



CHAPTER VI

CONCLUSION AND DISCUSSION

Data from this study indicates that, of 226 women attending the health care study programme, the prevalence of Candidiasis, Trichomoniasis, bacterial vaginosis, and vaginal infection caused by either of the three common infective agents in the present study is found to be 27.0%, 2.7%, 23.5%, and 39.4%, respectively.

Motile trichomonas were seen in specimens from 6 women. The somewhat low rate of Trichomonas vaginalis in the study may be due to the current use of the wet smears. It also may be due to the socioeconomic and racial differences in the prevalence of Trichomonas vaginalis as being reported (Fouts A.C., Kraus S.J., 1980), (Naguib S.M., Comstock G.W., David H.J., 1966).

The infections that most significantly correlated with each other are Trichomoniasis and Cocci infection.

Generally, common complaints of infected women are: having discharge and/or pruritus. The present data indicate that neither of these variables are significantly associated with the three common vaginitis. The data therefore indicates that symptomatology is not helpful in diagnosing the three

common vaginitis.

It has been found that factors that were not associated with infection included patient age, various occupations, different educational level, different working conditions, frequency of daily hygienic washing, the day of menstrual cycle on which patient was examined, use of contraceptives or specific contraceptive methods, symptoms of discharge or pruritus.

For the sample of this study, the majority of participants were married, used well-drawn water : therefore an analysis for significance based on marital status and water supply conditions would be extremely difficult, and it is felt that marital status and water supplied condition would not be important associated factors for infection with this sample size.

A bias sample, in some instances, even though with the efforts have been attempted to minimize this bias, but quantification of the bias is difficult. The harvest time, heavy rains, and difficult transportation, the majority of participants being married result in the limitation of the research. With the view to finding out the prevalence of the three common infective agents, the data gathering are not powerful enough to determine risk factors. However, because of using the direct examination and interview methods, and the fact that the sample was selected by systematic random

sampling, in spite of its limited sample size, this result does help reflect the nature of some associated factors related to the three common vaginal infections. Differences in behaviors, sexual behaviors between infected and noninfected group is a possible explanation. The data from this study indicates factors significantly correlated with vaginal infection due to bacteria is anal intercourse, and for Candidiasis it is moisture at the perineum.

This study also identified patients at risk of infection, that is the subjects who lack awareness of hygienic conditions, do not pay attention to health care programmes, and have difficulty in talking to male health workers, or male doctors about their illness.

The present study has demonstrated that vaginitis found with a substantial prevalence should not be considered only a medical problem, that can be cured and preventable but also a life-style related problem, which need a promotion of health education to community. This observation suggests that the magnitude of vaginitis in a certain community and its possible associated factors should be studied simultaneously in future. This is in agreement with Raymond H. Kaufman suggesting that more investigations are needed to determine the perplexing problems related to disease of the lower genital tract (Raymond H. Kaufman, 1991). It is also related to the activities of The International Society for the Study

of Vulvovaginal Disease.

This is the first time that the magnitude of the three common vaginal infection has been described in the inception population. Vaginitis caused by those three common agents is curable, but the problem is that asymptomatic carriers, lack of awareness among women, and the various physical signs lead physicians to miss a number of cases. These data support the contention that the classic description of the three common vaginitis cannot be uniformly relied upon for diagnosis, because mild leukorrhea may be dismissed as a physiological condition (Howard L. Kent 1991), but that patients with physical signs, and/or abnormal vaginal discharge, and/or pruritus are at increased risk of infection. Physicians should do wet smear and Gram's stain for more accurate diagnosis rather than only clinical signs as is the case at some remote health care services. Although direct microscopy, i.e., wet preparations and Gram stain may fail to detect certain cases with candidiasis, trichomoniasis, as well as bacterial vaginosis (Carol A. Spiegel, 1989), but in the view of diagnosis, it has to be accepted that some cases still remain undetected (Geoffrey Rose, D.J.P. Barker 1979). The direct microscopy, i.e., wet preparations and Gram stain, which providing the gynecologist with important immediate information, could be a useful epidemiologic tool because they are inexpensive and acceptable technique since cultures and the other expensive diagnostic methods for these organisms are

very time consuming and expensive. Early detection of cervical cancer by taking pap smear should be included in the procedure.

The study has found a substantial prevalence of treatable genital infections in the community by the outreach hospital screening programme. It is simple and efficient for the population in community both asymptomatic patients, and symptomatic patients, especially with the remote difficult transportation places, indigent population being busy for earning their living. There is no doubt that such women would benefit from the programmes. For this study, the 62.4% (141 of 226 subjects) participants had not had any gynaecological symptom or gynaecological problem, but they certainly got benefit either received treatment or health education.

