

“A Clinical Study of Reproductive Tract Infections (RTI), Among Married Women of Reproductive Age Group (18-45years)”

Vasudha Sawant^a, G R Daiv^a

^a (MD Obstetrics –Gynaecology) Associate Professor Dr D Y Patil Medical College Kolhapur, Maharashtra, India

Abstract

Reproductive tract infections (RTIs) is a global health problem including both sexually transmitted infections (STIs) and non-sexually transmitted infections (non-STIs) of the reproductive tract. RTIs affect both women and men. RTIs/ sexually transmitted infections are among the most important causes of maternal and perinatal morbidity and mortality.

Objectives: 1. To know the prevalence of RTIs among reproductive age group, 2. To find the socio-demographic factors influencing RTIs in reproductive age group. Materials and methods: an observational and analytical study was carried out among 300 patients in teaching medical college during the period august 2011 - 2013. detailed clinical history of present and past complaints clinical examination, routine investigation, and special investigation including vaginal swab culture and sensitivity were carried out for diagnostic purpose. Results: maximum number of patients (32%) belong to age group of 26-29 years. Majority of the patient belongs to rural area (80%). Illiterate and lower socioeconomic class was 59%. conclusions: it is necessary to increase awareness regarding symptoms and consequences of RTIs and its complications. such women are needed to guide and council regarding safer sex practice use of proper contraception and last but not least maintenance of proper personal hygiene.

Introduction

Reproductive tract infections are defined as any infections of reproductive system. RTIs also include infections that results from inadequate infection, prevention practices by health care providers. RTIs affect both women and men, research shows that women are more susceptible than men. In addition, complication can be more serious in women and infections can be transmitted to the offspring of pregnant women. RTIs/ sexually transmitted infections are among the most important causes of maternal and perinatal morbidity and mortality. They can have severe consequences. RTIs can affect the upper and lower genital tract.

Aim and objectives-

To detect and investigate the prevalence of RTI among married women, of reproductive age group (18-45) years.

To observe and analyse, the influence of socioeconomic, socio-demographic variable and other determinants, factors, possibly related to RTIs

To evaluate and assess, its severity, possible outcome and effect on normal life.

To treat the underlying conditions accordingly.

Materials and methods-

All married women , of reproductive age groups (15-45 years) attending general OPD in obs and gynae department Dr D Y Patil hospital, kadamwadi Kolhapur.

Study design -observational and analytical study

Inclusion criteria-

1.Married women, belonging to reproductive age groups.

Exclusion criteria-

1.Unmarried women.

2.Married women, who are < 15 years and > 45 years.

Methods-

Patient general information. i.e name, age, address, socioeconomic status marital status, literacy etc in systematic proforma ,designed for this study.

Detailed clinical history of present complaints, history of previous pregnancy if any, history of any surgeries, medical diseases, blood transfusions, medical treatment taken etc. Any aggravating/reliving factors, negative history etc. have been documented systematically.

Clinical examination –gen. Examination , systemic examination, per abdomen, per speculum, per vagina have been done accordingly.

Routine investigation- CBC, ABO, Rh ,RBS, HIV, HBSAG, URINE ROUTINE , LIVER FUNCTION TEST, RENAL FUNCTION TEST etc also been done accordingly.

Special investigation-vaginal swab, pap smear, culture and sensitivity if necessary and other special in certain cases have also been carried out for diagnostic purpose.

Observation-

Distribution of cases

Diseases	No of cases	percentage
Candidiasis	174	58%
Bacterial vaginosis	66	22%
Chlamydiasis	36	12%
Trichomoniasis	24	8%
Syphilis	-	-
Gonorrhoea	-	-

Age distribution-

Age in years	No of cases	Percentage
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18-21	6	2%
22-25	30	10 %
26-29	96	32%
30-33	84	28%
34-37	54	18%
38-41	15	5%
42-45	15	5%

Demographic distribution-

Residence	No of cases	Percentage
Rural	240	80%
Urban	60	20%

Literacy and socioeconomic distribution-

Literacy rate and socioeconomic status	No of cases	Percentage
Literate	122	41%
Illiterate	178	59%
Grade 2	30	10%
Grade 5	160	53%

Contraception and sterilization-

Contraception and sterilization	No of cases	Percentage
Oc pills	122	40 %
IUCD	32	10 %
CONDOMS	95	31 %
No contraceptive use	7	2%
Sterilization	44	14%

