

# Health Seeking Behaviour of Women in the Reproductive Age Group regarding Reproductive Tract Infections in Selected Areas of Indore, M. P.

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**Abstract:** ***Background:** Reproductive tract infections (RTIs) include three types of infections: sexually transmitted diseases (STDs) such as chlamydia, gonorrhoea, chlamydia, and human immunodeficiency virus (HIV), 2) endogenous infections that are caused by overgrowth of organisms normally present in the genital tract of healthy women, such as bacterial vaginosis or vulvovaginal candidiasis, and 3) iatrogenic infections that are associated with improperly performed medical procedures, such as unsafe abortion or poor delivery procedures. RTIs are preventable and many are also treatable. Female RTIs usually originate in the lower genital tract as vaginitis or cervicitis and can cause symptoms such as abnormal vaginal discharge, genital pain, itching and burning during urination. However, there is a high prevalence of asymptomatic disease, which is an obstacle to effective control. Even when symptoms appear, their presentation may overlap and be diagnosed as a normal physiologic change, and a normal physiologic discharge may be misdiagnosed as an RTI. Despite the availability of health services, symptomatic persons do not seek or delay treatment. The global burden of reproductive tract infections (RTIs) is a huge and major public health problem, especially in developing countries where RTIs are endemic. The problem is more pronounced in developing and underdeveloped countries, where women often have to deal with unwanted pregnancies, unsafe abortions, problems arising from poor contraceptive practices, different socio - cultural norms and lack of economic independence, which further increase the risk of contracting STIs/sexually transmitted infections. Transmitted infections. Reproductive tract infections (RTIs) affect the health and social well - being of women, especially women of reproductive and most economically productive age and their offspring. **Objectives:** Assess the health seeking behaviour of women in the reproductive age group regarding reproductive tract infections. Find out the association between prevalence of reproductive tract infections and health seeking behavior among women in the reproductive age group. Find out the association between reproductive tract infections and health seeking behaviour among women in the reproductive age group. Find out the association between health seeking behaviour regarding reproductive tract infections and selected variables. **Materials and Method:** . Research design consists of blueprint for the collection, measurement and the analysis of data. The design selected for the present study was a cross sectional survey design. Sample size is 200. **Results:** The pre test knowledge level of housewives revealed that the mean of knowledge score in pretest 60%of housewives had below average knowledge, 40% of housewives had average knowledge. Whereas in post test 23.33% of housewives had average knowledge and76.67% of housewives had above average knowledge. **Conclusion:** The findings revealed that most of the housewives were present with inadequate knowledge regarding health hazards of plastic wastage. After conducting awareness teaching progamme their knowledge level is improved about health hazards of plastic usage.*

**Keywords:** Reproductive age, RTI, Health Seeking Behaviour

## 1. Introduction

Women play a key role in maintaining the health and well - being of their communities. Traditionally, the health of families and communities is linked to the health of women. The illness or death of a woman has serious and far - reaching consequences for the health of her children, family and community. Reproductive tract infections are infections of the genital tract. They affect both women and men. Some STIs (such as syphilis and gonorrhoea) are sexually transmitted, but many are not. In women, an overgrowth of endogenous microorganisms commonly found in the vagina can cause RTI (yeast infection, bacterial vaginosis). Medical interventions can induce iatrogenic infection in several ways—endogenous organisms from the vagina or sexually transmitted organisms in the cervix can be pushed into the upper genital tract during a transcervical procedure and cause serious infection of the uterus, fallopian tubes, and other pelvic organs. Organisms from outside the body can also be introduced into the upper genital tract during medical procedures if infection control is poor. In men, sexually transmitted infections are much more common than endogenous or iatrogenic infections.

Most women, especially those living on rural and poor areas of the country continue to suffer from RTI. Women, due to their shorter reproductive tract, are at risk of contracting sexually transmitted diseases. In many cases, RTIs remain asymptomatic, making detection and diagnosis very difficult. In some other cases, despite the availability of health services, symptomatic women endure silence due to shyness and social stigma. A woman with RTI may present with a variety of symptoms ranging from simple back pain to lower abdominal pain, genital ulcers, vulvar itching, inguinal swelling, abnormal vaginal discharge, and genital ulcers. Left untreated or delayed, RTI can lead to complications such as pelvic inflammatory disease (PID), infertility, cervical cancer, puerperal sepsis, chronic pelvic pain, ectopic pregnancy and pregnancy loss. In recent years, the emergence of HIV and AIDS has further burdened the existing problem, as these infections are closely related.

## 2. Research Methodology

Research methodology is a systematic method to resolve a research problem through data.

- **Research Design:** cross sectional survey design was used to assess the knowledge.
- **Setting of the Study:** The study was conducted at selected areas of indore, Madhya pradesh.
- **Population:** The study population comprises of women in reproductive age group of indore, m. p
- **Sample and Sample Size:** The sample size for this study consists of 200reproductive age group women, in Indore, at Madhya pradesh.

