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UTILISATION OF REPRODUCTIVE HEALTH SERVICE IN MARRIED WOMEN HAVING REPRODUCTIVE TRACT INFECTIONS IN RURAL AND PERI URBAN AREAS OF ALIGARH.

Dr. Shivangi Kumari	Senior Resident, Department of Community Medicine, Jawaharlal Nehru Medical College, Aligarh, Uttar Pradesh, India.
Prof. Saira Mehnaz	Professor, Department of Community Medicine, Jawaharlal Nehru Medical College, Aligarh, Uttar Pradesh, India.
Prof. M. Athar Ansari	Professor, Department of Community Medicine, Jawaharlal Nehru Medical College, Aligarh, Uttar Pradesh, India.
Dr. Ali Jafar Abedi	Assistant Professor, Department of Community Medicine, Jawaharlal Nehru Medical College, Aligarh, Uttar Pradesh, India.

ABSTRACT

Background: In spite of advances in the field of government health facilities and their services many females are still found to sought treatment for their reproductive issues in private set up.

Objective: (i) To find the prevalence of RTI .
(ii) To assess the utilization of Reproductive Health Services in women having STI/RTI.

Materials and Methods: A community-based cross-sectional study was conducted in peri urban and rural field practice area of peri urban health training center, and Rural Health Training Centre, J N Medical College, Aligarh, India. The data were collected by home visit using a pretested, structured, semi-open questionnaire from 500 married women of reproductive age group. Relevant statistical tests were applied. **Result:** The prevalence of RTI/STI was reported to be 40.2% in married women of reproductive age. We discovered that 74.7% of females with RTI/STI symptoms sought treatment in rural areas and 90.4% in peri urban areas. Women preferred government health facilities over private health facilities for seeking treatment, however only a tiny minority (8.7% in rural regions and 21.2% in peri urban areas) relied on private health facilities for treatment. **Conclusion:** Because of the far distances, long waiting times, and lack of drugs in government health facilities, as well as the low quality of services and attitude of health care providers, private health facilities remain the top choice for females. As a result, there is a need to address the issues that are impeding access to health care.

KEYWORDS : Reproductive Health services, cross-sectional study, utilization, peri urban area and rural areas.

INTRODUCTION

The enjoyment of the best possible health is one of the fundamental rights of every human being, regardless of race, religion, political beliefs, economic or social situation. Everyone has the right to control their health and body, including access to sexual and reproductive information and services that are free of violence and discrimination. [1]. Through infertility, malignancies, and pregnancy difficulties, STIs/RTIs have a direct impact on reproductive and child health, and they have an indirect impact through their involvement in facilitating the sexual transmission of human immunodeficiency virus. [2].

According to the World Health Organisation, "reproductive and sexual ill-health accounts for 20% of the global burden of ill-health for women and 14% for men." In 2010, the global Age-Standardized Death Rate (ASDR) and Years Lived with Disability (YLDs) for STDs other than HIV/AIDS were projected to be 1.6 per 100,000 people and 1298,000, respectively. [3]. The annual incidence of RTI/STI in India is estimated to be 5%, resulting in nearly 40 million new infections each year. RTI/STI affects around 40% of women in India at any given time, yet only 1% receive full treatment for both partners. [4] According to the National Family Health Survey-2, 39.2% of Indian women had one or more reproductive infections [5]. Married women are frequently hesitant to seek health care guidance due to a lack of privacy, a lack of female doctors at the health facility, and the high expense of treatment. Although there have been a few studies in this sector, the most of them are based on information gathered from clinics or hospitals. A large majority of women do not visit health care facilities unless the sickness is severe.[6]

MATERIALS AND METHODS

Study Design: The study was a community based cross-sectional.

Study Population: Total 500 married womenwere interviewed (250 both from rural and peri-peri urban area each).

Inclusion Criteria

1) All the married women in reproductive age group (15-45) residing in the registered areas of UHTC and RHTC for last 6 months.
2) All those who had given consent for the interview.
3) Those who were under treatment for RTI/STI.

Exclusion Criteria

1) All unmarried women of reproductive age group.
2) All married women beyond the reproductive age (15-45 years).
3) Those who had not given consent for the interview.
4) Women suffering from any other chronic illness Hypertension, DM type II, tuberculosis.

