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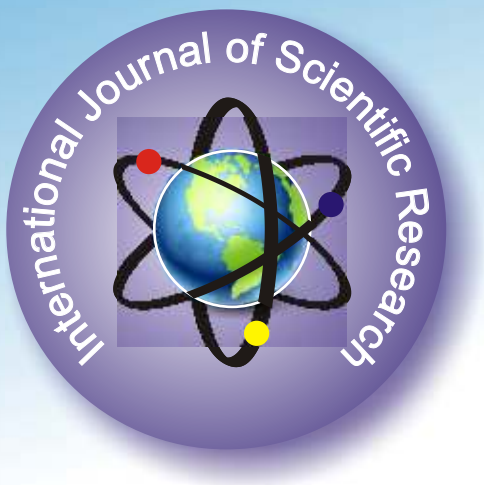

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Socio-Economic and Demographic Determinants of Reproductive Tract Infections (RTIs).

* Dr. K. JOTHY

Abstract

The Global disease burden of Reproductive Tract Infections (RTIs), including Sexually Transmitted Infections (STIs), is a major health concern. Research evidences till show that only a few studies have been sophisticated on gynecological morbidity. Similarly the studies that deal with obstetric morbidity are very limited. Hence it is necessary to examine the determinants of RTIs in relation with socio economic and demographic characteristics by making use of appropriate framework. With this background an investigation has been made in this study to analyze the linkages of socio economic and demographic variables of women and the prevalence of RTIs. The association between the socio economic and demographic characteristics and the symptoms of reproductive morbidity has been statistically verified with the use of Analysis of variance and Chi-Square test. Some Policy measures have also been suggested.

Keywords : Reproductive Tract Infections (RTIs), Sexually Transmitted Infections (STIs), Reproductive Morbidity

Introduction

In most regions there is a little organized health care for young women, yet their household roles within the contexts of worsening socio economic situations create special health problems. In the area of Sexual and Reproductive health, the onset of reproductive roles does not entitle the young women to their maternal and child health services or family planning services unless they are married and have children less than five years. High rates of Urbanization in developing countries have produced innumerable slums and squatters with very poor living conditions. The Global disease burden of Reproductive Tract Infections (RTIs), including Sexually Transmitted Infections (STIs), is a major health concern. Research evidences till show that only a few studies have been sophisticated on gynecological morbidity. Similarly the studies that deal with obstetric morbidity are very limited. Hence it is necessary to examine the determinants of RTIs in relation with socio economic and demographic characteristics by making use of appropriate framework. The prevalence of RTIs mainly depends upon the socio economic and demographic status of the people. Such studies will enable policy makers, administrators, health professionals and the academic community to understand the relation between the prevalence of RTIs and various socio economic and demographic characteristics of women. With this background an investigation has been made in this study to analyze the linkages of socio economic and demographic variables of women and the prevalence of RTIs.

Objectives

The Prime Objectives of this investigation are to

- study the symptoms of Reproductive morbidity of women with their socio economic and demographic characteristics.
- study the attitude towards and practice of Reproductive health care of the women.

Data and Methods

A representative sample of 250 women has been selected randomly from the mothers seeking treatment for their illness relating to Reproductive Tract Infections, as out-patients at the Stanley Medical college Hospital in Chennai. A detailed Schedule for adoption of the interview method to elicit information on socio economic and demographic characteristics of women and information relating to their treatment seeking behaviour for reproductive health problems and Reproductive Tract Infections has been used. The association between the socio economic and demographic characteristics and the Prevalence of RTIs has been tested with the help of the statistical tools like, Analysis variance (ANOVA) and Chi-square.

Results and Discussion

The women infected with RTIs have been classified with the symptoms associated with reproductive morbidity and their socio economic and demographic characteristics in the following table.

Table: 1, Percentage distribution of women by the symptoms associated with reproductive morbidity and selected socio-economic and demographic characteristics.

The above table shows the percentage distribution of women and the symptoms associated with their reproductive morbidity and certain socio-economic characteristics. It is observed that the middle aged women (i.e. age 20-24) with reproductive morbidity have experienced the symptoms of Genital discharge, lower abdominal pain, Itching, genital Ulcer, Burning sensation and Vaginal Inflamed. Nearly one-third of the women in the age group of 15-20 have experienced the symptoms of lower abdominal pain before their reproductive morbidity. Among the unmarried women nearly 48.5 percent and 30.0 percent have experienced the symptoms of Genital discharge and Lower abdominal pain respectively before their reproductive morbidity. A small proportion of women have symptoms of vaginal inflamed irrespective of their age at marriage before their reproductive morbidity, so the relation between the age at marriage and the type of symptoms is insignificant.

