Health Seeking Behaviors of Pakistani Women reporting Vaginal Discharge

Hira Fatima & Nashi Khan
Centre for Clinical Psychology, University of the Punjab, Lahore.
E-mail: hirainayat@gmail.com

Abstract

Background: The most common complaint in sexually active women of South Asian countries is vaginal discharge. The aim of the present study was to explore the health seeking behaviors of those women who reported with vaginal discharge.

Settings and Design: Seven women were interviewed (in-depth semi structured interview) from both government and private hospitals of Lahore, Pakistan.

Materials and Method: Married women of 22 - 50 years of age were included in the study. Themes were elicited through Ideographic Phenomenological Data Analysis.

Results: The results revealed that most of the women preferred to take treatment from allopathic doctors and herbal modes of treatment for this complaint. Many economic factors and environmental factors also contributed in making choice of seeking treatment.

Conclusion: The study highlighted many factors which need to be catered in order to improve psychological and physical health of Pakistani women. It is also important to devise counseling sessions and educational programs for these women for improving women gynecological and associated psychological issues.

Key Words: Vaginal discharge, Leucorrhea, Health seeking behavior, Ideographic phenomenological analysis

Introduction

The most common complaint in sexually active women of South Asian countries is vaginal discharge, where it has been investigated that 20 - 25% of women have this complaint in clinical studies (Chaturvedi, 1988; Gittelsohn et al., 1994; Patel, Andrew, & Pelto, 2008; Patel, 2009). Women of reproductive age have more complaints of vaginal discharge (Wasserheit, Harris, Chakraborty, Kay, & Mason, 1989).

Since a long time practitioners and researchers have been working to find out what stimulates people to act in different ways in relation to their health. Heath seeking behavior and utilization of services contains great amount of literature of both the developed and developing countries. There are two approaches dominantly used to understand the health seeking behaviors which are pathways model and determinants. Pathways model describes the steps taken in series by an individual for health seeking behavior. And determinants tend to highlight the influencing factors of that journey of behavior (Bedri, 2001).

This research defines health seeking behavior as the remedial methods and treatments that an individual used to seek for the cure of perceived ill health (Ward et al., 1996). The remedial procedure is associated with the symptom definition and manifestation as a result of which an approach for treatment action is developed (Christakis et al., 1994). The selection of treatment is effected by many issues which are related to category and intensity of illness. It also depends on the pre-existing immature philosophies about illness relationship, approachability and accessibility towards treatment, availability of treatment choices and their apparent effectiveness (Helman, 1995; Kleinman & Gale, 1982; Kleinman, 1980).

According to Kleinmam (1980) there are three interrelated areas in a temporary society of health care which are popular, folk and professional. The popular area is the “lay, non-professional, non-specialist” sector of a society which encompasses beings, families and social relationships in which illness is recognized first then treatment is initiated. In contrast, “non-professional healing specialists”, includes traditional birth attendants, bone setters etc. and “magico-religious practitioners”, which includes faith healers etc. comes under the folk area. Developing world contains a large practice
of using indigenous healing which is comprised of the above two areas. In professional area disease is treated in the contemporary professional health care but not illness.

A woman’s health seeking behavior is directed by different factors such as her beliefs about her health, her socio-economic status and her family and demographic background. These factors shape her mind either to access health care or not. Pakistan is a developing country and has different health systems like modern medicine, traditional medicines and different other modes of treatment like spiritual healing. People seek help from that healer whose fee they can afford. Unfortunately, Pakistan has a culture of silence especially for women so they mostly delay their treatments for different reasons like home and children responsibilities, gender disadvantages, lack of concern etc (Nayab, 2006). So in the present study, researcher wanted to know about the treatment methods used by women who report vaginal discharge in order to contribute in this area.

Health Seeking Behaviors and Vaginal Discharge

Bedri’s study (2001) revolved around the vaginal discharge and malaria which makes it a particularly interesting study of health seeking behavior. The study revealed that a woman follows a different alleyway for different circumstances, unfolding mainly the starring role of the husband, social network and cultural customs. This evidently has insinuations for health systems improvement.

Health care seeking in a formally recognized health care atmosphere from a trained allopathic doctor is the most appropriate response as judged by research. According to previous studies, some consistent findings show that people choose traditional healers, village homeopaths or untrained allopathic doctors for some illness rather than opting for a trained practitioner or government health facilities (Ahmed et al., 2001). Yamasaki-Nakagawa et al. (2001) concluded that in Nepal the rate of women to seek help from traditional healers first is more than the men. A recent study by Rehman (2000) also reflected the same finding where the percentage of woman who received health care from untrained healers is 86 % in rural Bangladesh. It is observed significantly that woman usually take longer delays to diagnose then men (Needham et al., 2001; Yamasaki-Nakagawa et al., 2001).

