

## **A CULTURAL EXPLANATORY MODEL FOR WHITE DISCHARGE AMONGST WOMEN IN KAKBOO VILLAGE, BANGLADESH**

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### **ABSTRACT**

This paper presents the findings of a qualitative study of women's perceptions of white discharge among women of NagPara, Kakaboo village, including local terms, women's perceptions of etiology, associated symptoms and health seeking pathways and factors that influence treatment-seeking behavior. Women's perception of white discharge is embedded in the reproductive process and unfavorable gender norms related to their everyday realities of life. While 60% women recognized marriage and heavy workload as the root cause of white discharge, others attributed white discharge to external factors like hot weather. Over 50% women co-related physical symptoms of white discharge with their overall family and village situation and the consequences were attributed not only to physical but also mental, socio-cultural and sexual elements. Culture of silence, women's autonomy, competing priorities and factors such as accessibility and affordability were some of the socio-cultural and economic factors that shaped women's decision to seek treatment. Though women reported white discharge as the most common illness, women may not have confirmed infection and there is a strong possibility that some of these physical complaints represent underlying psychological and social conflicts. It therefore becomes important for health practitioners to be aware of cultural explanatory model of white discharge, to promote improved clinical outcomes and better doctor-patient communication.

**Key words:** White discharge; explanatory model; doctor-patient communication; women's health seeking behavior.

### **I. INTRODUCTION**

The term 'Explanatory model' was first used by Kleinman, to refer to individuals' culturally constructed ideas about etiology, symptom patterns, expected and appropriate treatment and expectations of outcomes, of specific illness events (Klein man, 1983 as cited in Blum et al, 2004). Failure of health workers and doctors to understand people's perception of illness, its interpretation and treatment seeking behavior, in the context that they live may affect the wellbeing of the both the individuals and their households. This could lead to social and health implications including disability, illness suffering, reduced quality of life and negative impacts on work and

relationships. This especially holds true in the case of women, whose health is often neglected due to power relationships in the family, socio-cultural, economic, demographic and gender factors. This can be seen in Bangladesh, wherein female morbidity (166.2 per 1000 persons) is higher than male and further female rural morbidity (171.7) is higher than female urban morbidity (150.9) (The health and morbidity report 1994-1995).

One of the contributing factor for high morbidity could be the visible gap in the way women perceive their illness and the way biomedicine defines it. As Fabrega and Siver point out, 'the medical perspective, assumes that disease are universal in the form, progress, and content and

that they have a recurring identity. However, this perspective does not include the social, cultural and psychological dimensions of ill health, and the context in which it appears, which determine the *meaning* of the disease for the individual patients and those around them' (Fabrega and Siver as cited in Helman, pp 81).

For women of South Asia, vaginal discharge is extraordinarily common (Gittelsohn et al. 1994; Bhatia & Cleland 1995), and in this paper we will try to explore the explanatory model of 'white discharge' among women in Nagpara, Kakaboo village. From biomedical perspective white discharge is most often associated with reproductive tract infection (RTIs) and with sexually transmitted infection (STIs). The prevalence of RTIs and STIs in the general population in Bangladesh is unknown, but available evidence suggests that such infections could be extensive (Hossain et al. 1996, Bogaerts et al. 1997, Husain et al. 1997, Sarkar et al. 1997, Sharma et al. 1997). RTIs/ STIs can cause infertility, ectopic pregnancy, cervical cancer, foetal loss, low-birth weight, infant blindness, and mental retardation.

To best of our knowledge there are very few studies that have been conducted in Bangladesh to understand the RTI and more specifically on vaginal discharge from women's perspective.

On the basis of these understanding, our objective of the present study is to explore the explanatory model of 'white discharge, which was established as the most common illness<sup>1</sup> amongst women<sup>2</sup> of Nagapara, *Kakaboo* village during the course of

study through free listing. More specifically we have looked at:

- The local terms of white discharge amongst women.
- The perceived cause, signs and symptom and consequences of the white discharge.
- The health seeking pathways with regard to white discharge and the factors that influence women's perception and experience of their illnesses and decision making for health seeking behavior.

