



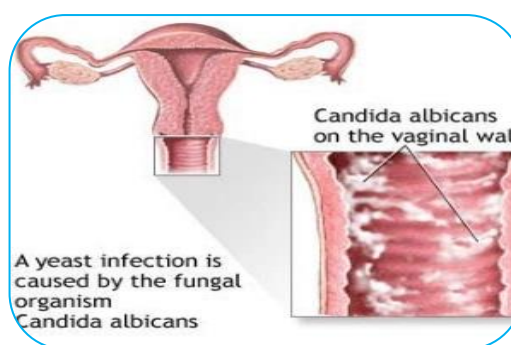
A STUDY OF PREVALENCE OF LEUCORRHOEA IN RURAL WOMEN, VILLAGE- KUMEHDI, LALITPUR, U. P.

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ABSTRACT :

Reproductive tract infections form one of the major burdens of disease in developing countries. Most of the women suffer from leucorrhoea and do not present themselves for seeking medical treatment in early stage as the women has poor understanding regarding leucorrhoea. The result revealed that only 20% of subjects had good level of knowledge, and 80% subject had poor level of knowledge regarding leucorrhoea. The mean knowledge score regarding leucorrhoea among subjects was 19 with a standard deviation of 3.94. The highest mean knowledge score of 19.5 + 4.69 was in the age group of >35 years.



KEYWORDS : kumehdi , woman, leucorrhoea, white discharge .

INTRODUCTION

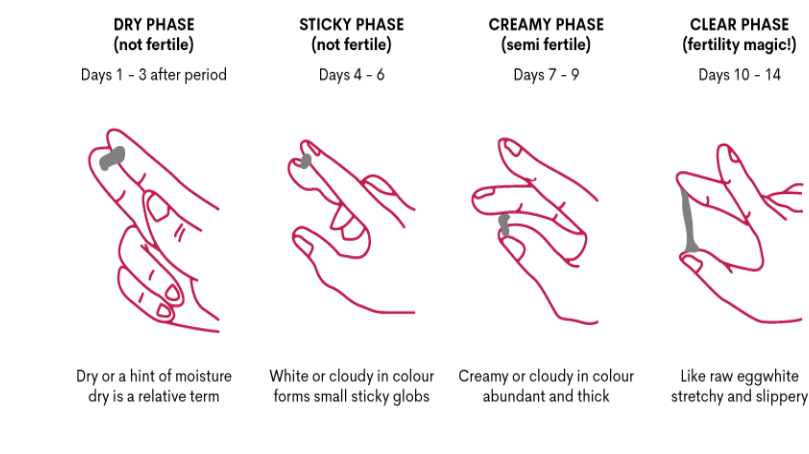
“ To really change things,
we need to get down to the community level
we cannot do this job in office,
we have to get out there and touch people to let
Them, know that they're important”

Susan R. Cooper

Leucorrhoea is a common complaint particularly middle age (18-50) rural area (kumehdi) .
Leucorrhoea is a condition of persistent and excusive white discharge.

Vaginal discharge (white discharge or dhat ,and svet pani) is on opting the leading symptoms for which the women seak care, women may sometimes complain of a clear discharge . Prevalence of leucorrhoea among women.

Clinical factors such as pain, white discharge, liquid pani and a burning sensation and sexual dysfunction were associated with leucorrhoea disease.



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Vaginal discharge may be physiological or pathological. Vaginal discharge in of the most common symptoms of gynecological morbidity. Leucorrhoea is the most prevalent cause followed by cervicitis. Safed pani is also widely attributed to heat.

Such discharge may originate from the vagina, ovaries, fallopian tube of most commonly the cervix. Vaginal discharge may originate from the vagina ,ovaries fallopian tube of most commonly the cervix.

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It is associated with a variety of psychological disorder. In India DIET weakness and heat are the dominated themes in contest of woman is illnesses.

Gynecological procedures like intra uterine contraceptive factors. These patients clinically present with abnormal vaginal discharge, fever, vomiting, pelvic pain and raised erythrocyte sedimentation rate.

It is associated with a variety of psychological disorder. Vaginal discharge is one of the most common symptoms of gynecological morbidity.

