

## Review Article on Perception of Vaginal Discharge among Females

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**Abstract:** Vaginal discharge is one of the most common symptoms of gynecological morbidity. Vaginitis is the most prevalent cause followed by cervicitis. Sexually Transmitted Diseases (STDs) and Reproductive Tract Infections (RTIs) often present with vaginal discharge. Vaginal discharge (safed pani in Hindi) is one of the leading symptoms for which the women seek care. The concept of safed paani is linked to ayurvedic beliefs about balance among the body dhatus. Safed pani is also widely attributed to heat. It is associated with a variety of psychological disorders. Vaginal discharge is one of the most common symptoms of gynaecological morbidity. In India, 'diet', 'weakness' and 'heat' are the dominant themes in context of women's illnesses. As per the Ayurvedic concepts, vaginal discharge in women has been equated with semen discharge (dhat) in men. People have even been reported to say that vaginal discharge contained jaraseem (micro-organisms...just like sperms in semen. And in the Indian system of medicine, 'semen' is a potent and all powerful, precious fluid in the body. Low cost investigations should be made available in the centres. STD clinics should be opened in the centres.

**Keywords:** perception, vaginal discharge, review article

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### I. Introduction

Vaginal discharge is one of the most common symptoms of gynecological morbidity(1). Vaginitis is the most prevalent cause followed by cervicitis(2,9). Sexually Transmitted Diseases (STDs) and Reproductive Tract Infections (RTIs) often present with vaginal discharge(3). Vaginal discharge (safed pani in Hindi) is one of the leading symptoms for which the women seek care. The concept of safed paani is linked to ayurvedic beliefs about balance among the body dhatus (5). Dhatu disorders have also been reported among men in India and are most often linked to perceptions of masculinity and sexual performance(6). Safed pani is also widely attributed to heat(7). It is associated with a variety of psychological disorders. Vaginal discharge is one of the most common symptoms of gynaecological morbidity(8). In India, 'diet', 'weakness' and 'heat' are the dominant themes in context of women's illnesses. As per the Ayurvedic concepts, vaginal discharge in women has been equated with semen discharge (dhat) in men. People have even been reported to say that vaginal discharge contained jaraseem (micro-organisms...just like sperms in semen(10). And in the Indian system of medicine, 'semen' is a potent and all powerful, precious fluid in the body. This is also supported by dietary theory of Ayurveda, where it has been documented that semen is formed as the seventh stage product after a high degree successive refinement/assimilation of food, passing through six stages of formation of vital elements (dhatus) viz., chyle, blood, flesh, fat, bone and marrow.

The aim of this study was to review the literature on perception of vaginal discharge among females.

### II. Review of Literature

In a study(4), the mean age of focus group participants was 26 years. Local terms used to describe vaginal discharge were Setho Pani, Haritho Pani, Khola fancho, Dhatu Rog, Harm Palli and Setho Pani jani. Vaginal discharge was identified as a disease which is common but distinct from STDs. Participants emphasized that women clearly understand the difference between normal and abnormal vaginal secretions. Women consider the discharge as abnormal if it continues for more than 2-3 months, large in amount, contain pus or blood, has foul smell and or associated with systemic symptoms. Abnormal vaginal discharge was believed to be caused by weakness of the body in general and genital organs in particular. Women believed that it is transmitted by direct contact with infected articles e.g. clothes, food and furniture, etc. Any woman could have this problem irrespective of her age, marital status and education. Women expressed that a number of topical home remedies are used for the treatment of vaginal discharge e.g. mustard, or coconut oil alone or in turmeric powder, burn ointments and eczema and antiseptic powders and crèmes. One of the group mentioned that a special food made up of flour, butter and dry fruits is used as a home remedy. Participants also reported that vaginal discharge patients do not seek treatment unless it interferes with daily routine work, the reason being shame and fear. Women believed that approaching the health institution is tantamount to publicizing that they have a sexual illness. Women reported that health providers in biomedical institutions are not very friendly and there is a lack of privacy. Women believed that vaginal discharge and STD patients prefer traditional healers or pharmacist as

they are more welcoming and polite, and observe confidentiality and privacy. If this treatment failed then only did patients approach the qualified biomedical system. Women clearly distinguished between vaginal discharge and sexually transmitted diseases. Vaginal discharge is considered as a disease which though shameful, yet socially acceptable in contrast STD is regarded as a substantial social stigma.

The characteristics of STDs are described as heavy vaginal discharge associated with genital ulcer or vesicle. Participants reported that women are the primary sufferer and contact the disease through multiple sexual partners. These women later transmit infection to their husbands. Women consistently reported that STDs can only be transmitted if women have sexual relationship with multiple partners but not through her husband even if he had sexual contacts with other women. Women reported that a woman with STD has to live in social isolation. Because of fear of transmission of infection to others, women having STD are not allowed to get treatment from local traditional health providers. Among the 70 women interviewed 58 (80%) had vaginal discharge for more than one month duration.

The majority (92%) of women reported associated symptoms. The most common associated symptom was lower abdominal pain (83%), followed by dysmenorrhea (60%), irregular menstruation (53%), dysuria (50%) and dyspareunia (29%). The most commonly reported cause of vaginal discharge was weakness (77%) which was also identified as one of the sequelae of vaginal discharge (75%). The other consequences mentioned were lower abdominal pain (67%) and backache (64%). All women believed that they should seek advice from a family member. In the current episode, majority of patients (83%) took advice and consulted their husbands (80%). All those who did not take advice (20%) mentioned that shame was the main reason.

