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## A study to assess the knowledge regarding leucorrhoea among womens residing at Kondancheri Thiruvallur

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### Abstract

**Background of the study:** Leucorrhoea is one of the major problems encountered in gynecological practice. The most common cause of leucorrhoea is physiological, followed by vaginal infections due to bacteria, virus, fungi and parasites<sup>[1]</sup>. Other causes include foreign bodies, cervicitis and atrophic vaginitis. Infection of vaginal mucosa by trichomonas vaginal is and Candida is the most common cause of leucorrhoea<sup>[2]</sup>.

**Objectives:** To assess the demographic variable of the women with leucorrhoea. To assess the knowledge among women with leucorrhoea. To assess the association between the demographic variables and knowledge about the women with leucorrhoea.

**Materials and Methods:** Across sectional research design was used in the study. Total 60 samples were selected according to the age group of 30 to 60 years by using a simple random sampling technique. Data were collected using a self structured questionnaire.

**Results and discussion:** Majority of women had inadequate knowledge among leucorrhoea. The mean score (84.3) and standard deviation score (13.46) shows there was the statistically significant association between demographic variable with leucorrhoea among the women.

**Keywords:** Knowledge, leucorrhoea, women, practice, vaginal infection

### Introduction

Leucorrhoea, also spelled leucorrhoea, flow of a whitish, yellowish, or greenish discharge from the vagina of the female that may be normal or that may be a sign of infection. Such discharges may originate from the vagina, ovaries, fallopian tubes, or, most commonly, the cervix<sup>[3]</sup>. Leucorrhoea may occur during pregnancy and is considered normal when the discharge is thin, white, and relatively odorless. Physiologic Leucorrhoea is a normal condition occurring within several months to a year of the onset of menses in adolescent girls and is sometimes present in newborn girls, usually lasting one to two months<sup>[4, 5]</sup> However, in many cases, leucorrhoea is a sign of infection, especially when the discharge is yellow or green, has an offensive odor, and is accompanied by irritation, itching, pain, or tissue inflammation.

Abnormal leucorrhoea may be caused by infections with bacteria, yeast, or other microorganisms<sup>[7]</sup>. For example, many sexually transmitted diseases, which involve the transmission of viruses or bacteria and include diseases such as gonorrhoea and chlamydia, are major causes of leucorrhoea<sup>[8]</sup>. These diseases lead to infection of the cervix, which is indeed one of the most common gynecological disorders. The infection has a tendency to irritate the mucus glands of the cervix, causing them to secrete an excess of mucous mixed with pus<sup>[9]</sup>. Leucorrhoea is also a sign of vaginitis (inflammation of the vagina), which is often caused by infection with the fungus *Candida albicans* or by infection with the protozoan parasite *Trichomonas vaginalis*<sup>[10, 11]</sup>

**Grindly And Reynolds:** Eshun and he 2007 found that aloe vera is one of the few herbal medicines widely used in Western society, with the manufacturing of aloe vera extracts being one of the largest botanical industries worldwide. In 2004, the value of the aloe industry was estimated to be US\$ 125 million for the cost of the raw aloe material and US\$ 10 billion for finished aloe- containing products.

Leucorrhoea is one of the major problems encountered in Gynaecological practice<sup>[12]</sup>. The most common cause of leucorrhoea is physiological, followed by vaginal infections due to bacteria, virus, fungi and parasites. Other causes include foreign bodies, cervicitis and

atrophic vaginitis. Infection of vaginal mucosa by *Trichomonas vaginalis* and *Candida* is the most common cause of leucorrhoea. These are treatable as well as preventable causes as both these infections are transmitted sexually [13]. Although 25 % of both the infections are asymptomatic, chronic inflammation would be an anticipated progression to dysplasia if it remains unresolved. In India culturally, a variety of local terms are used across India for this symptom, and it is regarded with serious concern by both men and women, even when the discharge is non-pathological [14]. Anthropologically, medically, and clinically, there has been an appreciable amount of work on genital secretions among men, but the literature on women is thin till date. A variety of local terms in north India exists for this symptom. These include safedpanni (white water); dhatu; dholapani; swedpradhar, sharer along with somatic symptoms like weakness, dizziness, burning sensation in hands and feet, significant social stress, and menstrual concerns. Depression, verbal abuse, sexual violence, concern about husband's extra-marital affairs, low social integration, and autonomy, have also been found to be associated with it [15]. Mental tension, as a cause of this illness has also been described in Ayurveda. The causes for vaginal discharge have been described by women to be environmental heat, eating particular kind of food, weakness, tension, while biomedical causes like unsafe delivery, copper-T insertion, abortion, multiple partners have also been reported.

