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RESEARCH ARTICLE

A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE REGARDING LEUCORRHOEA AMONG ADOLESCENT GIRLS IN GOVT. AMT SCHOOL, BAKSHI NAGAR JAMMU (J&K)

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ABSTRACT

Adolescence is a transitional stage of physical and psychological development that generally occurs during the period from puberty to adulthood. There can be many reproductive health issues which an adolescent has to deal with. Leucorrhoea is one among them. The term leucorrhoea denotes a thick, whitish vaginal discharge containing mucus and pus cells that may occur at any age & affects most women. Approximately 75% women experiences leucorrhoea in their lives. This study was under taken to assess the knowledge regarding leucorrhoea among adolescent girls in Govt. AMT School, Bakshi Nagar Jammu (J&K). The sample consisted of 60 adolescent girls. Purposive sampling technique was used to select the sample. Socio-demographic profile, a self structured questionnaire were used to collect the data from subjects. The results revealed that maximum subjects 27(45%) were having poor knowledge followed by 18(30%) were having good/average knowledge, 10(16.6%) and 5(8.3%) were having very good and excellent knowledge respectively. Thus, it is concluded that there is need to educate the adolescent girls about patho physiology, causes, prevention and management of leucorrhoea so as to improve their knowledge and practice and to decrease the rate of infections among them.

Key words: Leucorrhoea, adolescent girls and knowledge.

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INTRODUCTION

Adolescence is the most important period in reproductive health of females because the maturity of reproductive organs occurs in this period. There are many reproductive health issues in female adolescents but the highest percentage issues belong to leucorrhoea (25.4%). It was recorded the 9th most common school-age girls' health issue in India. Approximately 75% women experience leucorrhoea in their lives (Syed *et al.*, 2015). Leucorrhoea is still a global problem in spite of many elaborate studies for past decades. Especially very common in developing countries like India where unhygienic conditions are prevalent. It is common problem which affects many women during the reproductive years. Although leucorrhoea neither causes mortality nor morbidity in susceptible women, but this complaints is liable to cause much mental stress, problem of sexual anxiety and even sometimes fear of carcinoma or failure to conceive (Bhat, 2008). Leucorrhoea (Loo-ko-Re-a leuko= white) a whitish (non bloody) vaginal discharge containing mucus and pus cells that may occur at any age & affects most women at some time (Derrickson, 2009). The term leucorrhoea denotes a thick, whitish vaginal discharge.

It is a natural defense mechanism that the vagina uses to maintain its chemical balance as well as preserve the vaginal tissue. Normally, the secretion is just enough to lubricate vagina. Normal vaginal discharge does not wet undergarments or create any type of vaginal symptoms. But when the vaginal discharge increase more than normal it causes excoriation and soreness of vulva. If white discharge is associated with foul smell, it makes embarrassing to the women to get into social gatherings and even in personal affairs. The affected women needs some counseling regarding the problem. If it is not treated in the initial stage, it may become chronic (<http://en.wikipedia.org/wiki/leucorrhoea.htm>). Women's health is considered to be the back bone of the society. This is growing recognition that the gynaecological morbidity in an important health issue among all women in India. Gynaecological morbidity in women can range from life threatening diseases such as psychologically distressing problem like leucorrhoea. Leucorrhoea occur in 1-14 % of all the women in the reproductive age group & is responsible for 5-10 million OPD visits per year throughout the world. The prevalence of excessive vaginal discharge in India is estimated to be 30% (Mincy, 2010). A study on leucorrhoea showed that it was present in 139 (27.4%) females. Leucorrhoea was found significantly more in married female as compared to unmarried ($p<0.001$) pregnant as compared to non- pregnant (OR= 2.10, 95% C.I.=1.02 -4.32), & women of lower socioeconomic status

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($p < 0.001$), women with high parity ($p < 0.001$), use of cu-T was not associated with leucorrhoea ($p > 0.05$) (Kulkarni *et al.*, 1993). A descriptive study was conducted to assess the level of knowledge regarding leucorrhoea. A total of 236 participants from 15-45 years old. These women were also interviewed by a female social worker on various aspects of excessive vaginal discharge. Results showed that the prevalence of excessive vaginal discharge was 28.7%. Weakness, backache and poor vision were reported as the main health effects of vaginal discharge. Heat, melting of bones, sexual promiscuity, poor hygiene and diet were told as the major causes of vaginal discharge. Consultation rate for vaginal discharge was 59% (Singh, 2013). 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. The study showed the higher prevalence of leucorrhoea and it is 51.9% (Sharma and Gupta, 2009).

Objectives of the study

- To assess the level of knowledge regarding leucorrhoea among adolescent girls.
- To determine the association between the level of knowledge regarding leucorrhoea with socio-demographic variables such as age, source of information, monthly income and place of residence.
- To provide guidelines regarding prevention of leucorrhoea.

