IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

A Community Based Study To Assess The Knowledge Regarding The Prevalence Of Reproductive Tract Infection Among Married Women In Poigai Village At Vellore Tamilnadu.

MRS.K.SARANYA.MSC NURSING,MBA,PGDMLT
Department of Community Health Nursing,
Principal,BPR school of nursing,vellore,tamil nadu,India

ABSTRACT: Reproductive tract infections, adding burden to the morbidities in women especially in developing countries. Women, who are in reproductive age group, are at higher risk of contracting RTIs easily. Bacterial vaginosis, candidiasis and trichomoniasis are the commonly reported RTIs in India. Hence this study was planned to find the prevalence of self reported symptoms of RTIs and the prevalence of RTIs of public health importance in women of reproductive age group 18-45 years in a rural area.

Keywords : Reproductive Tract Infection ,Married Women, Village.

INTRODUCTION

Reproductive Tract Infections (RTIs) are a group of infections that affect the female reproductive organs. These infections can cause discomfort, pain, and, if left untreated, potentially serious health complications. Understanding the causes, symptoms, treatment options, and prevention strategies for RTIs is crucial for maintaining reproductive health and overall well-being. In this article, i will delve into RTIs in detail and provide guidance on how to recognize, manage, and prevent these infections. RTIs are a wide range of infections that can affect various parts of the female reproductive systems, including the uterus, fallopian tubes, ovaries, cervix and vagina. These infections can be caused by bacteria, viruses, fungi, or parasites and can lead to a variety of symptoms and health issues.

Reproductive tract infection is a global health problem among women, especially in South East Asia region countries. They may progress to serious complication and cause a high degree of morbidity during the sexually active period of life. More than a million women and families die of that infection has become a silent epidemic that devastes women's lives.

NEED FOR THE STUDY

Reproductive tract infections among women have become a widespread health concern. An estimated 340 million new cases of RTI, including sexually transmitted infections, which 151million of them occurring in Asia. The prevalence of reproductive tract infections has been shown to vary, both among countries and among different group within the same country. Therefore there is need to determine the epidemiology of RTI by periodically monitoring the prevalence of etiologic agents.

Reproductive tract infections are considered a global public health issue and in resource poor countries, they are among the 5 most common health problems leading to contact with the health system. Monitoring of etiologic agents is necessary to enhance our knowledge of its epidemiology.

More than one third of ever married women in India report at least one reproductive health problem related to abnormal vaginal discharge or urinary symptoms and two fifths of currently married women report at least one reproductive health problem related to vaginal discharge, urination or intercourse that could be a symptom of more serious reproductive tract infection.

Reproductive tract morbidity is high among women of developing countries resulting in devasting consequences on health and social wellbeing of women. Majority of women in India continue to suffer from reproductive tract infections resulting into pelvic inflammatory diseases, salpingitis, pelvic adhesion, infertility, cervical cancer and chronic pelvic pain.

OBJECTIVES:

1.To assess the level of knowledge regarding the prevalence of reproductive tract infection among married women.

2.To find out the association between levels of knowledge regarding the prevalence of reproductive tract infection with their selected demographic variables among married womens.

HYPOTHESIS: There is a significant association between levels of knowledge regarding the prevalence of reproductive tract infection and selected demographic variables among married womens.

METHODOLOGY:

Design : Descriptive design.
Settings : Poigai village of Annaicut Panchayat.
Population : Married women in the age group of 18-45 years. Sample Size : 190 married women. Sampling Technique : Convenient sampling. Tools For data Collection : Demographic variable,Structured Questionnaire.
Data Analysis : Descriptive Statistics, Inferential Statistics.

PILOT STUDY

After obtaining permission from ethical committee, pilot study was conducted on similar population to identify and foresee unnoticed problems that may arise during the course of study. The pilot study was conducted in a rural area for a period of one week.

House to house survey was conducted and 10 women who fulfilled the inclusion criteria were identified. Purpose of study was explained to the subjects and ensured the confidentiality of their response and reproductive tract infection were assessed by structured questionnaire.

R value for Structured questionnaire is r= 0.89.

DATA COLLECTION The period of data collection was 6 weeks.House to house survey was conducted and 60 women who fulfilled the inclusion criteria were identified. At first rapport was established with the samples and the purpose of study was explained to them. The face to face interview created a cordial and participatory environment. Oral consent was obtained from each woman and reproductive tract infection was assessed by structured questionnaire.

RESULTS

Organization of findings

Section A:Distribution of study subjects according to the demographic variables

Section B:Distribution of subjects according to the assessment of reproductive tract infection.

Section C:Association between demographic variables and reproductive tract infection.

Section D:Distribution of samples according to the symptoms of reproductive tract infection.

Section A: This section deals with the distribution of subjects according to demographic variables.

