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Health Sciences

DIFFERENT CULTURAL PRACTICES AND HEALTH SEEKING BEHAVIOURS ASSOCIATED WITH VAGINAL DISCHARGE

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Vaginal discharge is a distressing, embarrassing symptom and a common gynaecological complaint among women in the reproductive age group. The most common pathological cause for vaginal discharge is reproductive tract infections, including sexually transmitted infections (STIs) and non STIs. Other causes include genital tract malignancy, fistulae, allergic reactions and atrophic vaginitis associated with menopause. Delayed treatment of reproductive tract infections can cause serious effects such as infertility, ectopic pregnancy and cervical cancer. However, health problems associated with sexual behaviours and reproductive health is often influenced by sociocultural factors, thus leading to delays in treatment. It is pertinent to differentiate a physiological discharge from a pathological vaginal discharge in order to prevent complications of untreated reproductive tract infections and to detect genital tract malignancies early. This descriptive qualitative study was carried out to assess different cultural practices and health seeking behaviours associated with vaginal discharge among females aged 18 to 49 years living in socially marginalized communities in the Colombo District. Three focus group discussions (FGDs) were conducted in an urban slum community, with women who had a previous history of vaginal discharge. Data were collected from February to March 2015. A total of 23 women, including all ethnic and religious groups, attended. FGDs were audio recorded and a note taker took field notes. The length of the FGDs varied from 45 to 90 minutes. Ethical clearance was obtained from the Ethics Review Committee of the Faculty of Medical Sciences, University of Sri Jayewardenepura (USJP). Verbatim transcripts were analyzed on the basis of qualitative content analysis. A majority of the participants were educated up to O/L (56.5%) and married (95.7%). Sixty one percent of participants had an extended family type. The mean age of the participants was 35.87 years (SD±7.02). A majority of the participants expressed the opinion that body heat and hot foods are the main reasons for vaginal discharge. A few participants attributed infections (bacterial, viral and fungus) and poor personal hygiene as the causes of discharge. The more typical pattern of health seeking was medical consultation after a variety of other options had been tried. Home remedies used to manage excessive vaginal discharge in this given community were polpala herbal drink, boiled cumin (suduru) drink, fenugreek (uluhal) drink, king coconut (thembili.), sago (sauw) kanji, hot water with powdered cloves (karabunati). Four themes emerged from the data namely, confusion in differentiating normality of vaginal discharge, disturbances created in daily life, confusion about the causation and cultural influences. These findings have important implications towards management of reproductive health problems. Primary Health Workers may use vaginal discharges in particular as a risk marker for identification of STIs. Educational programmes should target the misconceptions that exist in the communities/ local context related to the prevention, treatment and control of vaginal discharge and STIs in primary care settings.

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