MATERIALS AND METHODS

For the present study, Descriptive research approach and Non Experimental research design was used. The research setting was Govt. AMT School, Jammu. The sample consisted of 60 adolescent girls. Purposive convenient sampling technique was used to select the sample. Prior to the data collection procedure, formal permission was obtained from the Principal of school. Socio-demographic profile, a structured knowledge questionnaire was used to collect personal information. Socio-demographic profile included items like age (in years), source of information, monthly income and residence. Self structured questionnaire was prepared to assess the level of knowledge of adolescent girls. The review of literature, expert's opinions and investigator's own experience provided the basis for construction of tool. Data collection was done in December 2017. Prior to interview the questionnaire to the adolescent girls, investigator gave self introduction to the subjects and explained the purpose of gathering information. A good rapport was established with the subjects. They were assured that their responses will be used kept confidential and the information will be used only for research purpose. Formal consent was taken from subjects. The time taken by each respondent for filling the tool was average for 15-20 minutes. The data gathered was analyzed and calculated by percentage, mean, standard deviation and chi-square.

RESULTS

Section -1.

Sociodemographic Characteristics

Table 1 reveals the frequency and percentage distribution of characteristics of the study subjects which revealed that

maximum 50% of the adolescent girls were in age group of 17-19 years, having source of information were books/newspaper, monthly income was between 20,001-30,000, and were residing in urban areas.

Table 1. Percentage distribution of sample characteristics

| | | | N=60 |
|--------|-----------------------|---------------|----------------|
| Sr. No | Demographic Variables | Frequency (n) | Percentage (%) |
| 1. | Age (in years) | | |
| | a.13-15 | 5 | 8.3 |
| | b.15-17 | 18 | 30 |
| | c.17-19 | 30 | 50 |
| | d.19-21 | 7 | 11.7 |
| 2. | Source of Information | | |
| | a.T.V | 10 | 16.7 |
| | b.Hospital | 17 | 28.3 |
| | c.Books/newspaper | 24 | 40 |
| | d.Internet | 9 | 15 |
| 3. | Monthly income | | |
| | a.10,000 | 5 | 8.3 |
| | b.10,001-20,000 | 20 | 33.4 |
| | c.20,001-30,000 | 30 | 50 |
| | d.>30,000 | 5 | 8.4 |
| 4. | Residence | | |
| | a.Urban | 45 | 75 |
| | b.Rural | 15 | 25 |

Section 2.

Objective 1: To assess the level of knowledge regarding leucorrhoea among adolescent girls.

Table 2. Frequency and percentage distribution of level of knowledge regarding leucorrhoea among adolescent girls

| | | | N=60 |
|---------------------|----|------------|------|
| Level of knowledge | n | Percentage | |
| Excellent(32-25) | 05 | 8.4% | |
| Very good(24-17) | 10 | 16.7% | |
| Good /average(16-9) | 18 | 30% | |
| Poor (8-0) | 27 | 45% | |

Table 2 depicts the frequency and percentage distribution of level of knowledge regarding leucorrhoea among adolescent girls which revealed that maximum 27(45%) adolescent girls had poor knowledge followed by 18(30%) had very good/average knowledge, 10(16.7%) had very good level of knowledge and only 5(8.4%) had excellent level of knowledge regarding leucorrhoea. Hence, it was concluded that maximum adolescent girls were having poor knowledge regarding leucorrhoea.

Objective 2: To determine the relationship of level of knowledge regarding leucorrhoea among adolescent girls with selected demographic variables.

Table 3(a) shows the relationship of level of knowledge regarding leucorrhoea among adolescent girls with age (in years). It shows highest percentage 21.6% of adolescent girls belonging to the age group of 17-19 years had good/average level of knowledge regarding leucorrhoea. In order to explore relationship between level of knowledge and age of adolescent girls, chi square was computed. Chi square value of 1.323 at df 3 was statistically non significant at $p < 0.05$. Hence, it was summarized that there is no significant relationship between level of knowledge and age (in years) of adolescent girls. Table 3(b) shows the relationship of level of knowledge regarding leucorrhoea among adolescent girls with source of information. It shows highest percentage 16.6% of adolescent girls had poor level of knowledge regarding leucorrhoea through hospital as source of information.

Table 3a. Relationship of level of knowledge regarding leucorrhoea among adolescent girls with age (in years)

| | | | | | | N=60 | |
|----------------|----------------|----------------|-------------------|-----------|-------|------|---------------------|
| Age (in years) | Excellent n(%) | Very good n(%) | Good/average n(%) | Poor n(%) | Total | df | χ^2 |
| 13-15 | 0(0%) | 1(1.6%) | 3(5%) | 1(1.6%) | 5 | 3 | 1.323 ^{NS} |
| 15-17 | 1(1.6%) | 3(5%) | 2(3.3%) | 12(20%) | 18 | | |
| 17-19 | 4(6.6%) | 4(6.6%) | 13(21.6%) | 9(15%) | 30 | | |
| 19-20 | 0(0%) | 2(3.3%) | 0(0%) | 5(8.3%) | 7 | | |

