



Treatment of Seeking Behavior in Menstrual Pain and Vaginal Discharge Cases in Young Women

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Abstract. Maintaining the health of the genital organs properly is crucial for young women to reduce the risk of reproductive health problems such as menstrual pain and vaginal discharge. This study aims to discover the behavioral experiences of young women in seeking treatment for menstrual pain and vaginal discharge. This research was carried out in November 2022 in Todanan Village, Blora Regency. The main informants in this study were ten young women living in Todanan Village, while the key informants were midwives, and additional informants were the parents of the main informants. The informants were gathered using snowball sampling. The data collected through in-depth interviews under the guideline instruments were analyzed qualitatively using the Colaizzi technique. The results revealed that (1) the informants' knowledge about menstrual pain was insufficient, (2) menstrual pain experienced by all informants was normal, (3) all informants overcame menstrual pain by self-medication and alternative medicine; (4) the informants' knowledge about vaginal discharge was sufficient; (5) vaginal discharge experienced by all informants was normal and reasonable; (6) all informants handled vaginal discharge through alternative medicine; and (7) the distance to health service facilities was not an obstacle for most informants.

Keywords: adolescent · medication · menstrual pain · vaginal discharge

1 Introduction

Menstrual pain or dysmenorrhea occurs during menstruation, such as discomfort in the lower abdomen and is usually accompanied by nausea, dizziness, and even fainting [1]. International data reported that 50% of young women experienced menstrual pain [2]. An epidemiological study on young women aged 12–17 in the United States unveiled that the incidence of menstrual pain reached 59.7% [3]. Moreover, 90% of young women experienced menstrual pain, and more than 50% of women were disturbed by menstrual pain [4]. In Indonesia, around 45–95% of reproductive-age women experienced menstrual pain [5]. The Central Java Bureau of Statistics in 2010 mentioned that the number of young women experiencing menstrual pain reached 1.5 million. The research by Safitri in 2021 uncovered that adolescents aged 13–17 in Central Java did not know about these diseases and how to handle them, demonstrated by their action of not taking any medicine for menstrual pain.

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Menstrual pain is classified into primary menstrual pain, which occurs without a certain reproductive organ disease, and secondary menstrual pain due to abnormalities in certain reproductive organs [3]. Secondary menstrual pain is caused by abnormalities, such as endometriosis [6], adenomyosis, uterine fibroids, pelvic inflammation, ectopic pregnancies [7], congenital uterine anomalies, endometrial polyps, pelvic abscesses, and ovarian cysts [3]. Conversely, primary menstrual pain is caused by vasospasm and affects an inflammatory reaction, activating the metabolism of arachidonic acid and the release of prostaglandins, especially PGF₂-alpha, which can cause vasoconstriction and hypertonicity in the myometrium [8].

Severe menstrual pain can impose serious consequences, such as endometriosis. This disease can cause infertility or difficulty in having children [5]. Endometriosis has been discovered in young and postmenopausal women receiving a hormonal replacement. Moreover, 20–90% of women with pelvic pain experienced endometriosis [9]. The symptoms depend on the location of the endometrial cells. Around 71–87% of endometriosis occurred due to complaints of severe menstrual pain [5].

In addition to menstrual pain, vaginal discharge is another reproductive health problem that should be addressed. Data on young women in India experiencing vaginal discharge revealed a high prevalence of around 95% [10]. In contrast to the incidence in Europe, 25% of women experienced vaginal discharge [11]. Meanwhile, 1–8 young women in the United States experienced vaginal discharge yearly. In Indonesia, 90% of women experienced vaginal discharge, of which 60% were female adolescents [12].

