

AN INVESTIGATION ON THE KNOWLEDGE, ATTITUDES AND PRACTICE TOWARDS VAGINAL CANDIDIASIS AMONGST WOMEN OF REPRODUCTIVE AGE ATTENDING THE UNIVERSITY OF THE WEST INDIES, ST. AUGUSTINE CAMPUS

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INTRODUCTION

From 20th century, our views, understanding and treatment of pathogenic infections have drastically changed. Pathogenic organisms were discovered, classified and treatments were subsequently implemented. Candidiasis spp. was discovered and linked to the condition; Vulvovaginal Candidiasis (VVC), commonly known as yeast infection, which affects the female lower genital tract, vulva and vagina. Symptoms of such an infection include itching, burning, soreness and a creamy vaginal discharge. Given the nature, location and symptoms of such an infection, individuals are often self-conscious and hesitant to discuss it or seek medical attention until symptoms become unbearable. VVC is one of the most common infections in reproductive age females with 75% of women experiencing infection at least once in their lives. Due to the qualitative gap in literature toward women affected by VVC in our country, this study aimed to highlight the knowledge, attitudes and practices towards VVC among reproductive age women in Trinidad and Tobago.

OBJECTIVES

- To assess the knowledge of vaginal candidiasis in females of reproductive age.
- To assess the general attitude towards vaginal candidiasis.
- To assess the practices associated with persons who have/have had vaginal candidiasis.

METHODOLOGY

- A Retrospective Cross-sectional study was conducted on a sample population of 331 female students between the ages of 18-50 years, with the study population encompassing 10,130 female students as of semester one of the academic year 2017/2018.
- Research was conducted at the University of the West Indies, St. Augustine Campus, through convenience sampling.
- An online survey was distributed throughout the month of June 2019 to successfully obtain both qualitative and quantitative data from the participants.
- Using the IBM SPSS 22 version software program, a descriptive analysis was done to easily classify data in order to make comparisons and to efficiently attain results.

