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Research Article

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Health seeking attitude of women regarding reproductive tract infections in a rural area of Surendranagar district

Komal P. Thekdi¹*, Nita K. Patel², K. G. Patel³, Pukur I. Thekdi⁴

¹Assistant Professor in the Department of Preventive and Social Medicine, ²Assistant Professor in the Department of Obstetrics and Gynecology, ³Medical Superintendent and Professor in Surgery, ⁴Professor in the Department of Surgery, C U Shah Medical College and Hospital, Surendranagar, Gujarat, India

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*Correspondence: Dr. Komal P. Thekdi,

E-mail: p_thekdi@yahoo.com

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ABSTRACT

Background: In the recent years, the issue of gynaecological problems of poor women in the developing countries has been receiving increasing attention. High levels of gynaecological morbidity, especially reproductive tract infections and sexually transmitted infections may turn out to be fatal if not treated properly. The objective of this study was to assess the health seeking attitude of women regarding reproductive tract infections, to elicit the past history pertaining to it, to assess the personal hygiene measures relevant to it.

Methods: Various community based studies carried out in the different regions world showed the prevalence of reproductive tract infections 36-84%. The sample size of study as per statistical calculation $(4pq/l^2, \text{ where } p = 50, q=100\text{-p} \text{ and } l=10\% \text{ of } p)$ came out to be 400. Prior enlisting all villages of Surendranagar district, one village was selected randomly. After random selection the village found was Khodu.

Results: 75.3% of women narrated treatment was necessary; 44% told that preferably to be taken from doctor and 24.7% told treatment should not be taken because of social and personal reason. 56.5% of women having one or the other kind of symptom of reproductive tract infections. Women with poor menstrual and personal hygiene has got 2.5 times chances of reproductive tract infections (OR= 2.35, CI= 1.374-4.01, P value: 0.001). Thus the overall prevalence in our study is 56.5%. On statistical analysis it was found that women who used clothes were two times more symptomatic as compared to women who used sanitary pads, a significant association between women having symptoms of reproductive tract infections and their sexual history. The present study showed 61.94% of women had taken treatment which shows that the health seeking behavior had improved.

Conclusions: Women who used sanitary pads during menstrual periods had lower prevalence. Women with complaints of dyspareunia, bleeding during and or after intercourse and history of forceful intercourse had maximum prevalence of reproductive tract infections. 19.8% of women gave past history of reproductive tract infections and out of that 15.16% of women had taken treatment for it. Regarding health seeking attitude of symptomatic women, 61.94% of women had taken treatment and majority of them had taken treatment from doctors. This implies that health intervention measures directed towards reducing morbidity from reproductive tract infections need not focus mainly on treatment of reproductive tract infections but rather on disease preventing strategies.

Keywords: Women, Reproductive tract infections

INTRODUCTION

Reproductive morbidity refers to conditions of ill health related to the reproductive process during and outside the child bearing period. Reproductive morbidity has been classified into three types – Obstetric, Gynaecological, and Contraceptive. 1,2

In the recent years, the issue of gynaecological problems of poor women in the developing countries has been receiving increasing attention. Gynaecological morbidity refers to reproductive morbidity other than related to pregnancy, abortion, child bearing and contraception. High levels of gynaecological morbidity, especially reproductive tract infections and sexually transmitted infections may turn out to be fatal if not treated properly.³

Aims and Objectives

To assess the health seeking attitude of women regarding reproductive tract infections; to elicit the past history pertaining to it; to assess the personal hygiene measures; to obtain the association of sexual history and menstrual history regarding the prevalence of reproductive tract infections.

METHODS

Sample Size

Various community based studies carried out in the different regions world showed the prevalence of reproductive tract infections 36-84%. Based on the prevalence of Reproductive tract infections derived from pilot study carried out among married women of reproductive age group in this area, the prevalence was found 50%; the sample size of study as per statistical calculation $(4pq/1^2, \text{ where p } = 50, \text{ q} = 100\text{-p} \text{ and l} = 10\% \text{ of p) came out to be } 400.$

Method of Sampling

Prior enlisting all villages of Surendranagar district, one village was selected randomly. After random selection the village found was Khodu.

The houses in area were listed and a randomly selected house was taken as the first house to be surveyed. Houses were selected only from one direction of the lane to avoid cross selection and duplication, and continued till the blind end was reached. In the next lane the same procedure was followed till the entire sample size was achieved.

RESULTS

Table 1 shows that out of 400 women 43.5% women did not report any kind of symptom of reproductive tract infections; where as 56.5% of women reported either one

or more symptoms of reproductive tract infections, thus the overall prevalence of reproductive tract infections among study group was 56.5%.

