Research Paper Statistics

Awareness and Treatment-Seeking for Symptoms of RTI among Women in an urban slum of Mumbai

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ABSTRACT

The problem is compounded by the poor treatment seeking behaviour among women due to lack of awareness and socio-cultural factors. This study is an attempt to assess awareness of RTI and treatment seeking behaviour of women reporting RTI symptoms in a urban slum of Mumbai and to examine the association of background socio-demographic characteristics with treatment seeking behaviour. This study was conducted between September 2014 to February 2015 among the women aged 15 to 49 years in the slum of Govandi, Mumbai . The required sample size was chosen by simple random sampling. The participants were administered a standardized, semi-structured schedule. 33.33% among women had not heard of RTIs. 25.22% women reported that RTIs are caused because of lack of personal hygiene. 52.17% women reported that they don't know the causes of RTIs. 27.83% women reported that RTIs can spread from one person to another. 56.25% answered that it spread by sexual route while others gave different answers like sharing clothes and hereditary spread etc. 68.97% had taken some treatment for their symptoms. 90% completed the treatment as prescribed by the doctor and remaining had left it incomplete. 57.5% who had taken treatment reported that their symptoms had subsided after the treatment. Mostly the reason for not seeking treatment was that women never felt it was necessary to treat her symptoms. 22.22% women reported that they did not seek treatment because they feel shy to explain her symptoms. 27.77% women reported that they were not having knowledge. Other reasons given by non treated patients were that they didn't find time to go to the hospital, can't afford the cost.

KEYWORDS Reproductive tract infections, Awareness of RTIs, Treatment seeking.

INTRODUCTION:

Reproductive tract infections are increasingly becoming one of the most serious public health problem in many developing countries. While this constitutes a serious threat in itself, there is added concern because RTIs/STIs are known to facilitate the transmission of HIV/AIDS especially where ulcerations or discharge are present. Reproductive tract infections, which include STIs have many things in common with HIV control and management as far as women's reproductive health is concerned. Current research shows that the risk of transmission of HIV is about 8 to 10 times higher in the case of persons with RTIs/STIs compared to others. But even without the major complicating factor of HIV/AIDS, RTIs/STIs still pose a major health problem for several reasons, which have to be addressed in their own right. Firstly, lack of knowledge may lead to poor health seeking behaviour, wrong diagnosis, mistreatment or partial treatment and resort to unconventional and often dangerous palliatives such as herbs, charms or prayers. Secondly, unlike many other debilitating diseases, many RTIs/STIs can be hidden for long periods, sometimes without even the infected individual being aware of the infection and its consequences. The delay in detecting and treating RTIs may lead to an ever-widening circle of infected persons. Thirdly, if untreated for long periods, RTIs/STIs can result in serious complications including sterility and even death. In certain cases, infected mothers may pass on the infection to their unborn babies. Based on these factors, the level of threat to the health of the population is often underestimated, hence the description of RTIs as the 'silent epidemic'. Finally, the particular segments of the population, which are more prone to RTIs, usually constitute the backbone of the labour force in most countries. Apart from the effects on the health budget therefore, high RTIs prevalence affect more than health. The morbidity associated with RTIs also affects the economic productivity and quality of life of many individual women, men, the youth and consequently of whole communities.

Women's health status is very important because child health is greatly dependent on mother's health. But in slums the common factors are poverty, poor-quality households, over-crowding, concentration of low–income people, skilled and unskilled manpower, limited health care service and unhealthy environment, awkward social structure etc. For these reasons health care situation of slum people are very poor, especially women's situation is most vulnerable. Most of the people in our society do not know about their pitiful condition. Women were found to seek treatment only when their health problem caused great physical discomfort or when it affected their work performance. Some of the reasons for refusing to attend the clinic are socioeconomic factors and fear of internal check–up. The problem of RTI/STI morbidity in women is largely due to ignorance, low level of awareness regarding sexual and reproductive health and other social factors like low female literacy, cultural factors and taboos. It also includes financial constraints, gender roles in decision making, constraints on mobility, health-seeking behaviour during illnesses, and norms related to menstruation, pregnancy and childbirth. Many of these RTIs infections are asymptomatic, unnotified, and a large proportion of women suffers morbidity silently, and is reluctant to seek care, it is difficult to assess the true magnitude of the problem. Ultimately this leads to worsening of the situations.

