



# International Journal of Multidisciplinary Research and Growth Evaluation



International Journal of Multidisciplinary Research and Growth Evaluation

ISSN: 2582-7138

Received: 21-08-2021; Accepted: 10-09-2021

www.allmultidisciplinaryjournal.com

Volume 2; Issue 5; September-October 2021; Page No. 361-363

## The study to assess the knowledge regarding on vaginal candidiasis among adult women in Mappedu

Sathiyabama G<sup>1</sup>, Bhuvaneshwari T Rangila R<sup>2</sup>

Department of Obstetrical and Gynecological Nursing, Saveetha College Of Nursing, SIMATS, Thandalam, Chennai, Tamil Nadu, India

Corresponding Author: Sathiyabama G

### Abstract

Vaginal candidiasis is the fungal infection of the vagina and or vulvar/perineal area that accounts for approximately one third of cases of vaginitis. The most frequent causes of candida vulvovaginitis is candida albicans. The usual clinical picture that is burning, itching, erythema. Objectives 1.To assess the knowledge on vaginal candidiasis among adult women age group between 25-45.2.To find out the association of knoweldege of adult women on vaginal candidiasis in mappedu. In this study, adult women in the age group of 25 to 45 living in the mappedu village Research apporach is quantitative research approach. The research design is one group pre-test and post-test design. The study was conducted in mappedu village. Thirty samples were

selected using purposive sampling technique. The demographic profile was collected and the knowledge regarding vangular candidiasis using structured questionnaier. Then the score was analysed and interpreted by using descriptive and inferential statistics. The research design is one group pre-test and post-test design. The study was conducted in mappedu village. Thirty samples were selected using purposive sampling technique. The demographic profile was collected and the knowledge regarding vaginal candidiasis using structured questionnaier. Then the score was analysed and interpreted by using descriptive and inferential statistics.

**Keywords:** Current situation, high quality human resources, FDI enterprises, attracting and maintaining

### Introduction

According to WHO, "reproductive health is a state of complete physical, mental and social well-being and not merely the absence of reproductive diseases or infirmity". Reproductive health deals with the reproductive process, functions and system at all stages of life. Reproductive tract infection are communicable or non-communicable diseases caused by a wide range of bacterial, protozoal, fungal and eco parasites. Reproductive tract infections are a significant health problems as they cause wide spread mortality and morbidity in women especially during reproductive age. The incidence of reproductive tract infections in womens is highest in the group of 25-45 years and decliens afterwards. The reason for the high incidence in this age group includes low levels of productive cervical antibodies, increased sexual activities and new influences of reproductive hormones may lead to increased susceptibility to reproductive tract infection. Vaginal candidiasis is the fungal infection of the vagina and or vulvar/perineal area that accounts for approximately one third of cases of vaginitis. The most frequent causes of candida vulvovaginitis is candida albicans. The usual clinical picture that is burning, iching, erythema. Vaginal candidiasis is a common ifection among women that is associated with considerable morbidity and health care cost. A survey in the US showed that 6.5% and 8% of women older than 18 years reported  $\geq 1$  and  $\geq 4$ epsisodes of vaginal candidiasis during two months and one year prior to the survey, respectively. In addition annual cost in 1995 for dealing with vaginal candidiasis was estimated at 1.8 million dollars. The high incidence and asociated health care cost of vaginal candidiasis highlights needed for development of effective agents for its prevention. A descriptive study is conducted on the assessment of knowledge regarding vaginal infection among 310 adolescents in five rural communities in nassarawa state, Nigeria. Questionnariae was used to collect data from the samples. The findings revealed that 68.4% were not aware of vaginal infection. Objectives1. To assess the knowledge on vaginal candidiasis among adult womens age group between 25-45.2.To find out the association of knowledge of adult women on vaginal candidiasis in mappedu.

**Methods and Materials**

Research approach is quantitative research approach. The research design is onegroup pre-test and post-test design. The study was conducted in 30 samples were selected by using purposive sampling technique. The demographic file profile was collected and the knowledge regarding vaginal candidiasis by using structured questionnaire. The score was analysed and interpreted by using descriptive and inferential statistics.

**Inclusion Criteria**

1. Women who are at age group between 25-45years.
2. 2. Women who can able to understand and speak tamil or English language
3. Women who are present at the time of data collection.

