

## **Prevalance of Reproductive Tract Infections among Married Women of Reproductive Age**

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### **Abstract**

The study entitled “ Prevalance of Reproductive Tract Infection among Married Women of Reproductive Age” was carried out in Tribhuvan University Teaching Hospital Maharajgunj.

The study aims to identify the symptoms of reproductive tract infections among married women of reproductive age. It has also attempted to assess the information regarding menstrual hygiene practice, no. of pregnancies and deliveries, contraception use. It has also tried to explore the treatment seeking behaviors during manifestations of reproductive tract infections.

The descriptive cross sectional study design was used to collect the data. The study was conducted among 100 married women of reproductive age group. The study area and sample were selected purposively. The semi-structured interview schedule was developed and interview was taken to obtain the required information. Descriptive tests were applied to analyze the data.

The mean age of the respondents was 19.6 years. In regard to menstrual hygiene practice only 28.3 % respondents bath daily, 23.2% change pad once a day, 36.4% use sanitary pad. Only 32% respondents have heard about RTI but 83% respondents have been experiencing RTI symptoms. Only 28% of which has taken related treatment. Even among the ones who have taken the treatment, 89.3% had seeked treatment from hospitals. More reproductive tract symptoms have been showed by the respondents with the age of pregnancy less than twenty.

### **Introduction**

Reproductive health is the state of complete physical, mental and social wellbeing in matters related to reproduction and reproductive organs. Morbidities related to reproductive matters remains a second global burden of disease. Both the incidence and impact of RTI sequelae are likely to be particularly high in the developing countries (Patricia, 2004).

Reproductive morbidities account for more than 22% of global morbidities for female. Women are more vulnerable to reproductive tract infection because of anatomical arrangement of genitalia and her physiological as well as socially defined roles (WHO, 2001).

Over 340 million curable sexually transmitted RTIs and many more incurable STI occur annually. These were particularly highest in South Asia and Sub-Sahara Africa. RTIs resulting from iatrogenic procedures are the least studied among the three types of RTIs but mortality statistics attributed to un-safe abortion is alarmingly high (Kuhu, 2001).

Reproductive morbidities cover wide range of diseases and conditions in which one can suffer from endogenous infection as well as externally introduced infections. These infections are commonly referred to as reproductive tract infections (RTI) which carry a high burden in terms of economy as well as consequences. RTIs are the infections of the genital tract and caused by organisms normally present in the reproductive tract or introduced from the outside during sexual contact or medical procedures.

These different overlapping categories of the RTIs are called endogenous, sexually transmitted and iatrogenic, reflecting how they are acquired and spread. Some Reproductive tract infections such as Syphilis and Gonorrhoea are sexually transmitted but many more are not. In women, overgrowth of endogenous microorganisms normally found in the vagina may cause RTI like yeast infection, bacterial vaginosis. Medical interventions may also provoke iatrogenic infections in several ways. Endogenous microorganisms from the vagina or sexually transmitted organisms in the cervix may be pushed during trans-cervical procedure into the upper genital tract and cause serious infection of uterus, fallopian tubes and other pelvic organs with its severe sequelae that leads into infertility, dysfunction, disability and even more complications lead into life threatening conditions (WHO, 2001).

National scenario of RTIs among women is still not vivid and no accurate estimation can be found. A clinic based study on Maternity Hospital, Thapathali, Kathmandu showed that the commonest infection was candidiasis (78%) presenting with extensive itching, bacterial vaginosis (25%), Trichomonas (17%) and gonorrhoea (3%) respectively. Data on district level is very limited (UNFPA 2006).

## Methods

This was descriptive cross sectional study. There were altogether 100 married women with reproductive age attending in gynecological OPD of Tribhuvan University Teaching Hospital, Kathmandu District of Nepal. The study area was selected purposively and respondents were selected by using convenient sampling method. Data was collected with semi-structured interview schedule. Before conducting this research written consent was taken from hospital authority and verbal consent was taken from each respondents and the confidentiality and privacy was maintained.

Data was collected from 25<sup>th</sup> December, 1011 to 16<sup>th</sup> January 2012. Data was analyzed by using SPSS (16 Version) and appropriate statistical tests was applied wherever required. Results were presented in tabular, diagrammatic and narrative forms.

