

A STUDY TO ASSESS KNOWLEDGE OF GENITAL TRACT INFECTIONS AND PERINEAL HYGIENE PRACTICES AMONG WOMEN ATTENDING GYNAE O.P.D IN A SELECTED HOSPITAL IN LUDHAINA. PUNJAB

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ABSTRACT

Introduction: Women as one half of the population have had a tremendous role to play in the dynamic process of social change. In India discrimination against the female child starts at birth and continues unabated throughout her life. A stage is now reached where many diseases can be combated and pregnancies made safer with lesser morbidity. With repeated pregnancies, women suffer from a low backache which is compounded by pelvic inflammatory disease. **Aim:** To assess the knowledge about genital tract infections and perineal hygiene practices of women with a view to improve their health.

Material and Methods: Adopting a descriptive approach, the sample consisting of 100 women were selected by purposive sampling method, from among women attending gynaecology O.P.D of Christian Medical College & Hospital Ludhiana, from the last week of December 1998 to the first week of February 1999. The data was collected by interview and by using a structured questionnaire on knowledge about genital tract infections and perineal hygiene practice items. Descriptive and inferential statistics were used for analysis, such as t-test.

Conclusion: The study revealed that on different aspects women scored differently. Higher Mean Percentage GTIKS was scored in the area of treatment and prevention (56.8%), on causes (48.3%) was scored, whereas lower Mean percentage GTIKS (33.54%) was scored in the area of sign and symptoms. The difference between the GTIKS was significant. The relationship of GTIKS with differences in the age group was non-significant. The relationship of GTIKS with difference of education, occupation, religion, economical statue and place of residence was significant. In relation to different aspects women scored differently. Higher PHPS was scored in the area of personal hygiene practice (51.2%) and (49.2%) was scored in the menstrual hygiene practice. The difference of scores in personal hygiene and menstrual hygiene practices was found highly significant. The relationship of PHPS with difference between ages was not significant. But the relationship of PHPS with differences between education, occupation, religion, economical status and place of residence was significant.

Key words: Women, knowledge, practice, Genital tract infection, perineal hygiene, Genital Tract Infection Knowledge Score (GTIKS), Perineal Hygiene Practice Score (PHPS)

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INTRODUCTION

Vaginal infections are an important women's health problem having negative impacts on sexual and family lives of women and have a tendency of increasing prevalence worldwide. They are currently among the foremost causes that lead women to seek medical attention at obstetrics and gynaecology polyclinics. The social class has a marked effect on the health of women. The problem of early marriage, unemployment, and poverty too contribute to ill health. Women belong to unskilled and manual labour force having no time and access to meet their needs. There are variations in women's nutrition levels and the rate of infection is much higher as they are denied of medical care. She has repeated pregnancies and her circumstances are disadvantageous where the basic amenities are not within her economic and social needs. There is water shortage which depletes her access to promote hygienic practices of wearing clean clothes, perineal care during pregnancy and during peripartum.

There was an increased percentage of non albicans Candida strains comprises with developed nations revealed candidacies in the range of 10-30% in Scandinavia. (4)

Every year approximately 10 % of women worldwide are exposed to genital infections including urinary tract infections and bacterial vaginosis, and 75% of women have a history of a genital infection. Specifically, the common risk factors for vaginal infections include pregnancy and poor hygiene (both perineal and menstrual hygiene).

The adult feminine hygiene practices in a sample of 193 women revealed that hand washing varies according to bodily involvement of the specific feminine hygiene practice. Assorted menses management products were used for menses management and when the women were not menstruating. The result showed that it might be possible for health care professionals to teach women about safe and economical health care practices such as not douching and hand washing before use and after use of menses management products to prevent infection.

NEED FOR THE STUDY

The genital tract infection in women occurs either directly or through the development of upper tract infection and lower reproductive tract infection. It causes numerous, potentially devastating outcomes. These occur in both industrialised and developing countries.

The genital tract infections are important challenges due to the breakdown of family income norms, social customs and demanding life styles. There is lower resistance due to poor nutrition or ill health, sex with infected partners, repeated child births and poor hygiene. They have abnormal vaginal discharge which is curdy in appearance with or without unpleasant odour and colour.

In non-pregnant women 17-25% had pelvic inflammatory diseases. They are 6 to 10 times more likely to have ectopic pregnancy. In pregnant women, both sexually transmitted and endogenous pathogens play a role in foetal loss (25-50%), low birth weight and congenital infections in infants. Women with acute Chlamydial or gonococcal infections are 3-5 times more likely to deliver a low birth weight or premature infants compared to uninfected women.

OBJECTIVE OF STUDY

The objectives of this study are as follows:

1. To assess the knowledge of women regarding genital tract infections.

2. To assess the perineal hygiene practices of women.
3. To find out the relationship between genital tract infections-knowledge score and perineal hygiene practices score with the following variables: age, education, occupation, religion, economic status and place of residence of women.

METHODOLOGY

This chapter includes research approach and rationale, research design, research setting, population and selection of sample, development and description of tool, content validity, pilot study, content reliability, data collection procedure, plan of data analysis and summary. This study was done to accomplish the objectives of the study. Convenient sampling technique was used to collect data, and the sample size was 100 women in the age group of 15-45 years, attending gynaecology OPD. The present study was conducted in the Christian Medical College and Hospital's gynaecology O.P.D in Ludhiana Punjab. The target population for the present study was 100 women attending gynaecology OPD of the Christian Medical College and Hospital in Ludhiana, Punjab.

