



QUALITATIVE OBSERVATION INVESTIGATION ON HEALTH SEEKING BEHAVIOUR OF YONIKKASIVU (LEUCORRHOEA) AMONG REPRODUCTIVE AGE GROUP WOMEN IN A RURAL COMMUNITY

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ABSTRACT

Abnormal vaginal discharge known by its name leucorrhoea is a common clinical problem among women of reproductive age group with multiple etiologies. It is the second most common problem after menstrual disorders. One in ten women will present with vaginal discharge in the course of a year. Vaginal discharge is a common gynecological condition among women of childbearing age that frequently requires care affecting about one-third of all women and half of pregnant women. The main aim of the present investigation is to evaluate the factors that contributes to the emergence of the leucorrhoea and its biological significance. Cross sectional observational study involving 30 patients with the diagnosis of leucorrhoea by using questionnaire to collect required data. Results of the study indicates that women under the age group 19-29 years (43.3%) are mostly affected in leucorrhoea, 80.0% women have lower abdominal pain. 20.0% women had a duration of leucorrhoea for 15 days and 30.0% women had a duration of leucorrhoea for 1 month. It was evident from the study that 70.0% of women did not have knowledge of sexual transmitted disease and 23.3% women using cumin & fennel seeds for the management of leucorrhoea. It was concluded from the results of the study that assessment of primary factors gives an insight into the likely predictors for abnormal vaginal discharge herein and consequently

KEY WORDS: *Leucorrhoea, Vaginal discharge, Gynecological condition, Clinical symptoms, Primary factors.*

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1. Introduction

Normal vaginal discharge in women of child bearing age, is the result of a physiological process involving secretions from the cervical and Bartholin's glands; and the desquamation of vaginal epithelial cells. This discharge which is non-offensive, clear or white, flows out of the vagina everyday with the colour and thickness changing with the monthly menstrual cycle [1].

leucorrhoea an abnormal vaginal discharge is usually related to one of the three conditions, such as bacterial vaginosis (BV), vulvovaginal candidiasis (VC), and trichomoniasis [2]. Apart from the above-mentioned reasons, we should also consider cytolytic vaginosis (lactobacillus overgrowth syndrome) also a cause for abnormal vaginal discharge which is characterized by abundant growth of Lactobacilli resulting in lysis of vaginal epithelial cells; and therefore, it is called as cytolytic vaginosis [3]. The signs and symptoms were similar to VC characterized by pruritus, dyspareunia, and vulvar dysuria.

The incidence of pathogens in vaginal discharge varies in different regions of the world. Vaginal discharge may be either physiological or pathological in origin. It is difficult to know what proportion of discharges belong to either category. Although many cases of abnormal vaginal discharge are not caused by sexually transmitted infections, common curable sexually transmitted infections can present with this symptom [4].

Pathological vaginal discharge can cause serious harm to pregnant women and their children including prematurity, low birth weight, chorioamnionitis, postpartum endometritis, and postcesarean wound infection [5-7]. It is the second leading cause of lost years of healthy life for women aged 15 to 49. It is also a facilitator of human immunodeficiency virus (HIV) infection for the virus can gain entry into cells and for it evidences that these women are having unprotected sex [8].

Leucorrhoeal discharges can be classified according to 1) the patient's age, 2) the manner in which the discharge occurs, 3) the character of the material discharged and 4) the organ from which the leucorrhoea originates. The majority of uncomplicated vulvovaginal complaints (e.g. bacterial vaginosis, vulvovaginal candidiasis, trichomoniasis) can be

detected with uncomplicated basic infectiological tests and can usually be treated effectively without requiring further diagnostic procedures. Tests include measurement of vaginal pH, preparation and assessment of wet mount slides prepared from vaginal or cervical discharge, and the correct clinical and microbiological classification of findings. The main aim of the present investigation is to evaluate the factors that contributes to the emergence of the leucorrhoea and its biological significance.

2. Materials and Methods

2.1. Study design

Qualitative study conducted in Irumbulikurichi village, Ariyalur (District), Tamil Nadu, India and the study was approved by the institutional ethical committee

2.2. Sampling Procedures

Sample size for this study was 30 patients with the diagnosis of vaginal discharge (Leucorrhoea) during the period of August 2019 to October 2019. Simple randomized sampling method are followed. Inclusion criteria consisted of all stable patients with the diagnosis of Leucorrhoea ascertained between the age group of 19- 49 years. Informed consent form was attached in the questionnaire. The purpose of this study was fully explained to the patients and data were collected by interviewing questionnaire. The collected data were dealt with the high level of anonymity and confidentiality.