S.No	Demographic variable	frequency	%
1	**Age**		
	18-25	16	26
	26-35	24	40
	36-45	20	34
2	**Education**		
	Illiterate	13	21
	School	35	58
	Education	12	21
3	**Occupation**		
	Unemployed	45	74
	Private	12	21
	Government	3	5
4	**Income(per month)**		
	<5000	7	11
	5000 – 10000	20	34
	>10000	33	55
5	**Religion**		
	Hindu	35	59
	Muslim	0	0
	Christian	25	41

6	**Family type**		
	Nuclear	41	67
	Joint	19	32
7	**Contraceptive methods**		
	Oral pills	0	0
	Condoms	5	9
	IUCD	2	4
	Natural Methods	1	1
	Permanent Methods	20	33
	None	32	53
8	**Number of delivery**		
	0	7	11
	1-2	23	39
	3-4	26	43
	≥5	4	7

Section B : This section deals with assessment of reproductive tract infection

Classification	**Reproductive tract infection**	
	Frequency	**%**
Reproductive tract infection Present	11	18
Reproductive tract infection Absent	49	82

Above table shows 18% of married women had reproductive tract infection.

Section C: This section deals with association between demographic variables and reproductive tract infection.

S.No	Demographic variable	SCORE		
		>10	<10	$\chi 2$
1	**Age**			1.7
	18-25	4	12	
	26-35	7	17	
	36-45	5	15	
2	**Education**			4.4
	Illiterate	3	10	
	School	5	30	
	Education	3	9	
3	**Occupation**			8.88*
	Unemployed	3	42	
	Private	4	8	
	Government	1	2	
4	**Income**			5.89*
	<5000	2	5	
	5000 – 10000	3	17	
	>10000	4	29	
5	**Religion**			1.93
	Hindu	6	29	
	Muslim	0	0	
	Christian	4	21	
6	**Family type**			5.72*
	Nuclear	5	36	
	Joint	4	15	
7	**Contraceptive methods**			6.76
	Oral pills	0	0	
	Condoms	2	3	

	IUCD	0	2	
	Natural Methods	0	1	
	Permanent Methods	3	17	
	None	5	27	
8	**Number of deliveries**			2.73
	0	3	4	
	1-2	0	23	
	3-4	10	16	
	>5	0	4	

Nursing practice

Nurses practicing in community areas and public health centers should knowledgeable regarding reproductive tract infection and its preventive health practice to manage the problems and suffering of women with reproductive tract infection.

Nurses in practice setting can use the media and audio visual aids to provide information regarding the preventive reproductive health behavior.

Nursing Education

Nursing curriculum may be updated by incorporating all aspects of reproductive health so that the nurse practitioners are able to manage, this vulnerable section of population in right perspective. The community health nurse can be given continuing education program to update their knowledge in vulnerable group which is coming up in a big way all over the world.

RECOMMENDATIONS

The study can be conducted with large number of samples

The self-instructed module can be used in the community to improve the knowledge of married women regarding reproductive tract infection. Similar study can be conducted to assess the knowledge and attitude towards reproductive tract infection among married women

The study can be conducted to determine the effectiveness of different teaching methods like video teaching program.

A comparative study can be conducted to assess the knowledge, attitude, problems faced and remedial measures adopted by married women by married women in rural and urban setting.

A study can be conducted to see the effect of alternative therapies on reproductive tract infection.

CONCLUSION

Alert today, Alive tomorrow '.Health is an essential indicator for a happy contended life. Prevention is a disease related concept and healthy promotion is a health related one.

In the present study the prevalence of reproductive tract infection was 18%. In selected demographic variables reproductive tract infection was associated with occupation, family income and family type.

REFERENCES

1.Clark M.J. Nursing in the community. 2nd ed. Stanford: Appleton and Lange Publications; 1996.
2.Denise, F.Polit. Nursing research principles and methods 7th ed..Philadelphia: Lippincott Williams and Wilkins Publications; 2004.

3..Arul kumaran,sivanesarethnam, Chatterjee, and Kumar (2005). Essential of gynecology (Ist ed.), New Delhi; Jaypee, 237-245.

4.Mark morgan, Sam siddidhi, (2005). Obstetrics and Gynecology (Isted.), Philadelphia;Lippincot, 387-399.
5.KananYelikar, (2007). Practical cases in obstetrics and Gynecology(Isted.), New Delhi; Jaypee, 259-270.
6.John stud, (2000). Progress in obstetrics and Gynecology (8th ed.), London; Churchil Livingstone, 326-343.
7.Kriplani, Rozoti ,(2006). Controversies in Obstetrics , Gynecology andinfertility; (Ist ed.) New Delhi; Jaypee, 192-209.
8.SurveenGhumman, (2006). Advances in Obstetrics and Gynecology, (Ist ed.), New Delhi; Jaypee, 222-226.
9.BhaskarRao, Roy Chowdhury(1999). Clinical Gynecology (4th ed.), Hyderabad; Orient Longmann, 105-120.
10.Mahale, R.S., (2004). Changing trends in Obstetrics and Gynecology (Ist ed.), New Delhi; Jaypee, 279-296.
11.Gupta. Preventive and Social Medicine. 3rd ed. New Delhi: Jaypee Brothers Publications; 2007.
12.Gulani,K.K. Community health nursing. Principles and practices New Delhi: Kumar publishing house. 2006.
13.Kishore J. National health programs of India. New Delhi: Century Publications; 2009.