



A Study on Morbidity Pattern and Treatment Seeking Behavior of Women Regarding Reproductive Tract Infections

KEYWORDS

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ABSTRACT Objectives: 1. To study morbidity pattern and treatment seeking behavior of women regarding RTIs. 2. To know factors affecting treatment seeking behavior of women regarding RTIs.

Methodology: An institution based descriptive cross-sectional study in which 150 ever married women of age group 15-49 years were included. Data were collected in predesigned and pretested questionnaire. Statistical analysis was done using Epi-info software.

Results: Among women with RTIs symptoms about 22% of women had not taken any type of treatment and most common reason for not taking treatment was lack of knowledge (40%). Place of Residence, level of education and socio-economic class had factors which significantly associated ($p < 0.05$) with decision of women for not taking treatment of RTIs.

Conclusions: Socio-demographic factors have significant impact on decision of taking treatment for RTIs. Due to lack of knowledge and awareness regarding RTIs, large proportion of women with RTI symptoms did not take any treatment.

Introduction

Reproductive and sexual illness accounts for nearly 20% of the global burden of ill-health for women. World over 340 million people are affected by STIs, out of which 30 million reside in India. [1] Prevalence of STIs is significantly higher among women in developing countries. RTIs, excluding HIV constitute the second major cause of disease burden (after maternity related causes) in young adult women in developing countries.

District Level Household and Facility Survey-3 (DLHS-3) found a prevalence of 18.2% of RTI symptoms among ever-married women. Prevalence was higher in rural (19.6%) compared to urban areas (15.0%). [1] However baseline information on STI prevalence in India especially in general population which is necessary to formulate control strategies is lacking. [2]

About 40% of women in India are estimated to have RTI/STI at any given point of time, but only 1% completes full treatment of both partners. [3] Women run a greater risk of STDs/RTIs because they are biologically more susceptible than men, usually infected at a younger age than men, more likely to suffer from complications, limited in their ability to protect themselves from high-risk sex or to negotiate condom use with the partner, more apt to suffer from asymptomatic infections and remain untreated and less likely to seek treatment, even for symptomatic infections.

RTIs entail a heavy toll on women, if untreated can cause serious consequences of infertility, ectopic pregnancy, cervical cancer, menstrual disturbances, pregnancy wastage and low birth weight babies. [4] It is also important to note that STDs/RTIs are often asymptomatic in women, which complicates STDs/RTIs and HIV control efforts. Moreover, complications can be more serious when infection transmitted to the offspring of pregnant women.

Operationally reproductive health care includes prevention and treatment of RTI/STIs, HIV/AIDS, diagnosis and treatment for cervical cancers. [5] The World Health Organization (WHO) recommends the syndromes approach for the diagnosis and management of RTIs/STIs, [15] through which a health worker at the most peripheral level without using laboratory support, can diagnose RTIs and prescribe treatment or advise referral of the patient. [6]

In spite of the availability of low cost and appropriate technologies to manage STDs/RTIs in the primary health care setting most of the sexually transmitted infections remain hidden and unrecorded. Only a very small proportion of women (5-10%) suffering from the disease attend government health facilities. [7] There have been relatively few studies on health care seeking behavior among women in relation to Sexually Transmitted Diseases (STDs) and Reproductive Tract Infections (RTIs).

Keeping the above mentioned facts in view current study was undertaken to study health seeking behavior of women aged between fifteen and forty-nine years with special reference to those who had one or more symptoms of sexually transmitted diseases and reproductive tract infections or diseases.

OBJECTIVES

1. To study morbidity pattern of RTIs among women of reproductive age (15-49 years).
2. To study treatment seeking behavior of women regarding RTIs.
3. To know factors affecting treatment seeking behavior of women regarding RTIs.

MATERIAL AND METHOD

An institution based descriptive cross-sectional study was conducted in Obstetrics and Gynecology department of Chhattisgarh Institute of Medical Sciences, Bilaspur, Chhattisgarh from 1 May 2015 to 15 September 2015. Total 150

ever married women of age group 15-49 years who had any episode of RTIs/STIs in last six months were included in the study. Informed written consent were taken and after ensuring privacy of study participants, data regarding morbidity profile and treatment seeking behavior of women were collected in predesigned and pretested questionnaire. Statistical analysis was done using **Epi-info 7** for Windows and Chi-square test was applied.