## II. METHODOLOGY

### Setting

Kakaboo (approx 2 km by road from TARC, BRAC) is a village in Savar, district Dhaka, Bangladesh. The village comprises approximately 300- 400 households, scattered over four 'Paras' or communities :Rishipara, Nagapara, Muchipara, Konapara. The site for our research study is Nagapara, which comprises of 9 household (3 belonging to Hindu community and 6 belonging to Muslim community) with a family size ranging from 4-14. Houses are dispersed and raised from the ground level to protect from seasonal floods. Though the situation of Nagapara seemed to be apparently peaceful it should be mentioned here that there was a mob killing around ten days before the beginning of the study. In wake of this there were ten criminal cases against the male persons of Nagapara.

### Sample

For the current research study, initially 20 women of age group 19-90 years from all the nine households Nagapara were contacted for free listing of illnesses (Purposive sampling). Of this, a total of 4 women respondents (willing to participate) were selected for an in depth interview and 6 for an informal group discussion. These women were either those who had experienced/heard about "Dhaatu Bhange" or were currently suffering from it. The socio-economic profile of the respondent proportionally represented women in para: five Hindu (three economically well off and two not economically well off) and five Muslim (three economically well off and two not economically well off), married since 3-25 years having one to four children. Among the respondents were a graduate student, a teacher and rest as housewives,

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1. **"Illness"**, is a socially defined concept, referring to a health state that deviates from what is considered normal in a given community..... Understanding people's beliefs about health and illness and their associated behaviour (ie how they experience and interpret symptoms) is pivotal to effective pharmaceutical care. (Harding et.al., 'Health, Illness and Seeking Health Care' The Pharmaceutical Journal (Vol 269). In this paper we focus on 'illness', which refers to the meanings women give to health, experiences and perceptions of white discharge (Zurayk et al. 1993).
  2. For the purpose of research we will define **'women'** as understood and explained by members of the Kakaboo village. As per them a girl becomes a woman after her marriage and / or after first delivery.

indicating most women did not have any independent income and depended on limited resources of the family. Only one respondent was illiterate and childless.

### Data Collection

Data was collected in a span of one week, employing qualitative methods, such as daily activity schedule; free listing, in depth interviews, informal group discussion with women belonging to Nagpara. Free listing generated a list of locally used terminology for women's illnesses, which was used to compile 'working vocabulary'. An overlapping of 'illness' and 'symptoms' was observed and a illness was often recognized only through its symptoms.

An attempt was made to understand and observe the daily activity schedule of each of the woman respondents for the in-depth interview. This was done to identify spare time available for conducting interviews. It was however observed that none of these women had any 'exclusive time' of their own. They were busy with household work for the entire day and rarely took any rest. This gave us an insight into how their busy schedule could be closely related to some of the signs and symptoms and illnesses most commonly experienced and articulated by them like body ache, weakness and so on.

A total of 4 women respondents were interviewed using interview checklist. Responses were later developed into expanded notes. These interviews provided contextual family information that helped us partly understand women's health seeking behaviour, e.g. the busy household routine and presence of young children being real constraints to seeking treatment, inherent apathy of a number of women towards their own health, indifferent husbands support and so on.

A woman health provider, who was approached by respondent for the treatment was also interviewed. This enabled us to validate some of the pattern that emerged during the interview

Informal group discussion with married women aimed at obtaining general views, opinions and treatment seeking practice with regard to white discharge. The groups also served to validate trends and patterns emerging from in depth interviews. For instance, informal group discussion validated

the belief that Dhaatu bhange or whitish vaginal discharge is a "hot disease" and hence one should eat cold food like curd, papaya etc.