Non Significant ($p < 0.05$); Maximum score: 32; Minimum score: 0

Table 3b. Relationship of level of knowledge regarding leucorrhoea among adolescent girls with source of information

| | | | | | | N=60 | |
|-----------------------|-----------|-----------|--------------|-----------|-------|------|--------------------|
| Source of information | Excellent | Very good | Good/average | Poor | Total | df | χ^2 |
| TV | 0(0%) | 3(5%) | 2(3.3%) | 5(8.3%) | 10 | 3 | 0.61 ^{NS} |
| Hospital | 2(3.3%) | 3(5%) | 2(3.3%) | 10(16.6%) | 17 | | |
| Books / newspaper | 2(3.3%) | 4(6.6%) | 9(15%) | 9(15%) | 24 | | |
| Internet | 1(1.6%) | 0(0%) | 5(8.4%) | 3(5%) | 9 | | |

Non Significant ($p < 0.05$); Maximum score: 32; Minimum score: 0

Table 3c. Relationship of level of knowledge regarding leucorrhoea among adolescent girls with monthly income

| | | | | | | N=60 | |
|----------------|-----------|-----------|--------------|----------|-------|------|--------------------|
| Monthly income | Excellent | Very good | Good/average | Poor | Total | df | χ^2 |
| 10,000 | 1(1.6%) | 2(3.3%) | 1(1.6%) | 1(1.6%) | 5 | 3 | 0.69 ^{NS} |
| 10,001-20,000 | 1(1.6%) | 4(6.6%) | 7(11.7%) | 8(13.3%) | 20 | | |
| 20,001-30,000 | 1(1.6%) | 3(5%) | 8(13.3%) | 18(30%) | 30 | | |
| >30,000 | 2(3.3%) | 1(1.6%) | 2(3.3%) | 0(0%) | 5 | | |

Non Significant ($p < 0.05$); Maximum score: 32; Minimum score: 0

Table 3d. Relationship of level of knowledge regarding leucorrhoea among adolescent girls with place of residence

| | | | | | | N=60 | |
|--------------------|-----------|-----------|---------------|---------|-------|------|--------------------|
| Place of residence | Excellent | Very Good | Good /average | Poor | Total | df | χ^2 |
| Urban | 3(5%) | 8(13.4%) | 13(21.7%) | 21(35%) | 45 | 1 | 0.62 ^{NS} |
| Rural | 2(3.3%) | 2(3.3%) | 5(8.3%) | 6(10%) | 15 | | |

Non Significant ($p < 0.05$); Maximum score: 32; Minimum score: 0

In order to explore relationship between level of knowledge and source of information, chi square was computed. Chi square value of 0.61 at df 3 was statistically non significant at $p < 0.05$ level. Hence, it was summarized that there is no significant relationship between level of knowledge and source of information. Table 3(c) shows the relationship of level of knowledge regarding leucorrhoea among adolescent girls with monthly income. It shows highest percentage 30% of adolescent girls having monthly income between 20,001-30,000 had poor level of knowledge regarding leucorrhoea. In order to explore relationship between level of knowledge and source of information, chi square was computed. Chi square value of 0.69 at df 3 was statistically non significant at $p < 0.05$ level. Hence, it was summarized that there is no significant relationship between level of knowledge and monthly income. Table 3(d) shows the relationship of level of knowledge regarding leucorrhoea among adolescent girls with place of residence. It shows highest percentage 35% of adolescent girls were from urban areas had poor level of knowledge. In order to explore relationship between level of knowledge and place of residence, chi square was computed. Chi square value of 0.62 at df 3 was statistically non significant at $p < 0.05$ level. Hence, it was summarized that there is no significant relationship between level of knowledge and place of residence.

DISCUSSION

Objective 1

To assess the level of knowledge regarding leucorrhoea among adolescent girls.

The analysis of data revealed that 45% of adolescent girls had poor knowledge regarding leucorrhoea whereas 30% had good/average knowledge, 16.7% had very good knowledge and only 8.3% had excellent level of knowledge regarding leucorrhoea. Similar study conducted on knowledge, attitude and practice about vaginal discharge on 164 school age girls in Jatiningor Senior High School Bandung, Indonesia. A structured questionnaire was used to assess the knowledge. The study revealed that 50.90% of school age girls had low knowledge followed by 49.10% had good knowledge (Rakhmila *et al.*, 2016).

Objective 2: To determine the relationship of level of knowledge regarding leucorrhoea among adolescent girls with selected demographic variables

The association of level of knowledge regarding leucorrhoea among adolescent girls with selected socio-demographic variables was statistically non-significant at 0.05% level of significance. In conformity to these finding a similar study was conducted to assess the knowledge regarding reproductive health care among 48 B.sc Nursing^{1st} year students at SGRD college of Nursing, Vallah Amritsar which revealed that there was non significant relationship between level of knowledge and socio-demographic variables like age, monthly income etc. at $p < 0.05$ level of significance (Sharma, 2017).

Conclusion

Most of the adolescent girls were unaware of physiology, causes, prevention and management of leucorrhoea. As mothers

plays vital role for imparting primary knowledge regarding menstrual hygiene to adolescent girls. Adolescent girls need to be armed with proper and complete knowledge via formal and informal communications. Adolescents should be taught regarding the reproductive infections like leucorrhoea and its prevention in schools.

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