**Objectives:**

- 1) To assess the demographic variable of the women with leucorrhea
- 2) To assess the knowledge among women with leucorrhea
- 3) To assess the associate between the demographic and knowledge about the women with leucorrhea.

**Methods and Materials**

**Research design:** A cross sectional research design was used in this study.

**Sample size:** Total 60 sample

**Sampling Technique:** Simple random sampling techquine.

**Inclusion criteria** 1. Womensage between 30 to 50 years. Womens should understand and read Tamil. Exculsion ceiteria were the women who is not willing to participate in this research. Women who don't understand Tamil

**Data collection:**

Before commencing the data collection, followed by getting formal permission from the medical officer of rural PHC. The study was conducted in kondancheri. The investigator introduced and explained the purpose of the study to the sample and obtains the written informed consent. The demographic data were collected using self Adminsted questionnaire for knowledge regarding leucorrhea among women residing in kondancheri was assessed. The data were analysed using descriptive and inferential statistics. The sample characteristics were described using frequency and percentage and co effectiveness. Chi square was used to associate between the demographic variables and knowledge regarding leucorrhea among women residing in

kondancheri [15].

**Result and Discussion**

**Section 1**

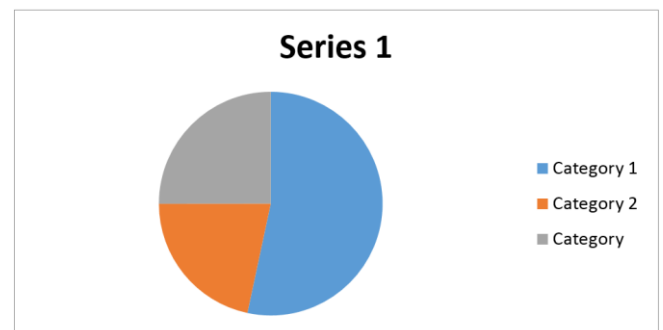
Frequency and distribution of demographic variables of women with leukorrhea Inkondancheri.

Section I illustrates regarding age out of 60 samples 29(48.3%), samples were come under type group of 30-40 years, 21(35%) were under the age group of 40-50 years, 10(16.6) samples were under the age group of 50-60 year. Regarding education out of 60 samples 27(45%) samples were primary, 26(43.3) samples were secondary, 7(11.6) were graduated. Regarding religion out of 60, 60(100%) samples were Christian. Regarding type of family, out of 60 samples, 48(80%) samples were lived in nuclear family, 9(15%) samples were lived in joint family, 3(5%) were lived in others. Regarding dietary pattern out of 60 samples 4(6.6%) were vegetarian but consumes egg, 56(93.3%) were non vegetarian.

**Section 2:** Table I shows the women has the percentage of Inadequate (53.3%), moderate (21.6%), and adequate (25%).

**Table -I**

Score	Frequency	Percentage
Inadequate	32	53.3%
Moderate	13	21.6%
Adequate	15	25%



**Fig 1**

**Description of fig I**

Graphical presentation of mean score and standard deviation score of women is adequate, (25%). Moderate (21.6) and inadequate (53.3%).

**Table 2:**

Knowlege Among Leukorrhea Women	Mean Deviation	Standard Deviation
Inadequate	15.4	7.23
Moderate	52.3	13.46
Adequate	84.3	8.46

Shows the mean score for women for inadequate (15.4), moderate (52.3) and severe (84.3) and standard deviation score for inadequate (7.23), moderate (13.46) and adequate (8.46).

**Conclusion**

There was an association between demographic variable with leucorrhoea among the women. There was statistically found in any other health problems on clients to assess the knowledge among the women with leucorrhoea. Hence the

result concluded that rural clients had inadequate knowledge of leukorrhea among women residing in kondancheri.

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### Authors Contribution

All the authors actively participated in the work of the study. All the authors read and approved the final manuscript.

### Conflicts of Interest

The authors declare no conflicts of interest

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