### Findings

A detailed list of women's common illnesses, the locally used terms and associated signs and symptoms was elicited from women through free listing. Headache (Matha betha), white discharge or leucorrhea, low blood pressure (low presar) and gastric (gastik), fever (jor) were listed as the most frequent top five common illnesses experienced by women in Nagpara. It was interesting to see how headache and low blood pressure was perceived both as most prevalent illness affecting their lives as well as the symptom of 'white discharge'.

For the present research study, the explanatory model of 'white discharge' as one of the most common and prevalent women's illness in the age group of 15-50 years as perceived by women of Nagpara, Kakaboo village was explored. Almost all the respondents perceived "white discharge" as the most severe illness saying that "if one has *Sada srab*, (white discharge), the person becomes weak and hence is vulnerable/ prone to other illnesses and can even die".

### Local terms used for white discharge

Six different terms were used by women of Nagpara to refer to 'white discharge'. *Kosha*, *dhatu*, *dhatu bhanga*, *shada srab*, *raja rog* and *shugar* were the terms, used commonly by the women to describe white discharge. Respondents shared having heard these terms from their family members, neighbors or traditional healers.

### Perceived Causation

In-depth interviews with women and key informants show that women's perception of white discharge is embedded in the reproductive process and unfavorable gender norms related to their everyday realities of life. While some women recognized 'Kosha', marriage, heavy workload as the root cause of white discharge, others attributed white discharge to external factors like hot weather, intake of hot food, use of steel utensils as well intake of vegetables grown using fertilizers.

Women perceived *kosha* as one of the direct causes of white discharge. They used the term '*dhaatu*

*bhanga'* (white discharge) and *'kosha'* interchangeably and referred it to be the same illness having different names. According to them *'kosha'* means drying of the body and its symptoms include scanty and red urine, pain and burning sensation during urination. An elderly respondent Hasina Begum, 90 years said *'if someone does not obey or respect the elderly then they are cursed by god and therefore they can get kosha which then leads to Dhaatu Bhange.'*

Women believed marriage and household responsibilities made them weak which in turn led to increased white discharge. Almost all women shared that their problem of discharge started after marriage and increased every time they had sex with their husband. They mentioned that if they perform sex while having the discharge problem they become weak and the flow of discharge also increases as all the calcium and nutrients of the body comes in the form of white discharge. They are however unable to refuse their husbands for fear of making them upset.

Menstruation was also perceived as another factor that lead to increased white discharge. Most of the respondents shared having experienced severe discharge during their periods (menstruation) that continued up to ten to fifteen days. One of the respondent said, *"The proportion of white discharge is more than that of blood flow during my periods"*(Reshma, 20 year). Sister Abha (one of the popular service provider, whom women from Nagpara sought treatment) shared menstrual regulation as the cause of discharge among women. Most of the respondents said that they do not take their meals regularly and some think there might be a link between white discharge and their poor or irregular diet. While pregnancy came up as another factor leading to white discharge among women, one of the elderly respondent said that *"having white discharge during pregnancy is normal because at that time women have certain changes in her body"* (Hasina Begum, 90 years)

Many of our respondents attributed their illness to external factors like hot and humid weather. This they believed made them tired and weak, which eventually increased white discharge.

It should be noted that some of the women were unable or unwilling to ascribe an underlying cause for their illness. They perceive it as natural phenomena of woman's body. One women said, "

*Allah knows all'*(Roshon Ara, 38 years). Another women respondent said that, *"How can I know the cause? Am I a doctor?"* (Kamuna rani, 42 years).