Vaginal discharge experienced by young or unmarried women aged 15–24 reached 31.8% [13]. Around 23 million young women in Indonesia aged 15–24 had sexual intercourse, one of the causes of vaginal discharge. WHO has stated that 5% of young women worldwide have suffered from sexually transmitted diseases accompanied by symptoms of vaginal discharge [8]. Vaginal discharge is classified into two, normal and abnormal. Fungi, parasites and bacteria cause 70% of vaginal discharge. Parasites can take the form of pinworms and *Candida albicans* fungal infections [14, 15]. *Candida albicans* causes a superficial infection called vulvovaginal candidiasis (VVC) [16]. Factors affecting abnormal discharge include birth control pills, vaginal cleansers containing antibiotics, obesity, low immunity, multiple partners, and IUDs [17]. Other factors, such as stress, fatigue [18], stimulation in the vaginal area, and conditions during the gestation period, are considered normal vaginal discharge [19]; those are all normal and not dangerous vaginal discharge findings [20]. The impact of vaginal discharge will not only result in infertility but also cause signs as early symptoms of uterine cancer, leading to women's mortality [21].

Each individual has a different way of handling menstrual pain and vaginal discharge [22]. The literature review reveals that adolescents have a low level of treatment-seeking behavior to overcome menstrual pain problems. Several factors often arise due to a lack of knowledge [23], attitudes, and information regarding menstrual pain [24]. In this study, the researchers discovered more about the behavior of young women related to their experiences in seeking treatment by utilizing self-medication, alternative treatments, and medical treatment of menstrual pain and vaginal discharge. Previous research has not addressed this topic extensively.

A preliminary survey in Todanan Village, Blora Regency, unveiled that out of 13 young women, more than half experienced menstrual pain and vaginal discharge due to a lack of knowledge about how to seek treatment for adolescents. Therefore, it triggered researchers to study the experience of treatment-seeking behavior of young women in overcoming menstrual pain and vaginal discharge. Thus, this study aims to learn more about young women's behavioral experiences in seeking treatment for menstrual pain and vaginal discharge.

2 Methodology

2.1 Framework of Thinking

Health-seeking behavior is carried out by people suffering from an illness to obtain healing. This behavior is related to demographic, institutional, individual, and health belief factors (Fig. 1).

2.2 Research Design and Method

This study belongs to qualitative research applying a descriptive phenomenological design. Phenomenological studies aim to describe individuals' general meaning toward their life experiences related to certain phenomena [25]. Additionally, phenomenological studies aim to reduce the experience of research subjects to an event into a universal essence description [26].

2.3 Informants and Research Location

Informants would provide information about the topics studied. This study utilized snow-ball sampling to gather the informants by considering their inclusion criteria of (a) aging 13–18 years old and (b) those who, in November 2022, experienced or were experiencing menstruation periods. This technique is applied where the sample has rare properties. Besides, sampling was carried out on existing subjects and provided referrals to recruit



Fig. 1. Framework of Thinking (Fikre Bojola et al. 2018)

other samples required to obtain more in-depth information [27]. This research took ten main informants living in Todanan Village, Blora Regency. Todanan Village is far from the district, with the livelihood of most of the population as farmers.

2.4 Research Instrument

Both in-depth and semi-structured interviews were conducted based on interview guidelines. Before conducting the interviews, the researchers provided informed consent with the intention that the informants had the right to determine their research involvement without coercion [28]. An instrumental trial is essential to determine whether the measuring instrument is adequate. Hence, it was employed to determine whether the informants could understand the instruments. A pilot test was carried out beforehand. The trial was conducted on one of the selected people to determine whether others could understand the questions.

2.5 Data Collection Technique

Data were collected in November 2022 by asking permission from the head of the neighborhood association (*RT*) and conducting in-depth interviews with informants. The interviews were performed for approximately 30 min. The initial informants were determined by meeting one of the adolescents familiar with the researchers and looking for information related to informants with the inclusion criteria as predetermined. Subsequently, the initial informants provided information about another subject that would serve as the next informant. The interviews were performed by introduction, conveying the research aims and objectives and exploring young women's experience in seeking treatment behavior when experiencing menstrual pain and vaginal discharge. Supporting tools, such as cellphone cameras, recorders, and notebooks, were utilized in data collection. The degree of data validity was determined using the source of triangulation. It is a data collection technique using different methods to obtain information from the same source [29]. Interviews were conducted with key informants face-to-face, via telephone, and through short messages.