RESULTS

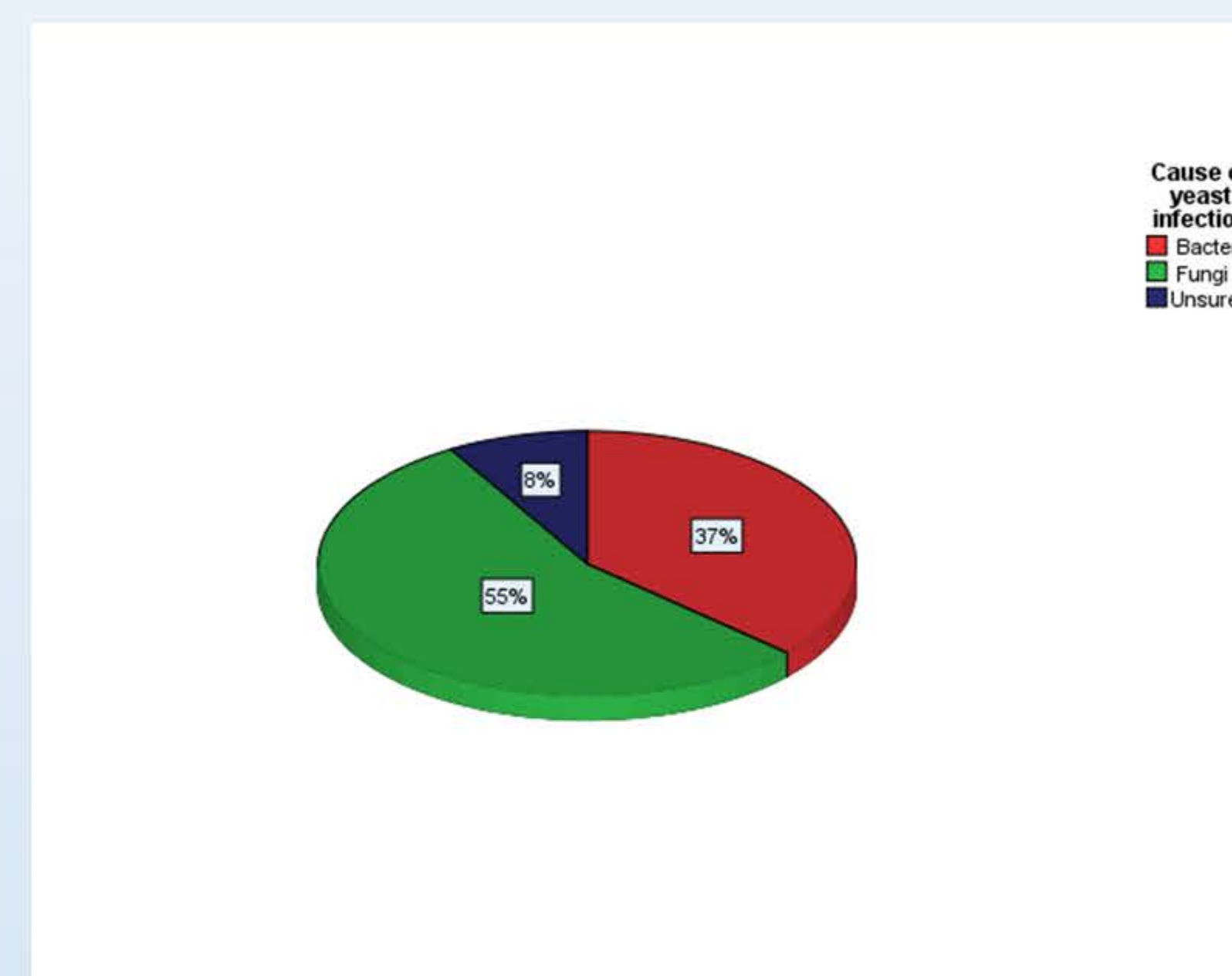


Fig.1 showing the valid percentages of women's knowledge of what causes VVC