Uzma et al. (1999) also suggested that in order to improve maternal health status of woman, traditional birth attendants should be incorporated for training programs. Therefore studies based on health seeking behaviors conclude that traditional and untrained healers need to be recognized so that the level of health services should be improved as they are the main care providers in developing countries regarding health problems (Rehman, 2000).

The researcher of this study wanted to investigate the health seeking behaviors of women who report vaginal discharge. This idea occurred to the researcher as she wanted to know about the factors which force these women to take some remedy for their health and what kind of treatments they seek. It may depend on the economic conditions, spousal and familial relationships, and personality of a woman. So researcher needed to explore this area with qualitative analysis.

Significance of the Study

In Pakistan women face many problems due to cultural constraints and male dominated society. Problems of women are mostly overlooked because women have passive and submissive roles in the society which do not allow them to express themselves. Moreover they have lack of autonomy and freedom, which creates obstacles in sharing their issues, problems and complaints. Women of Pakistan also are lacking in their knowledge, information and awareness regarding their personal problems like vaginal discharge and are not well aware about the appropriate remedies and treatments of such problems and these factors mostly enhance their problems. It is also observed that Pakistani women don’t take these problems seriously due to different roles and responsibilities they have. So there is a high need to provide awareness to these women regarding these personal problems, health services and remedies. It will help them to seek appropriate treatment on right time instead of lingering on their issues and problems.

Inquiry Question

The basic inquiry question of the present study was:
“What modes of treatment have you tried for this complaint of vaginal discharge?”

Researcher was interested to know what kind of treatment procedures women seek for the complaint of vaginal discharge.

Assumptions
- Women reporting vaginal discharge don’t consider it as a serious problem.
- Women delayed their treatments due to responsibilities and financial problems.
- Women who seek treatments are not contented with their treatments.

Method
The present study investigated the health seeking behaviors of women reporting vaginal discharge. The constructivism paradigm was used in order to know about the participants understanding regarding this phenomenon. The ideographic phenomenological study used the purposive sampling and snow ball sampling in order to select the participants. Seven women were interviewed through in-depth semi structured interviewed from both government and private hospitals of Lahore.

The inclusion and exclusion criterion was decided by the researcher in order to control the biasness in the study. Married women were included who were having vaginal discharge since last one year at least, aged 22 - 50 years and those women should be articulated. Women with any serious psychiatric illness and organicity were excluded from the sample and pregnant women or who suffered from some other gynecological problem like infertility were also excluded from the sample.

Procedure
The data was collected from different private and public hospitals of Lahore, especially from the gynecologist's clinics. The permission to collect data was taken from the respective authorities of the clinics and hospitals. The authorities were informed about the purpose of the research as the information sheet regarding the research was also given to the participants to understand the purpose of this research. The data was collected by contacting each participant individually for in-depth interview at the respective clinics and hospitals. Two women were interviewed at their homes due to their personal issues. The interviews were audio-taped on digital voice recorder. The participants were ensured about confidentiality to make them comfortable in expressing their views. Furthermore, the participants were explained about their rights as research participants as a part of informed consent. Participants were informed about the availability of verbatim transcriptions, reports, and participant anonymity was ensured. Non verbal responses were noted on the given questionnaire (interviews protocol).

The interviews took on an average of about 30 - 40 minutes for almost all participants. Follow up interviews were conducted after one week at least in order to gather any after thoughts or comments or to clarify any queries with the participants, and feedback regarding research was also taken from the participants. Follow up interviews took around 10 - 15 minutes on average for all the participants.

Data Analysis Strategy and Verification Methods
Ideographic phenomenological data analysis was used to analyze the transcribed data through which researcher identified themes. The themes were generated through the Interpretative phenomenological analysis. Different verification methods were used to evaluate the credibility of the research findings like rich thick description, peer review or debriefing, clarifying researcher biases and review of analysis by the participants were used.

After finalizing the super ordinate and subordinate themes the researcher also ran qualitative software named Nvivo in order to further validate the results.

