



EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON LEUCORRHOEA AMONG WOMEN ATTENDING OUT PATIENT DEPARTMENT

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ABSTRACT

Health is not mainly an issue of doctors, social services & hospitals. It is an issue of social justice. Health is a common theme in most cultures. In fact, all communities have their concepts of health, as part of their culture. WHO defines 'health is a complete physical, mental & social well being & not merely the absence of disease or infirmity'. The statement has been amplified to include the ability to lead a 'socially & economically productive life'. Among the people the health of women requires high attention. The old medical literatures have been repleted with instances of 'vaginal whites', which term is applied to excessive vaginal discharge from pus and blood. It may also result from the inflammation or congestion of the vaginal mucosa. In cases where it is yellowish or gives offensive odour, a doctor should be get consulted since it could be sign of an STD. The majority of women complaining of vaginal discharge had little clinical evidence of infection. Even the discharge of which they complained seemed no more than normal physiological discharge, or the mildly increased discharge associated with overgrowth of naturally occurring vaginal organisms. The treatment of leucorrhoea is both by oral and vaginal routes. The vaginal route requires privacy and professional supervision. The most important drawback of the vaginal route is that the medicines do not spread evenly over the vaginal cervixes and surfaces thus leaving some hidden infection which results in recurrence after a variable period of time.

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INTRODUCTION

There are several medical disorders from which women suffer and leucorrhoea is one of them. Leucorrhoea (common wealth) or leucorrhoea (US) is actually a medical term that 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 flexibility of vaginal tissue. Normally, the secretion is just enough to lubricate vagina and the sources of secretion are mainly the endometrial glands, cervical glands and vaginal transudate as the vagina has no secretory glands to produce a secretion of its own. A variety of local terms across India exist for leucorrhoea symptom. In north-central India, it is called safed panni (white water), dhatu or swed pradhar. Women complaining of safed panni often also complained of vague somatic symptoms that include burning hands and feet, dizziness, backache and weakness. Women were very concerned about their condition, and would say that when safed panni is lost from the body, progressive weakness will develop. Many women felt that undergoing the tubectomy operation had

caused the condition; others feel that diet was at fault. A woman who suffered from the Leucorrhoea was psychologically disturbed and this resulted in great deal of matrimonial disharmony. The same is partly true even today. Many women complain of suffering from leucorrhoea while attending the outpatient department of hospitals and go on getting treatment for years together with or without substantial relief.

Objectives

- To assess the level of knowledge on leucorrhoea among women attending outpatient department.
- To assess the effectiveness of structured teaching programme on the level of knowledge on leucorrhoea among women attending outpatient department
- To determine the association between post test level of knowledge on leucorrhoea and selected demographic variables among women attending outpatient department.

MATERIALS AND METHODOLOGY

The review of literature provided the base for the development of structured questionnaire. The sample of the

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Effectiveness of Structured Teaching Programme on Leucorrhoea Among Women Attending Out Patient Department

study comprised of 100 women who attending Gynaecology outpatient department. Non-probability convenient sampling technique was used. The research design selected for this study was one group pre test & post test design as sub types of quasi experimental research design was used for assessing the level of knowledge on leucorrhoea.

The frequency & percentage distribution of samples based on demographic variables. The table depicts that based on age, 11% of samples belong to age group 17-24yrs & 49% of samples belong to age group 24-31yrs & 31% of samples belong to age group 31-38yrs & the remaining 9% of samples belong to the age group of above 38yrs. Based on educational status, majority of the women ie.,38% had middle school level education ,34% of samples had higher secondary level of education,19% of samples had primary level education & 9% of samples were illiterate. The table also revealed that based on religion majority (ie.,) 71% of the samples were Hindus and 25% of samples were Christians & 4% of them were muslims. The table depicts that on marital status, 85% of them were married & 6% of them were unmarried & 9% of them were widowhood. Based on occupation, majority of them (ie) 68% were Cooley, 18% of them were employed, 11% of them were homemaker & 3% of them had their own business. As far as monthly income is considered, majority 90% of them had monthly income about Rs1001-3000 and 7% of them had monthly income about Rs3001-5000 and only 3% of them had monthly income above Rs5000.As far as family pattern, majority of them 68% belong to joint family and 32% of them belong to nuclear family. With regard to previous health information acquisition, majority 50% of them received by neighbours, 41% of them from friends and 5% of them were from mass media and only 4% of them received from health personals.

