VOLUME-6 | ISSUE-1 | JANUARY-2017 • ISSN No 2277 - 8179 | IF : 3.508 | IC Value : 78.46

REPRODUCTIVE HEALTH PROFILE OF WOMEN ATTENDING RTI/STI CAMP IN A RURAL AREA OF NORTHERN DISTRICT OF KERALA STATE

Gynaecology

KEYWORDS: RTI/STI camp, reproductive morbidity, cervicitis, vaginitis AnnaGlasier,A

DR LAILA SHAKIR	DEPARTMENT OF COMMUNITY MEDICINE ,GOVERNMENT MEDICAL COLLEGE, KOZHIKODE, KERALA
DR PRIYA CHANDRAN	DEPARTMENT OF COMMUNITY MEDICINE ,GOVERNMENT MEDICAL COLLEGE, KOZHIKODE, KERALA
DR JAYAKRISHNAN T	DEPARTMENT OF COMMUNITY MEDICINE ,GOVERNMENT MEDICAL COLLEGE, KOZHIKODE, KERALA

ABSTRACT

Background; Reproductive Tract Infection/Sexually Transmitted Infection is a major public health issues among women especially those of low socioeconomic status. Early diagnosis and treatment prevents serious complications and sequelae viz. infertility, foetal wastage, PID. OBJECTIVE of this study was to assess the socio demographic characteristics and Reproductive morbidity of women attending the RTI/STI camp **Study design;** Community based Crossectional **Methodology:** ASHA workers of CHERUPPA PHC were given a sensitization class on symptoms of RTI/STI and asked to direct those women with symptoms from their respective field areas to attend a RTI/STI camp on a fixed date. A camp was conducted for 5 sub centre areas and women attending the camp were examined by gynaecologist after getting their informed consent. Data collected were analysed **RESULTS:** 207 ladies attended the camp. Mean age of the women were 35.95yrs (SD +10.02). Majority of the women (56%) had high school education .Age at menarche ranged from 10-19years with a mean of 13.7yrs (SD + 2.2). 91.5% women were home makers and 27.5 % ladies were from BPL Family 94% of women were married. 23.2% of women gave history at least one abortion . 44 % underwent Post Partum Sterilization; Cu T use was only 2.4%. The main symptoms were, vaginal discharge (29%), vulval itching (19%), irregular periods16.9%, abdominal pain 15% . Per speculum examination revealed cervical erosion in 7%, cervix hypertrophied in 19%, cervical congestion in 12% cystocele in 5.5 % and rectocele in 4% cases. Major reported morbidity in this camp were cervicitis, (21%), vaginitis, (19%) DUB (11%)pruritis vulva (5%), incontinence of urine (2%), prolapsed uterus (2%), fibroid uterus (1%). **CONCLUSION** - Periodic sub centre level RTI/ STI camps, if introduced can be effective tools for the control and prevention of RTI/STI in our setting.

Introduction

Reproductive tract infections (RTIs) are common health problem of younger population. RTIs are infections of the genital tract, which include endogenous infections (i.e. overgrowth of endogenous micro-organisms normally found in the vagina), iatrogenic infections (i.e. infections provoked by medical interventions) and sexually transmitted infections (STIs). Reproductive tract infections and sexually transmitted diseases (STDs) represent a major public health problem in developing countries [1]

International Conference at Cairo on population and development in 1994 defined reproductive health as the right of access to appropriate health care service that will enable women to go safely through pregnancy and child birth constellation of methods techniques and services that contribute to reproductive health and well being by preventing and solving reproductive health problems [2]Women are more prone to RTIs than men due to their biological susceptibility and Infections of genital tracts are one of the most neglected diseases among women. In 1990 the Global Burden of Disease study, using a narrow subset of possible reproductive morbidities, estimated that 21.9% of the disability-adjusted life years (DALYs) lost by women aged 15–44 years were attributable to reproductive ill-health [3]. The range was from 39.7% in sub-Saharan Africa to 8.6% in Established Market Economies; the value for India was 27.4%. Subsequent studies on the burden of reproductive ill-health have used six alternative definitions of reproductive health and a correspondingly wide range of estimates was obtained [4]. Reproductive ill-health accounts for 20% of the global burden of disease for women [5]. A study on the prevalence reproductive tract infection and sexually transmitted diseases among married women in the reproductive age group in a rural area by Savitha Sharma et al shows prevalence of 51.9 % [6]