2.6 Data Analysis

The data were analyzed using the Colaizzi technique (1978). The data analysis underwent several steps: (a) describing the phenomenon under study; (b) recording, reading, and copying all the interview results; (c) re-reading the transcripts to discover words to become keywords; (d) separating significant statements; (e) describing the meaning contained in significant statements, combining these meanings and formulating them in a group of themes; (e) developing a complete and comprehensive description of the theme with the informants' experiences; (f) explaining the phenomenon in depth with a description of the informants' experiences; and (g) validating to the informants concerning the data and confirming the correctness of the data.

3 Results and Discussion

3.1 Demographic Overview

All main and additional informants came from Todanan Village, Blora Regency, and had experience with menstrual pain and vaginal discharge. Interviews with the main informants were performed on ten young women, two aged 13–15 and eight aged 16–18. The additional informants were seven parents of teenagers, and there was one key informant. The key informant was a midwife with the initials BA, aged 25, and experienced in reproductive health, particularly concerning menstrual pain and vaginal discharge. Table 1 displays the characteristics of each informant.

Table 1. Characteristic of informants

Main informant (code D)	Current age (years old)	The first age of menstrual pain (years old/yo)	The first age of vaginal discharge (years old/yo)
D1	15	12–13	13–14
D2	16	11–12	14–15
D3	16	11–12	13–14
D4	16	11–12	13–14
D5	16	12–13	13–14
D6	15	12–13	14–15
D7	17	12–13	13–14
D8	18	13–14	13–14
D9	16	11–12	13–14
D10	16	11–12	a13–14
Key informant	Current age (years old)	Sex	Employee
Midwife (Code BA)	25	Woman	Midwife
Additional informant	Age (years old)	Sex	Resident
Parent D1	41	Woman	Todanan
Parent D2	48	Woman	Todanan
Parent D3	39	Woman	Todanan
Parent D4	39	Woman	Todanan
Parent D5	49	Woman	Todanan
Parent D6	40	Woman	Todanan
Parent D7	48	Woman	Todanan

3.2 Overview of Knowledge Based on Menstrual Pain Occurrence

The meaning of menstruation for young women varies greatly. Each young woman has different opinions and knowledge about it. Most informants interpreted menstruation as dirty blood from the female genitalia as a sign of puberty, as a statement expressed by the following informants.

“...what i know about menstruation is a kind of dirty blood that comes out when a woman has gone through puberty...” (D7)

In addition, half of the informants stated that menstrual blood discharge through the genitals occurred every month and was a sign that women were growing up.

“...in my opinion, menstruation is the discharge of dirty blood from the female genitalia, like the monthly cycle...” (D9)

“...blood that comes out from female genitalia when we grow up...” (D5)

These quotations depict that young women possessed insufficient knowledge regarding menstruation. They believed that menstrual blood was dirty. However, health science refutes these statements. Menstrual blood is the same as the blood that comes out when a person has an injury or nosebleed. It comes out after experiencing ovulation, and the blood contains remnants of tissue from the uterine wall, which is shed after this process [30]. As Fingerson asserted, menstruation is a periodic discharge of blood from a woman's uterus every month during the active reproductive process [31].

“...menstruation is the discharge of blood from the vagina that occurs as a result of a woman's monthly cycle, which is part of the processes in the female reproductive organs and is not dirty blood...” (BA midwife)

Most informants obtained information about menstruation from school, searching on the internet and from parents' opinions, especially mothers, as expressed by the following quotations.

“... from a school subject, i guess, as far as i can remember at that time, we were discussing reproductive organs, and one of them was menstruation...” (D1)

“...i was told by my mother, my family, and my teacher, and i searched about it on the internet...” (D5)

Support from parents, especially mothers, is necessary to inform young women about the menstrual phase. It helps young women understand the meaning of menstruation and be ready to face it. However, the parents, especially mothers, were deemed inaccurate in conveying such information, as expressed by the following key informants.

“...i do not understand. it is dirty blood that comes out during menstruation...” (Parent D1)

“...dirty blood is coming out, how far do you explain about pads and cleaning...” (Parent D5)

The informants' mothers stated that menstruation was dirty blood from the genitals. When a mother discovered that her daughter had experienced the menstrual phase, she only explained to her daughter that it was the menstrual phase and gave an example of how to use pads and clean the genitals properly. Parents play an important role in caring for their daughters' reproductive health [32], especially during menstruation, when girls need support and information from parents regarding menstruation [33].

