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Research Paper

Reproductive Tract Infections Among Currently Married Females in Andhra Pradesh

Social Science

KEYWORDS :

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ABSTRACT

The term reproductive tract infections (RTIs) refer to a variety of infections affecting the lower and upper reproductive tract of men and women. RTIs have lot more impact on women's health with special reference to the sexually transmitted and other reproductive tract infections. The variation in magnitude and nature of RTIs across women with different socio-economic and demographic characteristics has been discussed in the present paper. More than 51 per cent of the respondents are suffering from moderate severity of RTI diseases and majority of the respondents of below 25 years of age (51.4 %) are suffering from high severity of RTI diseases.

INTRODUCTION

The term reproductive tract infections (RTIs) refer to a variety of infections affecting the lower and upper reproductive tract of men and women. However, RTIs show, what Dixon-Mueller and Wasserheit (1991) call "gender asymmetry" and Hatcher et al. (1989) refer to as "biological sexism". Uninfected women are more susceptible to acquire an infection from infected male partner than an uninfected male from an infected woman, and women are likely to suffer more serious and long-term consequences, like, pelvic inflammatory disease (PID), ectopic pregnancy, cervical cancer and infertility. These consequences could be particularly confounding in most developing countries where woman's status in the society, and even within the family, is usually dependent on her fertility. To make things worse, RTIs in many cases are asymptomatic among women, making their detection and diagnosis difficult. Despite such grave consequences, policy makers and health planners in developing countries have not given much attention to these infections.

RTIs have lot more impact on women's health with special reference to the sexually transmitted and other reproductive tract infections. The study was based on the data collected both from secondary and primary sources and to understand the various aspects of prevalence of STDs and RTIs among 600 women. Most commonly reported symptom of STI was itching or irritation or ulcers related to vaginal discharge followed by severe abdominal pain related with the discharge. Most of the women affected with RTIs had symptoms such as urinal tract infections, pain in abdomen or vagina during intercourse and spotted blood after intercourse. The reasons for not going for treatment were "shyness", "needed no treatment as they were common among women" and "financial problems".

OBJECTIVE

To probe the variation in magnitude and nature of RTIs across women with different socio-economic and demographic characteristics.

METHODOLOGY

The present study avails both primary and secondary data. These were: conducting a questionnaire. The questionnaire included aspects of women's lives that were probable to have relation with having RTIs. These factors included: economic status, education, obstetric and gynaecological history, contraceptive history, hygiene practices, knowledge regarding RTIs and their experiences of RTI symptoms.

Research Design

The clinical study method was adopted to carry out the present work. The sample unit was the females in the age group of 15-49 years with experience or RTI/STIs and their husbands. The study was planned in Two district general hospitals located at Tirupati and Kadapa cities in Andhra Pradesh . the district wise samples selected are shown in the Table.

Sample Design

Sl.No.	Region	District	Total
1	SVRR Hospital (RUIA) Tirupati	300 (Females & Husbands)	300
2	Government General Hospital	300 (Females & Husbands)	300
Total			600

RESULTS AND DISCUSSION

The variation in magnitude and nature of RTIs across women with different socio-economic and demographic characteristics has been discussed below.

SEVERITY OF RTI DISEASES

The information on the severity of RTI diseases on respondents has been elicited and presented in the Table 1.

The severity of RTI diseases was estimated through an index const4ructed based on the related aspects like level affection with infections viz.,

a) Frequency of micturation, b) Pain during micturation ,c) Urethral discharge ,d) Pain in lower abodomin, e) Genital ulcery , f) Genital warts, g) Bleeding after sexual , h) Dyspabrunia i) Low backache , j) Vaginal discharge , k) ingunial bubo, l) opthalmia neonatram and suffering with disease like.

Gonorrhoea, trichomonas virginals, herpes simplex, human papilloma virus, Chlamydia trachomatis, human immune deficiency virus, genital ulcers, Genital urethritis, cadida trachomonas, Chlamydia confidiases, syphilis, Non-specific inflammations, streptococci, staphylococci & scherichiacoli, enterococci.

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Based on the score on the above index the patients were devided to three groups viz., less severity (7.3%) moderate severity 51.2% and high severity (41.5%).

Severity of RTI diseases

The information on the severity of RTI diseases on respondents basing on their has been elicited and presented in the Table 1.

Table 1
Severity of RTI diseases on Respondents

S.No		Severity of RTI diseases in Respondent			Total
	Age	Low	Moderate	High	
1	Below 25 years	11	56	71	138
8.0%			40.6%	51.4%	100.0%
2	25 - 30 years	5	50	51	106
		4.7%	47.2%	48.1%	100.0%
3	30-35 years	15	99	69	183
		8.2%	54.1%	37.7%	100.0%
4	Above 35 years	13	102	58	173
		7.5%	59.0%	33.5%	100.0%
Total 7.3%		44	307	249	600
		51.2%	41.5%	100.0%	
Chi- square value : 14.66* p-value:0.023					

Regarding experience status of RTI among wives 307 respondents (51.2 %) had moderate, 249 respondents (41.5 %) had high and 44 respondents (7.3 %) have less severity of RTI diseases. Among the respondents suffering from high severity of RTI diseases, majority of the respondents (51.4 %) belong to below 25 years of age. The moderate severity was observed more among those aged above 30 years (54% for 30-35 group and 59% for above 35 years group). The Chi-square value is significant at 5 per cent level and hence it can be inferred that there is substantial relation between the age and severity of RTI diseases of the respondents.