### **Perceived Signs and symptoms**

It was interesting to note that most of the women suffering from illness co-related physical symptoms of white discharge with their overall family and village situation. They shared feeling severely weak due to white discharge. However, their symptoms were not only related to the body but beyond that. Almost all of our respondents talked about the politically unstable situation of their para and went on to explain how they have headaches and tension due to police harassment. Cases have been issued against their husbands in wake of the recent mob killing of man in their Para. 20 year-old Reshma, married for about six years, has been suffering from white discharge for a long time. She attributed her illness to her husband's apathy. She said *'I have a feeling that I will die soon because I have constant headache and breathing difficulty. Nobody understands that I am sick, my husband says that I do not have any problem. Nothing seems to be alright. I don't even feel like taking care of my child. I think the source of all my problems is dhatu.'*

Weakness was perceived as the one most common symptoms of white discharge. Several women repeatedly shared that white discharge is the main cause of their weakness and all of them said that it was because something was going out from the body. Women shared having headache, giddiness, backache, nausea, burning sensation all over body along with mental tension. Almost all women suffering from white discharge complained of having painful intercourse. Reshma who has been married for six years with one child said *"I don't feel like having it. But my husband insists on having intercourse and it is very painful and difficult as I have dhaatu bhange. I also feel weak for following two to three days"*.

Many of our respondents said that this illness makes them vulnerable to other diseases as all the nutrition and strength goes out from the body. They mentioned that when someone has this disease the protection power of the body is lost. And then she can be affected by common diseases like *'jor'* (fever), *jandis* (jaundice) or *'gastik'* (gastric) or she can also have some major problems like *'jorayute gha'* (Ulcers in the uterus) or cancer.

According to them their discharge is like menstrual bleeding. Sometimes their clothes get wet. Discharge also spills over on the floor during normal movement. Generally the discharge can be whitish or lime like, mucous like or watery. At times it can be thick like thread and it has to be pulled out by hand. Most of the women said that it is odorless. However, some said that it has a “different” smell, which they could not explain.

Most of the women associated white discharge with the ‘heaty’ symptoms like burning of hands and feet, burning sensation in whole body, dizziness and joint pains. They shared their inability to stand, work for a long time under the sun, backache and itching in the genital area and considered white discharge as a serious illness.

We tried finding out if they could distinguish ‘abnormal’ discharge from ‘normal’ one. Several of them responded that they could differentiate it when their flow of white discharge persisted for almost twenty-four hours or when they needed more than usual water to clean themselves. One of them said, ‘*To me it is a problem when I need more water than usual to clean myself after urination and when it persists 24 hours a day and 30 days of month*’ (Reshama, 20 year). Bokul 19 years, said that for her it is a problem when the discharge hampers her routine work. Many of them said that it is ‘abnormal’ when the petticoat gets wet. For some worsening of itching in the genital area was also another indicator of abnormal discharge.

### Perceived Consequences

White discharge as perceived by our respondents is a general state of unwellness that includes not only physical but also mental, socio-cultural and sexual elements. Almost all women suffering from white discharge feared that if dhaatu bhange persists they would be vulnerable to other disease and will die soon.

Weakness, ulcers in the genital area, breathlessness, inability to walk and do routine work including taking care of the child are some of the other physical consequences of white discharge as expressed and perceived by women of Nagpara, Kakaboo village. Diminishing or fading of women’s beauty and charm, weight loss and becoming older at an early age were some of the

other consequences of dhaatu bhange as perceived by women.

Most women suffering from dhatu bhanga shared their helplessness over their plight. They complaint of being upset or depressed and anxious. One of the respondent said, “*Nobody understands that I am sick, My husband does not take care of me. Nothing seems to be alright I don’t even feel like taking care of my child. I think the source of all my problems is dhatu*” (Reshma, 20 years)

Almost all women suffering from illness shared that they do not like to talk about their illness due to shame and embarrassment, as it is an illness of very private part of the body. They have shared this problem with either husband or mother in law. One of the respondent shared that she has till date not shared her problem with any of the family members or relative including her husband or mother. One of the respondent during an informal discussion shared that “*her mother too had dhaatu bhange but she did not let any of the family members know till the last stage of her life till it was too late for us to seek any treatment. May be my mother did not share out of shame and fear of being stigmatized by my relatives and neighbours.*” (Roshanara, 69 years)

Almost all the women respondent during an in-depth interview, shared that their illness added to their families financial burden, which often restrained them for seeking complete treatment.

