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K Lalitha and S Swarna



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RESEARCH ARTICLE

**A STUDY TO ASSESS THE KNOWLEDGE ON REPRODUCTIVE TRACT INFECTIONS
AMONG WOMEN IN SELECTED AREAS, TIRUPATI**

K Lalitha^{1*} and S Swarna¹

¹Department of Obstetrics and Gynecological Nursing, SVIMS College of Nursing, SVIMS University, Tirupati

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ABSTRACT

Purpose: The aim of the study was to assess the knowledge about Reproductive tract infections among women of Cherlopalli and Thummalagunta villages, Tirupati.

Methods: The study employed a cross sectional research design with a purposive sample of 100 participants. Data were collected by interview questionnaire.

Results: About 5 in 100 participants (5%) had inadequate knowledge, more than half (55%) of study participants had moderate knowledge and 40% had adequate knowledge on Reproductive tract infections.

Conclusion: Study shown that there was a significant association between level of knowledge among women with demographic variables like age, family income, type of family, marital status, number of children and place of child birth.

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INTRODUCTION

The most important period in the life span of women is the reproductive period which extends from menarche to menopause. International conference on population & development (ICPD) defined Reproductive health as “A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes.” (http://en.wikipedia.org/wiki/Reproductive_health. Revised on 30, June, 2013).

RTI's generally seen as a 'silent' epidemic. RTI's are caused by a variety of bacterial, viral, parasitic and fungal micro-organisms. It affects the health and social well being of women, particularly those in the reproductive and economically most productive age groups (Hemanta Meitel *et al.* 2005). Lack of menstrual and personal hygiene is also found to be associated with RTI's. In addition cultural determinants also influence women's livelihood, work and their reproductive health (Oman, Nandini, 2000).

Women can be infected not only from sexual intercourse, but also from the insertion of leaves & other materials into the vagina to increase a male partner's pleasure, preventing

pregnancy or induce abortion, unsafe child birth or abortion techniques & other harmful practices such as female circumcision. Common symptoms presented by women are genital ulcers, burning sensation while passing urine, swelling in the groin, itching in the genital region, dyspareunia, unusual vaginal discharge, pain in lower abdomen and changes in menstrual flow (Dixon –Mueller R *et al.* 1991). Reproductive tract infections are being increasingly recognized as a global health problem with serious impact on individual women, their family and communities (<http://www.popcouncil.org/pdfs/RTIFacsheetsRev.pdf>).

Worldwide incidence of RTI's is around 340 million with 150 million of them are from south and south-east Asia. In developing countries, the incidence and prevalence of RTIs are very high, rank second as the cause of healthy life lost among women of reproductive age group.

(http://nacoonline.org/upload/Policies%20&%20Guidelines/14,%20National_Guidelines_on_PMC_of_RTI_Including_STI.pdf) NFHS-2 estimates that high reported prevalence of reproductive health problems across women in all socio economic groups of population. Nearly 4 out of 10 currently married women in India report at least one reproductive health problem that could be symptomatic of a more serious RTI. RTI's rates ranging from 52-92%. Incidence of RTI's in

*Corresponding author: **K Lalitha**

Department of Obstetrics and Gynecological Nursing, Svims College of Nursing, Svims University, Tirupati

chittoor district is 34%. (http://planningcommission.nic.in/reports/genrep/bkrap2020/23_bg2020.pdf)

Incidence of complications of RTI's

Consequences of RTI's are infertility (15-25%), ectopic pregnancy (6%), recurrent upper tract infections (25%), spontaneous abortions (15%), still births (40%) and the proportion of low birth weight infants & premature births ranges from 15-67% (<http://www.popcouncil.org/pdfs/RTIFacsheetsRev.pdf>).

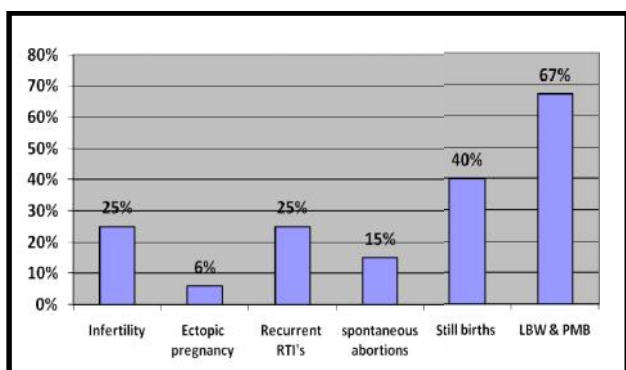


Fig. 1 percentage distribution of complications of RTI's

Sharma S, Gupta BP conducted a community based cross sectional study on prevalence of reproductive tract infections and sexually transmitted diseases among married women in the reproductive age group (15-44 yrs). 452 sample were chosen by using simple random technique. A pre-tested and semi-structured proforma was used during the household surveys. The findings were 235 women were found to be suffering from RTI's giving a prevalence of 51.9%. Maximum prevalence noticed in the age group 25-34 yrs (63.6%) (Sharma S *et al*, 2009).

