

KNOWLEDGE OF REPRODUCTIVE TRACT MORBIDITY AMONG WOMEN IN ALIGARH

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Abstract

Introduction :

Reproductive tract infections(RTIs) are endemic in developing countries.The symptoms of RTIs are abnormal vaginal discharge,genital pain,itching burning during micturition.RTIs often go undiagnosed and usually result in complications like infertility,pelvic inflammatory diseases,ectopic pregnancy,neonatal morbidity etc.Unsafe abortion ,intrauterine devices insertion in unsterile conditions etc also increase risk of RTIs.The aim of this study was to find out the knowledge among rural women of RTI.

Material and Methods: A cross-sectional study was carried out in Rural Health Training Centre(RHTC) of the Department of Community Medicine,J.N.Medical College , A.M.U., Aligarh.The married females(15-49 years) attending the OPDs of RHTC,who gave consent for the study,were selected for the study. The study period was of 2 months:January-February,2016.A total of 100 patients were selected for the study.Data was collected using a pretested semi-structured questionnaire.The data was analysed by using SPSS software.It was kept confidential and was used for research purpose only.

Results Mostly the females had very poor knowledge regarding sign and symptoms of RTI.The most common symptom they were aware was white discharge.Then they were aware of low

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backache and weakness(14% and 13% respectively).Most of them did not know about the effects of RTIs.Some of them were aware of the mode of transmission of RTIs like poor personal hygiene or sexual contact.

Conclusion Health education should be given to women regarding common symptoms,methods of transmission,complications and preventive measures of RTIs.Condoms should be promoted .Regular training of health care personnel is also required.Separate STI clinics should be opened in rural health centres.

KEY WORDS :Knowledge,married women,reproductive morbidity

Introduction

Reproductive tract infections(RTIs) are endemic in developing countries(1).The symptoms of RTIs are abnormal vaginal discharge,genital pain,itching burning during micturition.In India alone,about 40 million new cases emerge each year(2).RTIs often go undiagnosed and usually result in complications like infertility,pelvic inflammatory diseases,ectopic pregnancy,neonatal morbidity etc(3).Lack of financial support,restrictions to females in society,poor quality of care,high costs etc. are obstacles to health care seeking for RTIs(4,5).Unsafe abortion ,intrauterine devices insertion in unsterile conditions etc also increase risk of RTIs(6).

The aim of this study was to find out the knowledge among rural women of RTI.

Material and Methods

A cross-sectional study was carried out in Rural Health Training Centre(RHTC) of the Department of Community Medicine,J.N.Medical College , A.M.U., Aligarh.The married females(15-49 years) attending the OPDs of RHTC,who gave consent for the study,were selected for the study. The study period was of 2 months:January-February,2016.A total of 100 patients were selected for the study.Data was collected using a pretested semi-structured questionnaire.The data was analysed by using SPSS software.It was kept confidential and was used for research purpose only.

Results**TABLE 1:****KNOWLEDGE OF SIGNS AND SYMPTOMS OF RTI (n=100)**

SIGNS AND SYMPTOMS	n=100
1.White discharge	27
2.Low backache	14
3.Burning micturition	3
4.Coital pain	2
5.Irregular menstrual cycle /flow	8
6.Weakness	13

As shown in **table-1**, mostly the females had very poor knowledge regarding sign and symptoms of RTI. The most common symptom they were aware of was white discharge (27%). Then they were aware of low backache and weakness (14% and 13% respectively). 8% of them were aware of disturbed menstrual cycle. Very few were aware of burning during micturition and coital pain.

Table 2**KNOWLEDGE REGARDING EFFECTS OF RTI (N=100)**

EFFECTS	n=100
CANCER OF REPRODUCTIVE TRACT	3
DAMAGE TO FETUS	5
PROBLEMS DURING PREGNANCY	8

Don't know	84
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As shown in **table-2**, most of them (84%) did not know about the effects of RTI. As shown in **table-3**, 23% of women had knowledge that poor personal hygiene could be the cause of RTI, 26% of women under study reported that RTI could be due to sexual contact and 19% of them were aware that RTI could be due to unsafe abortion or unsafe delivery. 32% of them did not know about the mode of transmission. **Table-4** showed that some of them had knowledge about the mode of prevention (25% knew about good personal hygiene and 22% knew about safe sexual practices). 53% of women had no knowledge regarding mode of prevention.

