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Prevalence of Reproductive Tract Infections/Sexually Transmitted Infections and its Determinants among Married Women in Reproductive Age Group in a Rural Area in Assam

Azhanuo Khezhie[1], Kanika K. Baruah[2], Khagorika Saikia[3]

[1]Senior Resident, Department of Community Medicine,
Nagaland Institute of Medical Sciences and Research, Kohima, Nagaland.
[2]Professor and HOD, Department of Community Medicine,
Silchar Medical College and Hospital, Silchar, 788014 Assam.
[3]Assisstant Professor, Tinsukia Medical College and Hospital, Tinsukia, 786146, Assam.

Corresponding author: Azhanuo Khezhie

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ABSTRACT

Background: Reproductive tract infections (RTIs) and sexually transmitted infections (STIs) are important public health concerns that adversely affect women's reproductive health. Their recognition and management remain challenging in rural communities, where access to diagnostic facilities may be limited. This study aimed to estimate the prevalence of RTI/STI-related symptoms and identify associated factors among married women of reproductive age in a rural area of Assam, India.

Methods: A community-based cross-sectional study was conducted from August 2018 to August 2020 among 480 married women aged 15-49 years residing in selected villages of Rani Community Development Block, Kamrup (Rural) district, Assam. Twenty-four villages were selected by simple random sampling, and 20 households were sampled from each village. Data were collected through house-to-house interviews using a predesigned and pretested structured questionnaire. Participants reporting at least one RTI/STI-related symptom during the preceding three months were classified as symptomatic. Associations between categorical variables were assessed using the chi-square test, with statistical significance set at $p<0.05$.

Results: Of the 480 participants, 175 (36.46%) reported at least one symptom suggestive of RTI/STI during the preceding three months. Vaginal discharge was the most frequently reported symptom (31.91%), followed by vulval itching or burning (16.60%). Educational status was significantly associated with symptom prevalence (p=0.0116). Significant associations were also observed with age at marriage (p=0.0052), duration of marriage (p=0.0182), type of menstrual absorbent used (p=0.0053), parity (p=0.0290), and contraceptive use (p=0.0006). No statistically significant association was observed with age, religion, type of family, occupation, place of last delivery, or history of abortion.

Conclusion: More than one-third of the study participants reported symptoms

suggestive of RTI/STI. The findings highlight the importance of strengthening reproductive health education, menstrual hygiene awareness, and access to family planning and reproductive health services in rural communities. As no clinical examination or laboratory investigations were performed, the findings represent symptom-based prevalence rather than confirmed RTI/STI prevalence.

Keywords: Reproductive Tract Infections; Sexually Transmitted Infections; Prevalence; Reproductive age group; Rural Population; Women's Health.

INTRODUCTION

The Reproductive System plays a central role in a woman's health. Many women all over the world falls victims to Reproductive Tract Infections (RTI) including Sexually Transmitted infections (STI). These infections represent the commonest group of notifiable infectious diseases in many countries including India. [1] RTI/STI are found all over the world but are more common in some areas due to multiple factors prevalent in that area. Transmission and prevalence are influenced by social, economic, biological and behavioral factors. The burden of RTI/STI thus varies greatly from region to region and from community to community. [2] These infections can present with serious complications such as pelvic inflammatory diseases, ectopic pregnancy, miscarriage, preterm labour, stillbirth, congenital infection and also chronic disability like infertility, genital cancer and even death. [2] Unlike men, women hardly go to a healthcare personnel or an STI clinic with their problems. The stigma and shame associated with it predisposes a woman to hide their sexual behaviour and related problems from healthcare providers. In India, the reproductive and sexual health are quite unfavorable for women because of discrimination which is deeply rooted in our social and cultural beliefs. The National AIDS Control Organization (NACO) states that in the general population, the prevalence of RTI/STI is estimated to be 6% in the country and a total of 30 million may be affected out of the 340 million worldwide. The estimates also indicated that, at any given point of time, around 40% of women may have RTI/STI. [3] RTI/STI can be easily diagnosed using laboratory tests but laboratory investigations are not always available in resource poor communities and in peripheral rural settings [4]. Therefore, Syndromic management is promoted by WHO for identifying people suffering from RTI/STI. It involves identification of signs and symptoms pointing to RTI/STI and treatment based on those signs and symptoms. Although there are studies regarding the prevalence of RTI and STI, most of the studies are hospital based. Therefore, the study was undertaken among the married women in the reproductive age group in the rural areas of Kamrup (Rural) district of Assam.

Objectives

1. To estimate the prevalence RTI/STI among married women of reproductive age group by using WHO syndromic case management protocol.
2. To identify the various factors associated with RTI/STI in the study participants.