Results
“It’s actually acknowledging and accepting the problem, that’s where the big bottle neck is... it’s the whole denial and fear and ‘oh I will be alright, this thing will pass off and sure I’ll be
okay in a month’s time’, it’s that whole blockage, that is where I think the crux of the problem lies” (Richardson, 2003).

This chapter contains themes related to health seeking behaviors women used for their complaint of vaginal discharge which were sieved from the data.

**HEALTH SEEKING BEHAVIORS**

![Diagram of health seeking behaviors](image)

*Figure I. Showing super-ordinate themes regarding health seeking behaviors*

In this chapter, I am defining the health seeking behaviors of women which they adopted to treat their complaint. For this purpose the participants were asked

“What modes of treatment have they tried for this compliant (Vaginal discharge)?”

While analyzing abundant data, it was filtered out that to what extent women know about the treatment methods for vaginal discharge. In this study, women sought advice from a wide range of healthcare providers. It was observed throughout the data collection and interview conduction that on the average each participant consulted more than two health care providers. Women preferred to seek advice and help from the old ladies of their family and then visit gynecologist if they considered that problem as serious. Their decision to visit a particular provider was mainly based on the approval and suggestion of their husbands, mother in laws, and friends. The detailed demographic characteristics were assessed through semi structured interview in which researcher got the information about autonomy of women, role of other family members in their decisions, social economic status, responsibilities at home and other associated information was also received through this. The themes regarding the health seeking behavior, derived from the data are discussed below.

**Theme 1: Ayurvedic and Herbal Treatment**

According to World Health Organization (2002) “Traditional medicine” is a comprehensive term used to refer to traditional medicines systems such as traditional Chinese medicine, Indian Ayurveda and Arabic Unani Medicine and to various forms of indigenous medicine.

In this study I used definition of World Health Organization (2002) in which they considered all the indigenous methods of treatment as traditional medicines. Herbal and ayurvedic medicines come in the category of traditional medicines. It was also observed during this research that most of the women sought traditional methods as the first choice of their treatments. Participants of the study were advised by their family members to visit hakims (doctor who used traditional medicines or herbal doctor) as a first choice of treatment and if they didn’t get any relief then they go for any other
mode of treatment. It may be possible that due to cultural upbringing and financial constraints they visited hakims as a first priority of treatment.

Participant 1 belonged to a poor family so she visited hakim for the complaint of vaginal discharge because it is considered that treatment of hakim is less expensive than allopathic doctors. She also shared that her mother advised her to visit hakim for her problem. Initially she felt shy while discussing the problem with her mother because she considered it as a very personal problem of a woman. She thought such problems were not to be disclosed to anyone.

“I had consulted a hakim (doctor who used traditional medicines or herbal doctor). I didn’t share it to anybody.”

Participant 2 of the study also mentioned that she received help from a family hakim who asked her to take medicines for three months but she couldn’t continue with medicines due to her excessive workload at home and other responsibilities. She shared with the researcher that most of the time she used to forget to take her medicines and due to this carelessness she discontinued her treatment. She recovered for some days but then she left that treatment and her complaint of discharge started again and got enhanced. Another reason of discontinuing the treatment was that she was not able to afford treatment.

“Almost before one year back, I took herbal medicine. Actually that person (sage or herbal doctor) belonged to my family and that’s why gave me medicine. He checked my pulse and asked me to take medicine for three months, but I took only for three week, it gave me short term relief and then I left that treatment. He said that there is swelling inside your lower body (participant touched her abdomen).”

Participant 3 of the study pointed out that she visited a nearby hakim, but had no apparent improvement from the medicines. She reported that she had side effects from the hakim medicine like vomiting and nausea so she left her treatment. She was also upset about her husband’s attitude towards her as he did not take care of her and was fed up of her complaint. At another point during the interview, she shared that she was quite obsessed about her problems and duties so that’s why she wanted to have psychological help.

“I did not get improvement from any treatment and I also consulted a nearby hakim (sage or herbal doctor). He gave me some mixture of herbal medicines. Some of them I have to take with water and some with milk”. 

Participant 4 was an educated woman and shared that when she had discharge for the first time she discussed it with her mother and she recommended her to have ‘Pak supari’ (a herbal medicine for women gynecological problems) for her discharge. Her maternal aunts also recommended the same. ‘Pak supari’ comes under medicinal herbs (Qarshi Industries, 2011) and women of Pakistan usually seek help from herbs and home remedies. According to World Health Organization (2001) in South Asian countries Ayurvedic medicines considered as very effective for urinary tract infections. Similarly, women in Pakistan felt satisfied with the use of herbal medicines and thought that herbal medicines had no such side effects as other allopathic medicines had. She reported that:

“I had used pak supari for this problem because my mother and maternal aunts recommended this to me”.

