

Assosiation of Reproductive Tract Infections with Menstrual abnormalities amongst Reproductive Age Group (15-44 years) Women in Rural Health Centre of Tadikonda,Guntur,A.P

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I. Introduction

Reproductive Tract Infections and sexually Transmitted Infections are a group of communicable diseases that are transmitted predominantly by sexual contact and caused by a wide range of bacterial,viral,protozoal,fungal and ecto parasites.They constitute a huge health and economic burden for developing countries and account for 17%economic losses because of ill health.Each year nearly 1.3 million women die of reproductive health problems and are largely preventable¹.The problem of RTI/STI morbidity in women is largely due to ignorance,low level of awareness,low female literacy,cultural factors and taboos – all withholding the women from seeking health care for RTI/STIs.Many of these infections are asymptomatic and unnotified (80%Gonococal and chlamydial)².Some of the possible consequences of untreated RTI/STIs in women include menstrual abnormalities,plivic inflammatory diseases,recurrent urinary tract infections,ectopic pregnancies,tubal infertility,still births,abortions and neonatal deaths&maternal deaths⁴.

The incidence of RTIs are highest in the age group of 15-24 years –reason is low levels of protective cervical antibodies, increased sexual activity and new influence of reproductive hormones causing vast changes in tissues that may lead to increased susceptibility to RTIs.In India RTI/STIs in women have never been given much attention till the introduction of Reproductive and child Health(RCH) program in 1997.WHO recommended syndromic diagnostic algorithm as a common and simple method to identify cases and to initiate treatment. In developing countries many health facilities have lack of infrastructure to diagnose RTI/STIs.Hence syndromic approach which is mainly based on symptoms for making diagnosis and allows treatment with a single approach.

The main interventions include IEC campaigns, condom promotion, use of safe microbicides and screening of vulnerable groups such as pregnant women and sex workers. The challenge is not just to develop new interventions but also to identify barriers to the implementation of existing tools and to devise strategies¹

II. Materials And Methods

Study design	:	cross sectional
Study area	:	Rural Health center,Tadikonda Guntur,A.P.
Study subjects	:	200 women of reproductive age
Study period	:	March to June 2014
Statistical analysis	:	percentages and Chi-square test

This study was conducted among 200 women of 15-44years age group visited RHC for health problems. study was conducted 2days in a week for 4months i.e. from march to June 2014.Data was collected with the help of pre-designed and pre-tested interview schedules. Information was obtained from women on their socio-demographic,menstrual abnormalities and symptoms of RTIs.Diagnosis was made on syndromic algorithm. Data analysis was done using epi-info 10 version software. Chi-square test was used for testing significance.

III. Results

Socio –demographic characteristics of study subjects

Majority of the subjects(25%) were in the age group of 25-29years and 20-24 years age group(24%) and more than 2/3 of them were(82.5%) married. About half of the subjects(43%)had middle education and were BC community(42.5%).These are summarized in Table1.

Symptoms and various types of RTI

Vaginal discharge was most common symptom being found in nearly about half of the women(44%) whereas a third (38%)had non specific vaginitis.Summarized in Table2 and Table3.

Association of RTI and Menstrual abnormalities

Pelvic inflammatory diseases (PID) and dysmenorrhoea were found among 3/4th of the subjects(75%). Candidacies and oligomenorrhoea were associated more than half (60%) of the women. Values summarized in Table4.

Table1: socio-demographic characteristics of subjects

Characteristic	Freq (%) n=200
Age group	
15-19	21(10.5%)
20-24	48(24%)
25-29	50(25%)
30-34	35(17.5%)
35-39	26(12.5%)
40-44	20(10%)
Community	
OC	72(36%)
BC	85(42.5%)
SC	37(18.5%)
ST	6(3%)
Marital status	
Married	165(82.5%)
Unmarried	30(15%)
Widowed	5 (2.5%)
Literacy	
Illiterate	5(2.5%)
Primary	65(32.5%)
Middle	86(43%)
Secondary	35(17.5%)
Intermediate	10(5%)
Degree	4(2%)

Table 2:distribution of subjects by symptoms of RTI

symptoms	Freq (%) n=80
Vaginal discharge	35(44%)
Lower abdominal pain	15(18.5%)
backache	20(25%)
Itching	8(10%)
infertility	2(2.5%)

Table 3: distribution of subjects by types of RTI

Types of RTI	Freq (%)n=80
candidiasis	15(18.5%)
NSV	30(38%)
PID	20(25%)
cervicitis	15(18.5%)

Table 4: association of RTIs and Menstrual abnormalities

Types of RTIs	dysmenorrhoea	menorrhagia	oligomenorrhoea	total
candidiasis	4(27%)	2(13%)	9(60%)	15
NSV	16(53.3%)	10(33.3%)	4(13.3%)	30
PID	15(75%)	3(15%)	2(10%)	20
Cervicitis	8(53%)	6(40%)	1(7%)	15

$\chi^2=24,df=6;p<0.001,s$

IV. Discussion

The present study revealed that vaginal discharge was the most common observed symptom constituting 44% followed by backache(25%)&lower abdominal pain(19%)which were comparable to other studies.Agra study revealed⁷ vaginal discharge was found to be 93.1%and lower abdominal pain to be59.8% which were higher than present study.chandigarh⁶&Rural Tamil nadu¹ studies revealed vaginal discharge to be17%&23% respectively which were lower than present study.uttaranchal study revealed⁵ vaginal discharge to be 58% which was slightly higher than present study.Bangladesh study¹⁰ revealed that vaginal discharge was

found to be 96%, lower abdominal pain was 40% were higher than present study. Bangalore study⁸ revealed that vaginal discharge was found to be 22% and lower abdominal pain was 16%. Variations in proportions of symptoms may be due to high risk behavior, accessibility of health facility and treatment seeking behavior.

The current study revealed Non specific vaginitis to be 38%, Pelvic inflammatory disease- 25%, candidiasis 18.5% which were comparable to other studies. Bang et al⁶ reported Non specific vaginitis as 62%, candidiasis to be 34%. Bhatia et al⁸ reported that Non specific vaginitis and candidiasis were 18.2% & 5.2% respectively which were found to be lower than present study. New Delhi rural study¹¹ reported candidiasis to be 28% which was higher than present study and PID was 5.3% lower than present study. This study also revealed Non specific vaginitis (33.5%) and cervicitis (23%) which were similar to present study. Present study revealed in cervicitis dysmenorrhoea and menorrhagia were found to be 53% & 40% respectively. Dysmenorrhoea was found to be 75% in Pelvic inflammatory diseases and 53% in Non specific vaginitis.

V. Conclusion

The present study revealed most common symptom and type of RTI was vaginal discharge and Non specific vaginitis. There is strong Association between Menstrual abnormalities and RTIs. Hence need to be promote IEC activities on Reproductive Health.

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