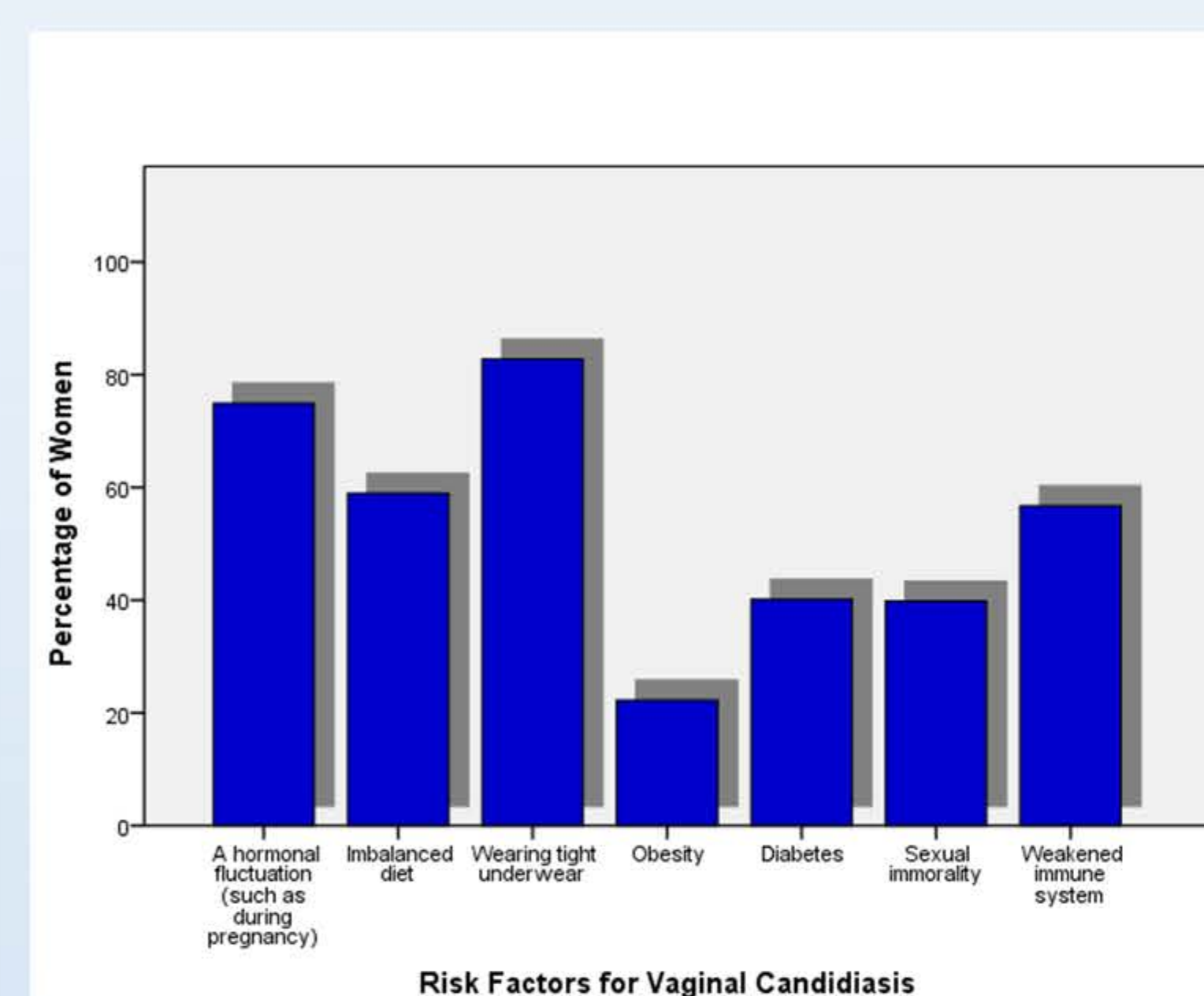


Fig. 2 showing women's knowledge of risk factors of VVC