The community based studies in India shows that the range of self reported morbidity vary from 39-84% and Many of Indian studies are based on clinical examination and a few are based on laboratory tests. Community based prevalence study of reproductive tract infection revealed that 49 % prevalence in rural area of Agra,UP[7], 70%.Haryana [8]and low prevalence was observed in slum- 21.6% and rural area-17.7% of Chandigarh [8,9]. Reproductive health is very important and crusial in delivering the vision of "a world where every pregnancy is wanted , every child birth is safe , and every young person's potential is fulfilled" National family health survey for the year 2005-2006 reported that one-third (36 percent) of the women have a BMI below 18.5 and almost half of women had reproductive tract infections [10]

Conducting RTI/ STI medical camps for ladies in remote area will help in the early detection of reproductive tract illness in area where the accessibility to health care facility is less. This study was to assess the pattern of reproductive morbidity among women attending RTI camps. Regular monthly or bi monthly camps in primary health care area may be effective in early detection of RTI/STI and preventing their complications especially among women who were often neglecting their reproductive health due to illiteracy, poverty, reluctance to disclose the symptoms or any other reason. The type reproductive morbidity may vary in the community and between rich and poor also urban/rural.

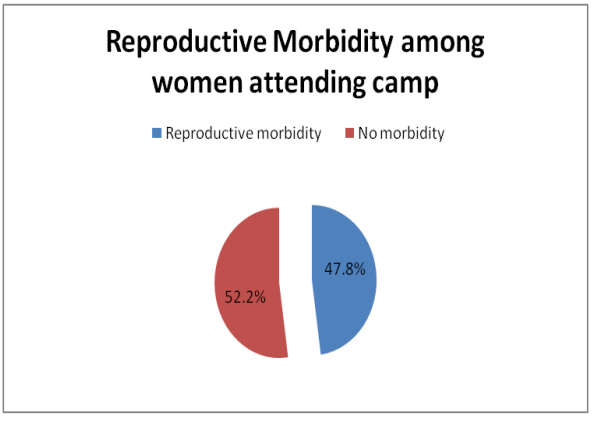
The objectives of this study was to identify the pattern of reproductive morbidity and socio demographic characteristics of women attending the RTI medical camps of the Field practicing area of Govt Medical College Kozhikode

Materials and Method

This study was conducted in Community Health Centre Cherupa - the Field practicing area of Kozhikode Govt Medical College during the year December 2010.The RTI/STI Medical camps were organized for women in the reproductive age group .The ASHA workers were given a class on common symptoms of reproductive tract infection and the syndromes related to women such as vaginal discharge ,genital ulcer disease, lower abdominal pain and inguinal bubo based on the syndromic approach as recommended by GOI, Ministry of health and family welfare for the management of RTI/STI. They were asked to direct women with RTI/STI symptoms like excessive vaginal discharge, itching groin etc. from their respective field practicing

areas to attend a RTI/STI camp. Four RTI/STI camps were conducted at cheruppa, Kuttikadav,Mavoor and Kanniparampa sub centre area on four different days. Women were informed about the study and Personnel details including sociodemographic characteristic and reproductive details were collected after getting their informed consent. All women attended the camp were examined by the gynaecologist and vaginal smear was taken from the suspected cases. Free medical treatments and referrals were given to indicated cases .Results of the cervical/vaginal smear examination were informed later and follow up treatment were given to women from the PHC. Data collected were analysed using SPSS version 16.

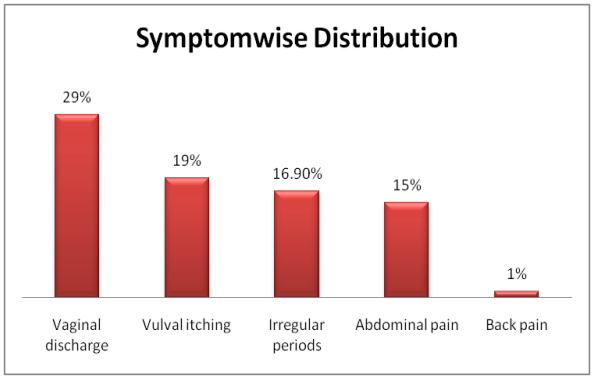
RESULTS: There were about 207 ladies attended the RTI/STI camp on four different days of which 52 were from Mavoor panchyath, 48 from Kanniparamba subcentre area, 61 from Cheruppa, 46 from Kuttikadavu subcentre area. 52.2% of ladies who have attended the camp had some form of reproductive morbidity



The age of study population ranges from 17yrs to 74years with mean age of 35.95yrs (SD +10.02). Religious distribution showed that 60% of women were Hindu, 39% Muslim and 1% Christian .