Among all the respondents majority were suffered with moderate severity (51.2%) followed by 41.55 with high severity and only 7.3% with less severity.

7.2.1.2.1 Residence & Severity of RTI

The information on the level of RTI symptoms basing on the residence of the respondents has been elicited and presented in the Table.2.

Table.2
Residence and Severity of RTI diseases

S.No.		Severity of RTI diseases			Total
	Residence	Less	Moderate	High	
1	Rural	15	137	160	312
		4.8%	43.9%	51.3%	100.0%
2	Urban	29	170	89	288
		10.1%	59.0%	30.9%	100.0%
Total 7.3%		44	307	249	600
		51.2%	41.5%	100.0%	
Chi-square value: 27.33** p-value: 0.000					

The table portrays that 307 respondents (51.2 %) had moderate, 249 respondents (41.5 %) have high and 44 respondents (7.3 %) have low severity of RTI diseases. Among the respondents suffering from high severity of RTI diseases, majority of the respondents (51.3 %) belong to rural areas, followed by moderate severity 43% and less severity 4.8%. Among urban residents majority had suffered with moderate severity (59%) followed by 30% with high and 10% with less severity. Thus, the severity of RTI was more among rural residents compared to urban counterparts. The Chi-square value is significant at 1 per cent level and hence it can be inferred that residence has lot of impact on severity of RTI diseases of the respondents.

Religion & Experience of RTI

The information on the level of RTI experience of diseases basing on the residence of the respondents has been elicited and presented in the Table.3.

Table.3
Religion and Severity of RTI diseases

S.No	Religion	Severity of RTI diseases in Respondent			Total
		Low	Moderate	High	
1	Hindu	37	242	194	473
		7.8%	51.2%	41.0%	100.0%
2	Muslim	5	24	23	52
		9.6%	46.2%	44.2%	100.0%
3	Christian	2	41	32	75
		2.7%	54.7%	42.7%	100.0%
Total 7.3%		44	307	249	600
		51.2%	41.5%	100.0%	
Chi-square value: 3.331 p-value: 0.504					

Among the respondents suffering from high severity of RTI diseases, majority of the (42.7 %) belong to Muslim religion, followed by christens (44.2%) in Christians, and almost equally among Hindus (41.0%). Same is the case regarding moderate levels. The Chi-square value is insignificant and hence it can be inferred that there is no association between religion and severity of RTI diseases of the respondents.

Occupation and Experience of RTI

The information on the level of RTI experience basing on the occupation of the respondents has been elicited and presented in the Table.4.

Table.4
Occupation and Severity of RTI diseases

S.No	Occupation	Severity of RTI diseases in Respondent			Total
		Low	Moderate	High	
1	Employed	7	93	55	155
		4.5%	60.0%	35.5%	100.0%
2	Part- time employed	5	28	14	47
		10.6%	59.6%	29.8%	100.0%

3	House wife	29	157	149	335
		8.7%	46.9%	44.5%	100.0%
4	Labourer	1	6	10	17
		5.9%	35.3%	58.8%	100.0%
5	Self employment	0	14	6	20
		0.0%	70.0%	30.0%	100.0%
6	Agriculture	2	9	15	26
		7.7%	34.6%	57.7%	100.0%
Total 7.3%		44	307	249	600
		51.2%	41.5%	100.0%	
Chi-square value: 19.66* p-value: 0.033					

More than half of the labourers (58.3%) and Agriculturists (57.7%) and nearly half of the housewives have reported as experienced with high severity of RTI diseases. The moderate experience was reported more by self employed group (70%) followed by employees (60%) and part – time employees (59.6%). Only little proportion from all the occupational groups expressed as experienced with less severity (7.3%). The Chi-square value is significant at 5 per cent level and hence it can be inferred that there is substantial relation between occupation and severity of RTI diseases of the respondents.

Education

The information on the status of RTI experience basing on the educational background of the respondents has been elicited and presented in the Table .5.