2.3. Data Collection

Data collected from all the participants including demographic characteristics like age, gender, occupation, marital status, education etc. Symptoms, color, odor and duration of vaginal discharge. Other than this knowledge on personal hygiene, dietary pattern and remedies for management will be offered as primary study objectives.

2.4. Statistical Analysis

All these data entered in Microsoft excel and analysis was done by SPSS statistics version 26. Percentage, Chi-square test and logistic regression were used in final analysis.

3. Results

3.1. Result analysis on demographic characteristics of study population

Results of the study indicates that women under the age group 19-29 years (43.3%) are mostly affected in

leucorrhoea. (30.0%) women are affected in the age group of 30-39 years. (26.7%) women are affected in the age group of 40-49 years. According to this study (43.3%) women were housewife, (16.7%) women were teachers, (10.0%) of women were nurse, shop keeper, sweeper and tailor respectively. Among the total study population, 12 (40.0%) women were Illiterate and 2 (6.7%) women were completed 8th standard 3 (10.0%) women were completed 10th standard and 5 (16.7%) women were completed 12th standard and 8 (26.6%) women were graduate. In this study Out of the 30 women, 22 (73.3%) women were married and 8 (26.7%) women were unmarried. In this study among 30 women, 14 (46.7%) women were multipara and 1 (3.3%) women belonged to nulliparous and 7 (23.3%) women belonged to primipara. As shown in table 1.

3.2. Result analysis on clinical symptoms emerging with vaginal discharge

In this study out of 30 women, 24 (80.0%) women have lower abdominal pain and 6 (20.0%) women did not have lower abdominal pain. Among 30 women, 19 (63.3%) women have stress and 11 (36.7%) women did not have stress. Out of 30 women, 25 (83.3%) women have burning micturition and 5 (16.7%) women did not have burning micturition. Among 30 women, 21(70.0%) women have pruritus in genitalia and 9 (30.0%) women did not have pruritus in genitalia. As shown in table 2.

3.3. Result analysis on nature and duration of vaginal discharge

According to this study, out of 30 women, 6 (20.0%) women had a duration of leucorrhoea for 15 days and 9 (30.0%) women had a duration of leucorrhoea for 1 month and 4 (13.3%) women had a duration of leucorrhoea for 2 month and 3 (10.0%) women had a duration of leucorrhoea for 3 month and 1 (3.3%) women had a duration of leucorrhoea for 4 month and 2 (6.7%) women had a duration of leucorrhoea for 6 month and 2 (6.7%) women had a duration of leucorrhoea for 1 year and 4 (13.3%) women had a duration of leucorrhoea for 2 year and 1 (3.3%) women had a duration of leucorrhoea for 3 year. According to this study among 30 women, 9 (30.0%) women had white color discharge and 8 (26.7%) women had grey white color discharge and 7 (23.3%) women had curdy white color discharge and 6 (20.0%) women had greenish yellow color discharge. In this study out of

30 women, 18 (60.0%) women reported that they had odor and 12 (40.0%) women reported they do not had odor. As shown in table 3.

3.4. Result analysis on knowledge and hygiene about leucorrhoea among study population

Out of 30 women, 21 (70.0%) women did not have knowledge of sexual transmitted disease and 9 (30.0%) women have knowledge of sexual transmitted disease (30.0%). Out of 30 women, 16 (53.3%) women had irregular menstruation and 14 (46.7%) women had regular mensuration. In this study, out of 30 women, 16 (53.3%) women using sanitary napkin and 14 (46.7%) women using reused homemade pad. Out of 30 women, 26 women using underwear daily (86.7%) and 4 women did not used underwear daily (13.3%). Out of 30 women, 28 (93.3%) women daily washed their underwear and 2 (6.7%) women did not wash their underwear daily. Out of 30 women, 18 (60.0%) women were bathing in lake daily and 12 (40.0%) women were bathing in home daily. As shown in table 4.