**Exclusion Criteria**

1. Women who are not present at the time of data collection.
2. Women who are not willing to participate in the study.

**Result and Discussion**

**Section A**

Description of the demographic variables of the adult women.

**Section B**

Assessment of level of knowledge on vaginal candidiasis among adult women aged between 25-45 years.

**Section C**

Association of level of knowledge with selected demographic variables.

**Section A**

**Description of the demographic variables of the adult women**

It shows that most of the adult women 21(70%) were aged between 30-40, 18(60%) were Hindus, 20(66.7%) belonged to nuclear family, 15(50%) had secondary school education,

28(93.3%) belonged to middle class, 23(76.7%) were married, 17(56.7%) were privately employed and 27(90%) werenon-vegetarian.

**Section B:** Assessment of level of knowledge on vaginal candidiasis among adult women aged between 25-45 years.

**Table 1:** Frequency and percentage distribution of level of knowledge on vaginal candidiasis among adult women aged between 25-45 years N=30

Level of Knowledge	No.	%
Inadequate Knowledge (≤50%)	12	40.0
Moderately Adequate Knowledge (51–75%)	15	50.0
Adequate Knowledge (>75%)	3	10.0

The above table 1 shows most of them 15(50%) had moderate lyadequate knowledge, 12(40%) had inadequate knowledge and 3(10%) had adequate knowledge on knowledge on vaginal candidiasis among adult women aged between 25-45 years.

**Table 2:** Assessment of mean and standard deviation of knowledge on vaginal candidiasis among adult women aged between 25-45 years N=30

Knowledge	Score
Minimum Score	6.0
Maximum Score	21.0
Mean	12.93
Standard Deviation	3.27

The table 2 depicts that the mean score of knowledge was 12.93 with standard deviation 3.27. The minimum score was 6.0 and the maximum score was 21.0.

**Section D**

Association of level of knowledge with selected demographic variables

**Table 3:** Association of level of knowledge on vaginal candidiasis among adult women aged between 25-45 years with their selected demographic variables. N=30

Demographic Variables	Inadequate		Moderately Adequate		Adequate		Chi-Square Value
	No.	%	No.	%	No.	%	
<b>Age in years</b>							$\chi^2=3.177$ d.f=4 p=0.529 N.S
20–30	2	6.7	2	6.7	1	3.3	
30–40	7	23.3	12	40.0	2	6.7	
40–50	3	10.0	1	3.3	0	0	
<b>Religion</b>							$\chi^2=3.333$ d.f=4 p=0.504 N.S
Hindu	6	20.0	10	33.3	2	6.7	
Christian	4	13.3	5	16.7	1	3.3	
Muslim	2	6.7	0	0	0	0	
<b>Type of family</b>							$\chi^2=0.675$ d.f=2 p=0.714 N.S
Nuclear	9	30.0	9	30.0	2	6.7	
Joint	3	10.0	6	20.0	1	3.3	
Extended	-	-	-	-	-	-	
<b>Education</b>							$\chi^2=3.342$ d.f=4 p=0.502 N.S
Primary school	1	3.3	2	6.7	0	0	
Secondary school	4	13.3	9	30.0	2	6.7	
Graduation	7	23.4	4	13.3	1	3.3	
<b>Socioeconomic status</b>							$\chi^2=0.268$ d.f=2 p=0.875 N.S
Low class	1	3.3	1	3.3	0	0	
Middle class	11	36.7	14	46.7	3	10.0	
Higher class	-	-	-	-	-	-	
<b>Marital status</b>							$\chi^2=2.050$ d.f=2 p=0.359
Married	10	33.3	10	33.3	3	10.0	
Unmarried	2	6.7	5	16.7	0	0	

Divorced/Separated	-	-	-	-	-	-	N.S
<b>Occupation</b>							$\chi^2=5.476$
Government	2	6.7	3	10.0	1	3.3	d.f=4
Private	9	30.0	6	20.0	2	6.7	p=0.242
Unemployed	1	3.3	6	20.0	0	0	N.S
<b>Dietary plan</b>							$\chi^2=1.111$
Vegetarian	2	6.7	1	3.3	0	0	d.f=2
Non-vegetarian	10	33.	14	46.7	3	10.0	p=0.574
							N.S

\* $p < 0.05$ , S-Significant, N.S-Not Significant

The table 3 shows that none of the demographic variables had shown statistically significant association with level of knowledge on vaginal candidiasis among adult women aged between 25-45years

### Conclusion

The chapter deal with the implication of the study in the field of nursing limitations, suggestions and recommendations of the research. On the whole conducting this study was beneficial to all participants as well researcher.