Previous abortion distribution-

No. Of previous abortions	No. Of cases	Percentage
1	22	7.3%
2	8	2.6%
3	4	1.3%
>3	-	-

DISCUSSION

Reproductive tract infections (RTIs), are currently, the most rapid increasing health issues, arising in our Indian population. This is mainly because of lack of education, illiteracy, low socio-economic status etc. Also, along with these reasons other causes like certain ethical practices/ misconceptions have made Indian women, reluctant and negligent, about the personal health care. Moreover, because of the fear of the social stigma and its consequences, have lead to the prevalence of certain diseases and its ill effects, maximum affecting the reproductive age group, and causing its complications, further more adding to its sequel

In our present study, maximum no. Of cases belong to the ge group of 26-29 years (96/300) (32%), most probably, because women of the age group are more active sexually and vulnerable to such infections. Similarly, most of the patients, belong to rural areas (240/300) (80%), as compared to urban counter parts (60/300) (20%). Highest incidence of RTI have been seen in women, who were illiterate (178/300) (59%) and socio economic condition of grade V(as per modified kuppuswamy socio economic status scale, REV. 2012) (160/300) (53%). This clearly explains, that lack/low education and low socio economic status adds the burden, to the increasing emergence of such disease in the society. On the contrary, those who were educated, working class people and socio economic condition grade II (30/300) (10%), were having less incidences.

SUMMARY

From the study, we noted that

1. Maximum no. Of patients belong to age group of 26-29 years(96) (32%), secondly was in 30-35 years (84) (28%). This shows, in age group 26-29years, women are active sexually the most.
2. Majority of patients belong to rural areas. (240) (80%), as compared to urban areas(60) (20%). This explains, the prevalence rate was on higher side, because of lack of proper resources and health care services.
3. Most of the patient, were illiterate (178) (59%) and belong to lower socio economic class (grade v) (as per modified kuppuswamy socio economic status scale, REV.2012). this also shows, that lack/ no education is a major factor responsible for the chances of its prevalence. Similarly, no proper income, results in no proper health care facilities
4. Comparing, with contraceptive practices, OC pill users(122) (40%), showed the most prevalence of infections, then to, IUCD users(32)(10%).this may be possibly due to immune suppress effect of the drug there by leading to disease.
5. Also, our study had maximum no of parous women (145) (48.3%) and antenatal cases (126) (42%) following which primigravida 63(21%) multigravida (630) (21%) were present respectively among them highest had normal deliveries 281(93%) and least had caesarean section 19 (6%).history of abortions, accounted to 34 (11%) cases.

Conclusion-

Considering the current scenario and situations in our Indian population reproductive tract infections particularly at reproductive age group is the most dreaded situation arising in the coming years this is because of

- lack of education
- no proper health care facilities
- no proper outlook
- lack of awareness, regarding RTI/STI and its consequences.

So, its necessary to create and increase awareness among the women refarding the symptoms and consequences RTI/STI and its complication in relation to other diseases like HIV. proper attention and implementation , is necessary nd need of the hour. such women are need to guide and council regarding safer sex practice, use of appropriate contraception, avoidance of multiple sex partner appropriate birth spacing and obstetrical career and last but not least maintance of proper hygiene. Emphasis, should be given for better quality of life. In our country basic thing to change is implement education, so that women, no longer can, hinder or fear, to speak out about their health issues. Likewise, in study on community level health education intervention an improvement in the level of awareness among both men and women, regarding RTI and STD was seen and also revealed an 8 fold increase in their clinic attendance. So its necessary to boost up the moral, to bring out the change in current situation so also, making facilities available in affordable costs and by simple means, should be the policies, made by the government. Unless such measures are not made in to implementation , a change in current scenario cannot be seen.

Basic health care facilities at cheaper rates , easy access to health services, time to time health checkups, provision of antenatal care , screening camps in a particular area by syndromic approach , advanced laboratories services etc are some of the basic principle that can be followed.

Rural Indian men and women, but specially the young women, need accurate health education about gynaecologic and reproductive morbidity to reduce the stigma and embarrassments of RTI. Health services should be improved and made more accessible so that women feels comfortable in seeking treatment and are not deterred by concers over confidentiality.

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