Comparison of Knowledge Regarding Leucorrhoea Among Women in Selected Urban and Rural Area

Archana S. Teltumbde¹, Prachi Choudhari², Airin David³, Bhagyashri Dhenge⁴, Sonal Dhobe⁵ and Shubham Dhole⁶

²⁻⁶Students, Smt. Radhikabai Meghe Memorial College of Nursing, Datta Meghe Institute of Medical Sciences, (Deemed to be University) Sawangi Meghe, Wardha, Maharashtra, India

ABSTRACT

Introduction: Leucorrhoea, vaginal discharge is a universal problem of all women, it is a condition of persistent and excessive vaginal discharge. Vaginal discharge is a common complaint, among women in Asia. Female genitals are very much prone to infections since they are moist, more sweaty and covered. Women may complaint of a clear white or mucoid discharge other prior to menses or at mild cycles. This is catarrhal discharge from the mucus membrane of the female genital tract. It is commonly known as white discharge. **Aim:** To comparison the knowledge regarding leucorrhoea among women in selected urban and rural area. **Materials and Methods:** Objectives of the Study 1. To assess the existing knowledge of leucorrhoea among general women in urban area. 2. To assess the existing knowledge of leucorrhoea among general women in rural area. 3. To compare knowledge regarding leucorrhoea among urban and rural area. **Assumptions** 1. Urban and rural women may have some knowledge regarding leucorrhoea. 2. Urban and rural women may have some interest to know leucorrhea. **Variables** - Demographic variables - Age, Religion, Education, Marital status, dietary pattern, family type and parity - Research variable - Knowledge among women regarding leucorrhoea **Sample Size:** Sample size consist of 100 women between 18-40 years of age residing in selected urban and rural area. **Sampling Technique** Convenient sampling technique was used to select the sample for the present study. **Inclusion Criteria** for the sampling 1. Women of 18-40 years who are willing to participate. 2. Women available during data collection. 3. Women who are able to read and write in Marathi. **Exclusion criteria** for sampling 1. Women who are critically ill. 2. Health personnel. 3. Women who attended similar workshop. **Method of Data Collection** The structured questionnaire was used to collect the data required for the study. **Result:** The study was conducted among women residing in selected urban and rural area in order to compare knowledge regarding leucorrhea. After the completion of study it has been revealed that women residing in urban area has more knowledge as compare to women residing in rural area. In this study, in comparison of urban women the mean score was 10.96 and in comparison of rural women the mean score was 8.6 respectively. Also mean percentage of knowledge score of urban and rural women was 21.96% and 17.25% respectively. The calculated 't' value was 1.978. The calculated 't' value was much higher than the tabulated value at 5% level of significance which is statistically acceptable level of significance. In addition the calculated 'p' value for knowledge score regarding leucorrhea was 0.05 (≥ 0.05).

KEY WORDS: LEUCORRHOEA, VAGINAL DISCHARGE, WOMEN.

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*Corresponding author email: ladearchu@gmail.com
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INTRODUCTION

Leucorrhoea, vaginal discharge is a universal problem of all women, it is a condition of persistent and excessive vaginal discharge. Vaginal discharge is a common complaint, among women in Asia. Female genitals are very much prone to infections since they are moist, more sweaty and covered. Women may complaint of a clear white or mucoid discharge other prior to

menses or at mild cycles. This is catarrhal discharge from the mucus membrane of the female genital tract. It is commonly known as white discharge. It may be due to any specific pathology or due to poor health & unhygienic condition of the female genital organ. Such discharges may originate from vagina, ovaries, fallopian tubes or most probably the cervix. It represents desquamation of vaginal epithelial cells because of effects of estrogen on vaginal mucosa. Vaginal discharges may be physiological or pathological. In physiological discharge normal vaginal flora [lactobacilli] colonizes the vaginal epithelium and may have a role in defense against infection. They maintain the vaginal normal pH between 3.8 to 4.4. Although abnormal vaginal discharge often prompts women to seek screening for sexually transmitted infections.

MATERIAL AND METHODS

A Descriptive research design was used in the study. The study was conducted during January 2018 and the setting was selected in the rural and urban area of wardha after getting ethical permission Ethical clearance letter (IEC letter no. Ref. no: DMIMS(DU)/IEC/2017-18/70462019-20/436). The sample size was calculated to include 100 respondents. Objectives Of The Study 1. To assess the existing knowledge of leucorrhoea among general women in urban area. 2. To assess the existing knowledge of leucorrhoea among general women in rural area. 3. To compare knowledge regarding leucorrhoea among urban and rural area. 4. To find the association between knowledge regarding leucorrhoea with selected demographic variables.