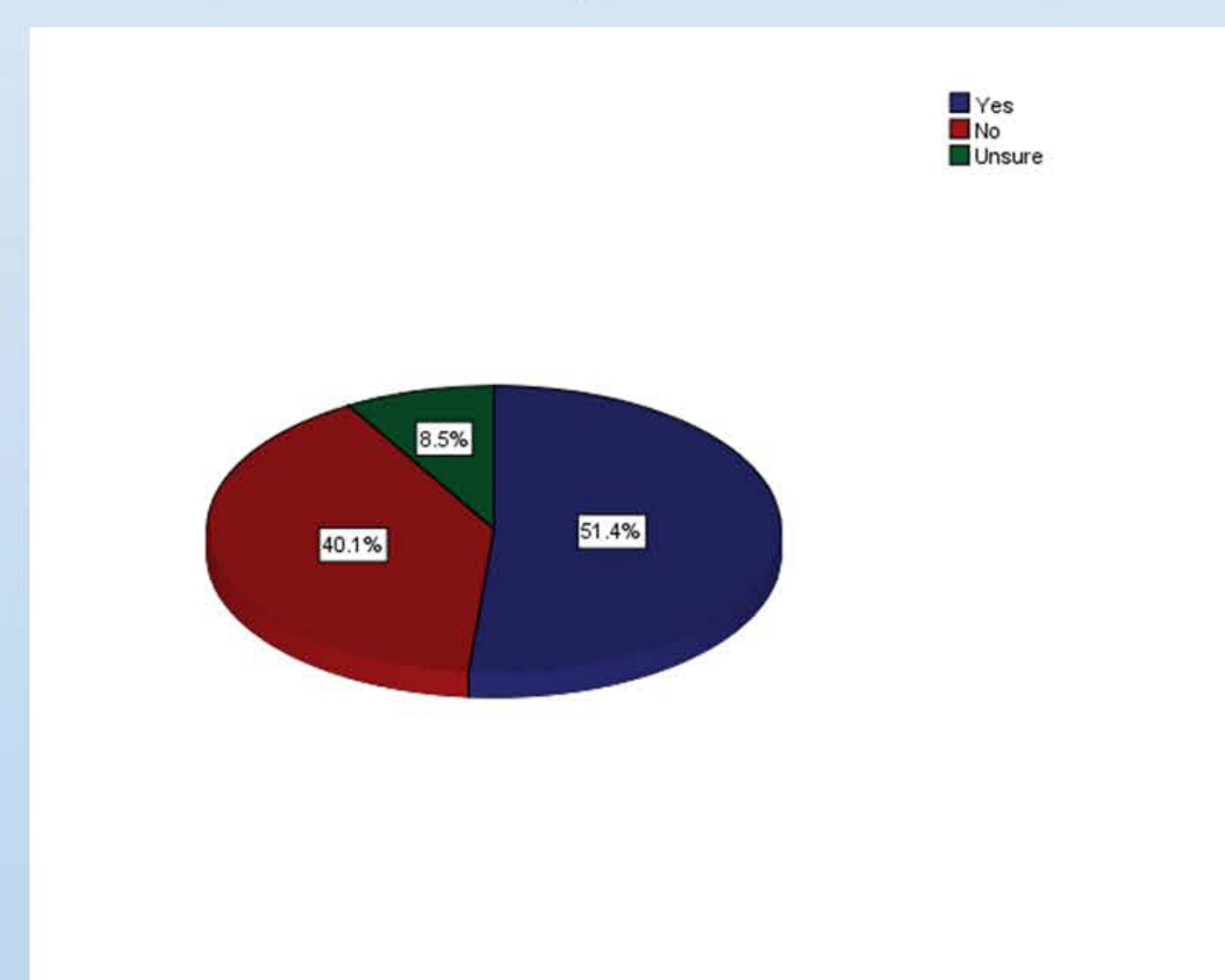


Fig 3. showing the valid percentages of women who had and have not had VVC

