

**PREVALENCE OF 'RTI' AMONG EVER MARRIED WOMEN
(15-49 years age group) IN RAJEEV NAGAR (Urban slum)
OF DEHRA DUN.**

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Objective :- To assess the prevalence of RTI among ever married women by using Syndromic approach.

Study design :- Cross- Sectional study.

Setting :- Cross- Sectional study.

Setting :- urban slum, Rajeev Nagar, Dehra Dun.

Participants :- Ever married women in 15 - 49 years age group.

Study period :- January- April 2003.

Study variables :- RTI, Occupation, S.E.S.

Statistical analysis :- Percentage.

Result :- Prevalence of RTIs was found to be 7%. It was found to be maximum (57.14%) in laborer's and in women belonging to the lower middle class (65.7%). Commonest symptoms of RTIs were pain lower abdomen (74.2%), burning micturition (17.14%) and vulval itching (17.14%).

Introduction :

RTI is considered to be a major global public health problem with more than 330 million new cases being reported every year. Of these more than 80% are believed to occur in developing countries. They primarily affect reproductive section of the society (20-40 Years of age), thus causing loss of productive life, measured as, DALY'S lost. In India, very little data is available regarding pattern of RTI. This is primarily because of lack of comprehensive rational registry, inefficient reporting and data collection system and the fact that the patients

seek more help from the private sector, from where reporting is abysmal. Problem is compounded by the fact that the women are largely asymptomatic and even if symptomatic, refrain from visiting the health clinics for the same.

The undertaken study was carried out to identify the prevalence of RTI among the women of urban health center, Rajeev Nagar, Uttaranchal.

Material and Methods :

The major segments of the population served by the Urban Health Center, Rajeev

Nagar, Were slum dwellers with a total population of 1521. The total population (males and females) within the age group 15-49 years was 899. In the present study the women within reproductive age group of 25-49 years were screened amounting to a total of 445 women. (49.6% of total population in the state of Uttaranchal as per 2001 census). It was a cross sectional study. A pre tested and pre designed questionnaire was given to all the screened women during a house-to-house survey and the accompanying female health worker made them understand the queries and noted their responses.

The diagnosis of RTI was made as per the "syndromic approach" including following criteria/symptoms:-

Pain lower abdomen, Foul smelling, vaginal discharge, purulent urethral discharge, Genital sore, swelling around genitalia, burning micturination and vulval itching. The socio-economic status was assigned as per modified prasad'd classification.

Observations :-

Total, 35 cases of RTI were observed according to syndromic approach.

TABLE -1

Distribution of respondents according to their Husband's occupation.

OCCUPATION	NO. OF WOMEN	PERCENTAGE WITH RTI
Laborer	20	57.1
Shopkeeper	3	8.6
Army	2	5.7
Driver	2	5.7
Others	8	22.9

The occupation of the husband in the women RTI was found to be as shown in above table. The Reproductive Tract Infection was reported maximum (57.1%) in the wives of laborers, followed by 22.9% in the wives of those whose husbands are categorized in other occupation (Chaat wala, Pheri Wala, or those working in pvt. Offices).

TABLE-2

Distribution of respondents according to socio-economioc status

CRITARIA	INCOME/MONTH	RTICASES	%
Upper SES	>2200	0	0
Upper middle	1100-2199	0	0
Lower middle	660-1099	23	65.7
Upper lower	330-660	8	22.9
Lowest	<330	4	11.4

The Reproductive Tract Infection was

reported maximum (65.7%) in women belonging to lower middle class and was found to be minimum (11.4%) in the women belonging to lowest class category.

TABLE -3

Distribution of respondents according to Syndromic case definition

Complaint	No. of women	Percentage
Pain lower abdomen	26	74.2
Foul smelling vaginal discharge	1	2.85
Purulent urethral discharge	1	2.85
Genital sore	1	2.85
Swelling around genitalia	2	5.71
Burning micturination	6	17.14
Vulval itching	6	17.14

The most common complaint was found to be Lower abdominal pain in 74.2% of women, followed by burning micturination and vulval scabies in 17.14% women in each category. All women were having two or more complaints at the time of examination.

Discussion :

Women in India face constraints not only in obtaining services but also in expressing their reproductive health needs. Lack of awareness, cultural barriers and economic factors prevent them from eliciting timely care. They are unlikely to consult for advice as there is a tendency to view morbidities such as 'white discharge' as

normal and also because this condition is associated with shame and guilt owing to its perceived link promiscuity.

Further, most women with RTI are asymptomatic hence neglected. Pelvic examinations are strongly resisted by all women, but more so if they are asymptomatic and especially if they are to be performed by a health service provider who is insensitive to their needs.

Their limited mobility and inability to take decision, unnecessarily delay their initiative in obtaining medical care for themselves.

In present study the incidence of RTI was reported maximum in laborers and that may be because these women were chiefly engaged in river side works and other menial jobs for daily wages.

Women with RTI are at an increased risk for chronic pelvic pain as reported by Holmes et al: STD case management, New York¹. In present study, Lower abdominal pain was found to be the commonest complaint (74.2%), in women suffering of RTIs, although it may also include some psychosomatic causes leading to lower abdominal pain.

Till recently little data is available about the extent of RTIs among Indian women. The available data was limited to clinic based population or to high risk population like commercial sex workers.

In a community based study from Mumbai

slum, Parikh et al² observed a 15% prevalence of Chlamydia infection and 17% prevalence of Candida infection in symptomatic women. Present study reported a prevalence of 17.14% in vulval Scabies and 5.71% in Genital sore. The difference in data could be due to rampant practice of prostitution in the Mumbai slums and also the indiscriminate use of antibiotics leading to increased susceptibility to such infections.

Gogate³ in a study conducted among women of reproductive age group from a slum colony at Mumbai, reported that 43.2% women attended hospital for vaginitis and 1/3 women for cervicitis. In present study only 2.85% women were reported for the complaints of vaginitis and cervicitis. This difference in data might be due to lack of clinical examination in our study. Moreover this study was largely in illiterate women those may not be aware of presenting these complaints to health provider.

Prevalence of RTI was studied in 302 women of low risk group attending family welfare clinic at Mumbai, using cytological, culture and serological test. An overall positivity was reported to be 29%, accounting 21.20% for BV and 18% for chlamydia.

Thus in today's perspective, the reported cases of RTI in Indian women is only the tip of

iceberg; the actual depth still remains to be uncovered. If actual prevalence is known, it might emerge as a big challenge for healthcare system⁴. So, for the present day and future, it sincerely calls for :-

- Improving awareness of RTI in family and society.
- Improved, accessible and dedicated health system.
- Improving performance of health workers by improved management skills and by adapting local guidelines related to 'Integrated management of RTI'.

Bibliography :

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