Assumptions 1. Urban and rural women may have some knowledge regarding leucorrhoea. 2. Urban and rural women may have some interest to know leucorrhea. Variables - Demographic variables - Age, Religion, Education, Marital status, dietary pattern, family type and parity - Research variable - Knowledge among women regarding leucorrhoea Sample Size: Sample size consist of 100 women between 18-40 years of age residing in selected urban and rural area. Sampling Technique Convenient sampling technique was used to select the sample for the present study. Inclusion Criteria for the sampling 1. Women of 18-40 years who are willing to participate. 2. Women available during data collection. 3. Women who are able to read and write in Marathi. Exclusion criteria for sampling 1. Women who are critically ill. 2. Health personnel. 3. Women who attended similar workshop. Method Of Data Collection The structured questionnaire was used to collect the data required for the study.

Major Findings of the Study

Organization of Findings

The data was coded and analysed as per objectives under following headings:

Section I: Distribution of women according to their demographic variable.

Section II: A] Assessment of the knowledge of women

residing in urban area

B] Assessment of the knowledge of women residing in rural area

Section III: Comparison of the knowledge score of women residing in urban and rural area.

Section I

Distribution of Sample According to their Demographic Variable

- Distribution of urban women according to their age in years shows that 6(12%), of them belongs to age group 18-22 years, 20(40%), of them belongs to age group 23-27 years, 9(18%) of them belongs to age group 28-32 years whereas 15(30%) belongs to 32 years and above. Distribution of rural women according to their age in years shows that 6(12%), of them belongs to age group 18-22 years, 18(36%), of them belongs to age group 23-27 years, 7(14%) of them belongs to age group 28-32 years whereas 19(38%) belongs to 32 years and above respectively.
- Distribution of urban women according to religion shows that 40(80%), of them belongs to hindu religion, 9(18%), of them belongs to Buddhist religion, 1(2%) of them belongs to Muslim religion whereas none were of other religion. Distribution of rural women according to religion shows that 46(92%), of them belongs to hindu religion, 2(4%), of them belongs to Buddhist religion, 2(4%), of them belongs to Muslim religion whereas none were of other religion respectively.
- Distribution of urban women according to dietary pattern shows that 31(62%), of them were vegetarian, whereas 19(38%) of them were non-vegetarian. Distribution of rural women according to dietary pattern shows that 46(92%), of them were vegetarian, whereas 4(8%) of them were non-vegetarian respectively.
- Distribution of urban women according to education shows that 2(4%), of them has completed primary education, 27(54%), of them has completed secondary education 21(42%), of them has completed graduation, whereas none has done other. Distribution of rural women according to education shows that 10(20%), of them has completed primary education, 30(60%), of them has completed secondary education 10(20%), of them has completed graduation, whereas none has done other respectively.
- Distribution of urban women according to family type shows that 32(64%), of them belongs to nuclear family, whereas 18(36%) of them belongs to joint family. Distribution of rural women according to family type shows that 24(48%), of them belongs to nuclear family, whereas 26(52%) of them belongs to joint family respectively.
- Distribution of urban women according to marital status shows that 46(92%), of them were married, whereas 4(8%) of them were unmarried. Distribution of rural women according to marital status shows that 42(84%) of them were married, and 8(16%) of

women were unmarried .

- Distribution of urban women according to parity shows that 22(44%), of them has a single child, 21(42%), of them had two child 4(8%), of them had three and more child whereas 3(6%) had none. Distribution of rural women according to parity shows that 13(26%), of them has a single child,

28(56%), of them had two child 4(8%), of them had three and more child whereas 5(10%) had none respectively.

Section II

A] Assessment of the Knowledge of Women Residing in Urban Area

Table 1. Assessment of the knowledge of women residing in urban area, where n=50

Level of knowledge score	Score range	Percentage score	Frequency	Percentage
Very Poor	0-4	0-20%	1	2%
Poor	5-8	21-40%	10	20%
Average	9-12	41-60%	23	46%
Good	13-16	61-80%	13	26%
Excellent	17-20	81-100%	3	6%
Minimum score	4			
Maximum score	19			
Mean score	10.96			
Mean %	21.92%			

Table no.1 shows frequency and percentage wise distribution of urban women according to level of knowledge regarding leucorrhea. The level of knowledge were seen in 5 categories- very poor, poor, average, good and excellent. In which 1(2%), of women were very poor, 10(20%), women were poor, 23(46%), of women were average, 13(26%), of women were were good and 3(6%) of them were excellent. The minimum score was 4 and maximum was 19, the mean score was 10.96 and mean percentage was 21.96%.