Participant 5 of the study talked about her use of various modes of treatment as she consulted many ‘hakim’ but didn’t find any significant improvement. Then she visited a medical doctor who prescribed her multivitamins but she was still not contented with her treatment. She reported that:

“I have consulted some hakims (doctor who used traditional medicines or herbal doctor) then I also visited allopathic doctor and I also took multivitamins for this. I used such treatments many times but had no significant improvement and recovery.”

She had many apprehensions regarding complaint of vaginal discharge and even used to hide from her husband and mother in law to avoid stigmatization and taunts.

Participant 7 also used different modes of treatment from herbal to allopathic medicines. She could not continue her treatment for long time due to her carelessness. She also took this complaint very non-seriously in the beginning and now she was quite guilty about her careless attitude. She mentioned that she was still not satisfied with her treatment. She also delayed her treatment due to her
lack of sharing with her family members as she felt that it’s a very personal problem and she didn’t feel it comfortable while discussing this issue with other members or friends. She stated regarding her treatment:

“My mother told me that it happens with women and asked me to take pak supari. As she told me that discharge used to get dry with this pak supari”

**Theme 2: Allopathic Medicine**

Allopathic medicines come in the category of alternative medicines and World Health Organization (2002) defines it as, the terms ‘complementary’ and ‘alternative’ (and sometimes also ‘non-conventional’ or ‘parallel’) are refer to a broad set of health care practices that are not part of a country’s own tradition, or not integrated into its dominant health care system.

In this study I used the definition of World Health Organization (2002) for allopathic medicines which comes under the category of alternative medicines. Most of the participants of the study used allopathic medicines as the treatment mode for vaginal discharge and visited their nearby hospitals or their gynecologist in order to seek help. At least four of the participants mentioned this category during the interviews.

Participant 2 talked about the use of allopathic medicines as the treatment of her complaint of vaginal discharge. She belonged to a poor family and always asked her husband before going to doctor, she also told the researcher during the interview that her husband forced her to take some treatment for this complaint and that’s why she decided to visit gynecologist at a public hospital. She delayed her treatment for a long period of time due to her financial constraints and responsibilities. She was careless about her health and always gave priority to her home chores and children. She played a significant role in upbringing of her children. Family problems, financial issues, poor home conditions became the reasons of her delay in seeking treatment. According to the participant, due to this delay, her problem got worse and she felt guilty. She also shared that medicines had given her short term relief. Due to short recovery from the medicine she left treatment and her problem aggravated. She reported that:

“I took medicine for one or two week but did not get any recovery. It just gave a short term relief and when I left medicine I suffered the same problem (vaginal discharge) again. I also consulted a lady doctor; she prescribed me medicines and a tube to use inside (vagina) for this problem”

Likewise Participant 5 also mentioned the use of allopathic treatment and she had short term relief from her treatment. She also visited a hakim but she was not satisfied from both treatments because she had no long term positive effects from these medicines. This participant also pointed out that her husband was quite cooperative and caring and he took her to allopathic doctor for treatment. He also brought some herbal medicines for her but both didn’t show any significant positive effects on vaginal discharge.

“I have consulted two or three ‘hakim’ (doctor who used traditional medicines, herbal doctor) then I also visited allopathic doctor. He prescribed me multivitamins; I took that but didn’t find any significant recovery”

Participant 6 encapsulated her point of view regarding the treatment seeking, and stated that she consulted lady doctor only once before that visit, she also didn’t receive any significant improvement from medicines and that’s why she left her treatment. Initially she shared her problem with mother and discussed it with one friend. Her husband also came to know about her complaint during sexual activity and he perceived it positively because he felt discharge facilitated sexual activity. Then her friend and mother advised her to visit a doctor.

“Only once I took medicine from a lady doctor, I felt better after that. But after some days I had the same problem and then I didn’t consult any doctor. Now I came again for its treatment to this doctor.”

As reported by the Participant 7, she also consulted an allopathic doctor for treatment but didn’t find any long term significant results from the prescribed medicines. According to the participant her husband was considerate about her complaint and suggested her to take some medicines for that complaint. But she was not satisfied with those treatments.
“I consulted a doctor only once; she prescribed me medicine & told me that discharge caused wounds inside of my lower body (vagina). She gave me one tube for this problem. I used that cream but it just gave me short time (some days) relief and then again this problem (vaginal discharge) started.