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As far as the educational level is concerned, it has no relation with the types of symptoms experienced by the women in the study area. While considering the zero parity women, nearly 44 percent of them have the symptoms of genital discharge. The other symptoms are experienced by a lesser number of women. Religion and caste have no role related with the symptoms experienced by women. House type and income level of the family are also factors not influencing the number of women who have experienced the symptoms of reproductive morbidity.

The association between the socio economic and demographic characteristics and the symptoms of reproductive morbidity has been statistically verified in the following section with the use of Analysis of variance and Chi-Square test. The ANOVA two ways model is applied for further discussion. The variation with respect to respondents' symptoms associated with reproductive morbidity is statistically identified as significant. The variations with respect to present age, age at marriage, educational status, parity status, religious status, caste, and house type and income levels of the respondents are statistically identified as significant with respect to respondents' symptoms associated with reproductive morbidity.

Women by Disease Type

The following table shows the percentage distribution of women by their disease and certain demographic characteristics. While cross- classifying the type diseases with women's age, the women at the younger ages are affected by Non-specific Genital discharge. Candid and the pelvic Inflammatory Diseases are the common diseases affecting all the women irrespective of age. Age at menarche has no relation with type of diseases. The relation between the demographic variables and type of diseases has been statistically verified with the use of Variance and Chi-Square tests in the following section.

The ANOVA two ways model is applied for further discussion. Hence, variation with respect to respondents' type of diseases and certain demographic characteristics is statistically identified as significant. The variations among chosen age group, age at menarche and age at menopause of respondents is statistically identified as significant with respect to respondents' type of diseases.

Summary

It is noted that more than 60 percent of the respondents reported complications of all types which are associated with low age at marriage that is less than 20 years. Genital discharge, Itching and Genital Ulcer are the common complications to all the respondents irrespective of their age at marriage. Lower abdominal pain, Burning Sensation, Vaginal Inflamed are the complications reported largely from the respondents of low age at marriage. The percentage of women taken antenatal care increases with the current age and age at marriage up to a certain level and decreases after the level. The cross classification also shows that there is a positive relation between educational status of women and those who have taken antenatal care. On the other hand, the percentage of women who have taken antenatal care has decreased with the increased parity. The percentage of women who have taken antenatal care is lower among Muslim women, higher among Schedule caste and Scheduled tribe women.

The home deliveries are more prevalent among higher aged women, women of lower age at marriage, illiterate and lower educational status women, higher parity women, Schedule caste and Schedule tribe women and women with lower family income. The institutional deliveries are higher among the women of lower age, higher age at marriage, educated women, lower parity women and women with higher family income. The variation among choose age group of respondents, age at marriage, educational status, parity, religion and caste are statistically identified as significant with respect to respondents place of occurrence of birth.

While analyzing statistically the symptoms associated with reproductive morbidity and selected Socio-economic and demographic characteristics, the variation among chosen age group of respondents, Age at marriage, Educational status, Parity, Religion, Caste, House type and family income is statistically identified as significant with respect to respondents' symptoms associated with reproductive morbidity. It is also revealed that the variation among chosen age group of respondents, age at menarche, and age at menopause of the respondents is statistically identified as significant with respect to respondent's type of diseases.

Policy suggestions

While analyzing the socio-economic and demographic status of the respondents, the genital status of respondents, the general status of the women is lower among the women infected with RTIs than women,

-Further steps are to be taken in order to improve the status of women as it closely associated with the prevalence of reproductive tract infection among women.

The mean age of the respondent affected with RTIs is calculated as 32.7 years.

-Hence, intensive awareness programmes are to be organized to create awareness among women about RTIs, importance of seeking health care, and the preventive methods of Reproductive Tract Infections particularly among the middle aged women i.e, 30-40 years.

More than 60 percent of the women under study reported complications of all types, which are associated with low age at marriage i.e, below 20 years.

-Government should take initiatives to rise the minimum legal age for marriage to 24 and 21 years for boys and girls respectively.