Study Area: Field areas registered under the UHTC and RHTC, Department of Community Medicine J.N.M.C.H Aligarh.

Sample Size: Sample Size was calculated taking prevalence rate of 47% taken from a study conducted in Etawah (Uttar Pradesh), absolute allowable error as 7% , confidence level =95% with non-response rate =10%. N came to be 223 rounded off to 250 in order to get better result. Total estimated sample size = 500 women were interviewed in all, 250 from rural area and 250 from peri urban area.

Sampling Method: Simple random sampling.

Data Collection Strategy: A list of all the registered households and eligible couple were collected from the respective study area from the data availableat the center. Required sample of married women of reproductive age group was selected by simple random sampling. Sample was drawn from each village/area was decided in proportion to the population of the village/area –Probability Proportionate to Size sampling. House to house survey was conducted. A pencil was dropped and the precise point noted that was a starting point, from there we moved in top to bottom direction.

If the married women of reproductive age group was not present at the time of visit then we moved to next household. Beginning of the study was done randomly by starting from a point in the first village/Mohallaand every married female in the family lying in the target group was counted as a sample, then moved to the next house. Same process was done in the other area to cover the required sample size.

Study Tool: A preformed and pre tested structured interviewschedule was used for the study.

Operational Definition: The symptoms mentioned under the WHO syndromic approach were used as the basis of finding the females with RTI.(6)

Ethical Approval: Ethical approval were obtained from the Institutional Ethics Committee, JNMCH, Aligarh.

Consent: Informed verbal consent was taken from each woman and was assured of confidentiality and their identity will not be revealed in any reports.

Data Analysis: The collected data were analyzed using IBM SPSS 20.0 Proportion, frequencies, $\chi 2$, and logistic regression were used to interpret the data.

RESULT

Table 1 Prevalence of Reproductive tract infections was found to be 40.2% with 37.6 % in peri urban and 42.8% in rural area.

Table 2 shows distance of health facility from area of residence, 59.2% houses were at a distance of more than 3 km in rural and 92.8% in area

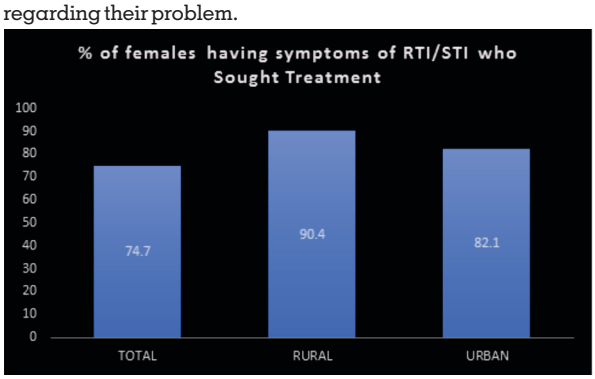
Table 3 shows (Females who started treatment) ,74.7 % females having symptoms of RTI/STI were found to have sought treatment in rural and 90.4 % in peri urban areas. The result was found to be statistically significant among the study group.

(Place for seeking treatment), 83.7 % symptomatic females opted for treatment from government set up in the rural areas while in peri urban area 69.4 % females preferred government health facility.8.7 % relied on private health facilities for the treatment in the rural areas whereas 21.2% of females in the peri urban areas. 7.6% in rural and 24.4% in Peri urban areas females having symptoms sought treatment from both public and government health facilities. Shows (females with any delay in treatment) ,15% females were found to sought treatment within 1 week of recognition of symptoms as a health problem in the rural areas whereas in 18.8 % females found in the peri urban areas.

Table 4 shows (Reason for Delay in treatment) There were females who took time more than 1 week for seeking treatment, reasons cited by them were, consider symptoms normal (38.2% in rural and 30.4% peri urban), lack of money at that time (20.5% in rural and 20.3% in peri urban), lack of time (26.4 % in rural and 37.7% in peri urban), others reasons like home remedies and quack's treatment (14.9% in rural and 11.6% in peri urban).25% of females having symptoms understood the need of seeking treatment by themselves in rural and 25.9 % in the peri urban area.

