

Reproductive Tract Infections and Their Associated Risk Factors Among The Women in Bundi District of Rajasthan

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The post ICPD era has witnessed a new paradigm shift in programs, policies and research towards Reproductive Health (RH). Being an important component of the Reproductive health the Reproductive tract infections (RTIs) have become the priority areas in promoting RCH programs in India. The increasing risk of HIV/AIDs at global level emphasized the urgent need for the increased support for policy, research and education for the prevention and control of RTIs. During the last decade, the research on the relationship between HIV and other RTIs has produced important findings on the linkages between the human immuno-deficiency virus and RTIs (Piot et al., 1990). The proneness of RTI/STI patients to HIV/AIDs caused more concern among the scientific world about the growing menace of RTIs. It is an established fact that RTIs may be caused through sexual contact or menstrual hygiene, Incomplete Abortion/delivery or improper pelvic examination (Pachauri, 1996). Although STIs affect both the sexes, in terms of physiological and social consequences the impact of STIs and other non sexually transmitted reproductive tract infections are particularly severe for women (Josephine, 1993). Further the consequences of RTIs may lead to infertility, chronic pelvic inflammatory disease, cervical cancer, ectopic pregnancy and other problems (World bank report, 1995).

Panos (1996) estimated that 50 to 60 per cent of the women from the developing countries are affected from RTIs and one million people die each year as a result of RTIs, not including the deaths caused by HIV/AIDs. But unfortunately very scanty literature is available on this important problem and the review of the available scientific literature shows the annual incidence of RTIs in India is estimated at 5 per cent or approximately 40 million new infections every year (Pachauri, 1996; World bank Report, 1995). Hence becomes pertinent to focus our efforts to find out the various determinants/key factors associated with RTIs.

The present paper is an attempt to identify the magnitude of RTIs and associated risk factors like social, demographic etc. among the women in a district of Rajasthan, a socio-demographically backward state of India.

METHODOLOGY

The present investigation was done in Bundi District of Rajasthan during December, 1997 to February, 1998. The Bundi district is a relatively small and demographically vulnerable district located south-western part in Rajasthan. According to the 1991 census the population was around 8 lacs. The sex ratio stood at 889 per 1000 males and female literacy was 16.13, which is lesser than the state average of 20.44. The data were collected by interviewing 2752 women who are in the reproductive age group i.e 15-49 years, from 2400 households. The selection of families was based on thirty cluster sampling technique suggested by WHO. All the selected women were interviewed by administering a structured questionnaire. The information on prevalence of RTIs was collected by following simplified syndrome based approach developed by WHO (WHO Technical Report, 1991). Keeping the sensitivity of the information, the questions related to RTIs were asked in the last part of the interview after have developed a good rapport with women.

RESULTS

Prevalence of RTI: Most common RTI problem among the currently married women was found to be abnormal vaginal discharge with foul smell being reported by 30.1 per cent Women. Lower back ache was reported among 20.9 per cent, followed by lower abdominal pain, 'itching around vaginal or valva', 'dysuria', painful intercourse and genital ulcers/rash. Overall, 47 per cent of ever-married women aged 15-49 years reported at least one symptom of RTI at the time of survey (Table 1).

Socio-demographic Variables of Women

Table 1: Percentage of women reported the RTIs in Bundi district

Symptoms of problems	No. of women (n=2752)	Per cent
Abnormal vaginal discharge	828	30.1
Backache	576	20.9
Lower abdominal pain	492	17.9
Itching around vagina/valva	279	10.1
Pain in passing urine	246	8.9
Dysuria	211	7.7
(Frequent passing of Urine)		
Painful intercourse	142	5.2
Genital Ulcer/Rash	80	2.9
Women had at least one problem	1286	46.7

Reported RTIs: It is evident from the table 2 that a large proportion of women with RTI problems (41 per cent) were clustered in the sexually active age ranging between 20 to 29 years.

The age wise distribution of the affected women showed that the highest proportion of women was in the age between 20 years to 39 years. About 80 per cent women were in this broad range of sexually active age groups. The peak of

Table 2: Socio-demographic profile of the women with RTI/STDs

Background Characteristics	No. of women	Per cent (N=1286)
Age		
15 - 19	73	5.7
20 - 24	234	18.2
25 - 29	293	22.8
30 - 34	290	22.6
35 - 39	223	17.3
40 - 44	125	9.7
45 - 49	48	3.7
Religion		
Hindu	1240	96.4
Muslim	42	3.3
Others	4	0.3
Caste		
Scheduled Caste	39	3.0
Scheduled Tribe	14	1.1
Backward Caste	981	76.3
Others	252	19.6
Education		
Illiterate	1058	82.3
Literate	18	1.4
Primary (1-5)	55	4.3
Middle (5-8)	118	9.2
High School (9-10)	22	1.7
High School (11-12)	14	1.1
Degree (12+)	1	0.1

infection was observed in 25-29 and 30-34 years age. In addition to being sexually active they are the women most of who had experienced child-bearing process. Further, most of the infected women belong to OBCs (76.3 per cent).

It was found that about 83 per cent of women had these problems, since more than 2 months (Table 3). However, about 8 per cent of them reported the problem for less than 15 days suggesting thereby recent infection.

