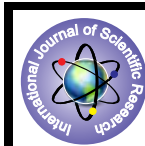


Exploratory Study on Health Seeking Behaviour of Rural Married Muslim Women for Vaginal Discharge



Medical Science

KEYWORDS :

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ABSTRACT

The importance of controlling Reproductive Tract Infection/ Sexually transmitted Infection (RTI/STI) has increased, as even single sexual exposure, the risk of becoming HIV infected 10-30 folds in the presence of genital ulcers. But personal variables like perception of the client about the disease determine the treatment seeking behaviour. Objective: To determine the socio-demographic determinants of married Muslim women, their hygiene practice followed during menstruation; and to explore factors influencing care seeking behaviour for abnormal vaginal discharge. Methodology: Community based cross sectional study, target population: married Muslim women in the reproductive age group (15-49 years). Study unit: Each woman attending the Out Door

Patient (OPD) for any reason; sample size: 100 Results: Fifty four percent respondents mentioned that they do not take bath at all during menstrual flow, most common reason mentioned was Gunah (40.7%). The lower abdominal pain is the most significant symptoms by which women has self reported to the health centre for consultation (chi sq=16.174, P<0.000), followed by backache (chi square=9.002, p<0.002) and increase in vaginal discharge (Chi sq= 8.009, P<0.005. In reference to sharing and visiting the health centre for vaginal discharge as a primary complaint, husband role is significant. Conclusion: It is concluded that ignorance and socio cultural factors restricts the women to seek health care for problems related to reproductive health. Women also need counselling for menstrual hygiene.

Introduction:

In the developing world Sexually Transmitted Infections (STI) collectively rank among the first five most important causes of health productive life lost⁽¹⁾. The World Bank estimates that for adults between the age group 15-49 in the developing countries, Sexually Transmitted Infections (STI) not including the Human Immunodeficiency Virus (HIV) infection is the second common cause of healthy life lost in women mortality and morbidity⁽²⁾. The annual incidence of Reproductive Tract Infection and Sexually Transmitted Infection (RTI/STI) in India is estimated at 5% i.e. approximately 40 million of new infections occur every year⁽³⁾. A broad based study in different parts of the country has revealed that prevalence of RTI varies from 19 to 71%⁽⁴⁾. With the introduction of Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome (HIV /AIDS) epidemic in the country, the importance of controlling RTI/STI has increased as even single sexual exposure, the risk of becoming HIV infected 10-30 folds in the presence of genital ulcers⁽³⁾. National Health programme has focused to sensitize the target population towards this problem and providing care by early detection and treatment through full involvement of the community⁽³⁾. Since duration of the symptoms increases the probability of severe morbidity and related sequelae, seeking health care by their own is the central issue⁽⁵⁾. Illness behaviour refers to the activities undertaken by the individuals in response to symptoms experience. It typically include mental debate about the significance and seriousness of these symptoms, lay consultation, about actions including self medication and consultation with health professionals⁽⁶⁾. But patient compliance depends on many psychological and sociological factors which primarily define their behaviour for seeking health care. Few of them are cultural, poverty, literacy, stigma associated with disease, gender power imbalance and silence about sexuality. But personal variables like perception of the client about the disease determine the treatment seeking behaviour. In India, mere mention of the menstrual topic has been a taboo in the past and even to this date the cultural and social influences appears to hurdle the advancement of the knowledge of the subject⁽⁷⁾.

Vaginal discharge is the leading symptoms in the RTI/STI in women. Criteria for correct perception about the vaginal discharge are that any change in colour, amount and odour is taken as abnormal. Discharge with itching, change in the colour of the

discharge with abdominal pain is regarded as abnormal and associated with some gynaecological disorder or STIs. According to A Srivastav et al perception about the cause of vaginal discharge was correct in 26.09% of women residing in rural area⁽⁸⁾. Exploration about perception of the rural Muslim women is still a grey area. Therefore study seeks to explore health seeking behaviour of the rural Muslims women for vaginal discharge.