MATERIALS AND METHODS

Study design and setting

A community-based cross-sectional study was conducted among married women of reproductive age (15-49 years) residing in selected villages of Rani Community Development Block, Kamrup (Rural) district, Assam, India. According to the original methods section, the study was conducted from August 2018 to August 2020.

Study population

The study population comprised married women aged 15–49 years residing in the selected villages of Rani Community Development Block. Women who provided informed consent were eligible for participation.

Inclusion and exclusion criteria

All married women aged 15–49 years who were residing in the selected study villages and provided informed consent were included. Pregnant women, critically ill women, women who had attained menopause, women with a history of hysterectomy, and those who did not provide consent were excluded from the study.

Sample size calculation

The sample size was calculated using an estimated prevalence of reproductive tract infections (RTIs)/sexually transmitted infections (STIs) of 27.3%, based on the District Level Household and Facility Survey-3 (DLHS-3), Assam, 2007–2008. The permissible error was set at 15% of the estimated prevalence, with a 95% confidence level. The calculated sample size was 474, which was rounded up to 480 participants.

Sampling technique

According to the 2011 Census, Rani Developmental Block comprised 54 villages. Of these, 24 villages were selected using simple random sampling. Subsequently, 20 households were randomly selected from each selected village, yielding a target sample of 480 households. One eligible married woman of reproductive age was recruited from each household. When more than one eligible woman was present in a household, one participant was selected using the lottery method. If a selected household was locked or did not contain an eligible woman, the adjacent household was approached for recruitment.

Data collection procedure

Data were collected through house-to-house visits using a predesigned and pretested structured interview schedule. Eligible participants were informed about the purpose and nature of the study, and written informed consent was obtained before the interviews were conducted.

The presence of RTI/STI-related symptoms was assessed using the World Health Organization (WHO) syndromic approach. Participants were considered to have symptoms suggestive of RTI/STI if they reported one or more relevant symptoms during the preceding three months. The symptoms assessed included vaginal discharge, vulval itching or burning, dysuria, increased frequency of micturition, dyspareunia, lower abdominal pain, low backache, menstrual irregularities, genital ulcers or sores, and inguinal swelling.

No physical examination or laboratory investigations were performed during the survey. Therefore, the outcome represented the prevalence of self-reported symptoms suggestive of RTI/STI rather than laboratory-confirmed infections.

Study variables

The outcome variable was the presence or absence of one or more self-reported RTI/STI-related symptoms during the preceding three months. The explanatory variables included sociodemographic characteristics (age, religion, type of family, educational status and occupation), personal and reproductive characteristics (age at marriage, duration of marriage and type of menstrual absorbent used), and obstetric and contraceptive characteristics (parity, place of last delivery, contraceptive use and history of abortion).

Statistical analysis

The collected data were compiled and analysed using Microsoft Excel and GraphPad InStat version 3.05. Categorical variables were summarised using frequencies and percentages. The prevalence of self-reported RTI/STI-related symptoms was calculated as the proportion of participants reporting at least one relevant symptom during the preceding three months. Associations between the presence of RTI/STI-related symptoms and the selected sociodemographic, personal, reproductive and obstetric characteristics were assessed using the chi-square test. All statistical tests were two-sided, and a p-value of less than 0.05 was considered statistically significant.

Ethical considerations

Ethical approval for the study was obtained from the Institutional Ethics Committee. Informed consent was obtained from all participants before data collection.

RESULTS

In this study, the prevalence of RTI/STI based on symptoms was found to be 36.46%. Table 1 shows the different types of symptoms reported by the respondents where multiple symptoms were seen. The most common reported symptom was vaginal discharge (31.91%) followed by vulva itching/burning (16.60%). Some women presented with just a single symptom whereas other women presented a combination of symptoms. Table 2 shows RTI/STI in relation to different sociodemographic characteristics. Most of the study participants were between 29-35 years of age. A total of 39.04% in the age group of 29-35 years were found to be having RTI/STI. Maximum of the study participants (37.88%) were Hindu by Religion. Among all the socio-demographic variables, there was a statistical association between the level of education and prevalence of RTI/STI.

Table 3 shows that the prevalence of RTI/STI was 48.18% among those who got married before 18 years of age and 32.97% among those who got married after the age of 18 years. The prevalence of RTI/STI was 47.83% among those whose duration of marriage was between 10-20 years. The association was found to be significant for both age at marriage and duration of marriage. Among those using cloths as absorbent during menstruation, 43.89% had RTI/STI whereas 30.57% using sanitary napkins had RTI/STI. The association was found to be statistically significant.