RESULT

In the study period, among total 3480 OPD registrations in Obstetrics and Gynecology Department of Chhattisgarh Institute of Medical Sciences, Bilaspur Chhattisgarh, 150 (4.3%) ever married women who experienced either one or more episode of RTIs/STIs in last six months were included in the study. Morbidity pattern and treatment seeking behaviors of women regarding RTIs/STIs were studied.

Table 1:- Socio-demographic profile of study participants (n= 150)

Age	Frequency	Percentage (%)
15-25	44	29.33%
26-35	64	42.67%
36-49	42	28.00%
Nature of work	Frequency	Percentage (%)
Heavy	24	16.0%
Moderate	113	75.33%
Sedentary	13	8.67%
Residence	Frequency	Percentage (%)
Rural	100	66.66%
Urban	50	33.33%
Education	Frequency	Percentage (%)
Illiterate	26	17.33%
≤ 10 th school	75	50.00%
> 10 th school	49	32.66%
Occupation	Frequency	Percentage (%)
Unemployed	105	70.00%
Unskilled/Laborer	23	15.33%
Semiskilled/skilled/Professional	32	14.67%
Socioeconomic status*	Frequency	Percentage (%)
1(5571 & above)	7	4.67%
2(2786 -5570)	31	20.67%
3(1671-2785)	32	21.33%
4(837-1670)	44	29.33%
5(<836)	36	24.00%

*B G Prasad Socioeconomic status scale (Modified 2014)

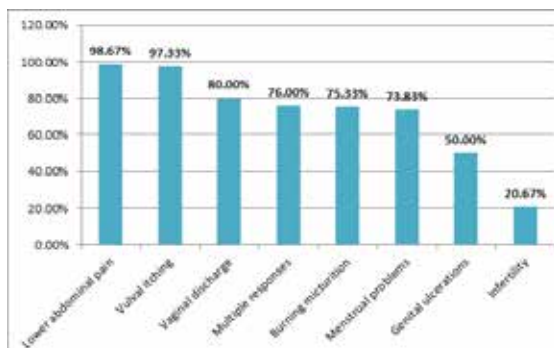


Fig 1- Distribution of RTIs (signs/symptoms) amongst study participants

Table 2:-Health seeking behavior of women for RTIs (n=150)

Treatment taken	Frequency (n= 150)	Percentage (%)
Yes	117	78%
No	33	22%
Treatment taken from	Frequency	Percentage (%)
Private doctor	61	40.94%
Govt. doctor	28	18.79%
AYUSH doctor	17	11.41%
Traditional healer	10	6.71%
Chemist	1	0.67%
Not taken	33	22.00%
Total	150	100.00%

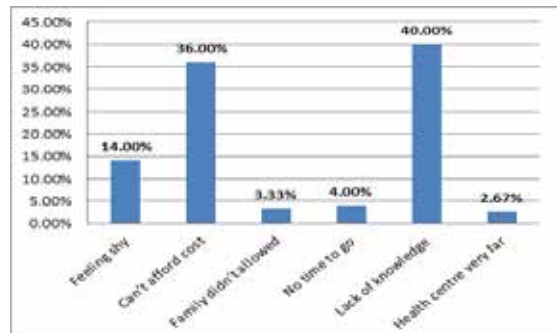


Fig2:- Reasons for not seeking health care (n=150)

Table 3:-Association socioeconomic characteristics of women with health seeking behavior (n=150)

Socio-demographic Profile	Treatment	Chi-square Test	Interpretation (p<0.05)	
Age	Taken (117)	Not Taken (33)		
	15-25	39	5	x ² = 4.94
	26-35	49	15	df =2
36-49	29	13	p=0.085	Not Significant
Residence	Taken	Not Taken		
	Rural	70	28	x ² = 7.11
	Urban	47	5	df = 1
			p=0.008	Significant
Nature of work	Taken	Not Taken		
	Heavy	16	8	x ² = 3.53
	Moderate	90	20	df =2
Sedentary	11	5	p=0.171	Not Significant
Education	Taken	Not Taken		
	Illiterate	18	8	x ² = 6.83
	≤ 10 th school	53	20	df =2
> 10	46	5	p=0.033	Significant
Occupation	Taken	Not Taken		
	Unemployed	82	23	x ² = 4.22
	Unskilled/laborer	14	9	df =2
Semiskilled/Skilled/Professional	9	1	p=0.121	Not Significant