One of the important components of the Reproductive and Child Health Programme is to lead a healthy sexual life without any fear of contracting disease. RCH programmes place a lot of emphasis on promoting and encouraging healthy sexual behaviour among couples through Information, Education and Communication (IEC) activities. Health workers are also expected to educate women and men about Reproductive Tract Infections (RTIs) and Sexually Transmitted Infections (STIs) and motivate those people with RTI/STI problems to seek medical help and assist them by referring them to facilities to seek treatment. The DLHS has made an attempt to collect information on awareness and prevalence of RTI/STI. Information on HIV/AIDS, source of information and ways to avoid AIDS was also collected. According to DLHS-3 Report, twenty percent of the women in India reported menstruation related problems. One-third of the women in India were aware of RTI/STI. The proportion of women who were aware of RTI/STI was comparatively higher in urban areas (43%) than in rural areas (28%). Awareness of RTI/STI was lower among young women,

women with low age at consummation of marriage, non-literate women, women from Scheduled Tribes, and women from households with a low standard of living. Around thirteen percent women reported abnormal vaginal discharge. Eighteen percent women reported other RTI/STI symptoms. Among those who reported RTI/STI symptom other than abnormal vaginal discharge, around five percent women reported itching or irritation over vulva or pain in lower abdomen not related to menses. A higher percentage of women from rural areas reported symptoms of RTI/STI compared to women from urban areas. Women in the middle age group, whose age at consummation of marriage was low, women with high marital duration, low level of educational attainment, women from low wealth quintile households report high symptoms of RTI/STI.

Awareness among women about RTI/STI is above fifty percent in Kerala, Punjab, Lakshadweep and Chandigarh. Awareness is below twenty percent in Meghalaya, Orissa, Madhya Pradesh, Assam, Jharkhand, and Arunachal Pradesh. Madhya Pradesh, Jammu and Kashmir, West Bengal, Uttar Pradesh, Bihar, Rajasthan, Assam, Haryana and Uttarakhand have women who reported any abnormal vaginal discharge more than the national average i.e. 12.7 percent whereas less than five percent women reported any abnormal vaginal discharge in Chhattisgarh, Puducherry, Chandigarh, Orissa, Tamil Nadu and Arunachal Pradesh. In India, eighteen percent women reported any other symptoms of RTI/STI. Around forty-one percent of women have sought treatment for any RTI/STI problems in India. More than half of women sought treatment in Punjab, Lakshadweep, Puducherry, Delhi, Jammu and Kashmir, Haryana, Kerala, Daman and Diu, Andhra Pradesh and Maharashtra.

According to DLHS-4 key indicators of Maharashtra shows 19.6 percent women who have heard of RTI/STI which is 27.5 percent in DLHS-3. 14 percent of women have symptoms of RTI/STI which is 19.8 percent in DLHS-3.

So with this background in mind current study has been planned and conducted to study awareness regarding RTI among women aged 15-49 yrs residing in Shivaji Nagar slum of Govandi, Mumbai and to assess the treatment seeking behaviour for symptoms suggestive of RTI in the past one year.

MATERIALS AND METHOD USED

Study Area - Shivaji Nagar, Govandi, Mumbai.

Study Design - Community-based, descriptive, study was carried out in Shivaji Nagar slum of Govandi, Mumbai.

Study Duration - September 2014 to February 2015.

Study Participants- Total 151 women of reproductive age group (15-49 years), residing in study area for more than 1 year, were selected by random sampling technique.

Detailed information on women's knowledge, awareness and practices of reproductive health, data on socio-demographic characteristics, health practices-menstrual health and hygiene, awareness and prevalence of contraception, number of pregnancies, still birth and abortions, knowledge and awareness of RTIs and treatment seeking behaviour of the study population was collected through a structured interview schedule.

Data was entered in Microsoft Office Excel and statistical analysis was performed using Statistical Package for Social Sciences, version 17.0. The background socio-demographic variables, proportion of women experiencing symptoms and the proportion of women who sought treatment were expressed in percentages. Comparison between treatment seeking behaviour and background socio-demographic characteristics was done. Chi-square test was used to analyse the significance of associations. Fisher's Exact P value was used if any of the cells contained value less than 5. A P value of less than 0.05 was considered significant.

RESULTS AND DISCUSSION

Total study population is 151 women. 58 women reported atleast one symptoms of RTIs in last one year. Table 1 gives a description of basic socio-demographic characteristics of the study population and those with RTI symptoms. Table 2 gives prevalence of symptoms of RTI among the study population. 58 (38.41%) women had at least one symptoms of RTI in past one year, and vaginal discharge was the most common symptoms.