The natural course of the disease is not completely understood but it has been suggested that ascending infection is generally due to a sexually transmitted agent Leucorrhoea and pelvic inflammatory disease (pit) are common gynecological problems faced by the gynecologist and are often difficult to treat.

Leucorrhoea is an abnormal excessive vaginal discharge often associated with irritation and pruritus. Leucorrhoea could be physiological when associated with various phases of menstrual cycle or due to cervical/vaginal inflammation or diseases.

It can be due to infection with trichomonas vaginalis, candida albicans or mixed bacterial infections, chronic cervicitis,cervical dysplasia, malignancy, or due to senile vaginitis.

Pelvic inflammatory disease refers to the upper genital tract infections, which encompasses endometritis –salpingitis –peritonitis. The natural course of the disease is not completely understood but it has been suggested that ascending infection is generally due to a sexually transmitted agent.

The lateral spread might be due to infected viscera like appendix , diverticuitis or occasionally by haematogenous spread. however, if this does not responsible factors. these patients clinically

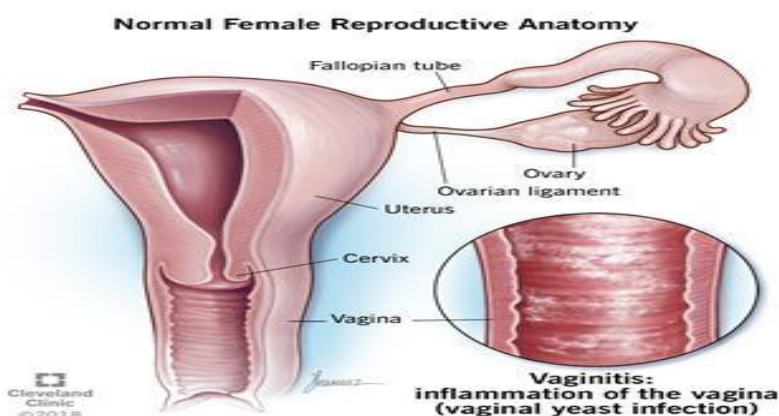
present with abnormal vaginal discharge , fever vomiting , pelvic pain and raised erythrocyte sedimentation rate (ESR).

TYPES OF LUCORRHOEA :-

PATHOLOGIC LEUCORRHOEA is usually due to infection of the upper and lower female genital tract . The most common sexually transmitted pathogens associated with leucorrhoea are Chlamydia trachomatis, neisseria gonorrhoeae, and trichomonas vaginalis. Leucorrhea may be the only presenting sign in women infected with these pathogens.

PHYSIOLOGIC LEUCORRHOEA

Is caused by congestion of the vaginal mucosal membranes due to hormonal stimulation . This may occur during ovulation and pregnancy.



This small scale study was conducted in female students of rural area kumehdi to assess the present / absent, awareness and prevalence of leucorrhea and the factors influencing the same in these women. The study participants included 70 girls/ women. Detailed symptom based questionnaire study was done in this recent work.

REVIEW OF LITRATURE :

Yongjun et.al (2009) conducted "A study to assess rural married women examined and clinical specimens collected for six Sexually transmitted disease and two non-sexually transmitted Reproductive tract vaginal infections." 2000 rural, married women were interviewed, examined and 10 clinical specimens collected. The results show that the overall prevalence of any Sexually transmitted disease was 10.9%. Reproductive tract vaginal infections was 30.8%. Chlamydia trachomatis was detected in 6.4% of women, Neisseria gonorrhoeae in 1.7%, Treponema pallidum in 0.5%, human papilloma virus in 0.6%, herpes simplex virus type-2 in 2.0%, Candida albicans in 8.8%, Trichomoniasis vaginal is in 0.7% and bacterial vaginosis in 15.4%. The prevalence of Chlamydia trachoma is alone and the combined prevalence rates of Neisseria gonorrhea and Chlamydia trachomatis were high enough (7.9%) to consider interventions for the control of cervical infections. Health promotion messages regarding safe sexual and health care seeking behavior are important.