3.3 Description of Severity of Menstrual Pain for Young Women

The menstrual pain experienced by young women is felt to be disturbing to their productivity and comfort in daily life because it affects their psychological and social life behavior. The research of Ahmed in 2016 discovered that behavioral problems impacting the psychology of young women comprised changes in mood and feelings, discomfort, mental disorders, anxiety, and eating behavior [34–36], as stated by the following informants.

"...body aches and appetite increases..." (D2)

"...for me, it sometimes emotionally impacts those who do not get treated properly. The painful pain, I have never experienced it, but for such pain, there is no treatment at all, and it impacts emotions, going up and down..." (D7)

Menstrual pain not immediately treated would impact young women's psychological problems, such as eating behavior disorders and mood swings that would be more irritable and emotional. The arrival of menstruation often causes psychological symptoms, such as unstable emotions, making teenagers easily angry, offended, and tired [37].

The severity of menstrual pain experienced by each woman is different. Sometimes, some felt mild or moderate pain, but some others experienced severe menstrual pain [38]. Symptoms commonly following the onset of menstrual pain include soreness in the thighs, tight feeling in the breasts, weakness, irritability, emotional instability, pain in the abdomen and hips, and cramps in the lower abdomen [39], as stated by the following informants.

"...lower abdominal pain and back pain, often as if i want to vomit..." (D10)

"...the symptom is stomachache, that is for sure, it keeps aching all over the body, and it is also fast, i cannot mention it hehehehe..." (D7)

"...the symptoms are nausea and rarely vomiting, watery stools, pain when urinating and defecating, headaches, and dizziness..." (BA midwife)

The informant (D7) stated that when she experienced menstrual pain, she not only experienced aches and pains in the abdomen but also that her breasts felt tight.

"...the weight is heavy, it can be very emotional, and the mood is not good, and the pain is extremely bad as if you cannot walk and the walk is hunched..." (D2)

"...i feel it in every menstruation. i cannot do my daily activity because i am weak. it takes time until i can do it..." (Parent D2)

Each informant conveyed a different experience of menstrual pain. Informant (D2) mentioned that she often experienced severe menstruation because both physical and emotional conditions were disturbed. The informant also said it disrupted her daily activity because it was difficult to walk when experiencing menstrual pain. The informant's mother also stated that her daughter would experience menstrual pain every month, making her daughter's condition very weak and difficult to walk. Menstrual pain is not a disease but causes various symptoms, such as pain, especially in the lower abdomen, radiating to the lower back, waist, hips, upper thighs, to calves, sweating, headache, nausea and vomiting, diarrhea, and accompanied by cramps on the stomach [35, 40–43].

The timing of menstrual pain for each teenager is different; some occur before the menstrual phase, in the beginning, in the middle, or even at the end. However, almost all informants in this study experienced menstrual pain at the beginning of the menstrual phase, as stated by the following informants:

"...every month, at the beginning of menstruation like on the first and second days..." (D8)

"...on the first and third days, and before menstruation, i feel pain in the left abdomen..." (D5)

"...on the first to second days after menstruation..." (Parent D5)

"...several days, two to three days, at the beginning of menstruation..." (D4)

"...at least one or two days during menstruation..." (Parent D4)

Informants stated that the pain experienced during the menstrual phase only occurred for one to two or three days at the beginning of menstruation.

"... it changes, sometimes a week before menstruation, my body feels all ache, but later when menstruation comes, it does not hurt anymore..." (D7)

"...menstrual pain, or in a medical language called dysmenorrhea, is a condition in which a person feels pain or cramps in the lower abdomen before or during menstruation..." (BA midwife)

The research by Cholifah in 2015 unveiled that menstrual pain was characterized by pain in the pelvis, such as cramps before or at the beginning of menstruation that usually occurred in one to three days [44]. Purwoastuti's research in 2015 discovered that menstruation was usually accompanied by discomfort in the lower abdomen to the waist, appearing before or during menstruation for one to two days and requiring the sufferer to rest for several hours or days [45].