Objectives:

- 1) To determine the socio-demographic determinants of married Muslim women attending the health centre.
- 2) To find out hygiene practice followed during menstruation
- 3) To explore factors influencing care seeking behaviour for abnormal vaginal discharge.

Methodology:

The study was conducted in, Khajoori, rural field practice area under the Community Medicine department of Medical College. 90% population covered under the centre is Muslim population. Centres caters the Out Door Patient (OPD) attendance around 40-50 patients daily, out of which approximately 50 percent are women, approaching with for themselves or for their children.

Study design is community based cross sectional study with specific clinical population. Target population in our study was married Muslim women in the reproductive age group (15-49 years). Each woman attending the OPD for any reason was included in the study during study period July 2010- Nov 2010. They were enquired about their socio demographic profile, hygiene practice during menstruation and their health seeking behaviour for any abnormal vaginal discharge.

As the exact prevalence of RTI in rural Muslim women in India could not be determined through literature search, therefore sample size was calculated on the basis of prevalence 50%, at 95% confidence interval and 10% of absolute precision. It came out 100.

Results:

Socio demographic profile:

Most of the women almost equally distributed between the age group 20 to 39 years. 80% of them were illiterate and only 10% had received some formal education at least up to primary school.[Table:1]

Table1: Distribution of women according to socio demographic characteristics (N=100)

Socio demographic variable	No(%)
Age group of women	
15-19 year	4(4%)
20-24 years	24(24%)
25-29 years	23(23%)
30-34 years	23(23%)
35-39 years	21(21%)
40-44 years	5(5%)
Mean age: 28.4, SD: 6.05	
Education	
Illiterate(not able to read or write at all)	80(80%)
Just literate (able to read and write without formal education)	10(10%)
Primary school passed or above	10(10%)
Duration of married life	
Less than 5 years	6(6%)
5-10 years	36(36%)
11-15 years	23(23%)
15-20 years	28(28%)
More than 20 years	7(7%)

Most of them (87%) were married from at least 5 years, among them 58% were married for more than 10 years.

Menstrual Hygiene practised:

Almost all the women (94%) use home based but washed cloth during menstrual bleeding. Only 6% mentioned the use of sanitary napkin during menses. [Table:2]

Table 2: Distribution of women according to hygiene practised during menstruation (N=100)

Menstrual Hygiene	No (%)
Cloth used	
Home based and washed	94(94%)
Sanitary napkins	6(6%)
Bath during menses	
Regularly	12(12%)
On 3 rd day	34(34%)
Not at all	54(54%)

Only 12% of women mentioned that they take bath regularly during menstruation, or on 3rd day by 34% women. Half of the respondents mentioned that they do not take bath at all during menstrual flow. [Table:2]

Reasons for not taking bath, N=54

On exploration of reason for which women do not like to take bath during menses, 40.7% mentioned it is a *Gunah* for them. 33.3% had opinion that it can disturb the menses or may cause pain in abdomen (22.2%). Only 3.8% said that laziness as a main reason for not taking bath during menses. [Table:3]

Table:3 Distribution of the respondents according their reason for not to take bath during menstruation (n=54)

Reasons for not taking bath during mensuration	Yes (%)
Gunah	22 (40.7%)
Disturb menses	18 (33.3%)
Pain abdomen	12 (22.2%)
Laziness	2 (3.8%)

Health Seeking Behaviour:

Reason to visit Health facility: Out of 100 women, one-third (37%) said that they visited the health facility for gynaecological symptoms as their primary complaint, rest of them visited for other common ailments. On further exploration from women who visited for common ailments, whether they have gynaecological symptoms at the time of visit to health facility, 84% mentioned for the presence of abnormal vaginal discharge from the last one year period. Z -test for double sample proportion test was applied to find the difference between their reasons to visit the health facility shows that though significant difference is present in seeking health care for gynaecological symptoms as primary complaint but presence of gynaecological complaint does not make firm basis to seek health care for self in the group who visited primarily for common ailments. [Table:4]