As well as the importance of better diagnosis, it is also necessary to recognize that this is not a problem affecting only an individual. The entire community should be considered as the unit of treatment and prevention, provides a better perspective for approaching information from health care education programmes. To cure vaginal infection requires not only facilities for treatment and prescription but also tacitly accepted that there is the need to develop systematic and efficient health care services and educating people, regardless social status. It places the doctor in a new role, whereby it is he or she who seeks out patients and recommends

treatment rather than the patients consulting him. He also treats " the community as a patient " by appraising its health needs and establishing programmes, in the framework of primary care, to deal with these needs in a systematic way. This kind of integrated practice has been termed community-oriented primary care (C.O.P.C.), which brings personal health care and community medicine together in a primary-care setting (Abramson J.H., 1990). C.O.P.C. programmes, dealing with selected health problems, may involve health promotion, curative. C.O.P.C. also may contribute to the development of primary or secondary prevention, with a view to reducing the wrong attitude, belief, and behaviours, that may lead to increasing the risk of getting diseases. Thus it will reduce expenses of medical and welfare programmes, and creating a better quality of health care management.



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EXPECTED BENEFIT AND APPLICATION :

This study was the fundamental research for assessing the magnitude of the problem on the health of the population. As a result, the screening of infections caused by vaginal microorganisms provided benefits to the patients, like treatments, support and counseling.

The result of this study could be used as a tool to aid the planning of a health care system, and it also could be used to help to determine the priorities for the allocation of resources to alternative health improvement procedures.



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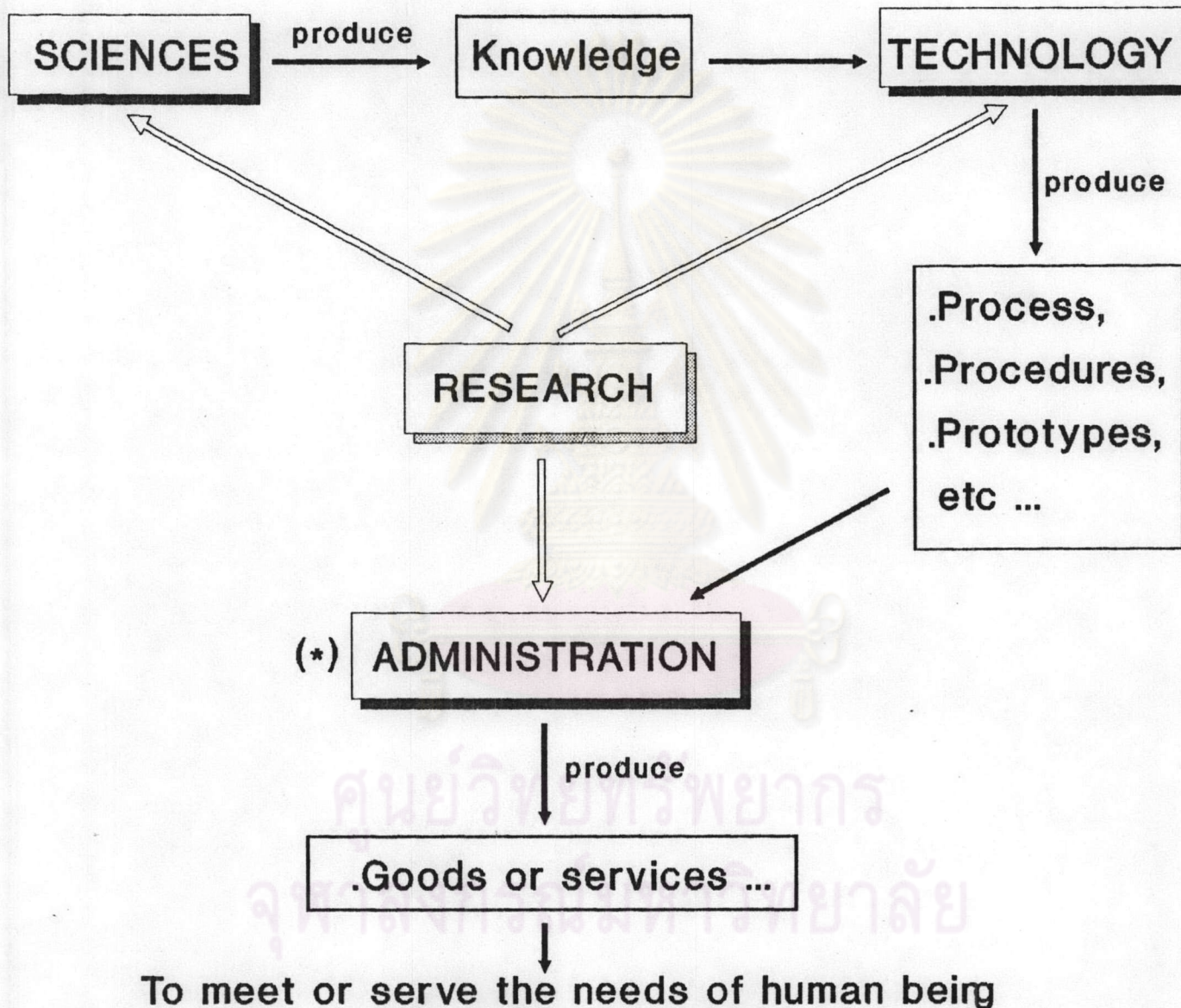


Figure 2. The aim of the study