3.4 Adolescent Medication Behavior in Coping with Menstrual Pain

Menstrual pain usually occurs during the menstrual phase and can present severe pain, demanding sufferers to carry out treatment-seeking behavior. The incidence of menstrual pain can be overcome with self-medication, alternative medicine, and medical treatment. Medical treatment can be performed by administering analgesic drugs from experts and thorough examination. Meanwhile, alternative treatments can be by listening to

music, massaging and rubbing painful parts, and using warm water compresses [46]. The following is the informants' experience in dealing with menstrual pain through self-medication.

"... it is like using warm compresses and then taking medicine from the pharmacy..." (D9)

"... Independently by sucking, compressing with warm water, alternatively, you can take medicine to relieve menstrual pain, usually by drinking herbal medicine, you can use turmeric, tamarind or maybe Kiranti..." (D2)

"...menstruation pain can also be treated using painkillers, such as mefenamic acid, paracetamol, and ibuprofen..." (BA midwife)

Informants' understanding of independent and alternative medicine was still inaccurate. Nevertheless, the efforts made were appropriate. Informant (D2) stated that alternative medicine and warm water compresses could be employed to deal with menstrual pain. In addition to alternative medicine, the informants self-medicated by frequently drinking traditional or herbal drinks, such as tamarind and turmeric herbs.

According to WHO, self-medication is one of the treatment efforts undertaken to treat mild health problems and prevent and maintain health [47]. Self-medication can be performed by buying and taking painkillers, such as analgesic drugs. Moreover, traditional or herbal medicine could also be utilized. Another study conducted at SMPN 2 Ungaran, Semarang Regency, in 2020 disclosed that consumption of tamarind turmeric reduced the intensity of menstrual pain experienced by young women because it decreased the release of prostaglandins during the menstrual phase. Hence, young women experiencing menstrual pain could drink turmeric and sour herbs to reduce the intensity of the pain [48]. As with sour turmeric, ginger drinks have effectively reduced menstrual pain [49]. It has been proven by Sari (2021), who discovered a decrease in the intensity of menstrual pain felt by young women after giving interventions by drinking warm ginger [50]. Ginger contains gingerols that can reduce the release of prostaglandins. Ginger has been demonstrated to have the same effectiveness as ibuprofen in reducing menstrual pain [50]. The informants' experience in dealing with menstrual pain using alternative medicine is stated as follows.

"...menstrual pain management eeee, if I can say, maybe I do not handle it. I can only say it is to divert, so I do not constantly focus on the pain. That is before. After taking herbal medicine, I divert it with exercise, listening to music that I like, and of course, listening to music can help me with the bad mood going away; it is necessary..." (D7)

"...ummm i do not treat it, but i only stay quiet and sleep, letting it lie down..." (D6)

"...can use warm water and a towel, and drink hot ginger..." (Midwife BA)

Alternative medicine could be compressing the stomach with warm water, getting enough rest, doing light exercise, and listening to music [7]. Alternative therapy by compressing the stomach with a bottle filled with warm water is one possible way to

deal with menstrual pain. Warm water compress therapy could effectively treat menstrual pain [51]. In addition to overcoming menstrual pain by compressing warm water, drinking turmeric, and consuming tamarind herbs, the informant (D7) also diverted the pain experienced during the menstrual phase by doing light exercise and listening to favorite music. This statement contradicted the informant (D6), who stated that she did not perform medical treatment or self-medication. She practiced an alternative way by resting.

Besides compressing warm water and consuming tamarind and turmeric herbs, young women experiencing menstrual pain could also overcome it with distraction therapy, such as classical music therapy. Ituga, in 2020, discovered a decrease in menstrual pain intensity after giving music therapy to female students of SMAN 1 Buton, allowing them to carry out their activities. Music therapy reduces menstrual pain with low contraindications, such as bleeding, stomach ulcers, and kidney insufficiency [52]. According to Potter's theory (2005), listening to music will make the mind more focused, and attention will be focused on the sound or rhythm received, thereby distracting and reducing pain stimuli.