Table 4: Distribution of women for self reported gynaecological complaint

Reason for visit to health facility (N=100)			
	For Common ailments	For gynae symptoms	
Yes	63(63%)	37(37%)	
	Had gynae symptoms at the time of visit to health centre		
	Yes (%)	Yes(%)	Z test
	53 (84.1)	37 (100)	Z value: 3.46, p<0.01

Ever Had Any Gynaecological or sexual complaints at the time of visit to health centre

Probing was further made for presence of any one or more symptoms related to gynaecological or sexual health were present among the women visited the health centre.

The lower abdominal pain is the most significant symptoms by which women has self reported to the health centre for consultation (chi sq=16.174, P<0.000), followed by backache (chi square=9.002, p<0.002) and increase in vaginal discharge (Chi sq= 8.009, P<0.005). [Table:5]

Table 5: Distribution of women according to gynaecological and sexual complaint with their visit to health centre

Complaints	Visited for Vaginal discharge		P values
	Yes(n=37)	No(n=63)	
Lower abdominal pain			Pearson chi squ= 16.174,p value=.000
YES	33 (89.2)	31 (49.2)	
NO	4(10.8)	32 (50.8)	
Backache			Pearson chi squ= 9.002, p value=.002
YES	34 (91.9)	40(63.5)	
NO	3 (8.1)	23 (36.5)	
Increase in vaginal secretion			Pearsonchisqu=8.009, p value=.005
Yes	37 (100)	51 (80.9)	
NO	0	12 (19.1)	
Itching in the vaginal region			Pearson chi squ= 6.902, p value=.009
YES	19 (51.4)	16 (25.4)	
NO	18 (48.6)	47 (74.6)	
Dysperunia			

YES	18 (48.6)	15 (23.8)	Pearson chi squ= 6.505, p value=.011
NO	19 (51.4)	48(76.2)	
Dysuria			
YES	21 (56.8)	21 (33.3)	Pearson chi squ= 5.250 ^a , p value=.022
NO	16 (43.2)	42 (66.7)	
Infertility			
YES	1 (0.7)	1 (1.58)	Pearson chi squ= .148, p value=.700
NO	36 (97.3)	62 (98.42)	
Inguinal pain			
YES	1 (0.7)	0	Pearson chi squ= 1.72, p value=.190
NO	36 (97.3)	63 (100)	

The least common reason which made them visit to health centre was inguinal pain and infertility.

Ever had abnormal vaginal discharge and its sharing:

Women were enquired whether they had any vaginal discharge in last one year. 90% women confirmed the presence while rest (10%) refused. On exploration for their sharing of gynae symptoms with anybody. 81.1% (n,30) women had shared her problem with their husband and had visited the health facility primarily for that; whereas in other category where women visited primarily for common ailments only 11.3% (n,6) have shared her problem with their husband. [Table:6]

Table 6: Distribution of the women according to ever shared their gynaecological and sexual complaints (N=90)

To whom they shared their gynae /sexual complaints	Visited for vaginal discharge	
	Gynae problem(n=37) Yes (%)	Common ailments (n=53) Yes (%)
Husband	30(81.1)	6(11.3)
Health worker	2(5.4)	11(20.8)
Local practitioner	5(13.5)	36(67.9)
Total	37(100)	53(100)
Chi square: 36.75. p< 0.00000		

Chi square association on pooling was significant in reference to husband as a person to whom they were sharing their gynae problem and had visited health centre as their primary complaints. [Table:6]

Reason for non-sharing for gynaecological problems:

On exploration to various reasons with 53 women why they have not shared their gynaecological problem with anybody, 65.4% mentioned social stigma related with abnormal vaginal discharge as a main reason, followed by financial constraint (17.3%) and family restriction (9.6%). Only 7.6% mentioned fear of medication as their main reason for non sharing the problem. [Table:7]

