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Impact of social and demographic factors on vaginal discharge

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Abstract

Background: Vaginal discharge is a common reproductive tract infection among women. Reproductive tract infection increases morbidity in women.

Aim: The study aimed to determine the social and demographic factors linked with vaginal discharge.

Methods: This is a hospital-based prospective observational study conducted in the Obstetrics and Gynaecology outpatient department, Rangaraya medical college, Kakinada. Women with vaginal discharge were interviewed with a pretested questionnaire.

Results: The total number of participants in my study was 50. The results were vaginal discharge common among 31-40 years of age. 42% among lower socioeconomic class women, 66% among joint family. 72% had vaginal discharge who got married before 18 years of age. 74% of women had no habit of using panties in their daily life. 40% of women perceived no specific symptoms.

Conclusion: To alleviate vaginal discharge, awareness about personal and menstrual hygiene among women is mandatory.

Keywords: Vaginal discharge, sociodemographic, lower socioeconomic, hygiene

Introduction

Vaginal discharge is a common reproductive tract infection among women. Every fourth woman was attending the outpatient department presented with excessive vaginal discharge. It affects the women's routine physical, social, and sexual activity and creates panic among couples [1, 4].

The vagina is a hollow, fibromuscular elastic canal extending upward and backward from the vulva at an angle of 60-70 degrees to the horizontal. The vagina is kept moist by vaginal secretion from the constant breakdown of superficial epithelial cells, tissue debris, proteins, lactic acid, and electrolytes. Vaginal acidity is of practical importance in providing resistance to infections [2, 3].

The term leucorrhoea is restricted to excessive vaginal discharge, which means "running of white substance." The normal vaginal secretion varies during the menstrual cycle, peaks during ovulation, before and after menstruation, sexual excitement, and pregnancy. Vaginal secretions due to non-infectious causes are non-purulent, non-offensive, and non-irritant. Multiple vague somatic symptoms perceived by patients include genital itching, backache, leg cramps, weight loss, abdominal pain, and weakness. Understanding the sociodemographic factors about vaginal discharge is essential [5-7].

Materials and Methods

This is a hospital-based prospective observational study conducted in the Obstetrics and Gynaecology outpatient department, Rangaraya medical college, Kakinada, Andhra Pradesh. The study period from January to March 2020. Women with vaginal discharge complaints were interviewed with a pretested questionnaire. The questionnaire contains sociodemographic factors, menstrual and obstetric history, and contraception practice, and partner comorbidities. Socioeconomic status assessed by modified kuppusswamy scale. Data were documented in Microsoft excel and analysed using SPSS software.

Inclusion criteria

- All women from age 20-60 years.

Exclusion criteria

- Women not given consent
- Pregnant and lactating women
- Those who underwent hysterectomy

Results

The total number of women was 50. Table 1 shows the sociodemographic factor associated with vaginal discharge. 50% of the women belong to the age group of 31-40 years. 90% of women living with their husband, 48% of women studied up to middle school. 76% of women were homemakers by occupation. 42% of women belong to the lower class. 84% of women belong to the rural area.

Table 1: Sociodemographic factors association with vaginal discharge

Age group	No. of patients	Percentage
20-30	4	8%
31-40	25	50%
41-50	18	36%
51-60	3	6%
Marital status	No. of patients	Percentage
Married	45	90%
Widow	5	10%
Divorce	0	0
Educational status	No. of patients	Percentage
Illiterate	12	24%
Middle school	24	48%
High school	14	28%
Place	No. of patients	Percentage
Rural	42	84%
Urban	8	16%
Occupation	No. of patients	Percentage
Homemaker	38	76%
Labourer	10	20%
Skilled worker	2	4%
Socioeconomic status	No. of patients	Percentage
Middle class	14	28%
Lower middle class	15	30%
Lower class	21	42%

Table 2 shows the distribution of women according to factors related to the husband. 58% of husbands studied up to middle school. 72% of partners were alcoholics, and 64% of partners were smokers, and 2% had a history of sexual promiscuity. 66% of women belong to the joint family.

Table 2: Distribution of women based on factors related to husband

Variable	No. of patients	Percentage
Educational status of husband		
Illiterate	8	16%
Up to middle school	29	58%
High school	13	26%
History of habits	No. of patients	Percentage
Alcohol consumption	36	72%
Smoking	32	64%
Promiscuity	1	2%
Type of family	No. of patients	Percentage
Joint	33	66%
Nuclear	17	34%

Table 3 shows the distribution of women based on marital and obstetric history. 72% of women got married before 18 years of age. 18% had a history of abortion in the past obstetric history, with 77.8% had a spontaneous abortion. 28% had home delivery, and 56% had institutional delivery.