Jasmin Helen Prasad *et al* conducted a community based cross sectional study on reproductive tract infections among young married women 16-22 yrs of age. Women were questioned about symptoms, received pelvic and speculum examinations and provided samples for laboratory tests. Qualitative and quantitative data on treatment seeking behavior were collected. Results shown that 53% of women reported gynecological symptoms, 38% had laboratory findings of RTI's and 14% had clinically diagnosed PID or cervicitis. According to laboratory diagnosis, 15% had STI's and 28% had endogenous infections (Jasmin Helen Prasad *et al*, 2005)

Kabiru A Rabi, Adeniyi A Adewunmi *et al* conducted a descriptive cross sectional survey on women attending gynecological out patient and family planning clinics using a questionnaire. Results shown that 77.2% respondents had heard of RTI's. Toilet was the most perceived mode of contracting RTI's(44.6%), followed by sexual intercourse and poor hygiene. 37.4% of the respondents had experienced symptoms of RTI's in the preceding six months (Rabi K A *et al*, 2010)

Conceptual framework

The present study was based on the concept of assessing knowledge on reproductive tract infections among women will

enable effective change in prevention of RTI's. The investigator adopted the 'General System Theory' proposed by **Leudwingvon Bertalanffy** in 1968, as a base for developing conceptual framework. This explains the system of inter related elements in the abstract system are the human beings and their environment.

This theory consists of 4 components, such as Input any form of information that into the system through its boundary, Through put which organizes and transfer the input in process, Output releases information and feedback to direct intervention for effective change towards prevention of Reproductive tract infections.

MATERIALS AND METHODS

The research approach used was Descriptive and research design was cross sectional design. The setting of the study was Cherlopalli and Thummalagunta villages, Tirupati. Sampling technique used was purposive sampling. The population includes married women with age 15 -45 yrs, who are falling under inclusive criteria. Sample size was 100.

Variables

- **Independent variables-** Demographic variables such as age, religion, educational background, occupational level, family income, husband's education, type of family, marital status, number of children, number of abortions, previous knowledge on Reproductive tract infections.
- **Dependent variable-** Level of knowledge regarding reproductive tract infections among married women.

Criteria for sample selection

Inclusive criteria

- Married women who are having age between 15 to 45yrs.
- Married women who are available at the time of data collection.
- Married women who can able to understand Telugu & English.

Exclusive criteria

- Married women who are not willing to participate in the study.
- Married women who are not available at the time of data collection

Development & description of tool

Tool consists of 2 sections.

Section A

- Demographic variables such as age, religion, educational background, occupational level, family

income, husband's educational level, type of family, marital status, number of children, place of child birth, number of abortions, previous knowledge about reproductive tract infections & source of previous knowledge.

Section B

- Structured questionnaire to assess the knowledge on reproductive tract infections. Questionnaire covers risk factors, etiology, clinical features, treatment, complications & prevention of reproductive tract infections.

Score interpretation

Level of knowledge	Score	In percentage
Inadequate	1-20	<50%
Moderate	21-30	51-75%
Adequate	31-41	76-100%

The tool was validated by 11 experts. 7 experts in the field of Obstetrics & Gynecological Medicine & 4 experts in the field of Obstetrics & Gynecological Nursing and the original questionnaire was translated into Telugu & back translated with the help of bilingual experts. The reliability of the tool was confirmed by test-retest method & the value obtained was $r = 0.93$. Pilot study was conducted on 10 sample. Analysis was done by using descriptive and inferential statistics.

METHOD OF DATA COLLECTION

The investigator introduced herself, explained the purpose of the study. Consent was taken and data was collected by interviewing questionnaire.

Statistical analysis

Data was analyzed by using Descriptive and Inferential statistics.

Descriptive analysis

- Frequency & percentage distribution to summarize the sample characteristics.
- Frequency, percentage, mean & standard deviation to calculate the knowledge scores.

Inferential statistics

Chi-square test was used to analyze the association between knowledge on Reproductive tract infections with demographic variables.

Ethical considerations

The study was approved by research ethical committee, faculty of nursing, SVIMS University. Participants were given explanation about the purpose of the study and they were also informed that they had the right to withdraw from the study. Participants agreed to complete this study were asked to sign a consent form. Confidentiality of participants was assured & the

data were accessed only by the investigator involved in the study.