**Sampling Technique**

Non probability purposive sampling technique was used for selection of samples in this study.

**Criteria for Selection of the Sample:**

**Inclusion criteria:**

- Able to read and write Hindi
- Women who is willing to participate in the study.

**Exclusion criteria:**

- Having vision or hearing problems.
- Mentally challenged.

**Description of the Tool:**

It consists of two sections.

**Tool 1:** Semi structured interview schedule to identify the health seeking behaviour of women in the reproductive age group regarding reproductive tract infections.

**Section A:** It includes age, religion, education, occupation, economic status, type of family, parity, previous information on RTI, source of information and clinical variables includes history of chronic illness, previous history of RTI, recurrence of RTI symptoms and family history of RTI.

**Section B:** It includes measures followed to maintain reproductive health, menstrual hygiene, sexual hygiene and treatment taken for RTI symptoms. It consists of 19 questions. Scoring given for 11questions and others measured by frequency and percentage. Each positive response carries 1 mark and negative response carries 0 mark. The score obtained for participants are categorized in to low, moderate, high health seeking behaviour and total score for health seeking behaviour 0 - 11 for married and 0 - 10 for unmarried women.

**Tool 2:** Checklist to assess the symptoms of reproductive tract infections among women in the reproductive age group. It consists of 18 items. The score ranges from 0 - 18. Based on the score the prevalence of RTI symptoms were arbitrarily classified in to 3 categories. High prevalence (>14) Moderate prevalence (9 - 14) Low prevalence (<9).

**Procedure for Data Collection:**

The study was conducted after getting approval from the Scientific Review Committee, Malwanchal University Indore M. P. and formal permission from the block incharge of ward 35 and 36 Indore M. P. Them investigator selected 200 samples from wards 35 and 36, according toinclusion criteria through purposive sampling. Each reproductive age group women was assured for the data collection from them

the data was utilized only for the purpose of study and was kept confidential. The investigator used structured questionnaire to collect the data.

**Plan for Data Analysis:**

Descriptive and inferential statistics was used to analyze the collected data.

**Section - I:** Socio personal variables of women in the reproductive age group would be analysed by frequency and percentage.

**Section - II:** Association between health seeking behaviour regarding reproductive tractinfections and selected socio personal variables.

**Section - III:** Association between prevalence of reproductive tract infection and health seeking behaviour among women in the reproductive age group.

**Socio personal variables of women in the reproductive age group would be analysed by frequency and percentage**

S. No	Variables	Frequency	Percentage %
1	<b>Age</b>		
	a) 18 - 27	72	36
	b) 28 - 35	63	31.5
	c) >35	65	32.5
2	<b>Religion</b>		
	a) Islam	149	74.5
	b) Hindu	51	25.5
3	<b>Education qualification</b>		
	a) Primary	38	19.5
	b) Secondary	49	24.5
	c) Higher secondary	95	47.5
	d) Degree and above	15	7.5
	e) Professional/technical	3	1.5
4	<b>Family Income</b>		
	a) <Rs 1500	105	52.5
	b) Rs 1501 - 6000	82	41
	c) Rs 6001 - 10000 6 3.00	6	3
	d) >Rs 10000	7	3.5
5	<b>Type of family</b>		
	a) Nuclear family	125	62.5
	b) Extended family	73	36.5
	c) Joint family	2	1
6	<b>Occupation</b>		
	a) Home maker	135	67.5
	b) Self - employed	42	50
	c) Private employee	26	13
	d) Government employee	3	1.5
	e) Students	32	16.5
7	<b>Marital status</b>		
	a) Married 148 74.0	148	74
	b) Unmarried 25 12.5	25	12.5
	c) Widow 22 11.0	22	11
	d) Divorced/separated	5	2.5
8	<b>Parity</b>		
	a) Nullipara	37	18.5
	b) 1	59	29.5
	C) 2	67	33.5
	d) 3	12	6
	e) >3	25	12.5
9	<b>Information on RTI</b>		
	Yes	152	76
	No	48	24
10	<b>Source of information</b>		
	a) Mass media	97	48.5
	b) Anganwadi worker	82	41

c) Family members	60	30
d) Friends	24	12
e) Health care workers	20	10
f) Asha worker	14	7

Table. shows that 36% of participants belonged to the age group of 18 - 27 years, 47.5% participants have higher secondary education, 67.5% participants were homemakers and 52.5% of them have monthly income of <Rs 1500/74.5% of the participants were belonged to Islam religion, 62.5% participants belong to nuclear family, 74%

participants were married and 18.5 % participants were nullipara.76% participants have information regarding reproductive tract infections, among them 48.5% obtained information from mass media and 41 % obtained information from an anganwadi worker.