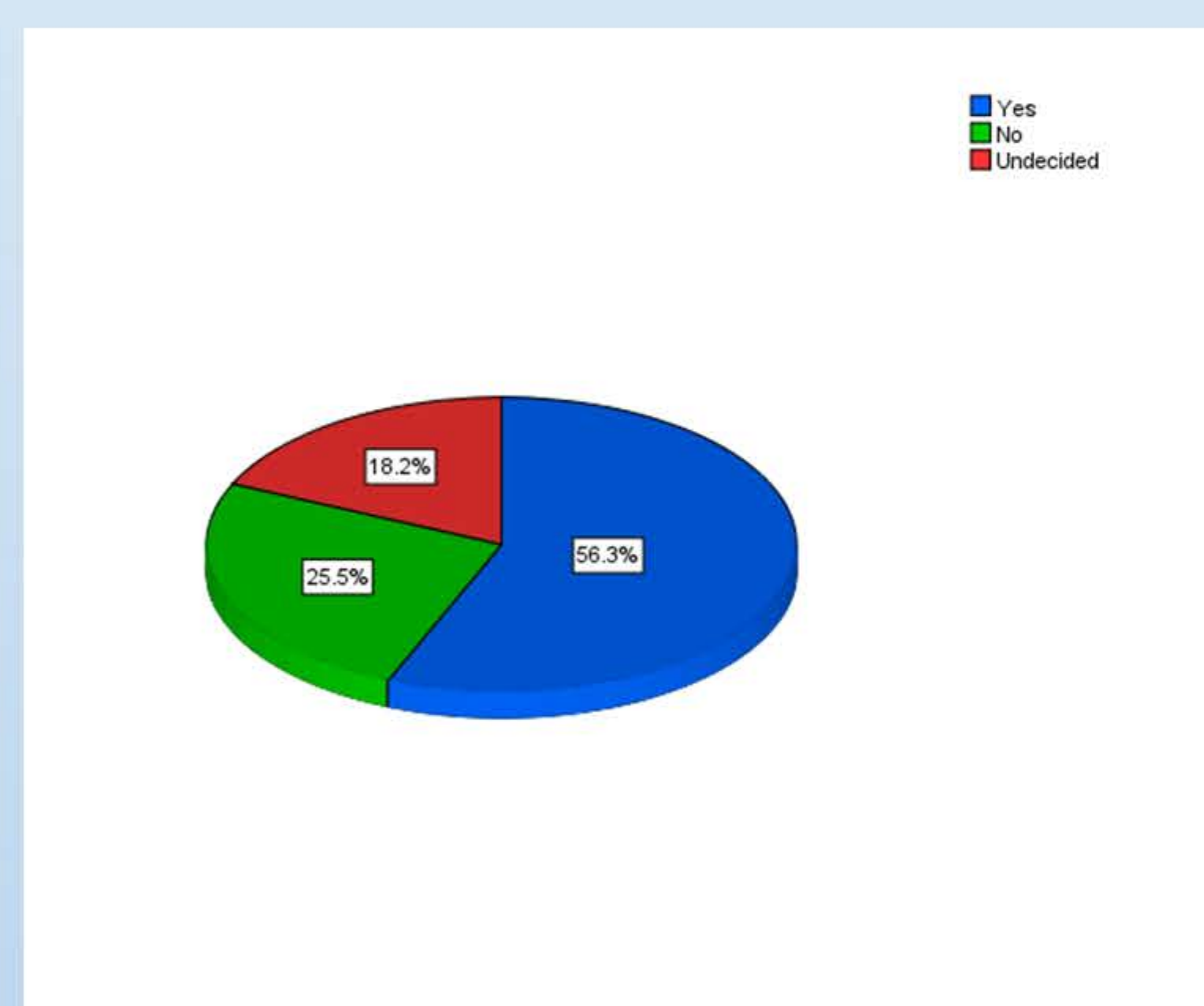


Fig 4. showing the valid percentages of women who think VVC has a negative stigma attached to it