RESULTS

Pertaining to the age, the highest percentage 46 was in the age group of 26-35 years, 32% were in the age group of 36-45 years whereas the least percentage 22 was in the age group of 15-25 years. Regarding religion, the highest percentage 97 were Hindus, 2 were Christians whereas the least percentage 1 was Muslim. Related to education, 7% of women were illiterates and 93% of women were educated. Among educated, highest percentage of 41 had up to secondary education and least percentage of 4 had post graduation. Concerning to the husband's education, 5% were illiterates and 95% were educated. Among educated, highest percentage of 43 had up to secondary education, least percentage of 6 had post graduation. Pertaining to the occupation, the highest percentage of women 82 were home makers, remaining 18 were employed. Regarding husband's occupation, the highest percentage 39 were private employees, least percentage 15 were self employees.

Related to the family income per month in rupees, the highest percentage 41 were earned <5,000, 34 were earned 5001-10,000, 13 were earned 10,001-15,000, and 12 were earned >15,000. Concerning to the type of family, 74% of women belonged to nuclear family and 26% of women belonged to joint family. Pertaining to the marital status, majority 97% of women was married and 3% of women were widow. Regarding number of children, 17% of women had one child, 48% of women had two children, 29% of women had more than two children and 6% of women had no children.

Related to the Place of child birth, 87% of women had hospital delivery and 7% of women had home delivery. Concerning to the previous abortions, 17% of women had spontaneous abortions and 83% of women had no spontaneous abortions. Pertaining to previous information regarding reproductive tract infections, 28% of women heard regarding reproductive tract infections and 72% of women not heard regarding reproductive tract infections. Regarding source of receiving information 9% of women received from news papers and magazines, 7% received information from television and radio, 12% received information from health care professionals. Among that 6% received information from nurses and 6% received information from doctors.

With regard to the knowledge, **55%** of women had moderate knowledge and **40%** of women had adequate knowledge and 5% of women had inadequate knowledge. The mean knowledge score was **29.43** with standard deviation of **5.168**.

The association of demographic variables with the level of knowledge on reproductive tract infections was determined by chi-square test, which reveals that the demographic variables like type of family ($p < 0.05$), marital status ($p < 0.05$), number of children ($p < 0.05$), place of childbirth ($p < 0.05$), age and family income per month shows significant association ($p < 0.01$)

Table 1 Distribution of level of knowledge regarding reproductive tract infections among women

Subject	Inadequate knowledge		Moderate knowledge		Adequate knowledge		Mean	Standard deviation
	N	%	N	%	N	%		
Knowledge regarding RTI's among women	5	5	55	55	40	40	29.43	5.168

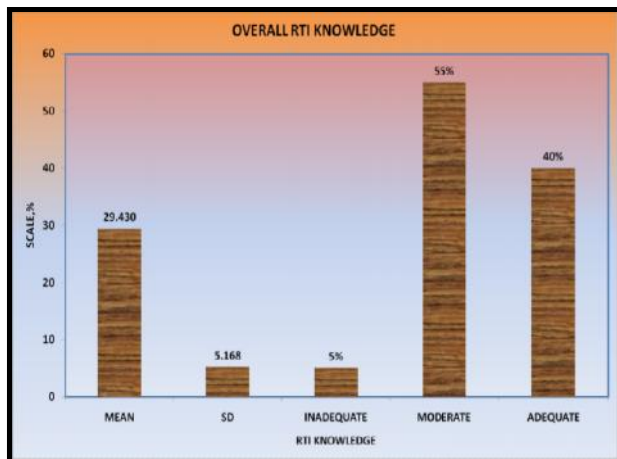


Fig-2 Percentage distribution of level of knowledge on reproductive tract infections among women

DISCUSSION

The first objective of the study was to assess the knowledge regarding reproductive tract infections among women. The study findings revealed that majority i.e; 55% had moderate knowledge and 40% had adequate knowledge and 5% had inadequate knowledge. Based on the reviews null hypothesis has been rejected. The second objective of the study was to determine the association between the knowledge regarding reproductive tract infections with demographic variables. The study findings reveals that there was a significant association between women level of knowledge on reproductive tract infections with demographic variables like age in years ($p < 0.01$), family income per month in rupees ($p < 0.01$), type of family ($p < 0.05$), marital status ($p < 0.05$), number of children ($p < 0.05$) and place of child birth ($p < 0.05$). Based on the reviews null hypothesis has been rejected.

CONCLUSION

A study finding reveals that there was no association between women level of knowledge on reproductive tract infections with demographic variables like religion, education of respondent, husband's occupation, occupation of respondent & husband's occupation. Hence null hypothesis was accepted.

Recommendations

- A longitudinal study can be conducted for making a more valid generalization.
- A comparative study could be done between women residing at urban and rural areas.
- Epidemiological studies could be done to assess the prevalence of reproductive tract infections.

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