None of the informants in this study performed medical treatment, such as going to clinics, health centers, or consulting doctors. The underlying reason for not taking advantage of medical treatment was because the incidence of menstrual pain experienced was still in a reasonable and normal condition, as stated by the following informants.

"...because I feel that the pain I am experiencing is normal, it is still normal pain, it is not like I am about to faint or something, so I believe it is a normal thing that a woman experiences... (D7)

Apart from the reason for menstrual pain being in normal conditions, the informants did not take advantage of medical treatment because their parents suggested they perform independent and alternative treatments, apart from being cost-effective and easier to reach.

"...because of my parent's suggestion and usually my mom makes warm ginger..." (D4)

"...if you can do it by yourself, why not, it is simpler, and you can do it by yourself, and everyone suggests that..." (D2)

"...no, it is more efficient and does not cost money..." (D3)

3.5 Knowledge Description of Vaginal Discharge

The informants considered vaginal discharge as the white slimy liquid from the female genitals, sometimes having an itchy feeling and a fishy smell. They also mentioned that vaginal discharge was caused by bacteria and viruses, as stated as follows.

"... vaginal discharge, as far as i know, is the discharge of white mucus from a woman's genitals, maybe..." (D1)

"... vaginal discharge is usually before menstruation comes out, and the discharge is thick white..." (D2)

“... vaginal discharge is a cycle experienced by women caused by viruses or bacteria. sometimes there is a bit of itchiness...” (D7)

“... vaginal discharge is a condition when there is fluid coming out of a woman’s genitals...” (Midwife BA)

In other words, vaginal discharge was still in normal condition. In line with research by Pratiwi, vaginal discharge was normal when depicting signs of clear, small, odorless mucous discharge and not itchy [53]. The vaginal discharge comes from the vagina and differs from the blood, whether it smells or not, and is usually accompanied by local itching [54]. Informants’ knowledge of the meaning and ways of dealing with the vaginal discharge was adequate.

In addition, the informants also understood the impact if the vaginal discharge was not treated immediately. It is expressed in the following quotations.

“...the impact can be irritation, infection, itching, and it needs efforts to clean more often, change underwear using softer ones, use soap for miss v and others...” (D5)

“...the impact can be irritating and uncomfortable in the underpants and female reproductive organs...” (D10)

“... apart from infection and irritation, symptoms of abnormal vaginal discharge can have an impact on reproductive organs disease, such as malignancy of the uterine organs, cervical cancer, and so on...” (BA midwife)

The informants also stated that vaginal discharge experienced by many young women could be prevented by self-care efforts, such as changing underwear frequently and cleaning the genitals, as expressed by the following informants.

“...maybe you can change your underwear and wash your pants...” (D9)

“...it can be overcome by cleaning the genitals and not wearing tight underwear...” (D3)

“... usually i tell my daughter to change the underwear and clean it with water...” (Parent D3)

If not treated immediately, the vaginal discharge would cause infection and irritation of the female genital organs. Efforts could be made to deal with this problem, one of which is self-care by keeping the genitals clean, changing underwear frequently, and not wearing tight underwear. Personal hygiene could also be carried out to deal with vaginal discharge. As Mareta stated, if young women’s knowledge about personal hygiene were sufficient, they would take precautions and handle the vaginal discharge properly.

Informants acquired the information about vaginal discharge from lessons at school, the internet, and parents, as conveyed by the following quotations.

“... from google maybe, i have searched about it during the class, and from mother too...” (D1)

“...from experience and certain lessons...” (D10)

“...my mother told me that one day i will experience a cycle and all women will have something called vaginal discharge. it prevents me from being surprised...”
(D7)

The informant’s parent had provided her with a little knowledge about vaginal discharge, preventing her from being surprised and helping her take action by cleaning her genitals by washing them with water and changing her underwear frequently. It is evidenced in the following quotation.

“...i will tell you later how to clean it and change the underwear frequently...”
(Parent D1)

The role of parents in supporting and providing motivation for adolescents to perform clean and healthy living behaviors is crucial because it affects their health status. Through the role of parents who always guide and motivate adolescents, they would be able to control themselves to live healthy and clean lives and avoid various kinds of reproductive diseases, especially abnormal vaginal discharge [55].