**In a study in Haryana(11)**, almost all of females said that vaginal discharge led to weakness (228; 99%) and backache (226; 98.2%). Some told that discharge was the result of evil shadow cast by someone. More than one third of the respondents (82; 35.6%) told that an effective cure for vaginal discharge was available. Most of the respondents (212; 92.1%) said that a woman with vaginal discharge could spread illness to men during sex and 204 (88.6%) said that having vaginal discharge affected sexual relations and that such women should not have sexual relations with their husbands. All except two of them (228; 99.1%) said that vaginal discharge could be prevented if husbands avoided visit to other women. More than half (128; 55.6%) of them told that observance of good personal hygiene could prevent vaginal discharge. More than half of the women (120; 52.2%) said that husband should also be treated if wife has vaginal discharge. Twenty women (51.3%) consulted a government doctor for vaginal discharge, while 8 (20.5%) each consulted private doctors or Ayurvedic doctors. Eight women consulted TBAs, (traditional birth attendants), health workers or local unqualified practitioners (RMPs). Many home remedies for vaginal discharge were also used by one-third women (12; 30.8%). Consultation rate was 59%. Twenty seven (41%) women did not consult anyone.

**Another study (12)** found that vaginal discharge was associated with depression; it was seen in 55% of women who reported having depression during pregnancy. Anemia was significantly associated with vaginal discharge during pregnancy. Half of the women who had anemia reported pathological vaginal discharge. This study showed that urinary tract infection reported during pregnancy was strongly associated with vaginal discharge. Pathological vaginal discharge was highly prevalent in the population of women studied. Younger women of low socioeconomic condition with a history of several morbid conditions during pregnancy are more likely to have vaginal discharge.

**In a study in Bareilly(13)**, internal gynaecological problem followed by weakness were perceived as a main cause for vaginal discharge by the women. Less than half of the women seek treatment for their problem. Gynaecological symptoms like itching in genital area, blisters in genital area, pain in lower abdomen and burning during micturition were found to be strongly associated with vaginal discharge in this study.

**Another study (14)** reported that number of women attributed their safed pani to tenshun, an illness category much like the Western notion of "stress." Women linked tenshun to lack of household finances to meet family and children's needs, marital problems revolving around financial issues, difficulties with relatives and the unwanted involvement of in-laws in daily life and decision making. Financial concerns were the most frequently cited cause of tenshun-related health problems among women and men in the study community. Challenges associated with women's marital and sexual responsibilities are often cited as sources of tenshun-related health problems, including safed pani, particularly by women in marital relationships characterized by marital disputes and spousal abuse. Safed pani is sometimes attributed to husband's substance use, particularly alcohol, which is believed to build up heat in the body, leading to an imbalance in the body's dha-tus. If a man who has been drinking alcohol has sexual intercourse with a woman, he can transfer this heat to his partner.. Husband's consumption of other substances, such as cigarettes (including bidi) and smokeless tobacco (e.g., paan, gutka, mawa) can also increase women's stress and exacerbate her health problems. Safed pani, in particular, is believed to worsen through sexual intercourse. Many women attempt to abstain from sex on the grounds that having sex while a woman has safed pani can be harmful to both men and women.

**An article(15)** reported women were very concerned about their condition, and would say that when safed panni is lost from the body, progressive weakness will develop. Many women felt that undergoing the

tubectomy operation had caused the condition; others feel that diet was at fault. Ayurvedic practitioners call this condition dhat rog, and say that it is because of excess humoral heat in the body. They treat the women with Ayurvedic remedies (Femiplex and Lukol were two commonly prescribed tablets) and give dietary advice, advocating the avoidance of 'heaty' foods such as ghee, eggs or meat. Village traditional birth attendants (dais) are also frequently consulted by women suffering from safed panni. One dai explained that women are concerned about safed panni because 'from 100 drops of blood only one drop of safed panni is formed. Many dais in Garhwal prepare herbal remedies for women suffering from this condition. The Sri Lankan psychological anthropologist (1976) Gananath Obeyesekere has written about these in both men and women in Sri Lanka. Dhatu leaves the woman's body as a whitish, odourless discharge which is often associated with 'heaty' symptoms such as burning hands and feet, dizziness and joint pain. When women consult a biomedical practitioner they are often told that this problem is not a disease. Ayurvedic practitioners, however, consider this a serious illness which will lead to progressive weakness if left untreated. They advocate herbal and dietary therapy.

**Nichter (16)** includes leukorrhea as a symptom of a 'bodily idiom of distress' in his study of women visiting an outpatient clinic in South Kanara, India. Among women who were facing significant social stress, leukorrhea, dizziness, burning hands and feet, menstrual concerns and weakness were commonly reported symptoms. Nichter explores the cultural meaning of leukorrhea and its associated symptoms, relating them to Ayurvedic concepts of health.

**In a study by Chaturvedi (17)**, 70 women who complained of more than two somatic symptoms underwent a psychiatric assessment. White vaginal discharge was reported by nearly half of these women, and depression was more frequently diagnosed among these women than among controls. Chaturvedi calls this illness 'psychasthenic syndrome' and notes its similarity to 'dhat syndrome' found in South Asian men. Chaturvedi also notes the link between the complaint of vaginal discharge and mental health concerns, and urges further research to clarify the sociocultural factors that shape this 'hidden illness'.

**In a study of perceptions (18)** about 'white discharge', both men and women refer to it in Ayurvedic terms as the loss of dhatu, and state that this is their most important health concern. Weakness, which is considered to be a consequence of white discharge, appears to be a term for a general state of unwellness that includes physical, mental and sexual element.

#### IV. Conclusion

The health workers should be trained to identify the reproductive tract infections at the health centres. Low cost investigations should be made available in the centres. STD clinics should be opened in the centres. Culture specific health education messages and strategies need to be designed to meet the local information needs.

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