### Health Seeking Behavior

In almost all the cases women’s understanding of their illness was shaped by their family members understanding of the problem. One of the respondent said when she first told her husband about her illness her husband said, “*You are feeling like this because you don’t take adequate rest, you don’t take food regularly and you also don’t drink plenty of water*” (Akter Banu, 35 years). Another respondent shared “*My brother, who is also a traditional healer told me that I have kosha which has eventually led to dhaatu bhange. So on his advise I drank lot of water.*” (Reshma, 20 years).

Most women shared of having sought treatment when they were bedridden and were completely unable to carry out their routine work. “*I was bedridden for 8 days because it was severe. I could not work. My mother in law did all the household*

*work at that time. That's the time my mother in law took me to homeopathic doctor for treatment"* (Akter Banu, 35 years). It was the support extended by husband and mother in law that led them to seek treatment. One respondent however reported of being inadequately supported financially or emotionally by her husband which she feels has aggravated her problem. *"My husband says that I don't have any illness, I am always finding excuses to avoid having sex with him. He neglects me and does not give me money for my treatment. I don't think I will recover."*(Reshma, 20 years)

Almost all women preferred treatment from private providers or pharmacy, often in addition to home remedy. None of the women however preferred traditional healers either because of the personal experience of disliking the bitter taste of the medicine given by Fakir or because of lack of faith/confidence shown by family members especially male members. Further all of them were of the opinion that traditional healers can cure only few diseases like Jaundice or infertility but curing white discharge is beyond their arena.

None of the women reported of having gone through any physical check ups for white discharge. The prescription was based on verbal description of the signs and symptoms shared by women herself or the family member accompanying to the health provider. And the cases where women did not share about excessive white discharge, with male pharmacist due to embarrassment, and assumed that pharmacist will understand the "folk vocabulary" of illness, it led to inappropriate advice to women patients and hence resulted in poor quality health care. This also had implication for the decision to seek treatment by women next time from the same service provider.

### **Pathways of seeking treatment**

Interviews revealed that once the woman decides to seek treatment the first resort is the home remedy followed by visit to Pharmacy, followed by visit to a Clinic or Homeopathic doctor. However except one, none of the women reported completing the whole treatment due to various reasons including cost, treatment being ineffective as well as other socio-cultural factors described next paragraph.

In -depth interviews and informal discussion with women respondent revealed that there are a number

of socio-cultural and economic factors that shape their decision to seek treatment with regard to white discharge. Some of the prominent factors are culture of silence, women's autonomy, competing priorities as well as accessibility and affordability with regard to treatment seeking behaviour.

A culture of silence was seen among our respondents who felt embarrassed and hesitant to share their problem involving genital area with anyone in their family. Often this was compounded when the medical practitioner was male as expressed by one of the respondent *"Purush dokter bolse mashik kobe hoise. Ami lojjay bolte parinai"* (I feel shy to talk about my problem with a male doctor. Woman doctor is better) (Bokul, 19 years). They showed their reluctance describe their problem and seek treatment from a male provider. However one of the respondent shared that she preferred going to Dr Zia's father than Dr Zia himself, as his father is married and elderly. In almost all the cases it is the husband who talked to the male doctor about their wives' illness. In only one respondent's case it was found her mother in law spoke to the health providers

Woman's autonomy also played an important role in health seeking. All three women respondent during the indepth interview shared that they are dependent on their husbands for money and decision-making. Decision to approach the particular provider was largely influenced by opinions of family members mainly husband and at times mother-in-law. They also shared that they needed their husband's permission to visit the health facility and reported being accompanied by them.

