THE EFFECT OF GIVING BOILED WATER OF BETEL LEAVES TO WOMEN OF CHILDBEARING AGE ON LEUCORRHOEA SYMPTOMS IN THE WATERSHED AREA (CASE STUDY)

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Abstract

Women are the most vulnerable group when facing reproductive health issues. One of the reproductive health issues that has long been a concern for women is vaginal discharge. This issue is the second problem after menstrual disturbances. Almost all women have experienced vaginal discharge. Almost all women experience vaginal discharge at least once in their lifetime, with 60% among teenagers and 40% among women of reproductive age. Around 90% of women in Indonesia are at risk of experiencing vaginal discharge because Indonesia is a tropical region, where fungi, viruses, and bacteria can easily grow and develop, leading to a high number of cases of discharge. Factors influencing the occurrence of vaginal discharge include inadequate personal hygiene in the genital area, which allows bacteria, parasites, and viruses to proliferate rapidly around the female genitalia. Therefore, based on the background, the author is interested in taking a case study "The Effect Of Giving Boiled Water Of Betel Leaves To Women Of Childbearing Age On Leucorrhoea Symptoms In The Watershed Area". Based on the subjective and objective data obtained, an analysis was conducted on the data which indicates that patient has a vaginal discharge issue and requires communication, information, and education regarding vaginal discharge. The management actions that can be taken in midwifery care for women with vaginal discharge include advising the mother to try complementary therapies to reduce the discharge, such as rinsing the vagina with a decoction of red betel leaves or green betel leaves.

Keywords: *leucorrhoea, vaginnal discharge, woman of childbearing age*

1. INTRODUCTION

Women of childbearing age are those aged 15-49, whether married, unmarried, or widowed. Women of childbearing age are in the transitional phase from late adolescence to early adulthood. [1]. Women are the most vulnerable group when it comes to reproductive health issues. This is because the female reproductive organs are more susceptible to external infections due to their shape and location being close to the anus. The vagina is one of the female reproductive organs that is very susceptible to infectious diseases [2]. Therefore, for women, reproductive health must receive serious attention [3]. One of the reproductive health issues that has long been a concern for women is vaginal discharge. This issue is the second problem after menstrual disturbances. Almost all women have experienced vaginal discharge. It is important for us to know that besides being one of the signs of a disease, vaginal discharge can also indicate the presence of an illness [4]. According to data from the World Health Organization (WHO), it has been found that issues related to poor women's reproductive

health account for 33% of the total disease burden affecting women worldwide. Almost all women experience vaginal discharge at least once in their lifetime, with 60% occurring in adolescents and 40% in women of reproductive age [5].

Around 90% of women in Indonesia are at risk of experiencing vaginal discharge because Indonesia is a tropical region, where fungi, viruses, and bacteria can easily grow and develop, leading to a high number of cases of leucorrhoea. According to BKKBN (2011), in Indonesia, 75% of women have experienced vaginal discharge at least once in their lives, and 45% of them may experience it two times or more. Leucorrhoea has long been a problem for women. Leucorrhoea is an excess fluid that comes out of the vagina. Many women in Indonesia are unaware of vaginal discharge, leading them to consider it a common and trivial matter. Additionally, the embarrassment associated with experiencing vaginal discharge often makes women reluctant to consult healthcare professionals [6]. In fact, vaginal discharge should not be taken lightly, as the consequences can be very serious if not addressed promptly. It can lead to a 15% risk of infertility at ages 30-34, increasing to 30% at ages 35-39, and 64% at ages 40-44. Additionally, it can result in ectopic pregnancies. Vaginal discharge can also be an early symptom of cervical cancer, with around 15,000 new cases of cervical cancer in Indonesia that can end in death [7].

In women of reproductive age, it is important to care for the genital area properly to reduce the risk of vaginal discharge. Factors influencing the occurrence of vaginal discharge include inadequate personal hygiene in the genital area, which allows bacteria, parasites, and viruses to proliferate rapidly around the female genitalia [8]. The use of vaginal cleansing soap will disrupt the pH of good bacteria, causing harmful bacteria to thrive, making the vagina more susceptible to discharge [9]. Wearing pants that are too tight can also hinder airflow, making it difficult for sweat to be absorbed and allowing bacteria to thrive, which can lead to vaginal discharge. In addition, improper use of panty liners can increase the population of Eubacterium species in the vagina and decrease the number of Lactobacillus species, which are normal flora, thereby increasing the risk of experiencing vaginal discharge [10].

Based on the results of a preliminary study at the UPTD Puskesmas Pahandut through interviews with prospective brides who received the TT injection, it was found that out of 3 women of childbearing age, all reported having experienced vaginal discharge at least once. Physiological discharge can become pathological if personal hygiene habits are poor. Based on this issue, the author is interested in taking a case study "The Effect Of Giving Boiled Water Of Betel Leaves To Women Of Childbearing Age On Leucorrhoea Symptoms In The Watershed Area".

2. METHODOLOGY

This research is a descriptive qualitative study using a case study approach. Design using field observational methods. Data collection methods were conducted through interviews and documentation analysis of midwifery care. Data analysis was obtained from case study research by creating a narrative from the results of observations and descriptive analysis of midwifery care, assessments, formulating diagnoses, midwifery assessments, planning, implementing, and evaluating midwifery care. This research and case study analysis was conducted in October 2023 at the UPTD Puskesmas Pahandut in Palangka Raya.