## Results

The result shows that the mean age of marriage was 19.6 years. Out of 100 respondents, only 32 have heard about RTIs. Most of the respondents 72% have normal menstrual cycle. Only 28 % respondent bath daily during menstruation. 23.2% respondents change pad once a day and 36.4% use sanitary pad. Majority (83%) respondents have been experiencing the symptoms of RTI. Out of 95, 48.45% respondents were pregnant before 20 years of age and RTIs symptoms were more prevalent among them than the respondents who had been pregnant after 20 years. The common symptoms observed were vulval white discharge, vulval itching, ulcer in genitalia, back-ache, lower abdominal pain and reduced libido and difficulty in sexual intercourse. Out of 98 respondents, 38.8% respondents don't clean genitalia after sexual intercourse. It may also contribute to RTI. Out of 83 respondents who have been experienced RTI symptoms, 72% respondents did not seek treatment to these problems because they think that these symptoms are mild therefore no treatment is required. Even after multiple treatments course 35.7% respondents are having recurrent symptoms.

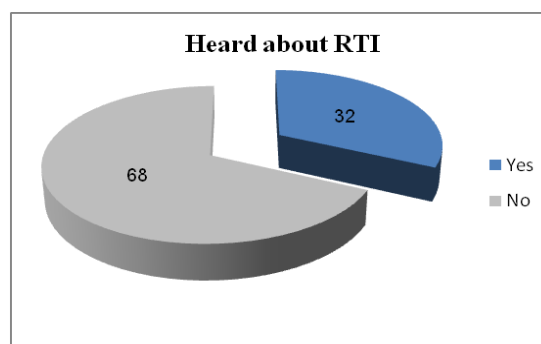


Figure 1 Heard about RTIs

Figure 1 shows that most of the respondents (68%) have not heard about reproductive tract infection, only 32 % respondents have heard about this.

**Table 1**  
**Menstrual Hygiene Practice** n=99

<b>Bath During Menstruation</b>	No.	Valid Percent
Daily	28	28.3
Alternate day	36	36.4
Only third day	16	16.2
Fourth day	19	19.2
<b>Change of Pad</b>	No.	Valid Percent
Daily	23	23.2
Two times a day	40	40.4
Three times a day	24	24.2
Four times a day	12	12.1
<b>Use of Sanitary Pad</b>	No.	Valid Percent
Yes	36	36.4
No	49	49.5
Sometime	14	14.1
<b>Total</b>	<b>99</b>	

Source: Field survey 2011/12

Table 1 depicts menstrual hygiene practice of the respondents. Among 100 respondents 1 respondent had done hysterectomy. Among the remaining 99 respondents, majority (36.4%) respondents take bath every alternate day, 28.3% respondents bath daily, 19.2% bath on only fourth day, and 16.2% respondents bath on third day of menstruation. Information was also obtained about the number of times the respondents change pads. The majority (40.4%) respondents change pads 2 times a day, 24.2% change 3 times a day, 23.2% change once daily, and 12.1% respondents change 4 times a day. Also 49.5% respondents do not use sanitary pad at all, 36.4% use only sanitary pads and 14.1% respondents use sanitary pads sometimes when they go outside and at the time of heavy bleeding.

**Table 2**  
**Clean Genitalia after Sex**

Clean Genitalia	No.	Valid Percent
Yes	60	61.2
No	34	34.6
sometime	4	4.1
<b>Total</b>	<b>98</b>	<b>100.0</b>

Source: Field survey 2011/12

The above table no. 2 shows that 61.2% respondents clean genitalia after sexual intercourse while 34.6% don't while 4.1 % clean sometimes.

**Table 3**  
**No. of Respondents Experience**  
**Reproductive Tract Infection**

Exeperience of RTI	No.	Percent
Yes	83	83.0
No	17	17.0
<b>Total</b>	<b>100</b>	<b>100.0</b>

Source: Field survey 2011/12

Table no. 3 shows that majority (83%) respondents have experienced the symptoms of RTI while remaining (17%) respondents have not experience any symptoms of RTI at the time of data collection.

**Table 4**  
**Symptoms of Reproductive Tract Infection**  
**Experienced by Respondents**

Symptoms Experienced by Respondents	No.	Percent
Vaginal watery discharge	71	71
Vaginal curdy white discharge	18	18
Vaginal Blood stained discharge	8	8
Vulval itching	38	38
Ulcers in genitalia	17	17
Backache	47	47
Lower abdominal pain	42	42
Burning urination	17	17
Inguinal swelling	5	5
Reduced libido	35	35
Difficulty in sexual intercourse	37	37
Anal discharge	0	0
Urethral discharge	0	0

Source: Field survey 2011/12  
Multiple Responses

Table no.4 shows different RTI symptoms experiencing by the respondents. Most of the respondents 71% experienced vaginal watery discharge followed by 47% respondents experienced backache. Similarly 42% respondents have lower abdominal pain, 38% have vulval itching, 37% respondents felt that they have difficulty in sexual intercourse and 35% respondents experienced reduced libido. Nobody has been experienced anal and urethral discharge.