Most women shared being dependent on their husbands for money and if husband did not consider their health complaints worthy of financial expenditure then problem aggravated. One of the respondent also shared having low motivation to seek treatment due to neglect by her husband. She said *"But I avoid treatment when my husband neglects me (Jid kiore ar dokter er kase jaina). My husband takes all the decision as he gives me money. But he is too busy. However I expect him to take care of me. These days when I am unwell I just lie down and expect my husband to understand. There is no point telling him again and again you see"*(Reshma, 20 years)

One of the other most significant barrier to seeking

health care for white discharge, as shared by all the respondents during an indepth interview is competing priorities of women's time, particularly when the health facility is far off. Child care, food preparation, household chores and other necessities were seen more compelling than health care in their busy schedule. *"I also have to take care of the child and have lots of household responsibility. I avoid going to the doctor till it becomes unbearable. I am reluctant to take my child to the doctors clinic and my husband refuses to take care of my child. So I get upset when he refuses to take care of the child for a short time. I want an adult/ elderly person to accompany me to the clinic not my child."* (Reshma, 20 years).

Cost including fee for rickshaw, services of doctor and medicines was seen as another barrier to effective health care. Akter Banu, whose husband is currently unemployed shared, *'we can not afford to pay Dr Zia 500 takkas every time'*. Reshma added to this by saying *"When my husband was not working my treatment was hampered. It was quite difficult for us to continue. Sometimes my father in law and husband share the cost of my treatment"*.

Many women also shared that they found difficulty in going to the clinic as it was far off and even if the rickshaw was available traveling alone was not socially acceptable. Further women also shared their reluctance to travel long distance all alone; as it gives men an opportunity to eve tease them. *"The doctors clinic is far away and it takes a lot of time to reach there. Therefore I avoid when my husband is not there."* (Bokul, 19 years)

## Discussion

The findings of this research study shows that the most common and prevalent women's illness in Nagpara, *Kakaboo* village is 'white discharge' or 'leukorrhea', that make the women severely weak and hence susceptible to other diseases. This finding harmonizes with the growing number of literature on 'white discharge' or 'leukorrhea' among women in South Asia including India, Pakistan and Bangladesh (Trollope- Kumar 2001, Bhatti and Fikree, 2002, Ross et.al., 2002). Among participants in an ethnographic study of health seeking behaviour among women with RTI's in Karachi, Pakistan, vaginal discharge was a common complaint. Women reported that discharge interferes with their physical health (causing 'weakness') as well as with religious

obligations, work, social activities, and sex. (Bhatti and Fikree 2002 as cited in Sarah B. et al , 2002)

Our study demonstrates women suffering from white discharge experienced a wide range of symptoms ranging from lower abdominal pain, headache to weakness, burning sensation in the body. However stress filled days with little time for rest or relaxation may be related to or contributed to their explanation of the physical consequences of white discharge like dizziness or low blood pressure. Women also tended to worry about their families socio-economic condition, their husbands' income, relationship with husband and in laws , child care and the (recent) political and illegal activities in the community. This finding corroborates with the findings of Nichter' (1981), Chaturvedi et.al. (1993), Trollope-Kumar (1999), where they suggested that the complaint of vaginal discharge may be a way of 'speaking through the body' about a variety of psycho-social concerns. Nichter's (1981) study reasons that "for people in structurally powerless situations the body may be the only available way of expressing dissent".

In a qualitative study in rural Maharastra, white discharge was mentioned as the most important problem in women, caused by weakness. Probing of the term weakness elicited these symptoms: reduced sexual dissatisfaction, loss of energy, giddiness, lethargy, generalized aches, loss of appetite, gloomy mood, no desire to speak to anybody. These complaints are identical to the diagnostic symptoms of depression and anxiety (Patel ; Oomman, 1999).