Table 1(a) Frequency and Percentage distribution of pre-test and post test level of knowledge on leucorrhoea
N =100

S.No	Criteria	Level of knowledge		
		Inadequate	Moderately adequate	Adequate
1	pre-test level of knowledge	71	29	0
2	post test level of knowledge	0	16	84

Table 1(a) presents data on frequency and percentage distribution of the pre test and post test level of knowledge on leucorrhoea among women attending OPD. In the pre test level of knowledge and 29% of them had moderately adequate knowledge. In the domain of post test level of knowledge, 84% of them had adequate level of knowledge and 16% of them had moderately adequate knowledge

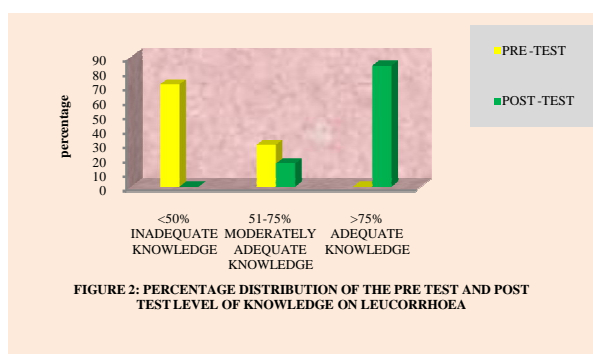
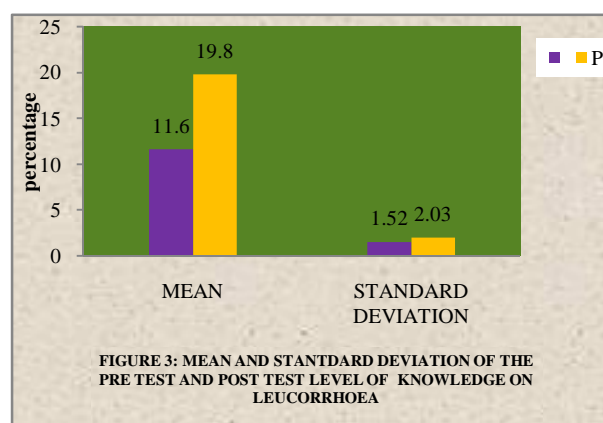


FIGURE 2: PERCENTAGE DISTRIBUTION OF THE PRE TEST AND POST TEST LEVEL OF KNOWLEDGE ON LEUCORRHOEA

Table 1b Mean and Standard Deviation of pre-test and post test level of knowledge on leucorrhoea
N =100

S.no	Criteria	Mean	Standard Deviation
1	pre-test level of knowledge	11.6	1.52
2	post test level of knowledge	19.8	2.03

Table 1(b) reveals mean, standard deviation of the pre-test and post test level of knowledge on leucorrhoea among women attending OPD. The mean of the pre-test level knowledge score is 11.6 with standard deviation of 1.52. The table also presents the mean score of the post test level knowledge score is 19.8 with standard deviation of 2.03



Comparison of pre-test and post test level of scores of knowledge on leucorrhoea

Comparison of the pre test and post test level of scores of knowledge on leucorrhoea among women attending OPD. The data reveals that the paired 't' test score on comparison was 40.9 which is significant at 0.05 level.

Association of Post test level of knowledge on Leucorrhoea with selected demographic variables

Association of the post test level of knowledge on leucorrhoea with selected demographic variables among women attending OPD. The table shows that there is significant association of the post test level of on leucorrhoea with demographic variables such as age, religion. There is no significant association of the post test level of knowledge on leucorrhoea with demographic variables such as educational status, occupation, marital status, monthly income, family pattern and previous information.

Findings of the study

1. In pre-test, 71% of them had inadequate level of knowledge and 29% of them had moderately adequate level of knowledge on leucorrhoea.
2. In post-test, 84% of them had adequate level of knowledge and 16% of them had moderately adequate level of knowledge on leucorrhoea.
3. There is statistically significant difference in the pre-test and post-test level of knowledge on leucorrhoea among women attending outpatient department.
4. There is statistically significant association of the post test level of knowledge on leucorrhoea with

selected demographic variables among women attending outpatient department such as age and religion.

The researcher concluded that there is significant improvement in outpatient department. It shows that the structured teaching programme on leucorrhoea was statistically significant. The post test level of knowledge shows that there is significant association with the age and religion of the demographic variables.

Recommendations for the Further Study

1. The study can be replicated on a larger sample of women.
2. A comparative study can be conducted among urban and rural women
3. Interventional studies which aim to prevent vaginal infections and promote obstetrical and gynaecological health should be undertaken by the nursing personnel.
4. Studies related to care and management of leucorrhoea among women can be conducted and duplicated or replicated in different settings by the nurse researchers.
5. Effective health education and self instructional packages which addresses the needs and problems of women should be prepared after systematically planned field testing studies.

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