Genital discharge, Itching and Genital Ulcer are the common complications to all the women under study irrespective of their age.

-Effective measures are to be taken to provide special health care facilities to women experiencing the symptoms of Genital discharge, Itching and Genital Ulcer to prevent them from contracting at the initial stage.

Women at the younger ages are affected more by Non-specific Genital Discharge.

-Intensive health education, awareness creation, motivation programmes are to be organized for the younger girls in order to curb the diseases among young girls.

Table: 1, Percentage distribution of women by the symptoms associated with reproductive morbidity and selected socio-economic and demographic characteristics.

Socioeconomic demographic characteristics	Symptoms associated with reproductive morbidity						Total
	Genital discharge	LAP	Itching	Genital ulcer	Burning sensation	VI	
Age of the respondents							
10-15	10(6.25)	5(31.2)	-	-	-	1(6.25)	16
15-20	16(43.2)	12(32.4)	3(8.1)	2(5.4)	4(10.8)	-	37
20-25	19(33.3)	10(11.5)	8(14)	8(14)	10(17.5)	2(3.5)	57
25-30	40(27.9)	24(16.7)	30(20.9)	21(14.6)	23(16)	5(3.4)	143
30-35	42(27)	20(12.9)	32(20.6)	31(20)	23(14.8)	7(4.5)	155
35-40	38(30.8)	11(8.9)	24(19.5)	22(17.8)	18(14.6)	10(8.1)	123
40-45	20(28.9)	10(14.4)	14(20.2)	12(17.3)	11(15.9)	2(2.8)	69
45-50	14(23.7)	10(16.9)	13(22)	10(16.9)	11(18.6)	1(1.6)	59
50-55	7(26.9)	5(19.2)	4(15.3)	5(19.2)	5(19.2)	-	26
55+	5(17.8)	5(17.8)	9(32.1)	3(10.7)	4(14.2)	2(7.1)	28
Age at marriage							
Unmarried	34(48.5)	21(30)	5(7.1)	3(4.2)	6(8.5)	1(1.4)	70
14-16	31(28.7)	14(12.9)	21(19.4)	19(17.5)	14(12.9)	9(8.3)	108
16-18	36(28.1)	18(14)	28(21.8)	15(11.5)	24(18.7)	7(5.4)	128
18-20	46(26.9)	25(14.9)	33(19.2)	30(17.5)	32(18.7)	5(2.9)	171
20-22	37(26.2)	23(16.3)	28(19.8)	26(18.4)	22(15.6)	5(3.5)	141
22-24	17(29.8)	9(15.7)	14(24.5)	12(21)	4(7.0)	1(1.7)	57
24-26	9(26.4)	2(5.8)	7(20.5)	9(26.4)	6(17.6)	1(2.9)	34
26+	1(25)	-	1(25)	-	1(25)	1(25)	4
Educational status							
Illiterate	44(28.7)	21(13.7)	35(22.8)	22(14.3)	23(15.0)	8(5.2)	153
Primary	50(29.7)	27(16)	30(17.8)	26(15.4)	29(17.2)	6(3.5)	168
Middle	27(30.3)	12(13.4)	19(21.3)	12(13.4)	16(17.9)	3(3.3)	89
Secondary	44(29.5)	25(16.7)	27(18.1)	29(19.4)	20(13.4)	4(2.6)	149
Higher Second	33(35.1)	17(18.0)	13(13.8)	13(13.8)	12(12.7)	6(6.3)	94
Degree	13(21.6)	10(16.6)	13(21.6)	12(20)	9(15)	3(5)	60

