

Original Research Article

A study among women attending Suraksha clinic in a tertiary care hospital: their socio-demographic profile, myths and misconceptions related to RTIs

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ABSTRACT

Background: Reproductive tract infections (RTIs) represent a vast reservoir of infections among women of reproductive age group observed more often in developing countries. Besides being a major public health problem RTIs and STDs are responsible for infections in post abortion & puerperal period, fetal and perinatal deaths, infertility and cervical cancer. These are a reason for emotional distress in women and a reason for their social rejection. Despite the ability to cure these infections, they continue to be a major public health problem worldwide especially in developing countries. Hence, a hospital based study was done amongst women of reproductive age group reporting to Rajindra Hospital Patiala with RTI, in terms of their socio-demographic profile, myths and misconceptions related to RTIs.

Methods: This study was conducted with the objective of evaluating the socio-demographic profile, myths and misconceptions related to RTIs among reproductive age group women in Suraksha Clinic, Gynae OPD in Rajindra Hospital, Patiala from January 2014 to December 2014. A pretested structured Performa was used to collect data from 500 women with RTIs in 15-45 age group. Data was collected, compiled and analyzed statistically.

Results: Out of 500 diagnosed patients of RTIs, only 120 (i.e. 24%) had various myths and misconceptions about reproductive tract infections and among them 40% had believe that vaginal discharge was normal phenomena. Majority of RTI patient 12% had bad physical hygiene. However 49.20% among them had poor menstrual hygiene.

Conclusions: The influence of socio-demographic factors like age, educational status, socioeconomic status, menstrual hygiene also has its direct effect on occurrence of RTI in community.

Keywords: RTIs, Reproductive age group, Socio-demographic profile, Myths and misconceptions, hygiene

INTRODUCTION

Reproductive tract infections (RTIs) including both sexually transmitted infections (STIs) and non-sexually transmitted infections (Non STIs) of the reproductive tract are responsible for major ill health throughout the world.¹ WHO estimated that in 1999, 340 million new cases of curable STIs occurred globally of which 150 million cases were reported from south and southeast

Asia including 50 million from India.² The annual incidence of STD's in India is estimated at 5% i.e. approximately 40 million new infections occur every year in the country.³

Many women believe that reproductive health problems like discharge or pains are simply women's fate and therefore not a condition for which they should seek medical help.³ In many parts of India, menstruation is still

considered to be dirty and impure.⁴ In Surinam, menstrual blood is believed to be dangerous and a malevolent person can do harm to a menstruating female by using black magic “wisi”.⁴

RTIs have an additional element of shame and humiliation for many women because they are considered unclean. Women don't seek treatment for RTI's due to lack of awareness, asymptomatic nature of RTIs and lack of treatment facilities women need accurate health education about reproductive health to reduce stigma of RTI's and to enhance health-seeking behavior.⁵

Studies have indicated association of factors like lack of education, early marriage, menstrual hygiene practice, contraceptive usage, knowledge about RTIs, treatment seeking behavior with prevalence of RTI. In rural communities, the cultural belief and practice further hinder the health seeking behavior.⁵

In India, women of child bearing age (15 to 44 years) constitute 19% of total population. They are a vulnerable or special risk group, so need special health services. Various social, cultural and economic factors have a direct bearing on the incidence, course and outcome of a wide variety of diseases.⁶ We need to understand the factors associated hence be in a position to make a niche in the silent epidemic.

METHODS

This study was conducted with objective of evaluating the socio-demographic profile, myths and misconceptions related to RTIs among reproductive age group women in Suraksha Clinic, Gynae OPD in Rajindra Hospital, Patiala from January 2014 to December 2014. An informed written consent of the patient to participate in the study was taken. Information regarding socio-demographic profile, sexual behaviour, and personal history was recorded as per Performa in the presence of counsellor.

A pretested structured performa was used to collect data from 500 women with RTIs in the above said age group. 15-45 age group. Data was collected, compiled and analyzed statistically.

RESULTS

About all 99.2% were married barring only 4 (0.8%) were unmarried. Nearly 2/3rd resided in rural area from the sample while rests were from urban area.

Out of 500 patients, 440 (88.00%) had good physical hygiene i.e. they took bath daily and among them 370 (74.00%) had habit of cleaning genitalia daily, only 50 (10.00%) changed undergarments daily and 20 (4.00%) changed pad daily during menstruation.

Table 1- Socio demographic characteristics and their distribution.

	No. of RTI patients	% age
Age (in years)		
< 20	22	4.40
21-25	164	32.80
26-30	173	34.60
31-35	49	9.80
36-40	29	5.80
41-45	21	4.20
46-50	16	3.20
>50	26	5.20
Religion		
Sikh	262	52.40
Hindu	211	42.20
Muslim	26	5.20
Christian	1	0.20
Socio-economic status (modified Kuppuswami scale)		
Upper (I)	54	10.80
Middle (II+III)	250	50.00
Lower (IV+V)	196	39.20
Educational status of patient		
Illiterate	175	35
Primary school	150	30
Middle school	100	20
High school	50	10
Intermediate/post high school	25	5

Table 2: Distribution of RTI patients in relation to menstrual hygiene (n=500).