Table 1: Prevalence of reproductive tract infections amongst married women in the rural area of Surendranagar district, (n=400).

Findings (Symptoms/Signs)	Frequency	Percentage (%)
1. Vaginal discharge	105	26.3
2. Vulval itching	35	8.8
3. Low backache	28	7.0
4. Lower abdominal pain	10	2.5
5. Genital ulcerations	03	0.8
6. Burning micturition	13	3.3
7. Menstrual problems	11	2.8
8. Dyspareunia	07	1.8
9. Multiple responses	14	3.6
Total	226	56.5

Among symptomatic women vaginal discharge (26.3%) was the commonest symptom reported by reproductive age group of women. Table 2 depicts the sexual history of women and its association with symptoms. Amongst married women 93.5% of women did not have any particular complaint whereas 2.8% of women had given history of dyspareunia followed by 1.00% of women who complained about bleeding during and/or after intercourse followed by 0.5% of women who complained of forceful intercourse. There was a significant association between women having symptoms of reproductive tract infections and their sexual history. ($\chi 2$ = 69.394, d.f.= 4, P value <0.0001 highly significant). Table 3 shows that only 8.4% of women who were using sanitary pads had symptoms as compared to women who were using clothes (91.5%). On statistical analysis it was found that women who were using clothes were two times more symptomatic as compared to women who were using sanitary pads (OR=2.35,CI=1.374-4.01, P value =0.001). Women who were maintaining proper cleanliness including bathing and shaving had prevalence of reproductive tract infections (24.7%) as compared to women who were not following the same (75.22%). The difference was statistically significant.

Table 4 shows that 19.8% of women had past history of reproductive tract infections and 53.16% of these women had taken treatment for the same; 80.95% of women were cured with treatment taken in the past whereas 19.05% of women had remained symptomatic after completion of treatment.

Table 2: Prevalence of reproductive tract infections in relation to the menstrual history.

Menstrual hygiene	No. of women Frequency (Percentage)	Prevalence (%)	Odds ratio and confidence interval	P value
Sanitary pads	71(17.75)	19(8.4)	2.35	
Clothes	329(82.25)	207(91.59)	(1.374-4.01)	0.001
Total	400(100%)	226 (56.5%)		
Bathing and shaving				
1. Yes	192(48)	56(24.7)		
2. No	238(59.5)	170(75.22)	2.44 (1.714-3.49)	0.001
Total	400(100%)	226 (56.5%)		

Table 3: Sexual history of women in relation to the symptoms of reproductive tract infections, (n=400).

Sexual history	Frequency (Percentage)	Symptoms present	Percentage (%)	P value at 5% Significance Level
Not applicable	9(2.3)	4	4.44	
Dyspareunia	11(2.8)	11	100.00	
Bleeding	4(1.0)	4	100.00	
During and/or				0.0001
after intercourse				
Forceful intercourse	2 (0.5)	2	100.00	
No complains	374 (93.5)	205	54.81	
Total	400(100%)	226(56.5%)		

Table 4: Past history of ever having symptoms of reproductive tract infections amongst married women in the rural area of Surendranagar district, (*n*=400).

P/H/O of ever having	Frequency (N=400)	Percentage (%)
Reproductive tract		
Infections		
Yes	79	19.8
No	321	80.3
Total	400	100%
P/H of ever taken	Frequency (N=79)	
Treatment	(11-17)	
Yes	42	53.16
No	37	46.83
P/H of cured with	(N=42)	
Treatment		
Yes	34	80.95
No	8	19.05

Table 5: Health seeking attitude of symptomatic women of the reproductive age group in the rural area of Surendranagar district, (n=226).

Treatment taken	Frequency (N=226)	Percentage (%)
Yes	140	61.94
No	86	28.05
Treatment from	(N=140)	
Doctor	81	57.88
Nurse	12	8.57
Health worker	33	23.57
Chemist	04	2.85
Self	05	3.57
Others	05	3.57

Table 5 shows that among symptomatic women of reproductive tract infections (N=226), 61.94% of women had taken treatment for the symptoms where as 28.05% of women did not take any kind of treatment for reproductive tract infections. Out of 140 (61.94%)

women, who took treatment. 57.88% had taken treatment from the doctor followed by 23.57% of women had taken treatment from health workers, 8.57% from nurse, 2.85% from chemist shop, 3.57% were self treated and other 3.57% of women had taken treatment from faith healers or as per neighbours or relatives' advice etc.