In table 4, it is seen that the prevalence of RTI/STI is highest (44.67%) among those respondents whose parity is between 3-4 and lowest (20%) among the nulliparous. Also the prevalence was higher (52%) among those who have delivered their last child at home as compared to a health facility (36.83%). Prevalence of RTI/STI is highest (47.49%) among those not using any form of contraception while the prevalence of RTI/STI was found to be lowest (15.52%) among those using barrier method. The prevalence of RTI/STI was found to be significantly associated with parity and contraceptive use of the respondents with a p value of < 0.05

Table 1: Distribution of respondents according to the symptoms of RTI/STI

Symptoms[#]	Number	%
Vaginal discharge	75	31.91
Vulva itching/burning	39	16.60
Dysuria	32	13.62
Increased frequency micturition	10	4.26
Dyspareunia	16	6.81
Lower abdominal pain	15	6.38
Low backache	20	8.51
Menstrual irregularities	16	6.81
Genital ulcer/sores/blister	7	2.98
Inguinal bubo/swelling	5	2.13

#Multiple response

Table 2: Prevalence of RTI/STI in relation to sociodemographic characteristics

Variable	RTI/STI			P value
	Present(n=175)	Absent(n=305)	Total	
Age in years				
15 – 21	13 (26.53%)	36 (73.47%)	49(100%)	
22 – 28	48 (33.33%)	96 (66.67%)	144(100%)	0.116
29 – 35	57 (39.04%)	89 (60.96%)	146(100%)	
36 – 42	41 (46.07%)	48 (53.93%)	89(100%)	

43 – 49	16 (30.77%)	36 (69.23%)	52(100%)	
Total	175 (36.46%)	305 (63.54)	480(100%)	
Religion				
Hindu	150(37.88%)	246(62.12%)	396(100%)	
Muslim	16(28.57%)	40(71.43%)	56(100%)	0.354
Christian	9(32.14%)	19(67.86%)	28(100%)	
Total	175(36.46%)	305(63.51%)	480(100%)	
Type of family				
Nuclear	105 (35.71%)	189 (64.29%)	294(100%)	0.670
Joint	70 (37.63%)	116 (62.37%)	186(100%)	
Total	175 (36.46%)	305 (63.54%)	480(100%)	
Educational status				
Illiterate	30 (32.25%)	63 (67.75%)	93(100%)	
Primary school	19 (33.33%)	38 (66.67%)	57(100%)	
Middle school	52 (41.94%)	72 (58.06%)	124(100%)	0.0116
High school	65 (42.48%)	88 (57.52%)	153(100%)	
Higher secondary	5 (12.82%)	34 (87.18%)	39(100%)	
Graduate and above	4 (28.57%)	10 (71.43%)	14(100%)	
Total	175 (36.46%)	305 (63.54%)	480(100%)	
Occupation				
Homemaker	160 (37.65%)	265 (62.35%)	425 (100%)	
Unskilled	11 (29.73%)	26 (70.27%)	37 (100%)	
Semiskilled	2 (28.57%)	5 (71.43%)	7 (100%)	0.597
Skilled	1 (16.67%)	5 (83.33%)	6 (100%)	
Professionals	1 (20%)	4 (80.00%)	5 (100%)	
Total	175 (36.46%)	305 (63.54%)	480(100%)	

N.B. Figure in the parenthesis indicate row wise percentages.

Table 3: Prevalence of RTI/STI in relation to personal history

Variable	**RTI/STI**			**P value**
	Present(n=175)	**Absent(n=305)**	**Total**	
Age at marriage				
< 18 years	53(48.18%)	57(51.82%)	110(100%)	
>18 years	122(32.97%)	248(67.03%)	370(100%)	0.0052
Total	175(36.465)	305(63.54%)	480(100%)	
Duration of marriage (in years)				
< 1	6 (40%)	9 (60%)	15 (100%)	
1-10	91 (31.37%)	200 (68.73%)	291(100%)	
11-20	55 (47.83%)	60 (52.17%)	115(100%)	0.0182
>20	23 (38.98%)	36 (61.02%)	59 (100%)	
Total	175 (36.46%)	305(63.54%)	480(100%)	
Types of absorbent used during menstruation				
Sanitary napkins	78(30.57%)	177(69.43%)	255(100%)	
Cloths	79(43.89%)	101(56.11%)	180(100%)	
Both	16(50%)	16(50%)	32(100%)	0.0053
Total	173(37.04%)	294(62.96%)	467(100%)	

 # 13 respondents reported of not using sanitary napkins during menstruation
N.B. Figure in the parenthesis indicate row wise percentages.