Genital hygiene	Good genital hygiene (%)	Poor genital hygiene (%)
Use of old unwashed cloths	-	210 (85.4)
Old washed cloths	115 (45.3)	33 (13.4)
New cloths	85 (33.5)	-
Sanitary pad	54 (21.2)	-
Not using anything during menstruation	-	3 (1.2)
Total	254 (50.80)	246 (49.20)

DISCUSSION

RTIs are silent epidemic for women of reproductive age group in developing countries. RTI rank second after maternal morbidity and mortality as the cause of healthy life lost among sexually active women of reproductive age group in developing countries.⁵ In present study the mean age of RTI patients was 29.94 years and 34.6% patients were in age group of 26-30 years, which is comparable to proportion found by Bansal (37%).⁷

Table 3: Distribution of RTI patients in relation to type of myths and misconceptions about reproductive tract infections (n=120).

Myths and misconceptions (n=120)	No. of RTI patients	% age
Vaginal discharge - a normal phenomenon	40	33.33
Not bathing for four days during menstruation	17	14.17
Using unwashed, used clothes during menstruation	20	16.67
Using ashes, newspapers, dried leaves, husks and during menstruation days to protect their body soiling from excretions	3	02.50
Indulging in unsafe sexual activities during menstruation	10	08.33
Lack of physical activity and exercise during menstruation	10	08.33
Unclean, unsafe, sanitation and menstrual washing facilities	20	16.67
Total	120	100

Table 4: Distribution of patients according to socioeconomic status (modified Kuppuswami scale) (n=500).

	Upper class (%)	Middle class (II+III) (%)	Lower class (IV+V) (%)
Present study	11	50	39
Balamurugan and Bendigeri ¹	0.8	39.9	59
Amin et al ¹³	1.4	53.7	44.8
Valsangkar et al ¹⁴	10	40	50

As per age wise distribution it was found that 77.2% of patients were from 21-35 years similar to Bansal et al study (76.4%), Kosambiya et al (63%), Rizwan et al (85.7%).⁷⁻⁹

In present study, out of 500 RTI patients majority (52.4%) were Sikhs and 42.20% were Hindus similar to the study conducted by Bansal in which 49.38% were Hindus while Yasmin and Mukherjee conducted a study on 91 females symptomatic for RTI/STIs out of which 83.5% were Hindu and 16.4% were Muslim.^{7,10} Balamurugan and Bendigeri observed out of 245 patients, 62.8% were Hindus and 33.4% were Muslim.¹ As the state has different characters with predominance of Sikhs here it is ill-logical to compare with outside Punjab studies regarding religion is concerned.

Present study results showed 99.2% were married and 0.8% were unmarried which is pretty much similar to Ray et al in which 1105 RTI patients were taken and out of which 99.6 were married.¹¹ Similarly Jindal et al conducted a study in Amritsar and found 93% patients were married and 4.4% were unmarried in his study.¹² Present study is comparable to all other studies. Researchers have arrived at the opinion that it is this group i.e., married ones which comes or prefers treatment.

Present study is comparable to Amin et al with higher incidence of RTI in middle class followed by lower class.¹³ Though upper socioeconomic status represents very low% of RTI patients, the possibility of their reporting to specialty hospitals in the private sector cannot be ruled out and it may not be proper to infer that socioeconomic status has direct relationship to incidence of RTI.¹⁵

In present study, out of total 500 RTI patients, 35% patients were illiterate and 30% had education upto primary. Present study is similar to most of the studies and it is seen nearly two third or more of patients are there in illiterate and primary group; Ray et al (65.6%), Bansal et al (75.2%) Bogaerts et al (73%). Nandan et al (61%).^{7,11,16,18} Balamurugan and Bendigeri conducted a study in Hubli, Karnataka, and found 60.4% were illiterate, 24.8% had education upto primary, 8.6% up to High school and only 2% were graduate/post graduate.⁴ Amin et al conducted a study at Aligarh, UP on STI patients; he found that 34.1% were educated upto primary level, 24.5% were illiterate and 17.9% were educated upto middle school.¹³ Rizwan et al took sample size of 340 symptomatic married females in Haryana and found that 21% were illiterate, 19.1% had education upto primary, 22.7% upto high school and only 4.9% were graduate/post graduate.⁹ Verma et al conducted a community based cross sectional study in married females of rural/urban areas of Delhi and took sample size of 215 each.¹⁷ It was found that 30.3% were illiterate and 46.9% were educated upto high school. Minor differences observed in different studies could be due to different study areas, and different literacy rate of various states. An increasing trend of RTI with decreasing educational status has been observed in all the above studies.

Present study showed 33.3% patient's belief that Vaginal discharge a normal phenomenon, 16.67% believed that menstrual blood was unsafe/unclean, 8.33 indulged in unsafe sexual activities and lacked exercise during menstruation. Elahee et al conducted the study in slum area of Bangladesh, Out of 217 patients having RTI/STI, significant no.⁵ 62.2% of respondents were not taking bath during the menstrual cycle and 53.7% did not use

any specific protection during menses cycle while 40% indulged in unsafe sexual activities during the menstruation. Rizwan et al took sample size of 340 married females and found that 31% patients thought menstruation blood is bad blood in body and 19% thought vaginal discharge is a normal phenomenon.⁹ All the above studies showed that myths and misconceptions about RTIs varied in different geographical area.

CONCLUSION

Level of education, physical and menstrual hygiene also the myths and misconceptions related to menstruation play an important role in causation and compliance of treatment regarding RTI. The glaring gaps observed in knowledge regarding physical and genital hygiene are a platform for action to increase awareness regarding the issue and hence improve hygiene practices.

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