From the content it was observed that some of the women seek allopathic mode of treatment as first choice and some consulted medical doctors as a second choice.

**Theme 3: Home Remedies**

Home remedies are the third theme which refers to all those edibles which females used at their home for the treatment of vaginal discharge. It includes different type of foods, ingredients which are easily available at home. It also includes healthy and cultural diets which old women of family make at their homes like ‘panjeri’ (mixture of nuts, butter and flour) and ‘lado’ (mixture of pulses, butter, and flour) of different types and many more. Moreover old women had strong belief on their suggestions and recommendations and forced their daughters, granddaughters and daughter in law to take that diet for such complaints.

Participant 5 narrated that in our society old women preferred to have healthy and traditional diet as a remedy of women health issues. She was also advised by her mother and maternal aunt to take healthy diet like “panjeri”.

“In our society the first hand treatment for such complaints (vaginal discharge) is to take healthy diet like panjeri. Old women used to make these healthy foods at their homes.”

She later consulted doctor when there was no improvement from that diet. Moreover she was also not satisfied from her treatments so far.

**Theme 4: Homeopathic Treatment**

Homeopathic treatment is the fourth theme of health seeking behaviors. Homeopathic treatment is also a form of alternative medicines which are more diluted in their concentration and have low side effects according to their believers and followers (WHO, 2009). In this research only one participant mentioned the use of homeopathic medicines but it was not her first choice of treatment. She visited allopathic doctor and when she didn’t get relief then she consulted homeopathic doctor and reported to have some relief from homeopathic medicines.

Participant 4 stated that

“Along with other treatments I also consulted a homeopathic doctor and get some relief from this treatment.”

**Theme 5: Spiritual Healing**

Spiritual healing is the fifth theme of health seeking behavior category and it refers to all those spiritual practices which one uses to cure his or her problems like prayers, Quranic verses recitation, visit to a spiritual person for relief. Pakistan is an under developed Islamic country in which people use spiritual help immediately for their problem. They pray to God recite verses from the Quran (holy book of Muslims) and if it didn’t help then they visit doctors. Muslims believe in recovery from religious rituals and practices. Many of the people got recovered from spiritual healing procedures. They felt relieved after doing religious practices (Ahmed, Choudhry, Yawar, Alam, & Kaisar, 2007).

While getting the data only one participant (3) mentioned the use of spiritual healing as she visited some spiritual healer for the treatment of her problem. She believed in these practices. She also discussed that she used many other modes of treatment along with spiritual practices but still she didn’t feel better. She seemed to be fed up from the so far taken modes of treatment and prayed to God for death. She stated that she was sick of her problems and treatments.

“I used many treatments but no avail. Firstly I went to peer sahib (sage or religious person and healer) with my neighbor and asked him to do “dam” (some specific verses of Quran) and give taveez (some specific written verses of Quran) to me. I used many taveez for this complaint.

From the analysis it is quite apparent that participants tried all modes of treatment but mostly preferred herbal and allopathic medicines. It was also revealed from the history of these participants
that these women also cared about the permissions from their husbands and mother in laws especially. As the participants of the study were married and belonged to middle class family mostly so they always needed permissions from their husband if they wanted to go anywhere. Their own choices and decisions did not have any weightage for their husbands. It was also observed that women have to take care of their excessive home responsibilities and other duties and didn’t consider their problems so important in the beginning and then had regrets later on in their lives. Delay in seeking care and treatment for vaginal discharge, aggravated the problem which caused other associated problems. It also seemed throughout the analysis that participants also have many apprehensions about these complaints. They exaggerated their problems or otherwise totally concealed from family members; and this attitude lead them to poor and negative consequences like dissatisfaction from life and disharmony in relationships.

Discussion

The goal of this study was to explore the health seeking behavior of women reporting vaginal discharge. In Pakistan researches on women problems and issues are very few. Pakistan women are not well aware of their personal problems, like vaginal discharge in this research. Secondly, women don’t take these problems seriously due to their different roles and responsibilities they have. They also don’t have information about the treatments which they can seek for their problems. They lack of accessibility and provision to avail those treatments on time. So it’s important to make women aware regarding such personal issues and their remedies and treatments so that they can seek different remedies for their problems on time. It is suggested to run awareness campaigns for these women or counseling sessions could be provided to the suffered women.