DISCUSSION

Prevalence of Reproductive Tract infections was found to be 42.8% in rural and 37.6%. In the peri urban area, residents' distance from the health facility was 3 km in 7.2% of females and > 3 km in 92.8% of females. The distance relationship was found to be statistically significant. Distance is an important factor in determining health-care utilization. Physical reach is one of the basic determinants of access, defined as "the ability to enter a healthcare facility within 5 kilometers of one's place of residence or work." [8]. In rural areas, 74.7% of females with RTI/STI symptoms sought treatment, while 90.4% sought treatment in peri urban areas. The study group's difference in treatment start time was found to be statistically significant. In line with this, mentioned 47.6% of the women with STIs/RTIs symptoms sought treatment [9]. In rural areas, 15% of females sought treatment within one week of recognizing symptoms as a health problem, whereas 18.8% of females identified this as a health problem in peri urban areas. This could be due to improved education and increased awareness of the importance of health. In rural areas,83.7% of symptomatic females sought treatment from government-run facilities, whereas in peri urban areas, Females (69.4%) preferred government health facilities, 83.75% of women from the rural area and 85.72% women of peri urban areas sought institutional health care facilities for their problems, and the government health care facilities were the most common place for treatment for the women of both areas[10]. In rural areas, 8.7% relied on private health facilities for treatment, whereas 21.2% of females in peri urban areas did. Females with symptoms sought treatment from both public and government health facilities in 7.6% of rural areas and 24.4% of peri urban areas. Private health facilities are more availed by the peri urban people due to ease of accessibility and to avoid long waiting time and to avoid the issue of unavailability of drugs. There were females who took time more than 1 week for seeking treatment, reasons cited by them were, consider symptoms normal (38.2% in rural and 30.4% peri urban), lack of money at that time (20.5% in rural and 20.3% in peri urban), lack of time (26.4 % in rural and 37.7% in peri urban), others reasons like home remedies and quack's treatment (14.9% in rural and 11.6% in peri urban).Similarly in the study by Gupta et al,[11] Prabhakar (2018) [12], Kinkor et al (2019)[13] Anitha et al (2016)[14] found that the reason for symptomatic women not seeking any treatment was the perception that their symptoms were normal25% of females having symptoms understood the need of seeking treatment by themselves in rural and 25.9 % in the peri urban area. This finding shows that in spite of the availability of government health facilities, a number of health programs females still hesitate and feel embarrassed to consult health practitioners regarding their problem.



Tables 1: Prevalence Of RTI

RTI/STI	Rural		Peri urban		Total	
	n	%	n	%	n	%
Present	107	42.8	94	37.6	201	40.2
Absent	143	62.4	156	57.2	299	59.8
Total	250	100	250	100	500	100

Table 2: Access To The Health Facilities

	Rural		Peri urban		Total	
	Rural	Peri urban	Total	Rural	Peri urban	Total
Start of treatment in females having RTI/STI (n=201) taking females with RTI/STI symptoms, both from rural and peri urban area.						
Yes	80	74.7	85	90.4	165	82.1
NO	27	25.3	9	9.6.	36	17.9
TOTAL	107	100	94	100	201	100
$\chi 2=10.5$ df = 2 P value = 0.005*						

Table 3: Start Of Treatment And Treatment Seeking Place

	Rural		Peri urban		Total	
	n	%	n	n	%	n
Distance from health facility(n=250)						

A) <3Km	102	40.8	18	7.2	120	24
B) >3 km	148	59.2	232	92.8	320	76
TOTAL	250	100	250	100	500	100
$\chi 2 = 22.6$ df =1 P value = <0.01*						

	Rural		Peri urban		Total	
	N	%	N	%	N	%
If Yes (n=165)						
a) Government Set up	67	83.7	59	69.4	126	25.2
b) Private Set up	7	8.7	18	21.22	25	5
c) Both	6	7.6	8	24.4	14	2.8
Total	80	100	85	100	165	100

Table 4: Reasons For Delay In Treatment

	Rural		Peri urban		Total	
	N	%	N	%	n	%
Delay in starting Treatment (took more than 1 week to start the treatment for RTI/STI)						
If yes(n=137) taking females with RTI/STI symptoms, in whom there was delay in treatment both from rural and peri urban areas.						
a)Consider symptoms normal	26	38.2	21	30.4	47	34.3
b) Lack of money at that time	14	20.5	14	20.3	28	20.4
c) lack of time	18	26.4	26	37.7	44	32.1
d)Others(Not Satisfied, distance)	10	14.9	8	11.6	18	13.7

Conflict of Interest

No conflict of Interest.

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