TABLE -3**Knowledge regarding modes of transmission (n=100)**

Modes of transmission	n=100
1. Poor personal hygiene	23
2. Sexual contact	26
3. Unsafe abortion/unsafe delivery	19
4. Dont know	32

TABLE-4**KNOWLEDGE REGARDING MODES OF PREVENTION**

MODES OF PREVENTION	n=100
Good personal hygiene	25
Safe sexual practices	22
Don't know	53

Discussion

The overall knowledge of symptoms and complications in this study was poor. In our study, the most common symptom they were aware of was white discharge (27%). Then they were aware of low backache and weakness (14% and 13% respectively). 8% of them were aware of disturbed menstrual cycle. Very few were aware of burning during micturition and coital pain. In other study (7), 83.8% of subjects had correct knowledge of disease symptoms of RTIs. Their responses were white discharge (69.0%), low backache (8.9%), burning micturition (4.6%) and coital pain (1.3%). A study in Maharashtra (8) reported that 95% of women had mentioned vaginal discharge. Patel et al (9) also reported that most of the females knew about vaginal discharge. In our study, 14% of women were aware of backache. This is comparable to that reported by Latha et al (10).

In our study, 23% of women under study knew that RTI could be due to poor personal hygiene, 26% knew that it could be due to sexual contact, 19% said that it could be due to unsafe abortion or unsafe delivery. 32% of them did not know about the mode of transmission. Similar observations were observed by O Toole EJ (11), where 26% of the women mentioned sexual activity as the possible route of transmission, 16% reported it due to unhygienic toilets and 19.5% attributed it to excessive intake of sugary foods. Arun et al (12) reported that only one-third of women in rural areas were aware of RTIs. 15.29% of women mentioned needles/blades/skin puncture as a possible mode of transmission. 4.7% attributed it to lack of personal hygiene. In an ICRH survey (13) by Ibn Sina, only 24% of the women under study had knowledge of any RTI.

A study of Etawah(14) reported that 40.0% of women told that sexual contact with multiple partners as the main route of acquiring infection,followed by unsafe delivery (32.43%),blood transfusion (29.46%) and unsafe abortion(20.0%).Prusty et al(18) also reported similar findings.Rabiu et al(15) reported toilet as the most perceived mode of contracting RTIs by 44.6% women followed by sexual intercourse 44% and poor hygiene by 24.8% women.

A Karachi study(20) reported no respondent mentioned sexual intercourse as a mode of contracting RTI.

Another study(14) reported that 35.41% of women under study considered vaginal discharge as the commonest symptom of RTIs,followed by menorrhagia(28.92%) and lower abdominal pain (20.0%).Another studies (15,16) also found vaginal discharge as the commonest known symptom reported by 57.7% and 19% of women respectively while another similar study (17) reported low backache as the main known symptom,followed by vaginal discharge.Gupta et al(19) reported lower abdominal pain as the main symptom in his study.

A study of Haryana(16) also reported similar findings.i.e. no one knew the actual cause of RTIs,many did not know the effects of RTIs on womens health.Regarding knowledge of symptoms of RTI,19% of women reported white discharge per vaginum as the main symptom,14.4% of them reported foul smelling menstrual bleeds,9.2% as abdominal pain,6.1% as itching in the genitals.

Conclusion

Health education should be given to women regarding common symptoms,methods of transmission,complications and preventive measures of RTIs.Condoms should be promoted .Regular training of health care personnel is also required.Separate STI clinics should be opened in rural health centres.Involvement of private practitioners should be done for treatment of RTI/STI.Women should be encouraged to share their health problems with their husbands.

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