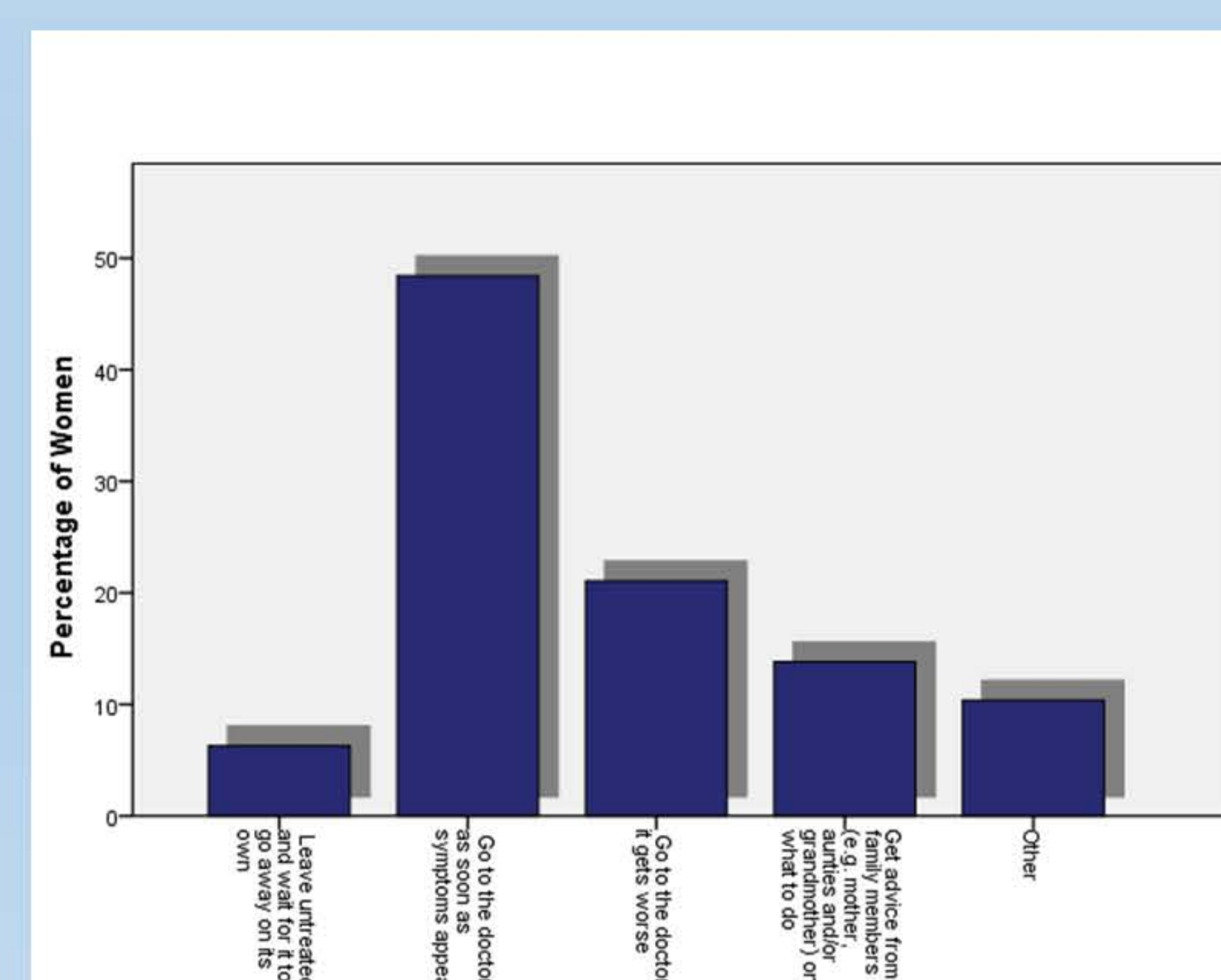


Fig 5. showing the course of action taken if VVC is suspected

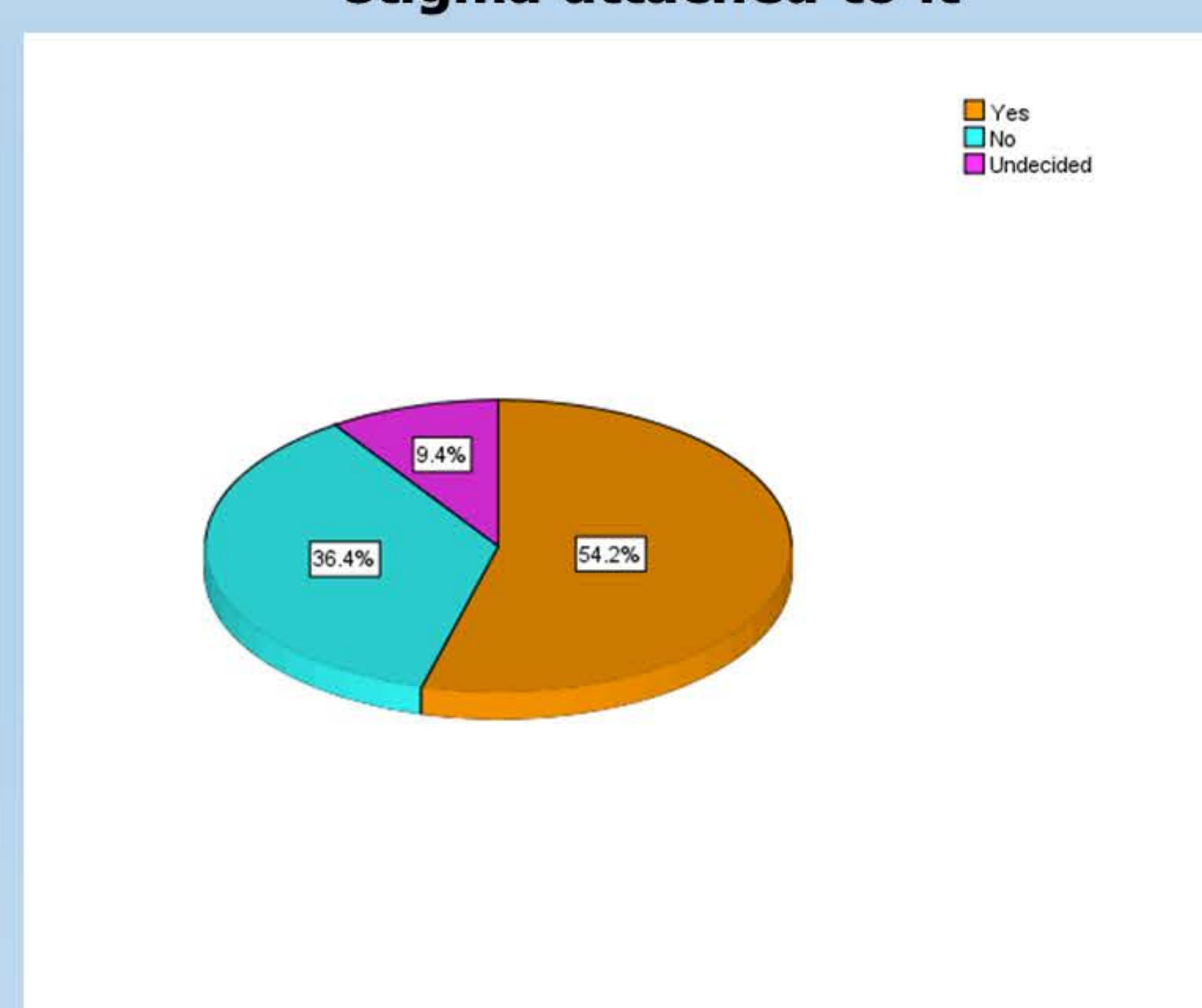


Fig 6. showing the valid percentages of women who would self-treat if VVC is suspected

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DISCUSSION

- In the case of what causes VVC, most women correctly indicated that it was due to a fungus, while only 25% correctly indicated that all the other medications except Acyclovir can be used as treatment. With respect to risk factors, all the options given were correct. Interestingly, this study showed that 'wearing tight underwear' was the most frequent cause as 83% of women responded to it, while 'obesity' was the least frequent response as only 22% of women answered. Educational background as well as experience influenced their knowledge of VVC.
- It was also seen that most women who participated in the study had previously contracted VVC, which has also been observed globally where most women of reproductive age experience a yeast infection at least once in their lifetime. However, in the case of the attitude toward VVC, poor hygiene seemed to be the top cause of the negative stigma that surround it. Other popular responses include; it is due to society's discrimination of persons with VVC, society being uneducated about the disease and the association of sexual immorality with VVC.
- When it comes to women's practices concerning VVC, 48% of women acknowledged that they would go to the doctor as soon as symptoms appear. On the other hand, the majority said that they would resort to self-treatment with 42% of those women indicating that they would receive OTC medication from their neighborhood pharmacy under recommendations from a pharmacist, while 7% suggested other forms (use of topical creams, change of diet e.g. to include yoghurt). The use of yoghurt was also seen in previous studies as a form of self-treatment.

CONCLUSION

Based on the results we conclude that women of reproductive age attending the UWI St. Augustine campus are more knowledgeable about certain aspects of VVC than others. Women's attitudes towards VVC are influenced by cultural and societal views while their practices are dependent on personal preference. VVC education on causes, symptoms, risk factors and treatments options should therefore be implemented at an early age for girls to reduce the associated stigma and self-esteem issues resulting in better management of VVC.

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