Evaluation of Leukorrhoea Among Females Age of 18 - 25 Years: A Study from Tamil Nadu

Dr. R. Anusha¹; Dr. P. Priya²; Dr. D. Baby Shalini³; K. Jeya Bharathi⁴; K. Subashree⁵

¹Professor, Department of Naturopathy, Sree Ramakrishna Medical College of Naturopathy and Yogic Sciences and Hospital, Kulasekharam, (T.N.) India.

²Professor, Department of Community Medicine, Sree Ramakrishna Medical College of Naturopathy and Yogic Sciences and Hospital, Kulasekharam, (T.N.) India.

³Associate Professor, Department of Fasting & Diet Therapy, Sree Ramakrishna Medical College of Naturopathy and Yogic Sciences and Hospital, Kulasekharam, (T.N.) India.

⁴Medical Student, Sree Ramakrishna Medical College of Naturopathy and Yogic Sciences and Hospital, Kulasekharam, (T.N.) India.

⁵Medical Student, Sree Ramakrishna Medical College of Naturopathy and Yogic Sciences and Hospital, Kulasekharam, (T.N.) India.

Publication Date: 2025/06/30

Abstract: Leukorrhea frequently affects the majority of females. One of the main causes of illness in underdeveloped nations is reproductive tract infections. The prevalence of leukorrhea was determined to be 66.9%. It was discovered that 48% of women are between the ages of 23 to 32. The study is being conducted at the Sree Ramakrishna Medical College of Naturopathy and Yogic Sciences and Hospital in Kulasekharam, Tamil Nadu, India, and involves female responders between the ages of 18 and 25. After explaining the purpose of the study, verbal consent was obtained. This study included thirty respondents. The questionnaire consisted of thirty questions. Female volunteers who were unwilling or uncooperative were then removed from the study. The study came to the following conclusions: the respondents' level of education, cleanliness, water consumption, consumption of nutritious foods and rest, and the absence of counseling services and adequate infrastructure. To improve the general health and well-being of young girls, future treatment should concentrate on these areas.

Keywords: Abnormal Vaginal Discharge, Lower Abdominal Pain, Stress, Leukorrhoea.

How to Cite: Dr. R. Anusha; Dr. P. Priya; Dr. D. Baby Shalini; K. Jeya Bharathi; K. Subashree (2025) Evaluation of Leukorrhoea Among Females Age of 18 - 25 Years: A Study from Tamil Nadu. *International Journal of Innovative Science and Research Technology*, 10(6), 2125-2128. https://doi.org/10.38124/ijisrt/25jun841

I. INTRODUCTION

Reproductive tract infections, which might be iatrogenic, endogenous fungal or chlamydia infections, or sexually transmitted infections, constitute one of the main causes of illness burden in poor nations. Leukorrhea, or abnormal vaginal discharge, is the most frequently reported symptom among women, while the disease is characterized by numerous others. The prevalence of leukorrhea was determined to be 66.9%. It was found to be 48% in women aged 23–32 years, with a predominance among the Muslim population of 74%, and those belonging to the Socioeconomic class had a higher proportion, 74.4 %. Most females are recurrently affected by leukorrhea. The common

signs and symptoms are lower abdominal pain, itching and burning sensation around the vaginal area, tiredness, edema of the vulva, low backache and urinary track infections. Leukorrhea is caused both pathologically and physiologically. Physiologically, leukorrhea occurs during the menstrual process. It is less odorous and transparent to whitish. Pathologically, leukorrhea is usually yellowish or greenish, or grayish. It can smell fishy or foul. The prevalence of leukorrhea was determined to be 66.9%. It was found to be 48% in women aged 23–32 years, with a predominance among the Muslim population of 74%, and those belonging to the Socio-economic class had a higher proportion, 74.4 %. Most females are recurrently affected by leukorrhea. The common signs and symptoms are lower abdominal pain,

itching and burning sensation around the vaginal area, tiredness, edema of the vulva, low backache and urinary track infections. Leukorrhea is caused both pathologically and physiologically. Physiologically, leukorrhea occurs during the menstrual process. It is less odorous and transparent to whitish. Pathologically, leukorrhea is usually yellowish or greenish, or grayish. It can smell fishy or foul.

II. MATERIALS AND METHOD

The research is being conducted on females between the ages of 18 and 25 at the Sree Ramakrishna Medical College of Naturopathy and Yogic Sciences and Hospital in Kulasekharam, Tamil Nadu, India. Verbal consent was obtained following an explanation of the study's purpose. This experiment had thirty participants. There are thirty questions in the questionnaire. Features of the questionnaire included vaginal area irritation, experiencing burning when micturate, feeling nervous, and wearing clean underpants. Participants who declined participation or did not cooperate were excluded from the study.

