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Prevalence of Reproductive Tract Infections (RTIs) And Its Associated Factors in Married Women (15 To 49 Years) in Jarur Village of Ghatanji Block, Yavatmal District

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INTRODUCTION

Recently policy and programme change is evidenced in many low income countries toward a more comprehensive reproductive health care approach at the primary health care level. This change is primarily due to the recommendation of the 1994 United Nations International Conference on Population and Development. The management and control of reproductive tract infection, RTIs, at the grassroots level, is one such example.

The results of a number of community-based prevalence studies of gynaecological morbidity undertaken in the last decade, both in India (Brabin et al, 1998; Koenig et al, 1998) and in other developing countries such as Nigeria, Turkey, Bangladesh and Egypt (Brabin et al, 1995; Bulut et al, 1997; Wasser et al, 1998; Younis et al 1993), have led to an increased awareness among researchers and policy makers, of the magnitude of reproductive tract infection and their grave consequences among poor women. In India these have been instrumental in placing the neglected issue of RTIs on the national policy agenda (Measham and Heaver, 1996; Government of India, undated)

While there is greater knowledge and awareness of RTIs in India, significant gaps nevertheless persist in our understanding of how to address these most effectively at the community level. India has had a national programme for the prevention and control of STIs since the 1960s, but services are either poor quality, inaccessible, or socially unacceptable (Luther et al, 1992; Nag 1996; Ramasubban, 1996). On the whole, the public sector health programme, which is the single largest source of health care in India, is not need-based or gender sensitive.

Most existing services are not designed to reach women (Stars and Measham, 1990; Jejeebhoy and Rama Rao, 1996). Those that are, such as maternal health services, have poor coverage, and have until recently, been preoccupied with meeting only contraceptive targets.

Women in India face constraints, not only in obtaining service but also in expressing their reproductive health needs (Gittelsohm et al 1994). Lack of awareness, cultural barriers and economic factor prevent them from seeking timely care. Women are relatively unlikely to seek advice when the condition is often associated with shame or guilt, owing to its perceived link with promiscuity.

Till recently, little was known about the extent of RTIs, among women in India. Much of the available data was limited to high risk, or clinic-based population and as expected, indicated a relatively high prevalence of many RTIs. For example, a survey of 370 female sex workers (FSWs) in West Bengal (referred to as the Sonagachi Study from here on), revealed that 13.2 percent of these women were suffering from gonorrhoea, 58.8 percent from syphilis, 11.12 percent from candidiasis (Singh,1995). In all, 80.6 percent of these women were infected with single or multiple RTI pathogens. Though the prevalence of HIV infection in the 442 FSWs tested was found to be quite low (1.1 percent) conditions are highly favourable for the rapid spread of infection (Pal et. al, 1994)

All community-based prevalence studies of women's health that have now been conducted in India indicate that rates of RTIs are very high. For example, in a study conducted among women in two villages in Maharashtra, the prevalence of clinically diagnosed RTIs was 46 percent.

The Organisation

Rasikashraya Sanskrutik Kala and Bahuudeshiya Sanstha, Ghatanji is a non government voluntary organisation founded by a group of youth committed to the noble cause of development and community empowerment of rural poor. Crucial issues with social, economical and cultural perceptions are dealt with the active participation of people. There are self governing organisations such as youth groups, women self help groups, adolescent groups and farmer study group, through which the programme and activities are being carried out.

RATIONALE

Rasikashraya Sanskrutik Kala and Bahuudeshiya Sanstha was born in 1999 with an objective to undertake the integrated development of poor rural communities especially women and children, youth and farmers by drawing suitable programme covering social, economic and cultural aspects.

Rasikashraya has been working in 12 villages in Yavatmal district, Maharashtra, since the past four years. The NGO has established 31 women's self-help groups. Women from these self-help groups identified white discharge as one of their key health problems. Rasikashrya

decided to start an action programme on this problem. This research will enable the systematic planning of an intervention for women in 1 village.

THE STUDY

Objectives

The following were the objectives formulated.

1. To assess the prevalence of RTIs in married women in the age group of 15 to 49 years in one village in Yavatmal district.
2. To find out the factors associated with RTIs.
3. To plan an action programme based on the research finding.

Scope of the Study

The study was conducted in Jarur village, Ghatanji block, Yavatmal District, Maharashtra state. The study covered all the married women in the age group of 15 to 49 years

Methodology

Method of Data Collection

A draft interview schedule was prepared, translated into Marathi and pre-tested. The corrected interview schedule was then canvassed to collect data from women. The interview schedule is given in Appendix.