3.6 Description of the Severity of Vaginal Discharge in Young Women

Reproductive health problems that young women often experience are highly diverse. In addition to menstrual disorders, vaginal discharge exists. However, the vaginal discharge experienced by each teenager has a different severity level. Vaginal discharge experienced by informants in this study was still under normal conditions, as disclosed in the following quotations.

“...in my opinion, it is still normal because it is white, thick, a bit smelly and rarely happens...” (D9)

“... it comes out a little in slimy white, smells a bit fishy and does not itch...”
(D10)

“...I Experience Normal Vaginal Discharge. It Comes Out a Little, Does not Smell Bad, and Sometimes Itches ...” (D7)

“... as Long as the Vaginal Discharge is not Yellowish White or Greenish and Does not Smell Bad or Feel Very Itchy and Painful in the Stomach, It is Still Normal...”
(BA Midwife)

The characteristics of normal vaginal discharge are thick and slimy white, smells slightly fishy, and is slightly itchy, but sometimes it does not itch at all. The informants demonstrated all these characteristics. In short, they experienced normal vaginal discharge. Some of the causes of vaginal discharge experienced by informants included too many thoughts, stress, and fatigue. According to research conducted by Wulandari in 2021, young women not only experienced vaginal discharge before or after the menstrual phase but during stress and fatigue [56]. Women experiencing vaginal discharge often complained of vague symptoms, such as excessive anxiety and stress [57]. The informants conveyed several reasons as follows.

"...stressed by many thoughts and constantly exhausted..." (D10)

"...eeemm not taking care of the genitals maybe, tired, stressed..." (D1)

"...when feeling tired because of school activities..." (Parent D1)

Vaginal discharge experienced by informants often occurred before and after menstruation. Generally, normal vaginal discharge occurs before or after menstruation with characteristics of watery, odorless, and not itchy [44]. The information from informants regarding the experience of menstruation is disclosed as follows.

"...after menstruation, i am sensitive to vaginal discharge..." (D7)

"... it happens for a day or two days after menstruation..." (D10)

"...before menstruation, white, thick, and a bit smelly..." (D9)

"...when my daughter is about to have menstruation, she has vaginal discharge, but not all the time..." (Parent D7)

Vaginal discharge experienced by informants did not occur every month, but all informants in this study had experienced vaginal discharge at least once, two or three times, as stated in the following quotations.

"...it rarely happens, like once or twice, and only in a few days..." (D1)

"... it might happen a day or two, and in my personal experience, it is usually after menstruation..." (D10)

"...it does not happen all the time, only once or twice..." (Parent D1)

Data by WHO unveil that the prevalence rate of vaginal discharge in Indonesian women in 2021 reached 75% for those experiencing it at least once and 45% for those experiencing it more than twice. Vaginal discharge only lasts for two to three or four days.

3.7 Treatment Behavior by Adolescents in Overcoming Vaginal Discharge

The treatment of seeking behavior carried out by informants to deal with the vaginal discharge was alternative medicine. They experienced normal vaginal discharge; hence, some alternative treatments were enough to improve personal hygiene, as expressed by the following informants.

"...eeeeemmm, i often change my underwear. after i pee or get wet, i wipe it off with a tissue or towel. if it is itchy, i will use warm water. however, so far, i have never felt itchy..." (D7)

"...using alternative treatments, such as cleaning the genitals and not wearing too tight underwear..." (D3)

"...handling normal vaginal discharge can be performed by diligently maintaining cleanliness, not using tight underwear, keeping the genitals dry, avoiding using vaginal cleaning products, cleaning the genitals properly, and many more..." (BA midwife)

The better a young woman's hygiene behavior, the lower the incidence of vaginal discharge. Moreover, if personal hygiene behavior is high, vaginal discharge can be reduced [58].

All informants performed alternative treatments of changing underwear more often, cleaning the genitals frequently with clean water, not wearing too tight underwear, and wearing underwear with a soft material in dealing with vaginal discharge. They preferred these treatments due to their effectiveness in overcoming normal vaginal discharge. Hence, they did not require medical treatment, as stated by the following informant.