Socioeconomic demographic characteristics	Symptoms associated with reproductive morbidity						Total
	Genital discharge	LAP	Itching	Genital ulcer	Burning sensation	VI	
Parity							
0	51(44.7)	27(23.6)	12(10.5)	10(8.5)	11(9.6)	3(2.6)	114
1	38(26.7)	20(14)	27(19)	25(17.6)	22(15.4)	10(7.0)	142
2	64(25)	37(14.5)	57(22.3)	47(18.4)	40(15.6)	10(3.9)	255
3	36(30)	18(15)	21(17.5)	20(16.6)	22(18.3)	3(2.5)	120
4+	22(26.8)	10(12.1)	20(24.3)	12(14.6)	14(17)	4(4.8)	82
Religion							
Hindu	160(30.5)	82(15.6)	98(18.7)	82(15.6)	78(2.8)	25(4.8)	525
Muslim	24(27.9)	14(16.2)	18(20.9)	13(15.1)	14(16.2)	3(3.4)	86
Christian	27(26.4)	16(15.6)	21(20.5)	19(18.6)	17(16.6)	2(1.9)	102
Caste							
SC/ST	68(29.0)	34(14.5)	45(19.2)	34(14.5)	40(17.0)	13(5.5)	234
MBC	59(30.1)	29(14.7)	36(18.3)	37(18.8)	27(13.7)	8(4.0)	196
BC	80(29.5)	47(17.3)	54(19.9)	42(15.4)	40(14.7)	14(4.6)	271
OC	4(33.3)	2(16.6)	2(16.6)	1(8.3)	2(16.6)	1(8.3)	12
Type of House							
Thatched	2(50)	2(50)	-	-	-	-	4
Huts	25(29.7)	15(17.8)	19(22.6)	12(14.2)	11(13.0)	2(2.3)	84
Tiled	100(30.9)	47(14.5)	64(19.8)	46(14.2)	52(16.0)	14(4.3)	323
Terraced	84(27.8)	48(15.8)	54(17.8)	56(18.5)	46(15.2)	14(4.6)	302
Family Income							
0-2000	16(27.1)	12(20.3)	13(22)	10(16.9)	7(11.8)	1(1.6)	59
2000-4000	41(27.7)	24(16.2)	33(22.2)	22(14.8)	24(16.2)	4(2.7)	148
4000-6000	105(31.9)	48(14.5)	59(17.9)	49(14.8)	53(16.1)	15(4.5)	329
6000-8000	19(26.0)	12(16.4)	14(19.1)	14(19.1)	13(17.8)	1(1.3)	73
8000-10000	30(28.8)	16(15.3)	18(17.3)	19(18.2)	12(11.5)	9(8.6)	104

Table: 2, Percentage distribution of women by type of diseases and certain demographic characteristics

Demographic characteristic	Type of diseases							
	Candid	BV	Trichomo niasi	PID	HIV	Infertility	Others	NSGD
Age of the respondents								
10-15	-	-	-	-	-	-	1(10.0)	9(90.0)
15-20	3(18.7)	-	-	-	-	1(6.25)	1(6.25)	11(68.7)
20-25	4(14.8)	1(3.7)	1(3.7)	4(4.2)	-	9(33.3)	2(7.4)	6(22.2)
25-30	12(25.5)	-	4(8.5)	12(25.5)	2(4.2)	5(10.6)	12(25.5)	-
30-35	17(31.6)	1(2.1)	3(6.3)	10(21.2)	-	1(2.1)	15(31.9)	-
35-40	14(31.8)	-	2(4.5)	11(25)	2(4.5-)	-	15(34.9)	-
40-45	9(40.9)	1(4.5)	-	4(18.1)	-	-	8(36.3)	-
45-50	7(43.7)	2(12.5)	-	2(12.5)	-	-	5(31.2)	-
50-55	3(33.3)	1(11.1)	-	1(11.1)	-	-	4(44.4)	-
55+	2(16.6)	-	1(8.3)	-	-	-	9(75)	-
Age at menarche								
≤10	-	-	-	-	-	-	-	1(100)
11-13	3(15)	1(15)	-	2(10)	-	1(5)	11(55)	2(10)
13-15	38(30.1)	2(1.5)	8(6.3)	24(19.04)	3(2.3)	6(4.7)	30(23.8)	15(11.9)
15-17	28(28.8)	3(3.09)	3(3.09)	18(18.5)	1(1.03)	9(9.2)	27(27.8)	8(8.2)
17+	2(33.3)	-	-	-	-	-	4(66.6)	-
Age at menopause								
≤30	56(27.3)	3(1.4)	10(4.8)	40(19.5)	3(1.4)	16(7.8)	51(24.8)	26(12.6)
30-35	5(50)	-	-	1(10)	1(10)	-	3(30)	-
35-40	-	-	-	-	-	-	2(100)	-
40-45	6(28.5)	2(9.5)	1(4.7)	2(9.5)	-	-	10(47.6)	-
45+	4(33.3)	1(8.3)	-	1(8.3)	-		6(50)	-

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