III. PATHOPHYSIOLOGY

Leukorrhea, the medical term for vaginal discharge, describes the natural secretions that a woman's vagina releases. These secretions are in charge of lubrication and infection control. Each person has a different kind, color, and volume of discharge, and the timing of these changes depends on their menstrual cycle. The discharge during days 6-14 of the menstrual cycle is typically milky white or yellowish and rather sticky in consistency. Days 14-25 of the menstrual cycle are influenced by ovulation, so they are smooth and runny at first, reverting to their original milky white or yellowish color after ovulation is finished. As the monthly menstrual bleeding starts, the discharge from days 25-28 of the menstrual cycle decreases and stops completely. Though some cases may be brought on by other infections, Candida albicans infections are typically the source of this. Diabetes, prolonged use of antibiotics, elevated estrogen levels, or an increase in estrogen levels brought on by outside factors like pregnancy and the contraceptive pill, a compromised immune system, long-term steroid drug use, HIV infection, and other

conditions can increase the risk of a fungal infection. The thick, lumpy discharge causes the vagina to burn or itch. Both are rather typical. Additionally, there could be pain during sexual activity and a stinging feeling when peeing. When the vagina is examined internally, redness is discovered. It is caused by bad bacteria that grow in the vagina at an unusually high rate in comparison to the regular, healthy bacteria, which leads to the development of an infection. It is linked to having several or a new sexual partner, excessive vaginal washing, unprotected intercourse, and lactobacilli loss. While many women may not exhibit any signs, those who do may have a variety of symptoms, such as graying, a strong, fishy smell, itching, a stinging feeling when peeing, and pain during sexual activity. Rare signs of this illness include vaginal irritation or a burning feeling. The discharge will have a strong smell and be frothy green. Internally and around the vaginal entrance, there will be itching and a burning feeling. In addition, there will be vaginal redness, irritation, pain or bleeding during sexual activity, and a stinging feeling after peeing. A disorder known as strawberry cervix causes characteristic red spots to appear at the cervix and vaginal entrance. It was caused by the parasite Trichomonas vaginalis and mostly acquired during intercourse.

IV. RESULT

The respondents included thirty females, aged 18 to 25. Table 1 makes it clear that 73.33% of females do not experience abdominal discomfort symptoms, whereas 26.66% do. There is a burning feeling when micturate 23.33% of the time, whereas 76.66% do not. The constipation symptoms of 36.66% and 63.33% did not exhibit this symptom. 70% of women have vaginal itching, 30% do not. Experiencing fatigue symptoms. Of those, 43.33% and 56.66% did not feel fatigued. 36.66% of the underwear was dried in the sun, while 33.33% did not. Good vaginal hygiene is performed by 10% of women, while 90% of women do not. Half people consume spicy meals, whereas the other half do not. Feel anxious. 36.66% and 63.33% do not experience stress. They have a yellowish discharge of 96.66% and 3.33%; there is no yellowish discharge. 50% of women experience irregular periods.

Table 1: Shows, Evaluation of Leukorrhea Among Females Age 18-25 Years

S.NO	CONTENTS	Yes(%)	No(%)
1	Associated with abdominal pain	26.66%	73.33%
2	Burning sensation on micturation	23.33%	76.66%
3	Have the symptom of Constipation	63.33%	36.66%
4	Itching in vaginal area	70%	30%
5	Have the symptom of Tiredness	56.66%	43.33%
6	Drying undergarments under sunlight	36.66%	63.33%
7	Proper vaginal hygiene	10%	90%
8	Intake of spicy foods	50%	50%
9	Feel stressed	63.33%	36.66%
11	Have yellowish discharge	3.33%	96.66%
12	Menstural disturbance	50%	50%
13	Have the symptom of continuous discharge	40%	60%
14	Genitourinary tract infection	10%	90%

https://doi.org/10.38124/ijisrt/25jun841

15	Foul smell discharge	43.33%	56.66%
16	Associated with fever	10%	90%
17	Discharge other than white colour	6.66%	93.33%
18	Sticky in nature	76.66%	33.33%
19	Using vaginal pads	30%	70%
20	Constant discharge all over the time	23.33%	76.66%
21	Transparent discharge	36.66%	63.33%
22	Using properly washed undergarments	100%	Nil
23	Have pain in calf muscles	43.33%	56.66%
24	Adequate sleep duration 8 hours	53.33%	46.66%
25	Have the symptom of headache	33.33%	66.66%
26	On medication	10%	90%
27	Has any treatment been taken earlier	36.66%	63.33%
28	Have the symptom of curdy white discharge	60%	40%
29	Frequently change sanitary pads	80%	20%
30	Have the symptom of greenish discharge	Nil	100%