Selection and Development of Tool

The study was aimed to assess knowledge of genital tract infections and perineal hygiene practices of women with a view to improve women's health. Therefore, a structured questionnaire was prepared to assess the knowledge about genital tract infections and perineal hygiene practices, of women attending gynaecology OPD at the Christian Medical College and Hospital in Ludhiana, Punjab. Preliminary drafting of the tool was prepared after an extensive review of the literature and experts' opinion and with the investigator's own experience in the clinical area.

Description of Tools

The tool consists of three sections —

Section - A: Personal data questionnaire

This section consists of 6 items for obtaining personal information about the subject such as the age of the woman, her education, occupation, religion, economic status and place of residence.

Section - B: Structured questionnaire related to knowledge

Self-administered knowledge questionnaire was prepared to assess the knowledge related to genital tract infection causes, sign & symptoms and treatment & prevention. Questionnaire consisted of 24 multiple choice questions to assess the knowledge related to genital tract infection. It included 7 questions on Causes with maximum score 12; 6 questions on sign & symptoms with max score 11 and 11 questions on treatment & prevention with max score 19. Of the total 24 question items included, 12 items had "two" correct responses, "9" items had "1" correct response and "3" items had best, correct and wrong responses and were scored 2, 1 and 0 (Q. No. 3.4, 3.10, 3.11), minimum score was 0 and maximum score was 2 total score was 42.

Section - C: Structured questionnaire related to practice

Structured questionnaire related to perineal hygiene consisted of 24 items. All question items were scored as best response (score 2), correct response (score 1) and wrong response (scored 0), It included 15 questions on personal hygiene practices with max score 45 and 9 questions on Menstrual Hygiene with max score 26. Out of 24 items, only

1 item (Q. No 5.8) had best response i.e. score 2 and two wrong responses with score 0. The maximum score was 3 and minimum score was "0" and total score was 71.

Criterion Measure

Section - A is related to sample characteristics, which were not included in the scoring system.

Section - B: Self administered knowledge questionnaire was prepared to assess the knowledge regarding Genital tract infection.

Knowledge score: Maximum score: 42 and minimum score: 0

Section - C: Self administered practice questionnaire was prepared to assess the perineal hygiene practices scores on the aspects of personal hygiene practices and menstrual hygiene.

Practice score: Maximum score: 42 and minimum score: 0

Mean, Mean percentage Genital tract infection knowledge score of women, area wise

Table - 1

Group Area	Max. Score	Mean	Mean %	SD	df	"t" value
a. Causes	12	5.80	48.30%	21.35	98	0.811 NS
b. Sign & Symptoms	11	3.69	33.54%	14.94		2.73*
c. Treatment & Prevention	19	10.81	56.80%	30.66		1.34 NS

NS – Not significant

Table - 1 indicates that women had higher knowledge Mean percentage (56.8%) of GTIK score in area of treatment and prevention, followed by causes (48.3%). Lowest GTIK score was obtained in the area of sign and symptoms. The difference between sign & symptoms, treatment & prevention was found to be statistically significant; whereas in other area, the difference was not significant. Therefore, the knowledge of the women in different areas was low on the whole.

Mean, Mean percentage perineal hygiene practices score of women, area wise

Table - 2

Group Area	Max. Score	Mean	Mean %	SD	df	"t" value
a. Personal Hygiene Practices	45	23.05	51.2 %	5.5	98	12.96***
b. Menstrual Hygiene	26	12.81	49.2 %	5.8		

*** Highly significant

Table - 2 indicates that women had higher Mean percentage (51.2%) perineal hygiene practice score in the area of personal hygiene practices. Lowest PHP score was observed in the area of menstrual hygiene practices (49.2%). However, the difference was found statistically highly significant. It may be concluded from above findings that the routine personal hygiene practices are carried out adequately; whereas menstrual hygiene seemed to be neglected.

Percentage distribution of sample characteristics

Table - 3

N = 100

Sl. No.	Sample characteristics	Percentage
1.	Age in years	
	15-25	31
	25-35	47
	35-45	20
	> 45	2
2.	Education	
	Post-graduate	7
	Graduate	26
	Matriculation & (10+2)	41
	Middle (up to 8 th)	5
	Primary (up to 5 th)	7
	Illiterate	14
3.	Occupation	
	Non-Working	75
	Working	25
4.	Religion	
	Hindu	49
	Sikh	33
	Christian	18
5.	Economic status	
	Low income (<5000)	51
	Middle income (5000-10000)	43
	High Income (>10000)	6
6.	Place of Residence	
	Urban	72
	Rural	28

Table - 3 reveals that majority (47%) of the subjects were in the age group i.e.25-35 years. Only (2%) respondents were found in the age group of >45 year.

Regarding the educational level of the respondents, it varied from Matriculation & 10+2 at (41%), to graduates at (26%) to illiterates at (41%), then to post graduate and primary (7%) each and only (5%) respondents belonged to middle school level.

Occupation of the subjects revealed that majority of the subjects (75%) were non- working and only (25%) of the subjects were working.

Regarding the religion data, it revealed, that majority of the respondents (49%) were Hindus; followed by (33%) were Sikhs and only (18%) respondents were Christians.

According the economic status, (51%) of respondents were in the low income group (Rs.<5000 per month), (43%) were in the middle income group (Rs. 5000-10,000 per month) and only (6%) of respondent were in high income group of (Rs. > 10,000 per month).

A majority of 72% respondents were from urban areas and only (28%) were from rural areas.

Main Analysis was divided according to the objectives of the present study. Analysis was done in terms of Mean, Mean Percentage. Methods of inferential statistics were applied to find out the significance of difference e.g. “t” test etc.

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