Ermani et.al (2007) conducted study to assess, "Bacterial Vaginosis is a sexually transmitted infection, postoperative infections and pelvic inflammatory disease." The results show Bacterial Vaginosis is not a sexually transmitted infection, it is exogenous infection. The reviewed studies do not lend unequivocal support to an endogenous or exogenous transmission of the bacteria present in Bacterial Vaginosis. For women undergoing gynecological surgery such as therapeutic abortion, the relative risk of postoperative infection is clearly elevated approx. 2.3-2.8 A weaker association exists

between Bacterial Vaginosis and pelvic inflammatory disease. Thus, studies on the vaginal inflammatory response to microbial colonization should be given priority.

Williams's et.al (2007) conducted "A study to assess morbidity status of Vaginal Discharge". They stated that vaginal infections are common infectious diseases that can be associated with substantial morbidity and significant expenditures antimicrobial resistance, recurrent vaginal infections in women, diagnosis, treatment of uncomplicated and complicated vaginal infections, prophylaxis, catheter associated bacteriuria, & the chronic pelvic pain syndrome. Vaginal infections management of most complicated infections depends on clinical experience and resources at individual institutions rather than on evidence based guidelines.

Morison et.al (2007) conducted "A cross-sectional community survey to estimate the prevalence of reproductive morbidity on the basis of women". They concluded 1348 women aged 15-54years, a gynecological examination and laboratory analysis of specimens.. A total of 1157 women consented to gynecological examination and 58% had signs of genital cutting. Women who had undergone surgery had a significantly higher prevalence of bacterial vaginosis adjusted odds ratio =1.66.

OBJECTIVE:

1. Prevalence of awareness of leucorrhoea in respondents.
2. To assess the problems of leucorrhoea in respondents.

METHODOLOGY:

The methodology of research indicates the general patterns of organizing the procedure of authorizing valid and reliable data for the problem under investigations KOTHARI, 1996. The third chapter includes methodology definition description of research approach, research design, setting of the study sample, population sample, sample size sampling technique, variables are include independent variable dependent variable attributed variable development of the instrument and description of the tool part-1, part-II, scoring procedure, plan for data analysis and % method. "A comparative study to assess the effectiveness of KUMEHDI and abnormal vaginal discharge among reproductive age women rural area kumehdi .

Research methodology is a very to systematically solve the research problem. it may be understood or a since of studying how research is done , scientifically. Research methodology is the plan structure and strategy of investigation and to control variance plan is the overall scheme structure is the out line or paradigm of the operation of the variables and strategy in- cludes the method to be used together and analysis the data the result of any study may be generalizable when the methodology is to be designed in specified manner :-

- **Selection of the local**
- **Selection of sample size**
- **Data collection :-**
primary data
secandary data
- **Questionnaire**
- **Statistical analysis**

Selection

1. **Selection of the local :-** The study were conducted in rural area (kumehdi).
2. **Selection of the sample size :-** Sample size of the present study is 70 reproductive age women ,
3. **Data collection :-**

Primary mode of data collection :-

- A. Interviews
- B. Questionnaire (offline)
- C. Data collection and interpretation shall be done.

Secondary mode of data collection

- A. Data from social media
- B. Books
- C. Online data from various literature reviews.
- D. Videos

Questionnaire

Questionnaire (self prepared) method will be used.

Statistical analysis :-

The data will be analyzed with suitable statistical tool . “ statistical analyses are procedures used in finding out the numerical value of the whole study.” the statistical techniques for data analysis used in the study are as percentage table , graph etc.

$$\text{Percentage} = \frac{\text{Number of particular cell}}{\text{Total number of observation}} \times 100$$

FORMULA FOR ANALYTICAL TECHNIQUES:

Single comparisons were made on the basis of the percentage. for drawing percentage the frequency of a particular cell was multiplied by 100 and divide by the total number of respondents in that particular category to which they belonged.