Sample Design

It was decided to interview 120 women. An enumeration was conducted in Jarur village to Obtain a list of married women (15 to 49 years.). A format for conducting the enumeration was prepared. After the enumeration, simple random sampling method was used to select 120 women.

Data Collection

This data collection work was carried out from October 15 to November 15, 2002. The social worker of the organisation interviewed the women but could not get adequate information from them. Therefore, she approached women self-help groups and could collect data with their help.

FINDINGS

Looking at the overall picture that emerged from the study one could conclude that the women were from the lower socio-economic groups. This view was supported by the overall low literacy level, their occupation and the type of housing in which they lived.

Prevalence of RTJ

The study revealed that 37 or about 31 percent of the 120 women who were studied reported that they had some type of discharge. This yielded a high RTI prevalence rate among women in this area.

Table I: Respondents by Select Characteristics and Suffering Discharge.

| Characteristics | Discharge | | Total |
|-------------------|-----------|-------|-------|
| | Yes | No | |
| Total Women | 37 | 83 | 120 |
| <i>Age</i> | | | |
| 30 or less yrs | 67.6% | 39.8% | 48.3% |
| 31 or more yrs | 32.4% | 60.2% | 51.7% |
| Literacy | | | |
| Illiterate | 40.5% | 51.8% | 48.3% |
| Literate | 59.5% | 48.2% | 51.7% |
| <i>House Type</i> | | | |
| Kutchha | 73.0% | 71.1% | 71.7% |
| Semi Pucca | 24.3% | 28.9% | 27.5% |
| Pucca | 2.7% | .0% | .8% |

The prevalence rate for this community was 30.8%. Reviewing the findings, one found that the percentage of women reporting discharge was higher among those in the lower age groups. This difference was statistically significant [chi sq = .004]

Comparing the RTI and non RTI cases in respect of their literacy levels, one found that among the former the percentage of literates was higher. The reverse was true for the non RTIs. But this difference was not a statistically significant one [chi sq. .339 not SS at .05 level].

Finally, when the housing type in which the women were living was taken into consideration, one found that there was no real differences between the RTI and non RTI groups in respect of the type of housing they were residing in. [chi sq .293].

Nature of Discharge

Colour And Smell of Discharge

This aspect was ascertained through two questions: colour and smell of the discharge. Obviously, these questions were put to only the 37 women who reported discharge in the first place.

Table 2: Colour / Smell of Discharge

| Colour of Discharge | Frequency | Percentage |
|-----------------------------|------------------|-------------------|
| White | 22 | 59.5 |
| Yellow | 11 | 29.7 |
| Red | 1 | 2.7 |
| Green | 1 | 2.7 |
| <i>Foul Smelling</i> | | |
| Yes | 12 | 32.4 |
| No | 25 | 67.6 |

Of the 37 women who had RTI, as high as 60 percent of them had white discharge. The other three responses were miniscule. About one-third of the women had foul smelling discharge.

Duration of Discharge

The next question was on the period over which they had experienced discharge. Their responses are reported below.

Table 3: Period Of Discharge

| Period | Frequency | Percentage |
|-----------------|------------------|-------------------|
| 2 - 8 Weeks | 22 | 59.5 |
| 12 - 16 Weeks | 2 | 5.4 |
| 24 - 48 Weeks | 12 | 32.4 |
| 120 - 180 Weeks | 1 | 2.7 |
| Total | 37 | |

One third of them had discharge for 24 to 48 weeks and three fifths of them had shorter period of discharge of 2 to 8 weeks.

Other RTI Symptoms

Apart from discharge, the study also probed other symptoms among the sample women. The symptoms and responses are presented in the following table.

Table 4: Other RTI Symptoms Reported

| RTI Symptoms | Yes % (n=37) |
|--------------------------|---------------------|
| Itching in Vaginal Area | 16.2 |
| Pain During Urination | 35.1 |
| Burning During Urination | 37.8 |
| Lower Back Pain | 66.5 |
| Lower Abdomen Pain | 62.2 |
| Not Regular menstruation | 27.0 |

The discomfort ranged from 16 percent for itching to 67 percent for pain in the lower back.

Factors Associated with Prevalence of RTI

This section deals with the socio-economic and health factors associated with the prevalence of RTI. To this end, the responses of the 37 women who had suffered from RTI and the 83 who had non-RTI were compared to elicit differences, if any.

