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Research Article

Pattern of reproductive tract infections including sexually transmitted infections among the patients attending a block primary health centre of West Bengal

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ABSTRACT

Background: Sexually Transmitted Infections (STIs) / Reproductive Tract Infections (RTIs) primarily affect sexually active population in the reproductive age group and are acquired through unprotected sexual act and bad hygiene. Apart from being serious diseases, STIs enhance transmission of HIV infection. Syndromic case management approach is very important strategy to manage (STIs) / (RTIs). Objective: To study the pattern of Reproductive Tract Infections including Sexually Transmitted Infections among the patients attending Changual block primary health centre of Kharagpur II block, Paschim Medinipur district.
Methods: STI/RTI records of 164 patients attending the STI clinic of Changual BPHC, Kharagpur-II block from 1st April, 2012 to 31st March, 2013 were analysed.
Results: About three fourth of the individuals were aged <30 years and only 5.5% individuals belonged to ≥40 years age. 97% study subjects were females. Most of the individuals were married (72.6%). More than half of the individuals were referred by general outdoor of Block Primary Health Centre (BPHC) or by doctor of PHCs under that BPHC. One fourth cases were self-reported. Half of the individuals presented with chief complaint of only white discharge per vagina. Most of individuals were suffering from vaginitis/VD syndrome (61.6%). More than 90% individuals were prescribed kit 1 and kit 2. About 5% individuals admitted (all females) that they had multiple partners. Only 13.4% individuals were referred to ICTC centre.
Conclusions: There IEC activities should be carried out to increase awareness regarding avoidance of high risk behavior and availing services provided at health centre.

Keywords: Sexually transmitted infection, reproductive tract infection, syndromic case management

INTRODUCTION

Reproductive Tract Infections (RTIs) and Sexually Transmitted Infections (STIs) are major public health problems in both developed and developing countries, but prevalence rates are apparently far higher in developing countries where STI treatment is less accessible.[1] Sexually Transmitted Infections (STIs) are major global causes of acute illness, infertility, long term disability & death with severe medical & psychological consequences for millions of men, women & infants.[2] As large numbers of STIs are asymptomatic & only part of the symptomatic population seeks health care & even a smaller number of cases which are reported, STIs can lead to the development of serious complications. In developing countries STIs & their complications are amongst the top five disease categories for which adults seek health care.[3] Studies suggest that 5-6% of the adult population India is infected with one or more STI/RTIs. The 2005 ICMR multicentre Rapid Assessment Survey (RAS) indicates that 12% of female clients and 6% of male clients attending the out-patient departments for complaints

related to STI/RTI.[4] The NACP-IV target was to manage 64 lakhs episodes of STI/RTI in 2012-2013. Against this target a total of 42 lakhs episodes of STI/RTI were managed till December, 2012.[5] Enhanced Syndromic Case Management (ESCM) with minimal laboratory tests is the corner stone of STI/RTI management under NACP-IV. The ESCM approach classifies STI/RTI into syndromes (easily identifiable groups of symptoms and signs) and provides treatment for the most common organism causing the syndrome. Flow charts are developed to guide the service provider for appropriate SCM. Convergence of the programme with NRHM has been initiated and close working coordination developed with maternal health division for joint procurement of colour coded STI/RTI drug kits and roll out services through sub-district level health facilities. Health workers, Accredited Social Health Activists (ASHA) and AYUSH practitioners conduct STI/RTI preventions and health promotion activities like information on causation and transmission on RTI/STIs, screening for RTI/STIs condom promotions information and counseling for adolescent girls on menstrual hygiene etc. They refer individuals with STI/RTI symptoms to PHC, CHC and Franchised allopathic practitioners. STI/RTI clinical services are provided at these locations using SCM approach.[4-6]

The social stigma usually associated with STIs may result in people seeking care from alternative providers or not seeking care at all. Due to low literacy level, limited exposure to mass media & interpersonal communication, rural reproductive population has a very poor perception of their sexual health & sexual health needs. Lack of privacy & distance inhibit rural people from seeking treatment.

There are very few studies conducted to study the pattern of sexually transmitted diseases reported to health facilities in West Bengal especially in rural area. In this background the present study was conducted in a STI clinic of a block primary health centre in West Bengal.

Objective: To study the pattern of reproductive tract infections including sexually transmitted infections among the patients attending Changual block primary health centre of Kharagpur II block, Paschim Medinipur district.

METHODS

The study was conducted at Changual BPHC, Kharagpur-II block after obtaining permission from chief medical officer of health of Paschim Medinipur district. This was retrospective, cross sectional, record based study. STI/RTI records of total 164 patients attending the BPHC from 1st April, 2012 to 31st March, 2013 were analysed. Records were obtained in the following areas: sociodemographic characteristics (age, gender, and marital status), risk factor for STIs/RTIs (e.g. multiple partners), medical history including chief complaints of STIs/RTIs, diagnosed syndromes, colour coded kits prescribed, referral to Integrated Counselling and Testing Centre (ICTC) etc.

Data analysis: The study variables were analyzed using Statistical Package for Social Sciences (SPSS) 20 software. Data were expressed in mean and percentages.

RESULTS

About three fourth of the patients were aged <30 years and only 5.5% belonged to ≥40 years of age. 39% study subjects were adolescents. Mean age was 23.2 ± 7.3 years. Out of 164 individuals 97% were females. Most of the individuals were married (72.6%). More than half of the patients were referred by general outdoor of Block Primary Health Centre (BPHC) or by doctor of PHCs under that BPHC. One fourth cases were self-reported.

Table 1: Distribution of study subjects according to presenting complaints (N=164).

