

A Study to Assess the Knowledge of Married Women Regarding Prevention of Lower Reproductive Tract Infection

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ABSTRACT

Reproductive tract infections are being progressively known as a serious global health problem with impact on individual women and men. A study was conducted to assess the knowledge of married women regarding prevention of lower reproductive tract infection at Ognaj, Ahmedabad, Gujarat. Hundred married women were selected for the study with the age group between 20 and 45 years by convenience sampling technique. The knowledge questionnaire consists of 30 items. The result suggests that the majority of married women had inadequate knowledge (91%) towards prevention of lower reproductive tract infection.

Keywords: complications, prevention, reproductive tract infection, STDs, urban

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INTRODUCTION

Reproductive tract infection (RTI) is defined as the reproductive or genital tract infection which causes healthy life loss among sexually active women of reproductive age in developing countries [1]. Women in the reproductive age group are at risk of RTI during natural events in their life such as menstruation, pregnancy, and childbirth [2]. A woman with RTI can represent various symptoms like backache to lower abdominal pain, genital ulcers, vaginal itching, inguinal swelling, and abnormal vaginal discharge. RTIs, if left untreated, can lead to complications like pelvic inflammatory disease, infertility, cervical cancer, chronic pelvic pain, ectopic pregnancy, and pregnancy wastage [3, 4].

World Health Organization (WHO) estimates that over 200 million RTIs occur due to sexually transmitted pathogens each year among women in developing countries [5]. WHO estimates that each year there are over 340 million new cases of sexually transmitted infections in which 75%–85% occur in developing countries.

In India alone, 40 million new cases emerge each year [6–9]. WHO basic elements of reproductive health care are as follows: responsible reproductive and sexual behaviour; widely available family planning services; effective maternal care and safe motherhood; effective control of RTI; prevention and management of infertility; and elimination of unsafe abortion and treatment of malignancies of reproductive organs. Efforts are being made globally to prevent, detect, and treat adequately all RTIs [10].

OBJECTIVES

This study endeavoured to:

- (1) To assess the knowledge regarding prevention of lower RTI among married women.
- (2) To find the association between knowledge regarding prevention of lower RTI of married women and selected demographic variables.

REVIEW OF LITERATURE

Review of literature is based upon an extensive survey of books, journals, and

international nursing indices. It provides basis for selection and formulation of the problem that justifies the need for the study, and develops the proper conceptual model for the study.

Studies Related to Signs and Symptoms of Reproductive Tract Infection

A community-based cross-sectional study of RTIs was conducted by Dasgupta Aparajita and Sarkar Madhutandra in year 2008 in the slums of Kolkata, India. They had selected 210 women subjects between 15 and 45 years of age and the data were collected by interview method. Out of the total 210 women surveyed, 43.3% had symptoms suggestive of RTI. All of them had abnormal vaginal discharge. Among socio-demographic variables, statistically significant maximum prevalence was observed among the Muslims, illiterates, and housewives. Among oral pill users condom users, 65.38% and 18.6% had abnormal vaginal discharge, respectively.

Studies Related to Prevention of Reproductive Tract Infection

A descriptive study was conducted to find out the preventive measures of RTI among married women in selected area of Northern Vietnam. They had selected 230 subjects between 15 and 35 years of age by cluster sampling. Data were collected by interview method. The study result showed that 35% of women were using sanitary pads during menses, 40% of subjects were not following any preventive measures, and 25% of women were having extramarital relationship.

ETHICAL CONSIDERATION

Permission was obtained from the concerned authority before collecting data. The objectives of the study were explained to the subjects, protecting the privacy and confidentiality related to data.

METHODOLOGY

A descriptive survey research approach was considered the best to assess the

knowledge of married women regarding prevention of lower RTI. The variables which the investigator used were age, education, religion, occupation status, type of family, family income, married since in year, and source of information among married women regarding prevention of lower RTI.

The study was conducted in selected urban communities of Ognaj UHC, Ahmedabad, Gujarat. The population of the study includes married women aged between 20 and 45 years. Subjects were selected by convenience sampling due to lack of time.

Inclusion Criteria

The study includes married women who were:

- (1) Married women aged between 20 and 45 years.
- (2) Residing at Ognaj, Ahmedabad.
- (3) Able to speak and read Gujarati.
- (4) Who are willing to participate in the study?

Exclusion Criteria

- (1) Unmarried women aged <20 years and >45 years.
- (2) Who are not residing at Ognaj, Ahmedabad.

TOOLS AND INSTRUMENTS

The tool consists of two parts:

Part I consists of demographic data. Part II consists of structured interview schedule on knowledge regarding prevention of lower RTI among married women. It also includes questions related to general aspects, complication, treatment, and prevention of lower reproductive tract regarding prevention of lower RTI among married women.

For validity, the tool was given to experts. For reliability, it was checked by Karl Person's correlation coefficient formula.

DATA COLLECTION METHOD

Permission was obtained from the concerned authority. Informed consent was

obtained from subjects and the purpose of conducting study was explained to the subjects.

RESULTS

The result was summarized using mean, percentage, and *t*-test.

Demographic Findings

In the group, the majority of the samples (30% of the respondents) were between the age group of 30 and 34 years; 31% have completed their education up to higher secondary, followed by secondary school; 56% were of the Hindu religion; 31% were doing business, followed by housewife; 64% belongs to nuclear family, 36% were getting family income of Rs. 2000–4000 and few of them getting more than Rs. 6000; 43% were married since 10 years, followed by 11–20 years; 42% were receiving information through parents and relatives, followed by friends and others.

It was inferred that the socio-demographic factors such as age, education, religion, occupational status, types of family, family income, married since in years, and sources of information of the married women show there is a significant association between the pre-existing knowledge and socio-demographic variables ($P > 0.01$).

The result shows that 91% of respondents have inadequate knowledge; 9% of the respondents have satisfactory knowledge, and finally, none of the respondents had adequate knowledge towards prevention of lower RTI among married women.

The results show that there is a significant association between the married women of knowledge level towards prevention of lower RTI and selected socio-demographic variables such as age $\chi^2 = 38.28$ (s); education $\chi^2 = 39.91$ (s); religion $\chi^2 = 30.06$ (s); occupational status $\chi^2 = 43.76$; types of family $\chi^2 = 44.54$ (s); Family income $\chi^2 =$

36.82 (s); married since in years $\chi^2 = 43.90$ (s); sources of information $\chi^2 = 54.62$ (s); among married women.

It was inferred that in the majority of married women, overall, there is an inadequate knowledge towards prevention of lower RTI.

RECOMMENDATIONS

A similar study can be done as quasi-experimental study by using pre-test–post-test measuring instrument. A similar study can be undertaken on a large sample for better generalities by adopting an experimental design using structured teaching programme to improve knowledge of married women regarding prevention of lower RTI. A comparative study can do between rural and urban married women regarding prevention of lower RTI.

CONCLUSION

Most of the women had inadequate knowledge regarding prevention of lower RTI among married women. So, it is necessary to increase awareness among married women regarding prevention of lower RTI. Particular attention should be given to appropriate education and counselling regarding safer sex practice, use of condoms, and avoidance of multiple sexual partners and appropriate age at marriage and maintenance of personal hygiene.

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