Table 4: Prevalence of RTI/STI in relation to obstetrical history

Variable	**RTI/STI**			**P value**
	Present(n=175)	**Absent(n=305)**	**Total**	
Parity				
0	6(20%)	24(80%)	30(100%)	
1-2	99(33.90%)	193(66.1%)	292(100%)	
3-4	67(44.67%)	82(55.03%)	149(100%)	0.0290

>4	3(33.33%)	6(66.67%)	9(100%)	
Total	175(36.46%)	305(63.54%)	480(100%)	
Place of delivery of last child				
Hospital/ Health facility	158(36.83%)	271(63.17%)	429(100%)	
Home	11(52.38%)	10(47.62%)	291(100%)	0.1508
Total	169(37.56%)	281(62.44%)	115(100%)	
Contraceptive use				
Non users	85(47.49%)	94 (52.51%)	179(100%)	
OCP	31(33.70%)	61(66.30%)	92(100%)	
IUCD	29(33.72%)	57(66.28%)	86(100%)	0.0006
Sterilization	17(31.48%)	37(68.52%)	54(100%)	
Condom/Barrier method	9(15.52%)	49(84.48%)	58(100%)	
Others	4(36.36%)	7(63.64%)	11(100%)	
Total	175(36.46%)	305(100%)	480(100%)	
History of abortion				
Yes	63(39.62%)	96(60.38%)	159(100%)	
No	110(35.48%)	200(64.52%)	310(100%)	0.3792
Total	173(36.89%)	296(63.11%)	469(100%)	

N.B. Figure in the parenthesis indicate row wise percentages.

DISCUSSION

In our study, the prevalence of RTI/STI was found to be 36.46%. However, in most studies, the prevalence of the disease varied considerably. Ray K et al. [5] reported a similar prevalence of RTI/STI (36.8%) among women in Delhi. Bhilwar M et al. [14] and Kamini B and Srisanthanakrishnan V [15] reported a prevalence of 43.9% and 55.5% respectively whereas, Rajapure V et al. [16] and Ganta SR et al. [17] reported a prevalence of 3.6% and 18.88% respectively. The most common symptom reported in our study was vaginal discharge (31.91%) followed by vulva itching/burning (16.60%). Similar findings were also seen in a study done by Ganta S.R et al. [17] and Surjushe A et al. [18] where they have reported vaginal discharge (26.68% and 76.81% respectively) as the most common symptom. In a study conducted by Chakrabarti S and Chakrabarti A, the most frequently reported problems were low backache (29.6%) and burning micturition (25.2 %)[19].

In this study, it can be seen that most respondents (32.57%) having RTI/STI belonged to the age group of 29 to 35 years but there was no association between RTI/STI and age. Similar to our study, Sreelatha CY et al. [6] also reported no significant association between RTI/STI with age. Mani G et al and Saluja N et al reported a significant association of RTI/STI and age. [7,8] According to religion, among Hindus, 37.88% were found to have RTI/STI whereas the prevalence was 28.57% among the Muslims. The association was not statistically significant. But in two different studies done by Mani G et al. [7] and Devi B. Set al. [9], they have reported a significant association between RTI/STI and Religion. RTI/STI was found to be higher (37.71%) among those from joint family though the association was not significant. Similarly, Mani G et al. [7] and Philip P S et al. [10] also reported no significant association between RTI/STI with type of family. In this study, the prevalence of RTI/STI was found to be significantly associated with educational status of the respondent and similar findings was found in a study done by Chaudhary N et al. [11]. In this study, no association was found between RTI/STI and occupation. Shingade et al. [12] and Verma A et al. [13] also reported similar findings.

In our study, the prevalence of RTI/STI was higher (48.18%) among those who got married before the age of 18 years and the association was found to be statistically significant so as the study done by Saluja N et al. [8] and Singh A et al. [20] Also in the present study, the duration of marriage was found to be statistically significant with the presence of RTI/STI. However, Chakrabarti S and Chakrabarti A found no association between RTI/STI and duration of marriage

[19]. Among the respondents having RTI/STI, most of them (45.66%) were using cloths as absorbent during menstruation and the association was found to be statistically significant. Also, Devi B.S et al. [9] found significant association between the two. RTI/STI prevalence was also found to be statistically associated with parity of the woman and the contraceptive use by them. But Philip P.S et al. [10] found no association between parity and RTI/STI. Rani V et al. [21] and Verma A et al. [13] also reported the association of RTI/STI with use of contraceptive methods in their studies.

CONCLUSION

In our study, the prevalence of RTI/STI based on symptoms was found to be 36.46%. The prevalence was found to be significantly associated with factors such as educational status of the woman, age at marriage, duration of the marriage, types of absorbent used during menstruation, parity and the use of contraception. Awareness should be created among women in the community by health care workers regarding signs and symptoms of RTI/STI and their consequences on the reproductive health of a woman. Measures such as ensuring the use of sanitary napkins and proper menstrual hygiene, focusing on health education, promoting the acceptance of family planning services and antenatal services etc. should be taken so as to bring about a behavioral change which in turn will protect their reproductive health in the near future.

Declaration by Authors

Ethical approval: Approved by the Institutional Ethical committee

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Conflict of Interest: The authors declare no conflict of interest.

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