$$P = \frac{n}{N} \times 100$$

n = Number of Particular cell
N = Total number of observation
p = Percentage

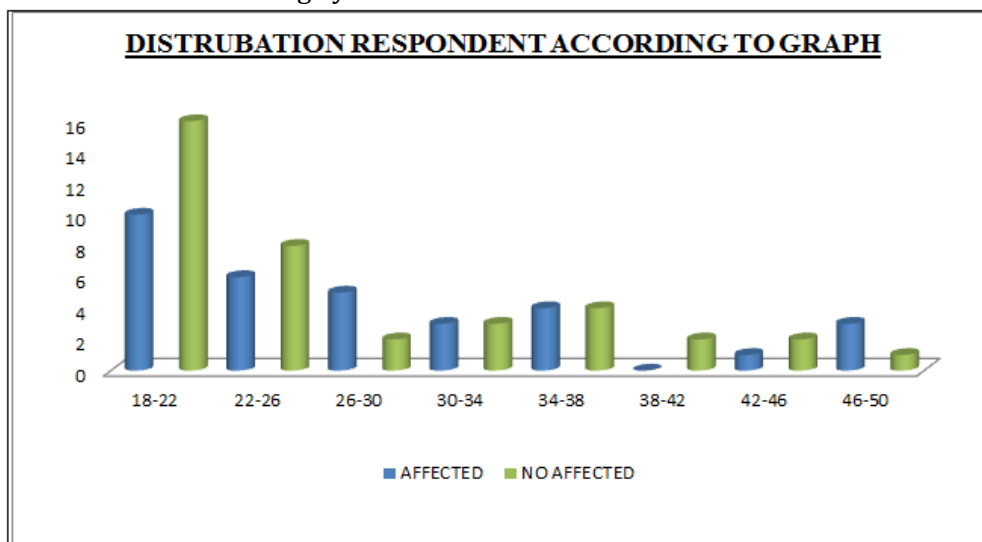
RESULT AND DISCUSSION:

The data after collection has to be processed and analyzed in accordance with the outline laid down for the purpose at the time of developing the research plan . it is very essential in research to analyze and interpret the collection data scientifically. scientifically means a systematic observation of collected data in tabulated form

❖ Distribution of respondent according to disease

Age	Total no.	Affected	Not affected
18-22	26	10	16
22-26	14	6	8
26-30	7	5	2
30-34	6	3	3
34-38	8	4	4
38-42	2	0	2
42-46	3	1	2
46-50	4	3	1
Total	70	32	38

Table no. -01 indicates that total 32 women respondent affected this disease while 38 women are not affected by this disease .In this age group of 18 to 22 year, 10 respondent are affected. 22 to 26 age year in 6 are affected. 26-30 age year in 5 women are affected . 30-34 age year in 3 women are affected. 34 to 38 age year in 4 women affected . 38-42 age year in any one not affected . 42-46 age year in 1 women are affected . 46 to 50 age year in 3 women are affected.



Source: Questionnaire and schedule

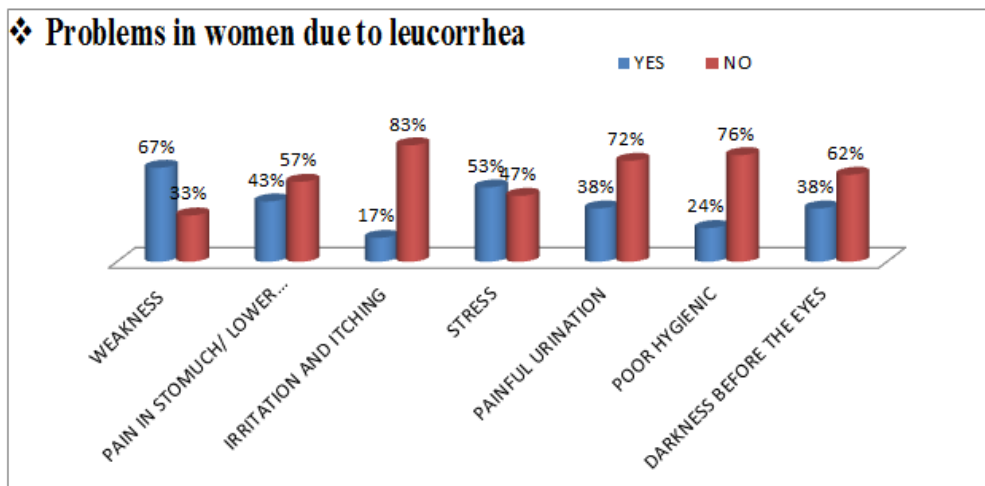
TABLE NO-02

❖ **Problems in women due to leucorrhea**

S. NO.	PROBLEMS IN WOMEN	YES	NO
1.	Weakness	47 (68%)	23 (32%)
2.	Pain in stomach / lower back pain	30 (46%)	40 (54%)
3.	Irritation and itching on genital organs	12 (17%)	58 (83%)
4.	You have stress	37 (53%)	33 (47%)
5.	Painful urination	19 (27%)	51 (73%)
6.	Poor hygienic	17 (24%)	53 (76%)
7.	Darkness before the eyes	27 (39%)	43 (61%)