3. RESULTS

The theoretical application of midwifery care begins with the assessment of subjective and objective data, resulting in accurate, precise, and comprehensive information. After that, the actual and potential obstetric diagnoses/issues are formulated according to the client's

condition, so that immediate collaborations can be identified, along with the ongoing planning and evaluation of obstetric care. On October 23, 2023, midwifery care management was conducted for Patient, who is 20 years old. The assessment was conducted through an interview with the client, where the mother came to the health center stating that she wanted to receive the TT immunization before getting married. The mother said that she has been discharging clear white mucus for 2 days, slightly sticky, not itchy, and odorless. The history of vaginal discharge in the mother indicates that she has experienced such discharge before. Objective data obtained from the physical examination indicate that the mother's general condition is good, her consciousness is clear, vital signs are normal, and the genital examination shows the presence of clear and odorless mucus.

Based on the case study of subjective and objective data obtained from Patient, it can be concluded that Patient is experiencing physiological leucorrhoea. This is supported by the theoretical review of Marhaeni (2016) that leucorrhoea, or white discharge, refers to all fluid or mucus discharge from the genitals that is not blood. Physiological leucorrhoea is a fluid that contains a lot of epithelium and few leukocytes; under normal conditions, it functions to maintain vaginal moisture. A clear liquid, not too thick, without accompanying pain or itching, and the amount released is not excessive [11]. Based on the data above, the theoretical data analysis and case study on Ms. A with leucorrhea (flour albus) found many similarities with the theoretical review and case study, resulting in no gaps in differences.

Based on the subjective and objective data obtained, an analysis was conducted on the data which indicates that Patient, aged 20, has a physiological discharge issue and requires information, education, and communication regarding physiological discharge. The management actions that can be taken in midwifery care for Patient with vaginal discharge include advising her to maintain cleanliness in the genital area by practicing vulva hygiene from front to back using clean water and avoiding dampness, by always drying the vulva after urination or defecation, wearing cotton underwear and changing it daily, avoiding the use of panty liners as they can increase the amount of discharge produced, only using panty liners when there is excessive discharge, and during menstruation, it is advisable to change pads every 3-4 hours. This is supported by the theoretical review by Putri (2021) which states that inadequate personal hygiene in the genital area leads to the rapid growth of germs, parasites, and viruses around the female genitalia [8]. The use of vaginal cleansing soap can disrupt the pH of beneficial bacteria, allowing harmful bacteria to thrive, making the vagina susceptible to discharge [9]. Wearing pants that are too tight can also hinder airflow, making it difficult for sweat to be absorbed and allowing bacteria to thrive, which can lead to vaginal discharge. In addition, improper use of panty liners can increase the population of Eubacterium species in the vagina and decrease the number of Lactobacillus species, which are normal flora, thereby increasing the risk of experiencing vaginal discharge [10].

Non-pharmacological management involves advising mothers to try complementary therapies to reduce vaginal discharge, such as rinsing the vagina with an infusion of red betel leaves or green betel leaves. Boil 3-5 fresh red/green betel leaves in 300 ml of water for 30 minutes, stirring occasionally. After it boils, let it cool to room temperature, then pour it into a bottle with a capacity of about 140 ml. Rinse the vagina with the betel leaf infusion. This is supported by the theoretical review of Suyenah (2022) that betel leaves are used to wash the vagina and can reduce both physiological and pathological discharge; betel leaves contain carvacrol, which has properties. The results of this study are also supported by the research of Mariana & Winarni (2023) and Dewi (2020), which states that the use of boiled water from red betel leaves and green betel leaves can help reduce symptoms of vaginal discharge in adolescent girls. Betel leaves contain essential oils that consist of estragole, eugenol,

hydroxylcavicol, cavibetol, betlephenol, kavicol, sesquiterpenes, and carvacol. Betel leaves also contain tannins, diastase enzymes, and sugars. The compound Eugenol in betel leaves has been proven to kill the fungus Candida albicans, which causes vaginal discharge, while tannins act as astringents that reduce fluid secretion in the vaginal canal [12]. In the management of midwifery care provided to Patient with vaginal discharge, it aligns with existing theories; at this stage, there is no gap between theory and practice.

4. CONCLUSIONS

After the author conducted midwifery care using Varney's midwifery management on Patient, who is 20 years old, several conclusions were drawn as follows:

1. The assessment revealed subjective and objective data. The woman came to the community health center stating that she wanted to receive the TT immunization shot before getting married. The mother said that she has been discharging clear white mucus for 2 days, slightly sticky, not itchy, and odorless. The history of vaginal discharge in the mother indicates that she has experienced it before. Objective data obtained from the physical examination indicate that the mother's general condition is good; she is conscious and oriented, vital signs are normal, and the genital examination shows clear, odorless mucus discharge.
2. The interpretation of the data obtained from the obstetric diagnosis is Patient, 20 years old, with the issue of vaginal discharge and the need for health education regarding physiological discharge.
3. The planned action is health education about physiological discharge.
4. The evaluation of the care provided to Patient, who is 20 years old, shows that her condition is good, with no potential problems arising.

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