Table .5
Education and Severity of RTI diseases

S.No	Education	Severity of RTI diseases in Respondent			Total
		Less	Moderate	High	
1	No formal education	8	44	47	99
		8.1%	44.4%	47.5%	100.0%
2	Primary	6	45	45	96
		6.3%	46.9%	46.9%	100.0%
3	Secondary	15	107	76	198
		7.6%	54.0%	38.4%	100.0%
4	Higher education	15	111	81	207
		7.2%	53.6%	39.1%	100.0%
Total 7.3%		44	307	249	600
		51.2%	41.5%	100.0%	
Chi-square value: 4.294 p-value: 0.637					

A significant negative correlation between level of education and experience of RTI was noticed from the above table among the respondents suffering from high severity of RTI diseases, majority of the respondents (47.5%) have no education, followed by the respondents with primary education (46.9%), with secondary education (39%) and those with higher education (39%). However , more respondents with secondary education (54%) and higher education (54%) reported as suffered with moderate RTIs. The Chi-square value is insignificant and hence it can be inferred that there is no association between education and severity of RTI diseases of the respondents.

Family Type

The information on the status of RTI experience basing on the type of the family of the respondents has been elicited and presented in the Table .6.

Table.6
Family Type and Severity of RTI diseases

S.No	Family type	Severity of RTI diseases in Respondent			Total
		Less	Moderate	High	
1	Nuclear	34	247	185	466
		7.3%	53.0%	39.7%	100.0%
2	Joint	10	60	64	134
		7.5%	44.8%	47.8%	100.0%
Total 7.3%		44	307	249	600
		51.2%	41.5%	100.0%	
Chi-square value: 3.011 p-value: 0.222					

The status of experience of RTI diseases was more noticed from the respondents in joint families, as more of them (47.8%) reported as experienced with high severity compared to that from nuclear families (39.7%). The Chi-square value is insignificant and hence it can be inferred that there is no association between education and severity of RTI diseases of the respondents.

Annual Income

The information on the status of RTI experience basing on the annual income of the respondents has been elicited and presented in the Table.7.

Table.7
Annual Income and Severity of RTI diseases

S.No	Annual income	Severity of RTI diseases in Respondent			Total
		Less	Moderate	High	
1	<50000	2	8	11	21
		9.5%	38.1%	52.4%	100.0%
2	50001 - 100000	15	93	96	204
		7.4%	45.6%	47.1%	100.0%
3	100001 - 150000	14	73	72	159
		8.8%	45.9%	45.3%	100.0%
4	150001-200000	4	32	28	64
		6.3%	50.0%	43.8%	100.0%
5	>200000	9	101	42	152
		5.9%	66.4%	27.6%	100.0%
Total 7.3%		44	307	249	600
		51.2%	41.5%	100.0%	
Chi-square value: 20.66** p-value: 0.008					

A clear inverse relation was noticed between level of annual income of respondents and their status of experience of RTI disease. The status of high experience declined with increase in annual income. The high status of experience of RTI diseases was reported more among respondents with 50,000 and less annual income (52.4%) followed by 47% among with

income between 50,000 to 1,00,000, 45.3% , in the income group of 1000 to 1,50,000 , 43.8% in 1,50,000 to 2,00,000 group and least among those with more than 2,00,000 annual income. The Chi-square value is significant at 1 per cent level and hence it can be inferred that there is strong association between the annual income and severity of RTI diseases of the respondents.

CONCLUSION

The term reproductive tract infections (RTIs) refer to a variety of infections affecting the lower and upper reproductive tract of men and women. RTIs have lot more impact on women's health with special reference to the sexually transmitted and other reproductive tract infections. The variation in magnitude and nature of RTIs across women with different socioeconomic and demographic characteristics has been discussed in the present paper. More than 51 per cent of the respondents are suffering from moderate severity of RTI diseases and majority of the respondents of below 25 years of age (51.4 %) are suffering from high severity of RTI diseases. Around 39 per cent of the respondents have moderate level of RTI symptoms and majority of the respondents of above 35 years of age (37 %) have high level of RTI symptoms.

More than 51 per cent of the respondents are suffering from moderate severity of RTI diseases and majority of the rural respondents (51.3 %) are suffering from high severity of RTI diseases and majority of urban respondents (59 %) are suffering from moderate severity of RTI diseases. Majority of the Hindu respondents are suffering from high (30 %) as well as moderate (37.8 %) level of RTI symptoms and majority of Muslim respondents are suffering from moderate (42.3 %) level of RTI symptoms.

About 51 per cent of the respondents are suffering from moderate severity of RTI diseases and majority of the respondents of the secondary education (38.4 %) are suffering from high severity of RTI diseases and majority of the respondents (41 %) are suffering from moderate severity of RTI diseases. Majority of the respondents having higher education are suffering from high (30 %) as well as moderate (37.8 %) level of RTI symptoms and majority of Muslim respondents are suffering from moderate (42.3 %) level of RTI symptoms. More than 51 per cent of the respondents are suffering from moderate severity of RTI diseases and majority of the respondents of the nuclear as well as joint family have high severity of RTI diseases. Majority of the respondents of the pucca as well as semi-pucca/thatched house and nuclear as well as joint family have high severity of RTI diseases. Majority of the respondents (41.2 %) of the income group of Rs. 50001 – 100000 have moderate level.

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