From a biomedical perspective, the symptoms of vaginal discharge are most often associated with reproductive tract infection. In a study conducted by Trollope-Kumar (1995), in the Garhwal region of India it was seen that women who complain of 'safed pani'(Leukorrhea) often complaint of vague somatic symptoms that include burning hands and feet, dizziness, backache and weakness. However the majority of women complaining of vaginal discharge had little clinical evidence of infection. In a study conducted in rural Bangladesh by Hawkes et. al (1999) it was observed that among women complaining of vaginal discharge only 32% had reproductive tract Infection and the rate of sexually transmitted disease were only 1.1.%.

The WHO guidelines on syndromic management of RTI's advocates the treatment and complaint of

abnormal vaginal discharge as if equivalent to a definitive RTI. (Patel.; Oomman, 1999). This approach is based on the assumption that self-reported symptoms likely represent biomedical disease, an assumption which is problematic in South Asian cultural context. (Trollope- Kumar, 2001). In an evaluation of syndromic approach to management of STI's found that the poor specificity of this approach leads to significant over treatment of women presumed STIs. Antibiotic over-use is expensive, causes harmful side effects and promotes antibiotic resistance. (Hawkes et al., 1999, as cited in Trollope- Kumar, 2001).

Our findings with regard to the women's health seeking behaviour for white discharge showed that husbands were the key decision maker, which had a direct bearing on the their interpretation of illness and health seeking behavior. Most women do not have decision-making power, physical mobility or access to material resources to seek treatment. This along with various other socio-cultural factors such as household responsibility, shame and stigma played an important role in shaping women's illness experiences. Further the study also reveals that women were found to seek treatment only when their health problem caused great physical discomfort or when it affected their work performance. This finding reinforces the literature on gender and reproductive health that highlights the importance of women's work, childbearing roles, lack of access to resources, socialisation, and norms related to shame and sexuality in directly or indirectly influencing their physical, mental and social well-being (Ramasubban 1995, Jejeebhoy and Koenig 2002).

Findings also show that women preferred treatment from private providers or pharmacy, often in addition to home remedy. However, they did not mention about the nearest Government Health Care Centre (Samair village) as their choice. None of the women preferred traditional healers either for personal preference or lack of faith in the healer. This findings is contrary to the research conducted by Zaman et al. 2004 which found *Kabiraj* (traditional healer) to be the first choice for treating *meho* (local term for white discharge).

The data from this study indicates that there are a significant number of women who are forced into having sex with their partner's even when they have Symptoms of white discharge have acute pain. Almost all women seemed to succumb to

painful sexual intercourse, as they preferred dealing with discomfort to coping with husband's bad temper. The cultural expectation of women living in countries like India and Bangladesh includes obligations to fulfill the desires of husbands in the institution of marriage and internalized societal values of a woman's subordinate position along with the fear of physical violence.

### III. CONCLUSION

The study shows that there are various inter related demographic socio-cultural and economic factors that shape woman's perception of white discharge including its meaning, causes, signs and symptoms, consequences and decision making with regard to treatment seeking behavior, as reflected in our study. An understanding of the explanatory model of common illnesses thus becomes imperative to promote collaborative and improved clinical outcomes and patient's satisfaction, better doctor-patient communication and improved health seeking behaviour. Developing effective reproductive health care is a complex concern and it must be dealt in a comprehensive way. From our interaction with the women of Nagpara we assume that some of them may not have confirmed RTIs and there is a strong possibility that some of these physical complaints represents underlying psychological and social stresses and conflicts. That why it is important for health practitioners and community health workers to be aware of cultural explanatory model of white discharge, in addition to treatment of infection. We humbly hope this very small study would facilitate development of realistic approaches and strategies in health education and promotion as well as enable development of appropriate health services based on, and tailored towards, the need of service users.

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have acute pain. Almost all women seemed to succumb to painful sexual intercourse, as they preferred dealing with discomfort to coping with husband's bad temper. The cultural expectation of women living in countries like India and Bangladesh includes obligations to fulfill the desires of husbands in the institution of marriage and internalized societal values of a woman's subordinate position along with the fear of physical violence.

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