**Table 5**  
**Treatment about Reproductive Tract**  
**Infection**

Items	No.	Percent
Treatment Received (N= 100)		
Yes	28	28
No	72	72
Place of treatment	No.	Percent
Private hospital	2	7.1
Hospital	25	89.3
SHP/HP/PHCC	1	3.6
Type of treatment	No.	Percent
Antibiotic	5	17.9
Anifungal	8	28.6
Both	15	53.6
<b>Result of treatment</b>	No.	Percent
Improved	17	60.7
Fairly improved	1	3.6
Recurrent	10	35.7

Source: Field survey 2011/12

Table 5 shows that only 28% respondents had received RTI treatment while 72% did not seek any treatment, because they felt that the symptoms were minor. The majority (89.3%) respondents had taken the treatment in hospital while others in health posts. Most of the respondents (53.6%) had received both antibiotics and antifungal. Maximum (60.7%) respondents felt that their infection was improved while 35.7% respondents felt symptoms are recurrently.

## Discussion

Majority (68 percent) of the respondents did not heard RTIs, only 32 percent respondents have heard about RTIs, in the study of Kabiru, A. Rabi most of the respondents (77.2 percent) had heard about RTIs. In this study majority of the respondents did not heard RTIs it is due to lack of awareness, illiteracy, and health facility, some study suggest that lack of awareness about RTI contribute to high prevalence of RTIs.

In this study observed causes for RTIs are, illiteracy, low socio economic status, early marriage, early pregnancy, poor personal hygiene etc. The study of Kabiru A Rabi et al found toilet was common cause of RTIs (44.6), followed by sexual intercourse and poor hygiene. Low income contributes to share common toilet and poor hygiene that increase the rate of RTIs. Menstrual hygiene of the respondents indicates only 28.3 percent respondents bath daily, 23.2 percent change clothes or pad once a day and 36.4 percent respondents use sanitary pad. Singh MM reported poor menstrual hygiene was observed among 72.7 percent women with RTI. The information was collected on marital age, 58 percent respondents had married after 18 yrs of age, rest of the respondents (42 percent) had married before 18 yrs. Maximum 31 percent of the respondents were 26-30 yrs of age. The study of Sharma S found the higher prevalence (63.6 percent) of RTIs in the 25-34 yrs of age, in this age women are sexually active and the prevalence of RTIs was far less in women who

had no children (23 percent) in comparison with women who had children.

The symptoms of RTIs are more common among the women who had pregnant before 20 yrs in comparison with who had pregnant after 20 yrs of age. It is supported by the study of Bhawna et al. in which significantly higher prevalence of RTI (40.9 percent) in women who were married at an age below 18 years indicates that early sex and pregnancy are unhealthful for girls in every way, lengthening the span of years over which they have children and increasing the risk of infection.

Eighty-three percent respondents have been experiencing RTI symptoms. The most common symptom experienced by the respondents was watery vaginal discharge (71 percent) followed by backache (47 percent), lower abdominal pain (42 percent), vulval itching (38 percent), difficulty in sexual intercourse (37 percent), reduced libido (35 percent). The findings of the study is supported by the findings of the study of Maitra Kuhu et al, nearly one out of four women report experienced at least one RTI symptom, and most common symptoms were abnormal vaginal bleeding, and pain during urination, Kabiru A Rabi et al reported vaginal discharge is the commonest symptom, Sharma S reported the most common presentations were vaginal discharge (51.9 percent), followed by lower abdominal pain, S C Panda reported vaginal discharge (91 percent), backache (76 percent) lower abdominal pain (64 percent), vulval itching (51 percent), and burning urination (34 percent).

Only 28 percent respondents received treatment, because rest of the respondents felt that their symptoms were normal. Jasmin Helen Prasad et al reported, two-third of symptomatic women had not sought any treatment, the reasons were absence of female care provider in the near health care center, lack of privacy, distance from home, cost and the perception that their symptoms were normal.

## Conclusion

Reproductive tract infections frequently occur but are less recognized and reported. Women have limited access to health care services even if they have major health problems. They hardly disclose the problems of reproductive system due to shyness, fear of disclosure. Most of the respondents have experience the symptoms of RTI but did not seek health service. Even after receiving the treatment of RTI some respondents have still recurrent these symptoms.

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