Menstrual Practice

A battery of questions Was asked about their behaviour during menstruation

Table 5: Practices During Menstruation and RTI

| Question | Response | Reproductive Tract Infection- RTI | | |
|--|--------------|-----------------------------------|--------------------|----------------------|
| | | Yes (n=37) | No (n=83) | Chisquare P value |
| Do you wash your vaginal area with soap while having a bath? | Yes. | 86.5% | 71.1% | .053 |
| | No | 13.5% | 28.9% | |
| What do you use during menstruation? | Cotton Cloth | 73.0% | 53.0% | .049 |
| | Syn cloth | 13.5% | 8.4 ^{C/O} | |
| | San. Pad | 2.4% | 2.4% | |
| | Nothin | 10.8% | 20.5% | |
| Do you use one pad/cloth during the whole day? | Yes | 40.5% | 41.0% | .002 |
| | No | 48.6% | 21.7% | |
| | | | | |

An interesting response pattern that emerged was that those with RTI were significantly more likely to wash their genitals while having a bath. However, this was not a real difference between the two groups. It can be attributed to happenstance.

RTI women were more likely to use cotton or synthetic cloth during menstruation. And this was a significant difference in favour of the RTI group.

Family Planning

This was explored through another battery of questions that are listed below along with the responses in Table No. 6

Table 6: Family Planning Practices And RTI

| Question | Response | Reproductive Tract Infection- RTI | | |
|-------------------------------------|----------|-----------------------------------|------------|-------------------|
| | | Yes (n=37) | No (n= 83) | Chisquare P value |
| Have you ever used a Copper T? | Yes | 5.4% | | .093 |
| | No | 94.6% | 100.0% | |
| Have you had a tubectomy operation? | Yes | 59.5% | 67.5% | .513 |
| | No | 40.5% | 31.3% | |
| Have ever had an abortion? | Yes | 32.4% | 22.9% | .251 |
| | No | 67.6% | 72.3% | |

Hardly any of the respondents, both RTI and non RTI, had used a Copper T. A minority did not have a tubectomy and a majority did not have an abortion. Overall, therefore, there was no significant difference between the two groups in their family planning behaviour.

Delivery Related Factors

The third area that was explored was the role of delivery in RTI. The relevant questions and related responses are resented below.

Table No. 7. Delivery Related Issues and RTI

| Question | Response | Reproductive Track Infection- RTI | | |
|---|-------------|-----------------------------------|------------|-------------------|
| | | Yes (n=37) | No (n= 83) | Chisquare P value |
| Where was your delivery conducted | Home | 67.6% | 78.3% | .439 |
| | Institution | 29.7% | 19.3% | |
| Did you have excessive bleeding after delivery? | Yes | 83.8% | 47.0% | .001 |
| | No | 13.5% | 50.6% | |
| Did you have fever after the delivery? | Yes | 70.3% | 38.6% | .005 |
| | No | 27.0% | 59.0% | |
| Did you have a perineal tear during last delivery | Yes | 5.4% | 10.8% | .634 |
| | No | 91.9% | 86.7% | |
| Did you have stitches after your delivery? | Yes | 5.4% | 10.8% | .634 |
| | No | 91.9% | 86.7% | |

The above results revealed that there were statistically significant differences between the RTI and non RTI women in the experience with their last delivery. These differences were in respect of excessive bleeding and fever after delivery. Unfortunately, no data were collected on the time dimension of these experiences. Hence, though one may conclude that RTI status influences the delivery related behaviour it had to be said so with some caution.

SUMMARY AND CONCLUSIONS

30.8 percent of the women in the sample suffered from RTI. White discharge and lower back pain were mainly reported by the women suffering from RTI. Compared to older women in the reproductive age, the prevalence of RTI was found to be more among the younger women in the reproductive age. Compared to literate women, more illiterate women suffered from RTI. Delivery related factors such as excessive bleeding and fever immediately after delivery were significantly associated with RTI.

ACTION PLAN

Rasikashraya will continue to provide diagnostic services for RTI related health problems. The organisation has a definite plan to provide regular treatment for RTI patients. The organisation has a definite plan for safe delivery for women to avoid post-delivery complications such as excessive bleeding and fever after delivery. For this, it will train dais to carry out delivery in a hygienic environment. Village level women committees will be formed to discuss the issue of RTI, and motivate women to take measures to prevent RTI. Self-help groups will be involved in this programme and they will be motivated to educate other village women regarding RTI.