Table 1. Sociodemographic characteristics of study participants

Variable	Participants (Total = 151)	Participants with RTI symptoms (Total = 58)
Age group		
25 or less years	48 (31.79 %)	16 (27.59 %)
26- 35 years	73 (48.34%)	33 (56.90 %)
36 or more	30 (19.87 %)	9 (15.51%)
Religion		
Hindu	54 (35.76%)	11 (18.97%)
Muslim	97 (64.24%)	47 (81.03%)
Education		
Illiterates	12 (7.95 %)	9 (15.52%)
Upto 10th Std	110 (72.85%)	40 (68.96 %)
More than 10th Std	29 (19.20%)	9 (15.52%)
Occupation		
Not gainfully employed	107 (70.86%)	42 (72.41%)
Gainfully employed	44 (29.14%)	16 (27.59%)
Socio – Economic Status		
High	47 (31.14%)	21 (36.20%)
Upper middle	38 (25.16%)	15 (25.86%)
Lower middle	42 (27.81%)	11 (18.97%)
Poor	24 (15.89%)	11 (18.97%)
Marital Status		
Currently Married	121 (80.13%)	45 (77.59%)
Divorced/ Widow	3 (1.99%)	1 (1.72%)
Unmarried	27 (17.88%)	12 (20.69%)

Table 2. Prevalence of symptoms of RTI among the study population

Symptoms	Prevalence in last 1 year
Vaginal discharge	49 (32.45%)
Genital ulcer	1 (0.66%)
Inguinal buboes	0 (0%)
Lower abdomen pain	4 (2.65%)
Genital skin condition	4 (2.65%)
Any symptoms	58 (38.41%)

Awareness regarding RTI in the study population:
115(76.16%) women reported that they had heard reproductive tract infections in the past, while 36 (23.84%) had not heard of RTIs.

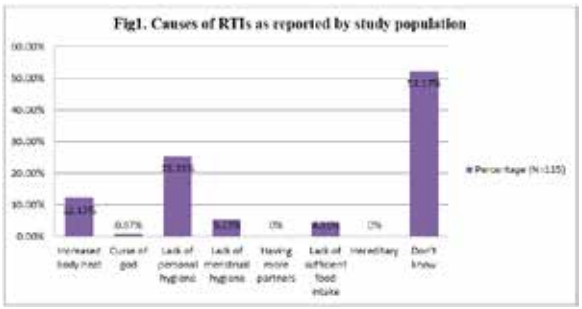
Table 3. Prevalence of RTI symptoms: Distribution by knowledge about RTI

Heard of RTI	RTI symptoms		Total
	Yes	No	
Yes	46 (40%)	69 (60%)	115
No	12 (33.33%)	24 (66.67%)	36
Total	**58 (38.41%)**	**93 (61.59%)**	**151**

(Chi square =0.515, df =1, p =0.473).

40% of those who had heard about RTIs have the symptoms of RTI, while it was 33.33% among women who had not heard of RTIs. There was no association between previous awareness and RTIs.

Figure 1 depicts the causes of RTIs as reported by study populations



Knowledge regarding spread of RTIs:-
Out of 115 women, 32 (27.83%) women reported that RTIs can spread from one person to another and 35 women reported that RTIs cannot spread while 48 women were unsure whether they were capable of spreading or no.

Table 4. Mode of spread as reported by study participants

Mode of spread	Frequency	Percentage (n=32)
Sexual route	18	56.25%
Sharing of clothes	2	6.25%
Hereditary	1	3.13%
Others	1	3.13%
Don't know	10	31.25%

Out of these 32 women most 56.25% answered that it spread by sexual route while others gave different answers like sharing clothes and hereditary spread etc.

Treatment seeking behaviour:-
Out of 58 symptomatic women in the last one year only 40(68.97%) had taken some treatment for their symptoms while another 18 (31.03%) women had not taken any treatment so for. Out of 40 women who have taken the treatment only 36(90%) completed the treatment as prescribed by the doctor and remaining 4(10%) had left it incomplete. At the time of interview 23(57.5%) who had taken treatment reported that their symptoms had subsided after the treatment.

Table 5. Distribution by Health Personnel Contacted For Treatment

Health Personnel Contacted	Frequency	Percentage (n = 40)
Primary health centre	17	42.5%
Private doctor	22	55%
Chemist	1	2.5%
Alternative branches of medicine like Ayurveda, Unani, Sidda, Homeopathy	1	2.5%
Traditional Healers	0	0%

Out of those who have taken treatment 42.5% had approached primary health centre. 55% had approached to private doctors. Few number of patients received treatment from alternate branches of medicine, chemist etc.

Table 6. Reasons for not taking the Treatment

Reasons for not taking the Treatment	Frequency	Percentage (n = 18)
Not necessary	6	33.34%
Feel shy to explain these symptoms to the doctor	4	22.22%
Can't afford the cost	1	5.55%
No time to go	1	5.55%
Family did not allow	0	0%
Lack of knowledge	5	27.77%
Health centre are very far	0	0%
Other	1	5.55%

Mostly the reason for not seeking treatment was that women never felt it was necessary to treat her symptoms. 22.22% women reported that they did not seek treatment because they feel shy to explain her symptoms. 27.77% women reported that they were not having knowledge. Other reasons given by non treated patients were that they didn't find time to go to the hospital, can't afford the cost. None of the women gave reason of that their family didn't allow and health centres are very far.

