Knowledge on Reproductive tract infection among married women at selected rural area- a descriptive study
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ABSTRACT

Background: According to WHO 448 million new STI/RTI occur annually among adults aged 15-45 yrs. World Bank estimates that STI/RTI (excluding HIV) account for 8.9% of disease burden among women aged between 15- 45yrs. In India, the prevalence of self reported STI/RTI among 15- 45yrs was found to be 21.9%. Women are reluctant to seek medical treatment because of lack of privacy, lack of knowledge and less female doctors, cost of treatment and their substantial socioeconomic status. Objectives: 1.To assess the existing level of knowledge on reproductive tract infection among married women. 2. To associate the knowledge on reproductive tract infection among married women with selected demographic variables. Setting: The study was conducted in selected rural area at kancheepuram district, TamilNadu, India. Participants: 100 Married women between the age group of 18 – 45years. Methods and Materials: Quantitative research approach was used. Samples were selected through non probability convenient sampling technique. The investigator used the demographic variable performa and structured knowledge questionnaire on RTI. The tool was validated reliability was established. Results: Most of them are between the age group of 28 – 37 years. 95% of them gave child birth in the hospital. 76% of them had no previous history of reproductive tract infection, 65% of them seek treatment from Doctor for RTI and 34% of women had white discharge and back pain as sign of reproductive tract infection. 64% had inadequate knowledge on RTI. There was a significant association between the educational status of the women and the knowledge of reproductive tract infections. Conclusion: Most of the women were not aware that poor menstrual hygiene is the primary cause for reproductive tract infection. Hence there is a need for effective behavioral change education package to create awareness among the women.

Introduction
Reproductive tract infections (RTIs) including sexually transmitted infections (STIs) are recognized as public health problem and rank second as the cause of healthy life lost among women of reproductive age after maternal morbidity and mortality in the developing countries. Emerging epidemics of Acquired immunodeficiency syndrome (AIDS) and identification of STIs as a co-factor in its acquisition have made the control of these infections as one of the strategies imperative to decrease the transmission of HIV/AIDS. In World over 340 million people are affected by RTI/STIs, out of which 30 million reside in India (MOHFW). In India, the prevalence of self reported STI/RTI among 15- 45yrs was found to be 21.9%. Most of the available data on RTI are from hospital and clinical based, and community based studies are less commonly conducted. But it gives better estimate of prevalence. The investigator also noticed during her service in the rural community areas, women had poor menstrual hygiene, perineal hygiene and they are unaware of prevention strategies of reproductive tract infection.

To best of my knowledge there are no studies conducted in selected rural area. Hence the researcher aimed to assess their level of knowledge on RTI among married women.

Aim: To assess the knowledge on RTI among married women.

Objectives:
1. To assess the existing level of knowledge on reproductive tract infection among married women.
2. To associate the knowledge on reproductive tract infection among married women with selected demographic variables.

Materials and Methods
i) Setting and participants: Study was conducted in selected rural area at kancheepuram District. About 100 married women were selected between the age group of 18 – 45 years. Non probability convenient sampling technique was used to select the samples.
ii) Tools and Techniques: Demographic variable Performa and structured knowledge questionnaire on Reproductive tract infection were used to collect the data. The tool consisted of 30 multiple choice questions related to meaning,
signs and symptoms, prevention and management of RTI. Content validity was got from the experts in the Nursing and medicine. Reliability was established through split half method, r value was 0.85.

**iii) Description of Intervention:** One to one interview schedule was used to collect the data. Each study participants were allotted 30 minutes.

**iv) Ethical Considerations:** Institutional ethical committee clearance was obtained. Purpose of the study was explained and written consent was obtained from all the study participants. Confidentiality was maintained throughout study.

**v) Statistical Methods:** Descriptive statistics like mean, frequency percentage, and Standard deviation was used. Inferential statistics like chi - square was used to find out the association between the knowledge and demographic variables of study participants.

**Results**
Most of them are between the age group of 28 – 37 years. 95% of them gave child birth in the hospital. 76% of the married women had no previous history of reproductive tract infection, 94% were home maker, 84% had no history of abortion, 70% of the women adopted permanent family planning methods, 54% of the women had menstrual cycle in interval of 32 days. 65% of them seek treatment from Doctor for RTI and 34% of women had white discharge and back pain as sign of reproductive tract infection.

64% had inadequate knowledge on RTI. There was a significant association between the educational level of the women and the knowledge of reproductive tract infections. ($\chi^2 = 8.984$) at $p < 0.05$ level.

The below table reveals that the overall knowledge mean score was 44.75 with standard deviation of 14.31 and maximum score was 100 minimum score was 25.

**Discussion**
The first objective of the study was to assess the existing level of knowledge on reproductive tract infection among married women.

**Figure: 1** Percentage distribution for knowledge of reproductive tract infection among married women in rural area.

<table>
<thead>
<tr>
<th>Adequate</th>
<th>Moderately adequate</th>
<th>Inadequate</th>
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<tbody>
<tr>
<td>8%</td>
<td>28%</td>
<td>64%</td>
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**Table 1: Mean and standard deviation of knowledge regarding reproductive tract infection of married women**

<table>
<thead>
<tr>
<th>Overall knowledge score</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Range</th>
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<tr>
<td></td>
<td>44.75</td>
<td>14.31</td>
<td>25 – 100</td>
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Study reveals that 64% of them had inadequate knowledge, 28% had moderately adequate knowledge and 8% had adequate knowledge regarding reproductive health.

Shailendra K. B. Hegde, Twinkle Agrawal, Naveen Ramesh, (2013)\(^2\) conducted a community-based cross-sectional study to assess the knowledge and estimate the prevalence of RTIs, and treatment seeking behavior regarding RTI in a peri-urban underprivileged area, in Bangalore where all ever-married women in the reproductive age group were interviewed using a pre-structured and pre-tested schedule. 179 women participated in the study. The mean knowledge score was found to be 3.78 (±2.3) and the maximum score was found to be 10. The age-specific RTI prevalence was highest in the 15 to 19 years age group (30%), with most common symptom being white discharge per vagina (43.7%). Knowledge regarding RTI was poor while the prevalence of RTI was high (26.8%) and the treatment-seeking behavior was inadequate.

**The second objective of the study was to associate knowledge with selected demographic variables among married women.**

There was a significant association between the educational level of the women and the knowledge of reproductive tract infections. ($\chi^2 = 8.984$) at $p < 0.05$ level. Other variables are not associated.

**Conclusion**

Poor reproductive health is the major cause of reproductive tract infection. Most of the women were not aware that poor menstrual hygiene is the primary cause for reproductive tract infection. Women should follow regular annual checkup and good personal hygiene. The good hygiene may prevent many diseases especially the reproductive tract infections. Hence women need effective awareness through behavioral change communication package on RTI.

**Source of support:** Nil

**Conflict of Interest:** Nil

**Acknowledgement**

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**References**

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