Majority of the women (56%) had high school , 6.8% of women were found to be illiterate and 16% had educational qualification of primary school(1-7 standard),16.5% higher secondary and 2.9% had graduate education. Age at menarche ranged from 10-19years with a mean of 13.7yrs (SD + 2.2). 91.5% women were home makers and 2% were working. The economic status of women revealed that 27.5 % ladies were from BPL Family and 82.5% from APL category. Analysis of marital status showed that 94% of women were married, 2.9% unmarried, 2.4% widow and 0 .5% married but living separated. 69.1% women had no history of any abortion, 23.2% of women gave history of at least one abortion and 7.7 % had two or more abortions. 44 %of women attended camp underwent Post Partum Sterilization; Use of Cu T was found only in 2.4% of the women attending the camp.

Symptoms



The main symptoms of the women were, vaginal discharge (29%), vulval itching (19%), irregular periods16.9%, abdominal pain 15% . Per speculum examination revealed that 7% of ladies were suffering from cervical erosion , cervix hypertrophied in 19%, cervical congestion in 12%, cystocele in 5.5 % and rectocele in 4% cases.

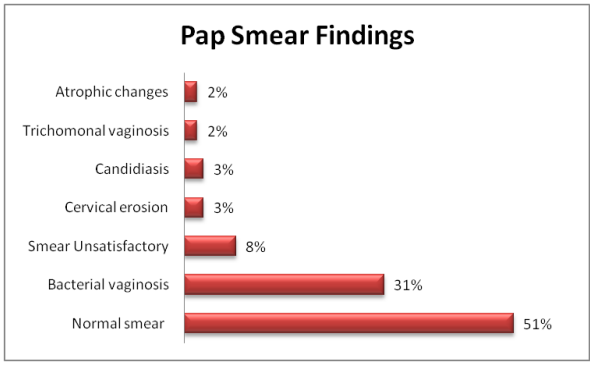
Major reported morbidity in this camp were cervicitis, (21%), vaginitis, (19%) DUB (11%) pruritis vulva (5%).

Morbidity	%
Cervicitis	43%
Vaginitis	39%
DUB	23%
Pruritus	10%
Incontinance	4%
Prolapsed uterus	4%
Fibroid uterus	1%

Table.1.Morbidity pattern among women attending camps (n = 99) .

Other reported morbidities like incontinence of urine (2%), prolapsed uterus (2%), and fibroid uterus (1%) were also identified among the women attended the camp.

PAP smear results:



Pap smear was taken from 62 cases. Smear was abnormal in 49 % (30) cases and normal in 51 % (32). Bacterial vaginosis was the common finding 31 %(19) followed by cervical erosion 3 %(3) candidiasis 3 %(3) trichomonal vaginosis 2 %(2) and atrophic changes were seen in 2%cases. Smear was found unsatisfactory among 8% of samples. Pap smear examination revealed none of them have any malignant changes

Discussion

This study examined the pattern of reproductive morbidity among women attending in RTI / STI medical camp in a rural area of Kerala State. The study found that cervicitis (21%) was the commonest reproductive tract morbidity followed by vaginitis (19%), dysfunctional uterine bleeding (11%), etc. were the major reproductive morbidity among women diagnosed in this camp. This shows that sizable women were suffering from reproductive morbidity and they were not getting treatment. In a study among rural Indian women a high prevalence of bacterial vaginosis (62%), candidiasis (34%), trichomoniasis (13.98%), and syphilis (10.5%) was observed (13). Although this camp was for Women in the reproductive age group many women attended were age above 45 years. Women especially those who from low socioeconomic status were give only last priority for their health ,some ladies also reluctant to disclose to male doctor especially in a busy OPD may come for treatment if they get a chance to test RTI/STI for neglecting their reproductive morbidity .A study conducted by Jagdish Bhatia and John Cleland showed that over a period of 12 month observation 50% women reported with 3 or more episode of reproductive tract illness, 22% reported two, 18% reported one and 10% reported no episode of RTI (14)

Conclusion

Village wise organization of monthly RTI / STI medical camp like

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immunization camp will help the early identification and proper treatment of reproductive tract morbidity and this will help in the promotion of reproductive health. These types of medical camps will increase the awareness of RTI/STI infection among women in reproductive age

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