Table 7. Differentials in seeking treatment for RTI symptoms by selected background characteristics of women

Variable	Treatment sought		Total	P value
	Yes	No		
Age Group				
25 or less years	10 (62.5%)	6 (37.5%)	16	0.4111
26- 35 years	25 (75.76%)	8 (24.24%)	33	
36 or more	5 (55.56%)	4 (44.44%)	9	
Religion				
Hindu	9 (81.82%)	2 (18.18%)	11	0.474
Muslim	31 (65.96%)	16 (34.04%)	47	
Education				
Illiterates	3 (75%)	1(25%)	4	1.00
Literates	37 (68.52%)	17 (31.48%)	54	
Occupation				
Not gainfully employed	27 (67.5%)	13 (32.5%)	40	0.719
Gainfully employed	13 (72.22%)	5 (27.78%)	18	
Socio – Economic Status				
High	7 (77.78%)	2 (22.22%)	9	0.627
Upper middle	13 (59.09%)	9 (40.91%)	22	
Lower middle	13 (72.22%)	5 (27.78%)	18	
Poor	7 (77.78%)	2 (22.22%)	9	
Marital Status				
Currently Married	32 (71.11%)	13 (28.89%)	45	0.309
Divorced/ Widow	0 (0%)	1 (100%)	1	
Unmarried	8 (66.67%)	4 (33.33%)	12	

62.5% of the women <=25yrs of age group who had symptoms had taken treatment. Similarly 75.76% and 55.56% of the women of age group 25-35 yrs and >35 yrs respectively who had symptoms had taken treatment. Treatment seeking behaviour is high among the women of middle age group compared to younger and older age group. Treatment seeking behaviour is high among Hindu women compared to Muslims women in study population. Treatment seeking behaviour was compared with their education then 75% women among the illiterates had taken treatment while 68.52% literate women had taken treatment. Treatment seeking behaviour was higher (72.22%) among women who were gainfully employed. Treatment seeking behaviour is highest among high and poor class women than the other two socio-economic groups. Treatment seeking behaviour was compared between currently married, unmarried and all widow, divorced together. It was found to be highest (71.11%) among currently married women. Association between treatment seeking behaviour and all above mentioned determinants was not found to be statistically significant as p> 0.05.

CONCLUSIONS AND RECOMMENDATIONS
40% of those who had heard about RTIs have the symptoms of RTI, while it was 33.33% among women who had not heard of RTIs. 25.22% women reported that RTIs are caused because of lack of personal hygiene. 12.17% women reported that it's caused because of increased body heat. While considerably less number of women told different causes like curse of God, lack of menstrual hygiene, lack of sufficient

food intake. 52.17% women reported that they don't know the causes of RTIs. 27.83% women reported that RTIs can spread from one person to another. 56.25% answered that it spread by sexual route while others gave different answers like sharing clothes and hereditary spread etc. 68.97% had taken some treatment for their symptoms. 90% completed the treatment as prescribed by the doctor and remaining had left it incomplete. 57.5% who had taken treatment reported that their symptoms had subsided after the treatment. Mostly the reason for not seeking treatment was that women never felt it was necessary to treat her symptoms. 22.22% women reported that they did not seek treatment because they feel shy to explain her symptoms. 27.77% women reported that they were not having knowledge. Other reasons given by non treated patients were that they didn't find time to go to the hospital, can't afford the cost. However in present study there are no significant effects of socio-economic and demographic factors on treatment seeking behaviour of women in urban slum of Mumbai.

Despite launching of various health programmes especially for the females still the problem is wide spread. There is a need for community based approaches and researches on RTIs and their prevention. There is a need to educate women about the symptoms of RTI their prevention, and the importance of timely treatment. Governmental and non-governmental organizations should take necessary initiatives to increase the knowledge of hygiene of the slum women. In favour of this intention various campaigns can be arranged in the slum area. Health worker should visit the area progressively more to make the women aware about their health care need especially reproductive health and a general healthy life. Government should ensure the health services of poor people especially women's in the governmental hospital and should remove all obstacles to getting the services. Health education sessions are required to increase treatment seeking behaviour and reinforce the importance of treatments of RTIs. Ensure community participations through involvement of existing women's groups like Mahila Mandals and Youth groups in propagating awareness regarding RTIs. Incentive based scheme might be introduced for the link workers in Urban Health centres for identifying patients of RTIs and getting them to the hospital.

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