REFERENCE

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Protocol for investigating women's reproductive health: The John Hopkins University, Baltimore.

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For Research & Service Purpose Only.

Informed Consent Procedure

Declaration:

I have personally explained to the respondent the purpose and the nature of this survey. She/he has the right to refuse or withhold any information. The respondent has given her/his consent to being interviewed for this study.

(Signature of the Investigator)

Interview Schedule

Schedule number

Name of the village: _____

Date of survey: _____

Sr. No.: _____

Section I: Background Characteristics Name of the woman:

Age: _____ years

Education:

Illiterate..... 1

1-4'th std2

5-7'th std.....3

8'th & above.....4

Occupation:

Farming _____ 1

Agricultural labourer__ 2

Casual labourer_____ 3

Petty business_____ 4

Service _____ 5

House Wife_____ 6

Other (specify)_____ 7

Type of house:

Kachcha.....1

Pucca..... 2

Mixed...3

Section 11: Detection of RTI

| Sr.no. | Questions | Codes | Skip to |
|--------|---|---|---------|
| 01 | Do you have any type of discharge? | Yes.....1 No.....2 | 05 |
| 02 | If yes, what is the colour | White.....1 Yellow/Green2 Red..... 3 Don't know.....4 | |
| 03 | Do you have any foul-smelling discharge? | Yes.....1 No.....2 | |
| 04 | Since how many days are you getting discharge | _____week _.....month _____year | |
| 05 | Do you have itching in vaginal region? | Yes.....1 No.....2 | |
| 06 | Do you have pain during urination? | Yes.....1 No.....2 | |
| 07 | Do you have burning during urination? | Yes.....1 No.....2 | |
| 08 | Do you suffer from lower back pain? | Yes.....1 No.....2 | |
| 09 | Do you suffer from lower abdominal pain. | Yes.....1 No.....2 | |
| 10 | Are your periods regular | Yes.....1 No.....2 | |
| 11. | Do you have any pain during menses? | Abdominal Pain....1 Back-ache..... 2 Other pain.....3 No ain.....4 | |
| 12 | Do you have any pain during sexual intercourse? | Yes.....1 No.....2 | |

Section III: Factors Associated with RTIJ White Discharge

| sr.no. | Questions | Codes | Skip to |
|--------|--|--|---------|
| 13 | Do you wash your vaginal area with soap while having a bath? | Yes.....1 No.....2 Sometimes.....3 | |
| 14 | What do you use during menstruation? | Cotton Cloth.....1 Synthetic cloth.....2 Sanitary pad, 3 Others (Specify).....4 | |
| 15 | Do you use one pad/cloth during the whole day? | Yes.....1 No.....2 | 17 |
| 16 | If no, how frequently in a day do you change your cloth/pad? | Once in a day.....1 Two times in a day... 2 Three times in a day...3 | |
| 17 | Have you ever used a Copper T? | Yes.....1 No.....2 | 21 |
| 18 | If yes, then when was it inserted? | Month Year | |
| 19 | If yes, for how many months did you use it? | _____Month _____year | |
| 20 | If yes, where did you get the Copper T inserted ? | Private clinic.....1 Govt hospital.....2 Other3 | |
| 21 | Have you had a tubectomy operation? | Yes.....1 No.....2 | 23 |
| 22 | If yes, when? | _____Month _____Year | |
| 23 | Have ever had an abortion? | Yes.....1 No.....2 | 26 |
| 24 | If yes, how many abortions? | _____times | |
| 25 | When did you have your last abortion? | _____ monthsyears | |
| 26 | Has your husband ever had problems in his genital area? | Yes.....1 >40.....2 | |
| 27 | Where was your delivery conducted? | Home.....1 Hospital/clinic.....2 | 29 |

| | | | |
|----|---|--|--|
| 28 | If delivery conducted at home, then who conducted your last delivery? | Untrained dal Trained dai.. 1 Relatives.....2 ANM..... 3 Others 4 | |
| 29 | Did you have excessive bleeding after delivery? | Yes.1 No.....2 | |
| 30 | Did you have fever after the delivery? | Yes.1 No.....2 | |
| 31 | Did you have a perineal tear during last delivery | Yes.1 No.....2 | |
| 32 | Did you have stitches after your delivery? | Yes.1 No.....2 | |

Enumeration List:

| Sr.No | House No. | Name of Woman | Age |
|-------|-----------|---------------|-----|
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