"...in my opinion, it is effective because my vaginal discharge is not severe. It is still normal. so, my treatment is to keep the genitals clean and always change my underwear..." (D3)

"...i never have medical treatment because my vaginal discharge is normal and can be self-treated..." (D4)

The informants preferred not to use genital cleaning fluid or take drugs to eliminate unpleasant odors because they believed it was still in normal conditions. Furthermore, genital cleaning fluids are also considered dangerous, as stated in the following quotations.

"...never, because i have read somewhere that using miss v perfume is not allowed and unhealthy. moreover, smells are normal if they are not too strong, so i do not use it..." (D7)

Informants also received advice from parents to deal with vaginal discharge alternatively by frequently changing underwear and washing the genitals with warm water to reduce itching, as stated in the following quotation.

"...the best thing to do is changing our underwear if we have vaginal discharge. i think taking medicine is unnecessary..." (Parent D2)

Parents (D2) always suggested changing underwear more often when having vaginal discharge and forbade taking medicine. Additionally, warm water could be used to clean the genitals, as stated by the following informant.

"...for that, usually i suggest washing it with warm water, and i also feel relieved when i do that..." (D7)

"...cleaning it with warm water is the best treatment, so i always say no to medicine..." (Parent D7)

In a study conducted by Hasana, cleaning the genitals using warm water was not recommended because it caused the skin in the vaginal area to redden and increased itching. The more recommended treatments were changing underwear more often, washing wet genitals with a tissue, wearing underwear with a soft material, not wearing too tight underwear, paying attention to proper washing methods, and not using vaginal cleaning fluids [59].

3.8 Explanation of Distance to Health Service Facilities

The distance factor concerning the location of the health service facility was not an obstacle for most informants. Three informants emphasized that they experienced normal menstrual pain and vaginal discharge. Thus, they could handle them independently using alternative medicine, as expressed by the following informants.

“...it is not that far, but i never go there because it is still normal...” (D4)

“...the public health center is close, It can be reached in one minute. But, I have never visited It because my menstrual pain is not that bad...” (D1)

“...in my opinion, it is still normal, so i do not need to go to the health center...” (D7)

Three of the ten informants asserted that the distance to a health service facility was a barrier to obtaining medical treatment, as expressed by the following quotations.

“...because of the distance from the health center or hospital, which can be up to 11 km and take about 20–25 min to get there...” (D10)

“...The distance to the health center is far, and the road to get there is bad...” (D9)

“...It is far, which can take half an hour, and the road is bad. going to the public health center will be more painful because the bad road...” (D6)

Three informants encountered a barrier to receiving medical treatment due to the relatively far distance of the public health center and damaged road conditions. Hence, they did not take advantage of medical treatment. The severity of the disease emerged as another factor informants faced in gaining medical treatment. They experienced normal menstrual pain and vaginal discharge, not requiring medical treatment.

“... it is quite far, and the road is bad. my pain is still normal, so i do not have to go to the public health center...” (Parent D7)

“...the road is bad, and my pain is still normal so that it can be self-treated...” (Parent D6)

The informants' parents stated that the healthcare facility was quite far. However, that was not the case because the menstrual pain and vaginal discharge experienced by their daughters were still normal. Wulandari's research stated that midwifery care could be utilized to treat menstrual pain and vaginal discharge. Besides, many efforts could be taken to deal with vaginal discharge, such as taking medicine of antibiotics. Meanwhile, menstrual pain could be effectively handled by compressing warm water and consuming medicine prescribed by experts [60]. Information about reproductive health disseminated by health services is critical and can serve as a driving force for young women in utilizing them [61] in dealing with menstrual pain and vaginal discharge.

4 Conclusion

Most young women in this study had insufficient knowledge about menstruation and menstrual pain. They did not possess the proper information to interpret the meaning of menstruation. They demonstrated characteristics of normal menstrual pain, causing them to take self-medication and alternative medicine. Furthermore, they had sufficient knowledge about vaginal discharge, proven by their ability to define its meaning. Their vaginal discharge was still normal and reasonable. Hence, they preferred alternative medicine treatment to overcome it.

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