Presenting complaints	Frequency (%)
White discharge per vagina	82 (50.0)
Abdominal pain	4 (2.4)
Painful genital ulcer & vesicle	2 (1.2)
White discharge & itching	47 (28.8)
White discharge & abdominal pain	8 (4.9)
White discharge & low back pain	10 (6.1)
White discharge & burning sensation during micturation	2 (1.2)
White discharge & painless genital ulcer	2 (1.2)
Urethral discharge	5 (3.0)
Painful swelling in inguinal region	2 (1.2)
Total	164 (100.0)

Half of the individuals presented with chief complaint of white discharge per vagina only followed by white discharge combined with itching (28.8%). Most of the cases were reported in the month of February (14.6%).

Table 2: Types of syndrome detected among the patients (N=164).

Syndromes	Frequency (%)
Vaginitis/VD	101 (61.6)
Cervicitis/CD	44 (26.8)
GUD-H	3 (1.8)
PID	7 (4.3)
UD	5 (3.1)
GUD-NH	2 (1.2)
IB	2 (1.2)
Total	164 (100.0)

VD: vaginal discharge, CD: cervical discharge, GUD-H: genital ulcer disease herpetic, GUD-NH: genital ulcer disease

nonherpetic, PID: pelvic inflammatory disease, UD: urethral discharge, IB: inguinal bubo

Most of individuals were suffering from vaginitis/VD syndrome (61.6%) followed by cervicitis/CD Syndrome (26.8%). The patients were treated by colour coded STI/RTI drug kits.

Table 3: Types of kit prescribed to patients (N=164).

Kits	Frequency (%)
Kit 1	49 (29.9)
Kit 2	101 (61.6)
Kit 4	2 (1.2)
Kit 5	3 (1.8)
Kit 6	7 (4.3)
Kit 7	2 (1.2)
Total	164 (100.0)

More than 90 % individuals were prescribed kit 1 and kit 2. About 5% individuals admitted (all females) that they had multiple partners. About 10% individuals admitted that their spouse had multiple partners. However 22.9% individuals didn't know whether their spouse had multiple partners or not.

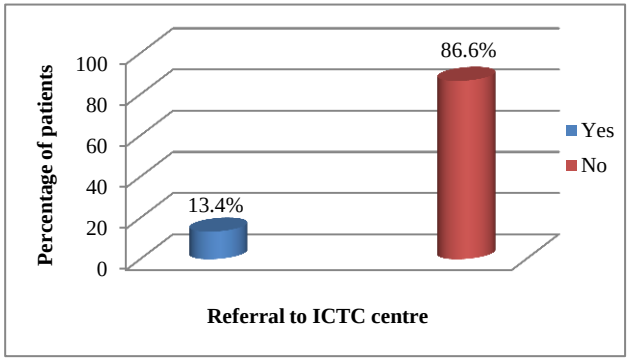

Figure 1: Distribution of patients according to referral to ICTC centre (N=164).

Only 13.4% individuals having definite history of multiple partners (self/spouse/both) referred to ICTC centre.

DISCUSSION

STIs have a tremendous impact on public health. They are major contributor to fetal deaths, abortions, and the delivery of low birth weight babies. This syndromic approach is an approach where the health care providers diagnose and treat patients on the basis of signs and symptoms (syndrome) rather than specific STIs. In our study 55.5% individuals were in the age group of 20-40 years and in this age group female were 56.6%. Singh et al. also found that most of the cases among females were in the age group of 20-40 years (84.44%).[7] In <20 years age group prevalence was also high (39.0%) which indicated high prevalence of STD among adolescent age group. In the present study, most of the individuals were females (97%). Singh et al. in a hospital based study in Gwalior also showed that female study subjects (81.08%) outnumbered male (18.91%).[7] More than half of the individuals were referred by general outdoor of Block Primary Health Centre (BPHC) or by doctor of PHCs under that BPHC. One fourth cases were self-reported. Most of the individuals were suffering from vaginitis/VD syndrome (61.6%) followed by cervicitis/CD syndrome (26.8%). The genital ulcer disease herpetic was present among 1.8% individuals and the genital ulcer disease non herpetic was present 1.2% among individuals. Pelvic inflammatory disease was present among 4.3% individuals. However Sarkar et al. found that in the females, the most common STI was combination of cervical and vaginal discharge 29.9% (32/107), followed by vaginal discharge 23.3% (25/107), cervical discharge 18.6% (20/107).[8] Kit 1 and kit 2 were prescribed in most of the individuals according to their diagnosed syndromes. Only 4.9% individuals admitted that they had multiple partners. About 10% individuals admitted that their spouse had multiple partners. However 22.9% individuals didn't know whether their spouse had multiple partners or not. Two individuals had both own and spouse's multiple partners. Only 13.4% individuals definite history of having multiple partners (self/spouse/both) were referred to ICTC centre.

CONCLUSION

In the present study, it has been noticed that female participants were more than males. This observation implies that awareness should be generated among males to increase health care seeking behaviour. Higher prevalence was also seen among adolescent age group as well as married individuals. Cervicitis and vaginitis were most common presenting symptoms. High risk behaviour was also seen among patients. So extensive IEC activities should be promoted regarding risk of HIV/AIDS transmission among patients having high risk behaviour. Only those patients identified as having high risk behaviour (both of self and of spouse) were referred ICTC centres. But there was no feedback system about the result of HIV testing of the referred cases. Finally, though syndromic approach towards diagnosis and management of STIs/RTIs emerged a cost effective and easy tool, health education regarding safe sex, barrier contraception and personal hygiene is another indispensable instrument towards STI management.

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