#### Association between health seeking behaviour regarding reproductive tract infections and selected socio personal variables

Variables	Health seeking behavior			X <sup>2</sup>	df	P value
	Poor f (%)	Moderate f (%)	Good f (%)			
<b>Age in years</b>						
18 - 27		46 (23.0)	26 (13.0)	5.293	2	0.071
28 - 35		45 (22.5)	18 (9.00)			
>35		53 (26.5)	12 (6.00)			
<b>Education</b>						
Primary		33 (16.5)	5 (2.5)	5.738	4	0.22
Secondary		35 (17.5)	14 (7.0)			
Higher secondary		63 (31.5)	32 (16.0)			
Degree & above		11 (5.50)	4 (2.00)			
Professional/technical		2 (1.00)	1 (0.50)			
<b>Occupation</b>						
Home maker		105 (52.5)	30 (15.0)	11.186	4	0.025*
Self - employee		4 (2.00)	0 (0.0)			
Private employee		15 (7.50)	11 (5.50)			
Government employee		1 (0.50)	2 (1.00)			
Students		19 (9.50)	13 (6.50)			
<b>Monthly family income</b>						
<Rs 1500		82 (41.0)	23 (11.5)	4.228	3	0.238
Rs 1501 - 6000		53 (26.5)	29 (14.5)			
Rs 6000 - 10000		5 (2.50)	2 (1.00)			
>Rs 10000		4 (2.00)	4 (2.00)			
<b>Religion</b>						
Islam		110 (55.0)	39 (19.5)	0.966	1	0.326
Hindu		34 (17.0)	17 (8.50)			
<b>Family type</b>						
Nuclear family		91 (45.5)	34 (17.0)	0.983	2	0.612
Extended family		51 (25.5)	22 (11.0)			
Joint family		2 (1.00)	0 (0.0)			
<b>Marital status</b>						
Married		106 (53.0)	44 (22.0)	10.817	3	0.013*
Unmarried		13 (6.50)	12 (6.00)			
Widow		20 (10.0)	2 (1.00)			
Divorced/separated		5 (1.0)	0 (0.0)			
<b>Parity</b>						
Nullipara				10.535	4	0.032*
1		24 (12.0)	13 (6.50)			
2		38 (19.0)	21 (10.5)			
3		48 (24.0)	19 (9.50)			
>3		10 (5.00)	2 (1.00)			
<b>Information on RTI</b>						
Yes		106 (53.0)	46 (23.0)	19.886	1	0.030*
No		37 (18.5)	1 (5.00)			

\*Significance at <0.05 level

Table depicts that computed "p" value for the association between health seeking behaviour with selected variables such as parity, marital status and occupation are less than 0.05 level and null hypothesis is not accepted for these variables. So, it can be interpreted that there is a significant association between health seeking behaviour and occupation, marital status and parity of women in reproductive age group. Since the "p" value is greater than

0.05 for variables like age, education, income, religion and source of information, the null hypothesis is accepted for these variables and it can be interpreted that there is no association between health seeking behaviour and other socio personal variables like age, education, income, religion, family type and prior information.

Health seeking behaviour  $\chi^2$  df p value shows that computed “p” value for the association between health seeking behaviour and reproductive tract infection symptoms greater than 0.05 and hence null hypothesis is accepted. So it can be interpreted that there is no significant association between health seeking behaviour and presence of reproductive tract infection.

**Association between prevalence of reproductive tract infection and health seeking behaviour among women in the reproductive age group**

Prevalence of RTI	Health seeking behavior			$\chi^2$	df	P value
	Poor	Moderate	Good			
Low	0 (0.0)	42 (59.15)	4 (5.65)	0.488	1	0.488
Moderate	0 (0.0)	23 (32.40)	2 (2.80)			
Good	0 (0.0)	0 (0.0)	0 (0.0)			

Table shows that computed “p” value for the association between health seeking behaviour and reproductive tract infection symptoms greater than 0.05 and hence null hypothesis is accepted. So it can be interpreted that there is no significant association between health seeking behaviour and presence of reproductive tract infection.

**3. Discussion**

The present study found that 29% of participants maintained good health seeking behaviour and 71% were maintaining moderate health seeking behaviour and no one have poor health seeking behaviour. This was contrary to findings in the study on prevalence and health seeking behaviour among women of the reproductive age group. It shows that the majority of subjects (82%) were having satisfactory health seeking behaviour whereas only 18% of subjects were found to have non - satisfactory health seeking behaviour.

**4. Conclusion**

In conclusion, RTI was common among the females of the reproductive age group with a prevalence of 33.5%. This is mainly because of the reason that symptomatic patients do not seek treatment for their complaints. The study shows a significant association between health seeking behaviour and occupation, parity, and marital status of women in the reproductive age group, also women with previous information on RTIs have more health seeking behaviour. It implies the need for awareness programs and screening campaigns for women in the reproductive age group regarding RTIs and recurrence of RTIs at PHC or grass root level and ensure check - ups for RTIs at regular intervals among women and adolescent girls.

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