3.5. Result analysis on traditional remedy adopted by study population for the management of leucorrhoea

According to this study out of 30 women, 3 (10.0%) women were using Yanai nerunjil (*Pedalium murex*) leaves soaked in water and taken internally and 7 (23.3%) women using cumin seeds and fennel seeds, that is soaked in water and taken internally and 3 (10.0%) women using tender coconut can be taken internally and 4 (13.3%) women do not use anything and 7 (23.3%) women had oil bath. Majority (53.3%) expressed that they will be having only ordinary food owing to the fact that they did not have inclination to have other type of food during those days. Interestingly, 8 (26.7%) women had taken fenugreek powder and 3(10.0%) women had taken Aloe Vera juice and 2 (6.7%) women had taken White pumpkin (venpoosani) and 1 (3.3%) women had taken hibiscus petals. As shown in table 5.

4. Discussion

Approximately, ten million office visits each year are attributed to vaginal discharge complaints [9]. Many women with vaginal complaints self-treat incorrectly with over-the-counter drugs [10] Health-care providers themselves may miss the correct diagnosis if they fail to confirm the diagnosis with the proper

laboratory test [11]. It is estimated that approximately 75% of all women suffer at least once in their lifetime from vulvovaginal candidiasis (VVC), with 40–50% experiencing at least one additional episode of infection [12,13]. A small percentage of women (5–8%) suffer from at least four recurrent VVC per year [14]. Predisposing factors for VVC are less well defined than for OC and include diabetes mellitus, use of antibiotics, oral contraception, pregnancy and hormone therapy [15].

Results of the present study indicates that women under the age group 19-29 years (43.3%) are mostly affected in leucorrhoea. (30.0%) women are affected in the age group of 30-39 years. (26.7%) women are affected in the age group of 40-49 years. According to this study (43.3%) women were housewife, (16.7%) women were teachers, (10.0%) of women were nurse, shop keeper, sweeper and tailor respectively. Among the total study population, 12 (40.0%) women were Illiterate and 2 (6.7%) women were completed 8th standard 3 (10.0%) women were completed 10th standard and 5 (16.7%) women were completed 12th standard and 8 (26.6%) women were graduate. In this study Out of the 30 women, 22 (73.3%) women were married and 8 (26.7%) women were unmarried. In this study among 30 women, 14 (46.7%) women were multipara and 1 (3.3%) women belonged to nulliparous and 7 (23.3%) women belonged to primipara.

Vaginal discharge is normal in women in their childbearing years. It derives from physiological secretion of cervical and Bartholin's glands and desquamation of vaginal epithelial cells resulting from bacterial action in the vagina. When abnormal vaginal discharge is more abundant and has an unpleasant odor, it is usually accompanied by vulval or vaginal itching, dysuria, and/or dyspareunia [16,17]. Studies carried out in developing countries demonstrated that vaginal discharge is caused by sexually transmitted infections (STIs) in up to 90% of cases [18, 19]. In our present study it was observed that according to our study out of 30 women, 6 (20.0%) women had a duration of leucorrhoea for 15 days and 9 (30.0%) women had a duration of leucorrhoea for 1 month and 4 (13.3%) women had a duration of leucorrhoea for 2 month and 3 (10.0%) women had a duration of leucorrhoea for 3 month and 1 (3.3%) women had a duration of leucorrhoea for 4 month and 2 (6.7%)

women had a duration of leucorrhoea for 6 month and 2 (6.7%) women had a duration of leucorrhoea for 1 year and 4 (13.3%) women had a duration of leucorrhoea for 2 year and 1 (3.3%) women had a duration of leucorrhoea for 3 year. According to this study among 30 women, 9 (30.0%) women had white color discharge and 8 (26.7%) women had grey white color discharge and 7 (23.3%) women had curdy white color discharge and 6 (20.0%) women had greenish yellow color discharge. In this study out of 30 women, 18 (60.0%) women reported that they had odor and 12 (40.0%) women reported they do not had odor.

Management of vaginal discharge become the primary concern on the individuals traditional herbal remedies offers wide range of symptomatic benefits in the present study out of 30 women, 3 (10.0%) women were using yanai nerunjil (*pedalium murex*) leaves soaked in water and taken internally and 7 (23.3%) women using cumin seeds and fennel seeds, that is soaked in water and taken internally and 3 (10.0%) women using tender coconut can be taken internally and 4 (13.3%) women do not use anything and 7 (23.3%) women had oil bath. Majority (53.3%) expressed that they will be having only ordinary food owing to the fact that they did not have inclination to have other type of food during those days. Interestingly, 8 (26.7%) women had taken fenugreek powder and 3(10.0%) women had taken aloe vera juice and 2 (6.7%) women had taken White pumpkin (*venpoosani*) and 1 (3.3%) women had taken hibiscus petals.