Further, only 30 per cent of women availed of the treatment (Table 3). Simultaneous treatment of the spouses of those women who had availed themselves of the treatment was found to be further low being only 10 per cent. About 60 per cent of the women, who received treatment for RTIs, had contacted allopathic doctors and 24 per cent health care providers like ANMs/LHVs/HWs. Only 10 per cent sought treatment from ayurvedic doctors. A small proportion of them purchased drugs from medical shops and other sources.

Table 3: Treatment and utilization of RTI services by affected women

Item	No. of women (n=1286)	Per cent
Duration of Problems (days)		
< 15	108	8.4
15 - 30	52	4.0
30 - 60	64	5.0
60 and above	1062	82.6
Women availed treatment	390	30.3
Spouse received treatment simultaneously	40	10.3
Place of Treatment (Multiple Response) (n=390)		
Allopathic doctor	233	59.7
Ayurvedic doctor	39	10.0
ANM/LHV/HW	94	24.1
Medical shop	22	5.6
Friends	1	0.3
Self treatment	6	1.5
Others	22	5.6

Women's Perception for Developing RTIs: A majority of affected women attributed RTIs to family planning methods (21 per cent) such as IUDs and sterilization and unhygienic practices during and after delivery (19 per cent). In addition, small proportion of them attributed RTIs to abortion (4 per cent) and male partners (5 per cent) (Table 4).

Table 4: Women's perception for developing RTIs in Bundi district

<i>Perception</i>	<i>No. of women (n=1286)*</i>	<i>Per cent*</i>
After Sterilization	261	20.4
After delivery	173	13.5
Due to weakness	156	12.1
Incomplete delivery	70	5.4
After abortion	53	4.1
From husband	68	5.3
After monthly periods	41	3.2
After adopting IUD	7	0.5
After pelvic examination	19	1.5
Others	22	1.7
Unable to explain/INA	416	32.3

*Total number of women with at least one problem

A further analysis showed that age, having of conception, attendant during delivery and use of family planning methods were significantly, associated with RTIs (Table 5). The risk of the acquiring infection was two times higher among women in the age group of 25-35 years (OR 1.94 CI 1.62- 2.33) as compared to the younger women in the age group of 15-24 years. The risk was more than twice (OR 2.27 CI 1.70 - 3.70) among the women who had ever conceived . Similarly the risk of inducing infection was 59 per cent higher among the women whose delivery was

Table 5: Reproductive tract infections and associated risk factors

<i>Variables</i>	<i>Odd ratio</i>	<i>Confidence interval</i>
<i>Age (in years)</i>		
25-35 vs 15-24	1.94	1.62 - 2.33
<i>Schooling</i>		
Yes vs No	0.97	0.77 - 1.23
<i>Caste</i>		
General castes vs SC, ST and OBC	1.02	0.85 - 1.06
<i>Ever Conceived</i>		
Yes vs No	2.27	1.70 - 3.70
<i>Place of Delivery</i>		
Government vs Non-Government	1.34	0.86 - 2.07
<i>Delivery Attendant</i>		
Trained vs Untrained	1.59	1.01 - 2.50
<i>Family Planning Method Users</i>		
Yes vs No	1.85	1.50 - 2.29

conducted by untrained persons. The use of family planning methods such as IUD insertion and sterilization was also significantly associated among the RTI women. Further analysis showed that the education, caste and place of delivery were not significantly associated with RTIs.

DISCUSSION

It is evident from the study that the magnitude of RTI problems among the Bundi women is very high. This is similar to the findings reported from other parts of India (Bang et al., 1989; Pachauri, S, 1994; Gupta et al., 1998). According to Van dam (1994) many of the RTI problems are asymptomatic. Meaning there by along with the women with symptomatic problems a considerable proportion of women are the silent asymptomatic RTI sufferers. The risk factor analysis reveals that the age of the Women is significantly associated with RTIs. But more significant association was found with the childbearing process. The untrained hands and unhygienic practices during delivery may introduce the infection. Reproductive tract infections have significant implication on the health of the women and more over on the use of family planning methods. While Intra-Uterine Devices and sterilization's are important procedures in which infection can be introduced to the women and this may leads to decline in contraceptive use. The study reveals a low utilization of health facilities and a negligible section for simultaneous partner treatment. Even though make them aware of the problem is essential but to make them to go for treatment is utmost important. All these are only possible if an essential package for RTIs management has to take up at community level. Which would not only resulted into a better health but also enhance the use of family Planning services.

KEY WORDS Reproductive Tract Infections. Sexually Transmitted Diseases. Eligible Women. Ever Conceived. Untrained Deliveries.

ABSTRACT The present paper is an attempt to identify the magnitude of RTIs and associated risk factors like social, demographic etc. among the women in a socio-demographically backward district of Rajasthan state of India. Thirty cluster Sampling technique was followed to obtain the data from the women who are in the reproductive age group, from the district. It was found that the magnitude of RTIs among the Bundi women is

very high and proper care for these problems is very low. The factors like age of the women (OR 1.94 CI:1.62-2.33), ever conceived (OR 2.27 CI:1.70-3.70), delivery conducted by untrained hands (OR 1.59 CI:1.01-2.50) and use of family planning methods shown (OR 1.85 CI: 1.50-2.29) a significant association with RTIs.

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