor sanitation facilities	86	57.3
	Good sanitation facilities	64	42.7
Types of family	Joint	18	12.0
	Nuclear	132	88.0

Table-II: Distribution of patients by obstetric history (n=150)

Obstetric history			Frequency	Percentage
Marital age	Less than 18 years		87	58.0
	More than 18 years		63	42.0
History of abortions	Yes	Induced abortion	6	4.0
		Spontaneous	13	8.7
	No		131	87.3
Parity	Nulliparous		16	10.7
	Para 1		15	10.0
	Para 2		21	14.0
	Para > 2		98	65.3
Place of delivery	Home		20	13.3
	Institutional		106	70.7
	Both		8	5.3
	Nil		16	10.7

Table-III: Distribution of patients by symptoms (n=150)

Characteristics	Demographic factors	Frequency	Percentage
General Symptoms	General weakness	115	76.7
	Leg cramp	6	4.1
	Body ache	9	5.9
	Urinary problem	2	1.3
	Abdominal pain	5	3.3
	Weight loss	2	1.3
	Anaemia	6	4.1
	Nothing	5	3.3
Gynecological Symptoms	Dysuria	8	5.3
	Menstrual disorders	14	9.3
	Itching & bad smell	48	32.0
	Lower abdominal pain	16	10.7
	Backache	64	42.7

Discussion

In this study, was found high prevalence of vaginal discharge in age group 25-34 years old women. Whereas in many studies found prevalence rate is higher in younger age group of 15-24 years[7,9]. It may possibly be due to younger age at marriage, the immature cervical epithelium is more susceptible to the ascending infections, lack of use of contraceptive methods, early child bearing and obstetric morbidity related to it. However another study reported a higher prevalence rate among married women who were more than 40 years of age[6]. The vaginal discharge was found more in widows and divorced women than women living with spouse in some studies. This is probably due to depression and psychological distress which is described as medically unexplained component of white discharge[10]. In the study, it was found that there is decreased prevalence of vaginal discharge with increasing educational status of women. A similar trend was observed by other studies[9,10]. During the study, it was noticed that vaginal discharge was found to be more prevalent in women belonging to lower class and lower middle class. These findings are compatible with other studies[11]. Poor personal and genital hygiene may be responsible for this. We also found that women whose spouses were educated up to high school and above had lesser prevalence of vaginal discharge. There is

evidence of association between vaginal discharge and history of habits of husbands like drinking and sexual promiscuity. This is similar to other articles[7,9].

The age at marriage of women was strongly associated with vaginal discharge. Women married at less than 18 years of age had a greater prevalence of vaginal discharge. Early onset of sexual activities may predispose the immature cervical epithelium to ascending infections. In this study, we found an increase in prevalence of vaginal discharge with increasing parity, this is also similar to other reports[9]. During the study we observed a strong association between vaginal discharge and usage of toilet. Prevalence is more in the respondents who had no toilet facility at home (open air defecation). This is also in consonance with other findings[9]. This may be due to improper cleaning of perineum following urination and defecation or due to non-availability of adequate amount of water for cleaning. In our study we also noted that reproductive tract infections were higher among women who used cloth of homemade pads which was similar to other reports[9].

Conclusion

Patients with low socio-economic condition and less education status found high prevalence of vaginal discharge. We can conclude that improvement of health knowledge, economic status, maintenance of personal health and women's empowerment will help to mitigate the problem of vaginal discharge.

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