Table 7 Distribution of women by their reasons for non sharing the gynae problem [n=53, Multiple responses]

Reason	Yes (%)
Stigma associated with abnormal vag discharge	34 (64.1%)
Financial constraints	9(16.9%)
Not allowed to go alone out from family	5 (9.4%)
Fear of medication	4 (7.5%)

Practice of Menstrual hygiene and Vaginal discharge:

More than half (54%) women do not take bath during menses. On cross tabulation of women who had abnormal vaginal discharge to women taking bath either regularly or on 3rd day showed significant association of presence of vaginal discharge

with bathing during menses. [Table:8]

Table 8: Distribution of women according to bath during menses and presence of vaginal discharge (N=100)

Take bath regularly or on 3 rd day	Ever had vaginal discharge		Total
	Yes	No	
Yes	38	8	46
No	52	2	54
Total	90	10	100
Chi Sq : 5.17, P: .02			

Discussion:

Health care seeking is a central issue in all kinds of morbidity, since the duration of symptoms increases the probability of severe morbidity and harmful sequel. Illness or deviation from state of health is mostly a subjective awareness of an individual the relief of which may be sought within or outside of medical and health. To a large extent characteristic features of a particular community determine illness behavior^{10,11}. The pattern of help seeking might vary according to socio-economic and other determinants^{12,13}. Madionos MG et al also mentioned that health seeking is a dynamic process determined by certain socio-demographical and socio-cultural factors¹⁴. In our study only 12% women take bath during menstruation. The most common reason for not taking bath during that period is their consideration as a *Gunah* (40.7%) and 33.3% belief that bathing will disturb the menses. It is their socio-cultural determinant which inhibits them to take bath during menses.

In our study reporting of the gynae problem as a primary complaint was only 37%. Symptoms of genital infection, namely white watery discharge and with bad odour and/or itchy irritation, were reported in 21.9% of 385 Indian women studied by Bhatia et al (1997)¹⁵. Bulut et al (1997) also reported that 48% of 918 women in Istanbul perceived themselves to have a RTI¹⁶.

Out of 63 women who reported the health centre primarily for complaints of common ailments, 84.1% (N=53) had associated gynae problems but it did not become their major basis to visit the health facility. Zola IK, had mentioned in his study that patients who are symptomatic but don't seek a professional consultation, a majority either accommodate to the symptoms or employ self-treatment¹⁷.

In our study the most trusted person is the husband to whom they have shared their problems related to gynae and also visited to health centre as their primary complaints. It signifies the confidence created in the women to seek professional consultation for the gynae complaints after sharing their problem with their husband. This phenomena is more consolidated by the fact that stigma associated with the vaginal discharge is the main block (65.4%) which restrict the women to seek professional consultation for gynae problem as their primary complaint. In India, married women are reluctant to seek medical treatment because of lack of privacy, lack of a female doctor at the health facility, the cost of treatment and their subordinate social status^{18,19,20,21}. A similar study on health seeking behaviour conducted by Singh Lakhwinder et al in Rajasthan found that, women avoided seeking health care, due to assurance of maintenance of confidentiality by quacks²². This reluctance is exacerbated when symptoms are embarrassing, as they are with RTIs²³.

Conclusion:

Based on the study finding, It is concluded that ignorance and socio cultural factors restricts the women to seek health care for problems related to reproductive health. Women also need counselling for menstrual hygiene. Time to time camp approach for the reproductive health can be a solution in these areas to bring out women for their problems and thereby reducing the morbidity sequel in these sexually active populations of our country.

Limitation

The limitations of our study were that, we relied upon self re-

ported answers to events that may have occurred earlier and these may be subject to recall and reporting bias. Also, severe

symptoms are likely to be remembered longer than mild symptoms.

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