The current study utilizing the Phenomenological design (Smith & Osborn, 2005). The figure explicated health seeking behaviors of women which they used for their vaginal discharge. Participants of the present study delayed their treatments because of financial and permission issues, lack of autonomy and because of acute embarrassment. This finding was found to be consistent with the Chappel’s (2001) study, whose participants also delayed their treatment regarding vaginal discharge because of embarrassment, fear of internal examination and lack of availability of female doctors. Participants of the present study also preferred to consult female doctors instead of male doctors for the treatments of such personal problems. This was explored from the history of participants. It can be attributed to the fact that Pakistan is an Islamic country and women don’t like to visit male doctors for such personal complaints.

Participants of the present study reported to use of five major modes of treatments for their complaints such as allopathic medicines, ayurvedic and herbal medicines, home remedies, homeopathic medicines and spiritual healing (see result section). Most of the participant of the present study consulted allopathic doctors and herbal medicines for the treatment of such personal problems like vaginal discharge. Almost six of the participants reported to use allopathic and herbal modes of treatment. Some of the participants also tried home remedies, spiritual healing and homeopathic treatments. These themes were found to be consistent with the following studies.

Joseph, Prasad and Abraham (2002) investigated the nature and the extent of women’s gynecological issues amongst the young married women. Data on health-seeking behavior revealed that only 35 % of women who reported gynecological symptoms had ever sought treatment. Most women (78 %) tried home remedies or sought help from traditional medicine or unqualified private practitioners. Only 9 % of women who reported symptoms had sought medical care at the government primary health centers.

It was also found that decisions of seeking treatments were also dependent on their husbands. They were dependent on their husband for permissions and money. Some of the participants also need to ask their mother in laws in order to visit doctor for their problem. It was also analyzed in the present study that women mostly left their treatments due to dissatisfaction and ineffectiveness of treatments. Some of them were also not able to continue their treatment due financial issues. These findings were corroborated with the findings of Singh and Khan (2006) study. They conducted a study on Bangladeshi women in order to investigate the perceptions of women regarding vaginal discharge. The
findings showed that women mostly sought help from nearby clinics and pharmacies along with home remedies. Women mostly needed to get permission from their husbands and mother in laws for seeking treatments.

The findings of Nayab (2005) showed modern and traditional medicines are normally used in Pakistan. The study revealed that there are many factors which triggered a woman to take some treatment for her complaint and those factors includes women’s years of education, her economic status, demographic background, her concern about the problem, the extent and intensity of her worry towards that problem, duration of the problem, and her sharing with her husband regarding the problem. It was also explored that there are also two main reasons which create hindrance for women to seek treatment are financial issues and taking symptom lightly by ignoring it. The results of the study also showed that the choice to take help from some health professional is dependent on the perceived cause of symptom but women used to prefer allopathic doctors for their treatment. The analysis of the present study and history of the participants also revealed that women had lack of autonomy in the culture of silence in Pakistan and faced many social and economical constraints in order to get treatment for their personal problems. So there is a need to psychoeducate the families of these women regarding their issues and problems, so they may feel the pain of their women and help them in order to take some appropriate treatment.

Bhatti and Fikree (2002) study regarding reproductive tract infections. They have discovered the relative factors that influence the health seeking behavior of women in Karachi. The analysis of the study revealed that allopathic doctors and hakims were approached mainly by most of the women in their pursuit for treatment. The doctors used to prescribe different treatments to these women which contained different oral and intra-vaginal medications. Some also asked them to avoid taking some specific foods. Similarly the present research found that participants also preferred to take treatment from herbal and allopathic medicines. It might be due that women want to take immediate relief so they may give proper attention and care to their other deeds and responsibilities. Both the present and Bhatti and Fikree study conducted in Pakistan context with the difference that present study focused on vaginal discharge not on reproductive tract infections. This study highlighted that woman who even experienced vaginal discharge used to apprehend about such problems and their quality of life extremely effected.

It is evident from the findings that Pakistani women have little access towards treatments due to different social, economical and cultural factors and reasons (Country Gender Profile, 2008). So promoting knowledge and awareness about such problems in schools, and communities should be made a part of the family support services. In different areas of the country doctors and health professionals can display leaflets regarding vaginal discharge and its associated problems in different languages so minority groups can also get the proper information. It may be possible that information leaflets can be placed in the medicines packages. This study also highlights the need that government should become concerned regarding Pakistani women’s problems and issues in order to improve the social and economical conditions of Pakistan.

References


