

PUBLIC HEALTH MIDWIVES' KNOWLEDGE, ATTITUDES AND PERCEIVED LEVEL OF COMPETENCY IN EDUCATING WOMEN REGARDING VAGINAL DISCHARGE

I. M. P. S. Ilankoon^{1*}, C. S. E. Goonewardena², P. P. R. Perera³ and R. C. Fernandopulle⁴

¹Department of Allied Health Sciences, ²Department of Community Medicine, ³ Department of Biochemistry, ⁴Department of Obstetrics and Gynaecology, Faculty of Medical Sciences, University of Sri Jayewardenepura, Sri Lanka.

INTRODUCTION

Vaginal discharge is a common female health concern in South Asia (Khan, 2009; Trollope-Kumar, 2001). It may be a symptom of reproductive tract infections, genital tract malignancies and other reproductive tract disorders. Reproductive tract infections include Chlamydia Trachomatis infection, Gonorrhoea and Trichomoniasis which are Sexually Transmitted Infections (STIs), and Bacterial Vaginosis (BV) and Candidiasis which are nonSTIs. The prevalence of reproductive tract infections has an increasing trend with the low socioeconomic class being affected most (Balamurugan and Bendigeri, 2012).

Pruritus, vaginal discharge and vulvovaginal soreness were significantly higher in women with trichomoniasis infection in women attending a central sexually transmitted diseases clinic in Sri Lanka (Fernando *et al.*, 2012). Furthermore patients with vaginal discharge has been found to be a common presentation in Ayurveda gynaecology clinics in a Teaching Hospital, Sri Lanka and most of them were found to have normal physiological discharge (Karunagoda, 2011). Further Bates (2003) expressed the need of assessing for the possibility of a genital tract malignancy in women presenting with a persistent bloodstained discharge to differentiate cervical, uterine, vaginal and ovarian malignancies as they all have been reported in association with vaginal discharge.

Women are anxious to get treatment for gynaecological problems and they are bound and restricted by their cultural milieu (Ross *et al.*, 2002). Availability, accessibility, acceptability, confidentiality and even lack of publicity of available services were the main barriers for using reproductive health services in Sri Lanka (Agampodi *et al.*, 2008). The Public Health Midwife (PHM) is the key family health worker at the grass root level in the Sri Lankan Health Care System and they provide services especially in Maternal and Child Health in Sri Lanka. Today the service of PHMs has evolved into a career taking a holistic approach in preventive health (Karunathilake and Silva, 2010) and they provide referral information to the community where necessary for any illness (Arulkumaran, 2011). As the PHM is the available and closest health care worker to the community, women can disclose their health problems such as vaginal discharge to the PHM.

Therefore, it is a timely need to assess public health care workers' competency in health education in relation to common women's health issues as they are the most available and the closest members of the health care team to the Sri Lankan community. The main purpose of this descriptive study was to describe the PHMs' existing level of knowledge and attitudes towards vaginal discharge and their perceived level of competency in educating women regarding normal and abnormal vaginal discharge and unhealthy practices in relation to vaginal discharge. This will help to plan an educational programme for PHMs in order to improve their knowledge, attitudes and skills related to health education on this common gynaecological complaint.