The signs of a persistent discharge are 60% and 40% do not have this problem. Infection of the genitourinary tract, 10 % and 90 % do not have a genitourinary tract infection. The release of an unpleasant smell 43.33% and 56.66% don't smell awful. In connection with fever, 10% and 90% do not exhibit this symptom. Discharge that isn't white is 6.66% and 93.33%; there is no discharge other than white. Nature that is sticky 33.33% and 76.66% are not sticky by nature.30% use vaginal pads, whereas 70% do not. Continuous discharge at all times, 76.66% and 23.33% do not exhibit this symptom. Clear discharge was 36.66% and 63.33%; this translucent discharge was absent. Wearing clean underwear 100%. 43.33% of people have calf muscle soreness, whereas 56.66% do not. Sleeping for 8 hours is a healthy balance. 53.33% and 46.66%, respectively, do not receive 8 hours of sleep. Experience headache symptoms are 33.33%, and 66.66% have no headache symptoms present. 10% of females are on medication, while 90% are not. Previously received any treatment, 36.66% and 63.33% had never received any kind of treatment. The curdy white discharge sign of these, 60% and 40%, do not exhibit the symptoms. 80% change their sanitary pads often, whereas 20% don't. No evidence of a completely greenish discharge is present 100%.

V. DISCUSSION

A higher percentage of females, 23.33%, experience burning when micturating. The majority of females experience constipation 63.33% and vaginal itching 70% of the time. The symptoms of fatigue 56.66% and sun-dried underwear 36.66% are more common in females.90% of women do not practice good vaginal hygiene. 50% of women eat spicy cuisine. The majority of women reported 63.33% stress and 50% disturbance of their menstrual cycle. The symptom of continuous discharge is 40% more common in females, as well as 10% genitourinary tract infection. Females are more likely to have foul-smelling discharge at 43.33% and fever 10%. Discharge that is not white is 6.66%. The majority of females, 76.66%, have sticky discharge.30% of women use vaginal pads. The majority of females experience transparent discharge of 36.66% and continuous

discharge 23.33% throughout the day. The majority of women have calf muscle soreness, 43.33%, and get enough sleep 8 hours, 53.33%. The majority, 33.33%, had headache symptoms, and 10% are taking medication. 36.66% of the women had been treated before. 60% of the females experience curdy white discharge, and 80% of them change their sanitary pads often.100% of the time, there is no greenish discharge.

VI. CONCLUSION

The study discovered that the respondents lacked proper education, sanitation, water intake, rest and healthy food consumption, counseling services, and infrastructure. According to the study, in order to improve the general wellbeing and health of young ladies, future care should focus on leukorrhea and reproductive tract infections, and all females of all ages should receive sufficient information and awareness about these conditions.

REFERENCES

- [1]. Perceptions and Knowledge about Leukorrhea in a Slum Dwelling South Asian Community, Jaspreet Kaur, AK Kapoor, 2014.
- [2]. Prevalence of Candida and Trichomonas in Vaginal Discharge of Rural Females not Seeking Medical Help: Microscopy and its Role in Vaginitis Rachna Tewari, Motilal P. Sah and Mridu Dudeja, 2017.
- [3]. Gender gaps, gender traps: sexual identity and vulnerability to sexually transmitted diseases among women in Vietnam Vivian Fei-ling Go, Vu Minh Quan, Chung, Jonathan Zenilman, VuThi Minh Hanh, David Celentano.2002.
- [4]. An epidemiological survey of symptoms of menstrual loss in the community, Mark Shapley, Kelvin Jordan, Peter R Croft, 2004.

ISSN No:-2456-2165

- [5]. Leukorrhea: An Evaluation of Physical and Mental Burden among Women in Family and it's Biomedical Interpretation Sazin Islam, Sharmin Akter, Ala Uddin, Meherunnesa Faria, Sk Raghib Raihan, Md. Shariful Islam.2020.
- [6]. Cultural and biomedical meanings of the complaint of leukorrhea in South Asian women, Karen Trollope-Kumar, 2001.
- [7]. Profile Of Vaginal Discharge Among Reproductive Women- A Hospital-Based Cross-Sectional Study Sriandaal Venkateshvaran, R. Rajakeerthana, Sudhir Ben Nelson B.T, K.S.Chitra, 2023.
- [8]. Impact of social and demographic factors on vaginal discharge Dr. Sarella Lavanyakumari, Dr. Vijayalakshmi Uthrakumar and Dr. Bhaswanth Dake, 2021.
- [9]. A study to assess the knowledge regarding leucorrhea among womens residing at Kondancheri Thiruvallur Sathiyabama G, Sabeetha S, Sangavi J and Shalini R,2020.
- [10]. A Review on Leucorrhea Kajal Chauhan, Heena Parveen, Dr. M. Sudhakar.2022.