B] Assessment of the Knowledge of Women Residing in Rural Area

Figure 1: Level of knowledge score in urban area

Table 2. Assessment of the knowledge of women residing in rural area

Level of knowledge score	Score range	Percentage score	Frequency	Percentage
Very Poor	0-4	0-20%	3	6%
Poor	5-8	21-40%	23	46%
Average	9-12	41-60%	16	32%
Good	13-16	61-80%	7	14%
Excellent	17-20	81-100%	1	2%
Minimum score	2			
Maximum score	15			
Mean score	8.6			
Mean %	17.2%			

Table no.2 shows frequency and percentage wise distribution of rural women according to level of knowledge regarding leucorrhea. The level of knowledge were seen in 5 categories- very poor, poor, average, good and excellent. In which 3(6%), of women were very poor,

23(46%), women were poor, 16(32%), of women were average, 7(14%), of women were were good and 1(2%) of them were excellent. The minimum score was 2 and maximum was 15, the mean score was 8.6 and mean percentage was 17.2%.

Figure 2: Level of knowledge score in rural area

Figure 3: Assessment with Knowledge Score of urban and rural area

Section III Comparison of the Knowledge Score of Women Residing

in Urban And Rural Area

Table 3. Comparison of the knowledge score of women residing in urban and rural area

Level of knowledge score	Score	Percentage Score	Urban results		Rural results	
			Frequency	Percentage(%)	Frequency	Percentage(%)
Very Poor	0-4	0-20%	1	2%	3	6%
Poor	5-8	21-40%	10	20%	23	46%
Average	9-12	41-60%	23	46%	16	32%
Good	13-16	61-80%	13	26%	7	14%
Excellent	17-20	81-100%	3	6%	1	2%
Minimum score	4	2				
Maximum score	19	15				
Mean score	10.96	8.6				
Mean percentage	21.96%	17.25				

Significance of difference between knowledge score regarding leucorrhoea among women residing in selected urban and rural area

Area	Mean score	Calculated 't' value	df	'p' value
Urban area	10.96	1.978	50	.053
NS, $p > 0.05$				

CONCLUSION

The study was conducted among women residing in selected urban and rural area in order to compare knowledge regarding leucorrhea. After the completion of study it has been revealed that women residing in urban area has more knowledge as compare to women residing in rural area. In this study, in comparison of urban women the mean score was 10.96 and in comparison of rural women the mean score was 8.6 respectively. Also mean percentage of knowledge score of urban and rural women was 21.96% and 17.25% respectively. The calculated 't' value was 1.978. The calculated 't' value was much higher than the tabulated value at 5% level of significance which is statistically acceptable level of significance. In addition the calculated 'p' value for knowledge score regarding leucorrhea was 0.05 (≥ 0.05).

Figure 4: Comparison of knowledge of women residing in urban and rural area

DISCUSSION

Findings of the study revealed that study subject has poor knowledge regarding leucorrhea. The finding of the study are consisted with various previous studies. In this study the knowledge is compared with the variable such as Age, Religion, Education, Dietary pattern, Marital status, Family type, Parity. However the subject who have now knowledge or higher education has shown significance compared to those who have less education. The study

has a limitation that the sample was drawn from a local urban area, which may show certain variation as the characteristics of people residing in city area may differ. Further more as it was a continental study the collected were relatively brief and concise.

The findings also shows that the knowledge score is not associated with demographic variables hypothesis, is assumed that this may be due to unavailability of women of various demographic variable components. A community based study was conducted among rural North Indian women, in three selected road side villages of Panchkula, Haryana. A total of 236 married women of 15 – 45 years were identified by a house to house survey and were interviewed by a Female Health Worker on various aspects of vaginal discharge. The prevalence of leucorrhoea was identified as 28.7%, and among them the consultation rate was 59%. A cross-sectional study was conducted in rural areas in the district of Sirmour, Himachal Pradesh. 452 married women of reproductive age group i.e of 15-44 years in villages under Primary Health Centre, Sarahan were identified by using simple random sampling method and were interviewed. This study shows the higher prevalence of leucorrhoea and it is 51.

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