5.Conclusion

Leucorrhoea although become a major cause of vaginal infection in most of the women of child bearing age, proper understanding on etiology and pathogenesis will become highly essential for prevention and management of the disease on long term basis. From the results of the study it was concluded that the main risk factors associated with leucorrhoea were young age, socioeconomic condition, knowledge of occurrence, diet and most importantly self-hygiene.

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6. References

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Table 1: Frequencies of Percentage of Demographic Characteristics of studied sample.

Variables	Groups	Frequency (%) n=30
Age group	19-29	13 (43.3%)
	30-39	9 (30.0%)
	40-49	8 (26.7%)
Marital status	Unmarried	8 (26.7%)
	Married	22 (73.3%)
Occupation	Housewife	13 (43.3%)
	Teacher	5 (16.7%)
	Nurse	3 (10.0%)
	Shopkeeper	3 (10.0%)
	Sweeper	3 (10.0%)
	Tailor	3 (10.0%)
Educational status	8 th	2 (6.7%)
	10 th	3 (10.0%)
	12 th	5 (16.7%)
	Graduate	8 (26.6%)
	Illiterate	12 (40.0%)
Parity	Multipara	14 (46.7%)
	Nullipara	1 (3.3%)
	Primipara	7 (23.3%)

Table 2: Frequencies and Percentages of Symptoms in Vaginal Discharge of studied sample.

Variable	Groups	Frequency (%) n=30
Lower abdominal pain	Yes	24 (80.0%)
	No	6 (20.0%)
Stress	Yes	19 (36.7%)
	No	11 (63.3%)
Pruritus in genitalia	Yes	21 (70.0%)
	No	9 (30.0%)
Burning Micturition	Yes	25 (83.3%)
	No	5 (16.7%)

Table 3: Frequencies and Percentages of Colour, Odour and Duration in Vaginal discharge of studied sample.

Variables	Groups	Frequency (%) n=30
Duration	15days	6 (20.0%)
	1 month	9 (30.0%)
	2 month	4 (13.3%)
	3 month	3 (10.0%)
	4 month	1 (3.3%)
	1 year	2 (6.7%)
	2 year	4 (13.3%)
	3 year	1 (3.3%)
Colour	White	9 (30.0%)
	Grey white	8 (26.7%)

	Curdy white	7 (23.3%)
	Greenish yellow	6 (20.0%)
Odour	Yes	18 (60.0%)
	No	12 (40.0%)

Table 4: Frequencies and Percentage of Vaginal discharge Knowledge and Hygiene of studied sample.

Variables	Groups	Frequency (%) n=30
Types of Menstrual Pad	Reused homemade pad	14 (46.7%)
	Sanitary napkin	16 (53.3%)
Mensuration	Irregular	14 (46.7%)
	Regular	16 (53.3%)
Daily using underwear	Yes	26 (86.7%)
	No	4 (13.3%)
Daily Washing underwear	Yes	28 (93.3%)
	No	2 (6.7%)
Bathing	Home	12 (40.0%)
	Lake	18 (60.0%)
Knowledge of STD	Yes	21 (70.0%)
	No	9 (30.0%)

Table 5: Frequencies and Percentages of Vaginal Discharge Habits of studied sample.

Variables	Groups	Frequency (%) n=30
Home Remedies	1. Yanai Nerunjil (Pedalium murex) leaves Soaked in water and taken internally	3 (10.0%) 7 (23.3%)
	2.Cumin seeds and Fennel Seeds Soaked in water and taken internally	9 (30.0%)
	3.Tender Coconut can be taken internally	4 (13.3%)
	4. Nothing	7 (23.3%)
	5. Oil bath	
Specific Diet		
Pattern	1. Intake Aloe Vera juice	3 (10.0%)
	2.Intake fenugreek powder	8 (26.7%)
	3. Intake Hibiscus petals	1 (3.3%)
	4. Intake White pumpkin	2 (6.7%)
	5.Ordinary food	16 (53.3%)

Table 6: Frequency and Percentages of Vaginal Discharge in Physician Consultation of studied sample.

Variable	Groups	Frequency (%) n=30
Physician Consultation	Yes	5 (16.7%)
	No	25 (83.3%)