### Acknowledgement

We would like to extent our gratitude of the authorities of Saveetha College of Nursing, and saidapet urban primary health centre head officer.

### Authors Contribution

All the authors actively participated in the work of the study. All authors read and approved the final, manuscript.

### Conflicts of interest

The authors declare no conflicts of interest.

### References

- Jombo GTA, Akpera MT, Hembra SH, Eyong KA. Symptomatic vulvi vaginal. Available from: [http://overcomingcandida.com/vaginal\\_candidiasis.htm](http://overcomingcandida.com/vaginal_candidiasis.htm)
- Parveen N, Munir AA, Din I, Majeed R. Frequency of vaginal candidiasis in pregnant women attending routine antenatal clinic. *J Coll Physicians Surg Pak*, 2008, 18(3).
- Dixon-Muller R. Gender Inequalities and Reproductive Health: Changing priorities in an Era of social Transformation and Globalization. *International union for the scientific study of population. European Journal of Scientific Research*, 2008, 2(7).
- Sharma M, Sethi S, Gopalan S, Gulat K, Lyall S. Seroprevalence of reproductive tract infections in women in northern India relatively low prevalence area. *NIHFW Newsletter*, 2004, 6(3). Available from [http://www.nmji.in/archives/Volume\\_17-](http://www.nmji.in/archives/Volume_17-)
- Thankamma MS. A randomized controlled trial of video teaching over lecture cum demonstration in improving knowledge and skill of nursing students on antenatal examination in selected college of nursing in udupi district, 2008.
- Oesman MH, Webb SA and Share JA. Outcome of videotape instructions in clinic waiting area. *Orthopedic nursing*. 2003; 12(6):102-105
- Malathi k. Effectiveness of Planned Teaching Regarding Management of BPH on BPH patients. *The Nursing Journal of India*, 2009, (9).
- Sobel JD. Vulvovaginal candidosis. *Lancet*. 2007; 369(9577):1961-1971.
- Nyirjesy P, Sobel JD. Vulvovaginal candidiasis. *Obstet Gynecol Clin North Am*. 2003; 30(4):671-684.
- Marrazzo J. Vulvovaginal candidiasis. *BMJ*. 2002; 325(7364):586-587.
- Ferris DG, Nyirjesy P, Sobel JD, Soper D, Pavletic A, Litaker MS. Over-the-counter antifungal drug misuse associated with patient diagnosed vulvovaginal candidiasis. *Obstet Gynecol*. 2002; 99(3):419-425.
- Nyirjesy P. Chronic vulvovaginal candidiasis. *Am Fam Physician*. 2001; 63(4):697-702.
- Rex JH, Walsh TJ, Sobel JD, *et al*. Practice guidelines for the treatment of candidiasis. *Infectious Diseases Society of America. Clin Infect Dis*. 2000; 30(4):662-678.
- McClelland RS, Richardson BA, Hassan WM, *et al*. Prospective study of vaginal bacterial flora and other risk factors for vulvovaginal candidiasis. *J Infect Dis*. 2009; 199(12):1883-1890.
- Singh SI. Treatment of vulvovaginal candidiasis. *Clin Rev*. 2003; 136(9):26-30.
- Ray D, Goswami R, Banerjee U, *et al*. Prevalence of Candida glabrata and its response to boric acid vaginal suppositories in comparison with oral fluconazole in patients with diabetes and vulvovaginal candidiasis. *Diabetes Care*. 2007; 30(2):312-317.
- Ringdahl E. Treatment of recurrent vulvovaginal candidiasis. *Am Fam Physician*. 2000; 61(11):3306-3312, 3317.
- Sobel TD. Vaginitis. *N Engl J Med*. 1997; 337(26):1896-1903.
- De Leon EM, Jacober SJ, Sobel JD, Foxman B. Prevalence and risk factors for vaginal Candida colonization in women with type 1 and type 2 diabetes. *BMC Infect Dis*. 2002; 2:1.
- [No authors listed]. Sexually transmitted diseases treatment guidelines 2002. Centers for Disease Control and Prevention. *MMWR Recomm Rep*. 2002; 51(RR-6):1-78.