Source : Questionnaire and schedule

Table No.02 Indicate that women with weakness are 68%. While 32% women are not weak. Pain in stomach/ lower back pain are 46%. While are not 54%. Irritation and itching on genital problem are 17%, while no problem 83%. Stress are 53%,While no problem 47%. Painful urination is respond 27%, while no respond 73%. Poor hygienic are 24%, while are not respond 76%. The darkness before eye 39% but 61% women does not know the disease.



SUMMARY AND CONCLUSION:

Leucorrhea or (leucorrhoea British English) also known as fluor albus, is a thick , whitish , yellowish or greenish vaginal discharge. It has also been referred to as “the whites”. There are many causes of leucorrhea, the usual one being estrogen imbalance. The amount of discharge may increase due to vaginal infection, and it may disappear and reappear from time to time. This discharge can keep occurring for years, in which case it becomes more yellow and strong-smelling. It is usually a non-pathological symptom secondary to inflammatory conditions of the vagina or cervix. Leucorrhea can be confirmed by finding > 10 WBC per high-power field under a microscope when examining vaginal fluid. Vaginal discharge is normal and causes of change in discharge include infection, malignancy, and hormonal changes. It sometimes occurs before an adolescent female has her first period, and is considered a sign of puberty.

TYPES :-

Physiologic leucorrhea
Inflammatory leucorrhea

parasitic leucorrhea

Treatment :-

Leucorrhea may be caused by sexually transmitted diseases, therefore, treating the STD will help treat the leucorrhea. Treatment may include antibiotics, such as metronidazole. Other antibiotics common for the treatment of STTs include clindamycin or tinidazole.

Table 1 indicate that total number of respondents 26 in the age group of 18 to 22. The age of 22-26 year and the total number respondents is 14. 26-30 age year and total number of respondents is 7. 30-34 of age, year and total number of respondents is 6. 34-38 of age, year and the total number respondents is 8. 38-42 of age year and the total number respondents is 2. 42-46 of age, year and the total number respondents is 3. The ages of 46-50 and The total number respondents is 4. indicates that total 32 women respondent affected this disease while 38 women are not affected by this disease. In this age group of 18 to 22 year, 10 respondent are affected. 22 to 26 age year in 6 are affected. 26-30 age year in 5 women are affected. 30-34 age year in 3 women are affected. 34 to 38 age year in 4 women affected. 38-42 age year in any one not affected. 42-46 age year in 1 women are affected. 46 to 50 age year in 3 women are affected. indicated that a total of 38.46% of women aged 18 to 22 was affected. While 22 to 26 a total of 42.85 % of women were affected. 26 to 30, a total of 71.42% of women were affected. 30 to 34 totaling 50 % of women were affected. 34 to 38 totaling 50 % of women were affected. No women affected in 38 to 42. 42 to 46 totaling 33.3% of women were affected. And a total of 75% of women in the age group of 46 to 50 were affected by this disease. indicate that 72% of respondents aware leucorrhoea while 28 % respond were unaware this disease. A total of 45% women know about what is leucorrhoea while 55 % women have no idea. A total of 42% of women followed a sedentary lifestyle while 57% of women followed it. Women who consulted a doctor were 14%, while women who did not get advice at 86%. 28% of women who know this disease while 72% percent of women who do not know

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CONCLUSION;

Thus, the present study brings out a high prevalence of leucorrhoea 46% among the female students and whereas maximum 75% were seen in the age group 46 to 50. Many problems were seen in women like weakness 67%, pain in stomach / lower back pain 43%, irritation and itching on genital 17.14%, stress 53%, painful urination 38%, poor hygienic 24%, darkness before the eyes 38%,

Age, education and others status, were seen to influence and shape the perceptions and care seeking activities about the problem of leucorrhoea. Students should be recommended for treatment and provide awareness and prevention of leucorrhoea by maintain good hygiene, especially in the genital areas to prevent any bacterial infection

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