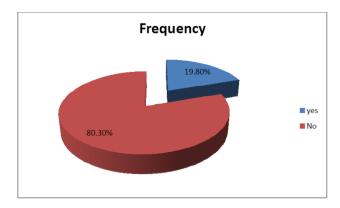


Figure 1: Past history of ever having symptoms of reproductive tract infections.

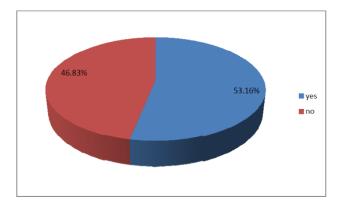


Figure 2: Past history of ever taken treatment for reproductive tract infections.

DISCUSSION

The present study was conducted in Khodu village of Surendranagar district. Comprising of 400 women of reproductive age group (15-44 years age group). The study was conducted from August 2011 to January 2012.

Thus the overall prevalence in our study is 56.5%. A study conducted in rural Haryana in which prevalence of reproductive tract infection was 61%, ⁴ a study conducted in rural Indian women in which the prevalence of reproductive tract infections was 62%, whereas a study conducted in Papua New Guinea the prevalence of reproductive tract infections was 59%. ⁵ A study conducted in highlands and coastal region of Peru where 77% of women reported symptoms of reproductive tract infections. ⁶

It was found that 62.91% of women who used clothes during menstruation had reproductive tract infections

against 8.4% of those who used sanitary pads. On statistical analysis it was found that women who used clothes were two times more symptomatic as compared to women who used sanitary pads. Different studies carried out for the prevalence of reproductive tract infections showed the similar results.⁷⁻⁹ Almost 4.3% of women reported complain during sexual intercourse like Dyspareunia, Bleeding During and/or after intercourse, forceful intercourse. A similar result found in Rural Mysore for the prevalence of reproductive tract infections in which less than 5% of women reported dyspareunia and less than 1% of women reported spotted blood during intercourse. 10 A study carried out in Goa, in which 4.2% of women reported dyspareunia. 11 whereas a study conducted in Tribal villages of Jabalpur district where 2.2% of women reported dyspareunia as a chief complain.¹² There is a significant association between women having symptoms of reproductive tract infections and their sexual history. The reason being dyspareunia could be due to already existing reproductive tract infections and bleeding during and/or after intercourse and forceful intercourse may aggravate the symptoms of reproductive tract infections.

Regarding the past history of the disease, 19.8% of women had reproductive tract infections in the past, out of which and 56.16% of women took treatment and 80.95% of women were cured with the treatment. However, 19.05% of women had remained symptomatic even after completion of treatment. The present study showed 61.94% of women had taken treatment which shows that the health seeking behavior had improved.

Regarding Health-seeking attitude of women; 61.94% of women had taken treatment for reproductive tract infections where as 28.05% of women did not take any kind of treatment. In our study 57.88% of women had taken treatment from doctor, 23.57% of women had taken treatment from health worker, followed by 8.57% from nurse, 3.57% took self-treatment, 3.57% of women took treatment from others like faith healers or homemade remedies whereas 2.85% of women had taken treatment from pharmacist in the chemist shop. A study conducted in rural area of Haryana 89% of women took treatment for any kind of symptom of reproductive tract infections. 13 A study conducted in rural West Bengal in which 27.6% of women did not receive any kind of treatment and 41.5% of women received treatment from doctors the results are almost similar to our study. 14 Out of 226 symptomatic women 61.94% of women took treatment and 28.05% of women had never taken treatment which is high; the reasons for not taken treatment were personal and social because reproductive tract infections are still considered as social stigma. Shyness among women is also a factor. So they either prolong or neglect going for treatment of reproductive tract infections. Thus lack of awareness regarding reproductive tract infections amongst women and low literacy status of women has a significant role in the prevalence of reproductive tract infections.

CONCLUSION

Women who used sanitary pads during menstrual periods had lower prevalence. Women with complaints of dyspareunia, bleeding during and or after intercourse and history of forceful intercourse had maximum prevalence of reproductive tract infections. 19.8% of women gave past history of reproductive tract infections and out of that 15.16% of women had taken treatment for it. Regarding health seeking attitude of symptomatic women, 61.94% of women had taken treatment and majority of them had taken treatment from doctors

Recommendations

The high prevalence of reproductive tract infections found in this study has very serious implications, because if left undiagnosed and untreated, it can result in serious complications and sequelae such as infertility, foetal wastage, malignancies etc.

In view of the result from this study it can be said that we need to have effective strategies for the early diagnosis and treatment of reproductive tract infections and for their prevention, through information, education and behaviour change.

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