Table 3: Distribution of women based on marital and obstetric history

Age at marriage	No. of patients	Percentage
Less than 18 years	36	72%
At or more than 18 years	14	28%
History of abortion	No. of patients	Percentage
Yes	9	18%
No	41	82%
Induced abortion	2	22.2%
Spontaneous	7	77.8%
Place of delivery	No. of patients	Percentage
Home	14	28%
Institutional	28	56%
Both	8	16%

Table 4 shows the distribution of women based on contraception practice. 90% of women did not use any temporary contraception. 78% of women underwent tubectomy.

Table 4: Distribution of women based on contraception practice

Variable	No. of patients	Percentage
Temporary method		
IUCD	5	10%
Nil	45	90%
Permanent method		
Tubectomy	39	78%
Vasectomy	0	0
Nil	11	22%

Table 5 shows the distribution of women based on personal, menstrual, and sexual hygiene. 16% had open defecation habits. 34% had a habit of using cloth during menstruation, 24% had a habit of using sanitary pads and cloth. 42% had a habit of using the sanitary pad. 74% had no habit of using panties in their daily life. 84.6% of women changing the panties for more than 3 months. 94% of women bathing once during the menstruation cycle.

Table 5: Distribution of women based on personal, menstrual, and sexual hygiene

Variable	No. of patients	Percentage
Defecation		
Open	8	16%
Toilet	42	84%
Usage of pads		
Sanitary pad	21	42%
Cloth	17	34%
Both	12	24%
Use of panties		
Yes	13	26%
No	37	74%
Changing panties frequency		
Daily once	13	100%
>once	0	0
Frequency of buying new panties		
Once in 3 months	2	15.4%
>3 months	11	84.6%
Bathing during menstruation		
Once	47	94%
Twice	3	6%
Hygiene after sexual activity		
Yes	38	76%
No	12	24%

Table 6 shows the distribution of women according to perceived symptoms. 40% of women were asymptomatic with vaginal

discharge. 24% of women perceived as backache, and 20% of women perceived as genital itching due to vaginal discharge. The various perception of symptoms were leg cramps, weight loss, abdominal pain, and weakness.

Table 6: Distribution of women according to perceived symptoms

Symptoms	No. of patients	Percentage
Asymptomatic	20	40%
Backache	12	24%
Genital itching	10	20%
Leg cramps	2	4%
Weight loss	3	6%
Abdominal pain	2	4%
Weakness	1	2%

Table 7 shows the distribution of women based on the perceived cause. 20% of women perceived that excessive body heat leads to vaginal discharge. 10% of women felt that weakness leads to vaginal discharge.

Table 7: Distribution of women based on the perceived cause

Attributed cause	No. of patients	Percentage
Excessive body heat	10	20%
Work stress	3	6%
Weakness	5	10%
Nil	32	64%

Discussion

In this study, 42% of cases belong to low socioeconomic status. Guntoory^[4], Kulkarni^[9], and Chaudhary^[8] study also revealed greater prevalence in the low socioeconomic group. In this study, the maximum cases belong to the age group between 31-40 years of 50%. Chaudhary V^[8] analysis showed the highest prevalence in the age group above 40 years.

In this study, the perceived cause of vaginal discharge was excessive body heat, weakness, and work stress. Chaudhary V^[8], Singh AJ^[10] study also had a similar perceived cause of the vaginal discharge. In present study, 74% of women had no habit of using panties in their daily life. These women were using pads only during their menstrual cycle. 6% of women were unaware of menstrual hygiene and 24% women were unaware of sexual hygiene. In this study, 42% of women used sanitary pads, 34% of women used cloth, and 24% used both during the menstrual cycle. This might be due to 84% of women belong to rural area and they were unaffordable due to low socioeconomic status, also due to 24% of illiteracy in the present study. These women were hesitant to discuss with others about menstrual and sexual hygiene due to social stigma. According to Ananda *et al.*^[11], the unhygienic menstrual practice was significantly associated with abnormal vaginal discharge.

72% of women got married before the age of 18 years. The age of marriage is strongly associated with abnormal vaginal discharge. Only 10% of women in this study used a temporary method of contraception. Early exposure to sexual activity increases the chance of getting exposure to ascending infection. This is similar to the Sharma A.K *et al.* study^[12].

In this study, 46% of women had increased parity, which is associated with abnormal vaginal discharge. Chaudhary *et al.*'s^[8] study also found that increasing parity is associated with vaginal discharge. 60% of the patients associated with multiple somatic symptoms in this study are comparable with Chaudhary *et al.*^[8].

Conclusion

To alleviate the problem of vaginal discharge, awareness about personal and menstrual hygiene among women is mandatory. Improvement in education, socioeconomic status, and adoption of small family norms, and awareness about contraception is necessary. The health education program should be encouraged in creating awareness among women. Reproductive health is of utmost importance. Health is multidimensional. Vaginal discharge affects women's routine physical and sexual activity. Empowerment about social and demographic factors plays a key intervention in changing the trends of vaginal discharge.

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