SES scale (B G Prasad)	Taken	Not Taken		
1(5571 &above)	7	0		
2(2786 -5570)	30	1	$x^2= 11.5$	
3(1671-2785)	24	8	$df =4$	Significant
4(837-1670)	31	13	$p=0.021$	
5(<836)	25	11		

DISCUSSION

This institution based cross-sectional study was conducted to know morbidity pattern among RTIs cases in ever married women of age group 15-49 years and socio-demographic factors which influence the treatment seeking behavior of women regarding RTIs.

Findings of the study reveals that lower abdominal pain (98.67 %) was the commonest symptom, another 80% of women experienced 'abnormal vaginal discharge however three-fourth (76%) of women reported multiple signs and symptoms. Study conducted by **Anjana Verma et al** have found that vaginal discharge was reported as the most common symptom by the rural women (77%) followed by lower backache (51%).**[8]**

The preferred source of treatment by women with RTIs symptoms was a private doctor (40.9%) and only 18.79 % women had taken treatment from government doctors and 22% of women did not take any treatment. Our findings are similar to study of **Bhawsar et al. [9]** who also found that most of the women (54.6%) with symptoms of RTI/STI in Punjab did not receive treatment, 28.2% opted to be treated by a private doctor and only 6.2% by a government doctor. According to a national level study during September 2004-October 2005, the health seeking behavior among the general population of India showed that for STI/RTI treatment people preferred non-modern medicine (74%) over modern medicine qualified practitioners (12%) while 14% did not seek treatment. **[10]**

Among women who did not seek treatment for RTIs, maximum (40%) of women did not had knowledge, 36% did not seek treatment because it was expensive, other reasons includes shyness (14 %), no time to go (4 %), family did not allowed (3.3%) and due to health centre distance (2.6%), Other studies also shows women do not seek treatment for RTIs due to lack of awareness and knowledge, asymptomatic nature of RTIs and lack of treatment facilities. **[11,12]**. Similar result was also found in **Ravi RP, Kulasekaran RA** study among women who did not received treatment against RTIs, 82.3% of women perceived symptoms as normal, more than three fourth of women were shy (78.3%), lack of female health workers (69.6%) and inconvenient location of health facility (60.9%). **[13]**

Socio-demographic characteristics of women significantly affect the health seeking behavior regarding treatment of RTIs/STIs. Place of residence, low level of education and low socioeconomic class are significant factors which determine the treatment seeking behavior of women. Similar observation was found in study conducted by **Ravi RP, Kulasekaran RA** which revealed that women's education showed a positive association with health seeking behavior. Women belonging to upper socio-economic status are also 3 times more likely to seek treatment. **[13]**

CONCLUSIONS

Most common symptom of RTIs among women of reproductive age is lower abdominal pain, More than three fourth women had multiple signs and symptoms. When many members of a community have one or other prob-

lem of RTIs, there may be possibility to perceive the symptoms of RTIs to be normal. This is one of the important reason for seeking delay treatment.

Socioeconomic factors have significant impact on occurrence of RTIs among women of reproductive age. Low level of education of women and lower socioeconomic class significantly affect occurrence of RTIs among women of reproductive age group. Rural women are more common victim of RTIs probably due to lack of knowledge and awareness regarding RTIs.

Women suffering from RTIs preferred to seek treatment from private doctors. Only few of them had taken treatment from the government facility which indicates lack of confidence in health care system of government establishments. Moreover, about one fourth of patients did not seek any type of treatment and the most common reason reported was lack of knowledge followed by inability to afford cost of treatment. Thus increasing awareness about RTIs among women of reproductive age group can play an important role in changing health seeking behavior of these women in favor of early and prompt treatment.

There is need to educate women about reproductive health issues and encourage them to seek treatment for their problems and also encourage their partners to get treated at the same time. IEC and behavior change communication is required to achieve optimum level of reproductive health.

Since this study was hospital based, results obtained from this study have limited value as the study participants were not true representative of the population in the community. However, findings of this study will definitely provide valuable insights into the morbidity pattern of women with RTIs and their treatment seeking behavior.

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