

## Original Article

# Reproductive Tract Infection In A Village Area Of Bangladesh

### Abstract

**Objective:** To assess the incidence of reproductive tract infection among the married women in the reproductive age group living in the rural area of Bangladesh.

**Study design:**

Retrospective study

**Method:** Hospital based study done for a period of six month January 2013 to June 2013. Only married women suffering from reproductive tract infection were included.

**Result:** Out of 1288 female patient attended for treatment in OPD, 582 (46.47%) were found affected by RTI. Women of age between 15-35 years were mostly affected (85%). Abnormal vaginal discharge (100%) and itching were the most common symptoms. The disease was more common among the illiterate women (72%) and in low socio-economic group (58%).

**Key words :** Reproductive tract infection ,

### Introduction

Reproductive tract infection (RTI) are a group of diseases that cause genital tract infection, including both sexually and non-sexually diseases<sup>1</sup>. RTI among married women in the reproductive age group is a very common problem. Although majority of the cases do not create serious health hazard but create problem in their sexual & social life. A few cases may progress to serious complications and cause morbidity. Globally, Three type of RTI cause significant amount of morbidity & mortality among women sexually transmitted infections (STIs) (including gonorrhea, Chlamydia, syphilis, trichomonas, and HIV infection); endogenous infections resulting from the overgrowth of organisms normally present in the reproductive tract (such as candidiasis and bacterial vaginosis); and iatrogenic infections related to medical procedures (such as menstrual regulation, abortion or IUD insertion)<sup>2</sup>. The presence of STI increases The risk of acquiring and transmitting HIV infection by three to five times<sup>3</sup>. I have tried to find out the prevalence of

RTI in the rural area of Bangladesh.

### Materials & methods

The study was carried out among the patients attended in the out-patient department of Sauria Upazilla health complex hospital of Manikgonj district from January 2006 to June 2006. A total 1288 married women reported to the hospital for treatment. Out of this, 582 patients, who came with the symptoms of RTI (abnormal vaginal discharge, pruritus, urinary symptoms, dyspareunia, lower abdominal pain etc) were included. Only reproductive age group (between 15 to 45 years) patients were included. Patients having symptoms similar to RTI but suffering from disease like ca-cervix, endometriosis, chronic cervicitis, cervical erosion were not included in this study. All the patients were examined thoroughly & in most of cases, detailed laboratory investigations were not possible because of lack of facilities, poverty & patients unwillingness. Necessary investigations were done only in suspected cases of syphilis, gonorrhea & AIDS. Treatment was given on the basis of clinical diagnosis. All the patients were followed up for clinical improvement and the

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starting treatment. It was found that almost all of them were relieved of their symptoms.

## Result

**Table 1:** Distribution of patients according to symptoms (n=1288)

Symptoms	No of patient	Percentage ( % )
Symptoms of other disease	706	54.53
Symptoms of RTI	582	45.53
Abnormal vaginal discharge	582	100
Yellow green discharge	39	6.70
Thick or frothy discharge	386	66.32
Foul smelling discharge	76	13
Discharge with itching	168	28.86
Lower abdominal pain	46	7.9
Urinary symptoms	52	8.9
Dyspareunia	09	1.55

**Table 2:** Age distribution among the patients of RTI.

Age group	No of patient	Percentage ( % )
15-24	282	48.45
25-34	210	36.09
35-45	90	15.46

**Table 3:** Showing literacy status

Literacy status	Total no.	Percentage ( % )
Illiterate	420	72.16
Literate	162	27.84

**Table 4:** Showing working status

Working status	Total no.	Percentage ( % )
House wives	514	88.31
Working women	68	11.69

**Table 5:** Showing Socio-economic status

Socio-economic status	Total no.	Percentage ( % )
Very poor	340	58.41
Poor	210	36.08
Middle class	32	5.49
Upper middle class	Nil	0
Upper class	Nil	0

**Table 6:** Showing symptoms of RTI among the contraceptives user & non user.

Contraceptive user (condom)	Contraceptive non user
134 (23.04 %)	448 (76.97 %)

## Discussion

The present study reveals very high prevalence of the symptoms of RTI among the village women in the reproductive age group (45.47%). Several studies have been conducted in India about the same. They also showed the similar result (43.3%)<sup>4</sup>. The most common symptom was abnormal vaginal discharge (100%). Thick frothy discharge were the highest (66.37%), lack of proper hygiene in the village women may be the cause. Among the reproductive age group, maximum number of cases were observed in the age group of 15 to 35 years (84%). The high incidence in this group probably because these people are most active in sexual activities. This result vary greatly with another study of Dasgupta et al, their percentage was 48.74. This great difference may be due to the fact that this study was done totally among the village women, who are less health conscious than the urban people. Married women in the age group between 15 to 35 years of age are also high in the village area.

The Percentage of RTI was high among the illiterate women (72.16). Similar result were observed in a study of Rajasthan, India (62.5%)<sup>5</sup>, & study at Kolkata (66.6%). Illiterate women are less attentive about personal hygiene. The rate is also high among the housewife (88.31%) than the working women group (11.69%). The working women are more literate & maintain hygiene than most of the housewife. Dasgupta in her study presented the rate (72.53%), a little less than this study. Finally symptoms of RTI are less common among the women whose partner use condom (23.04%). The observation are nearly similar to the study of Bansal KM et al (16.6%)<sup>5</sup>.

Symptoms of RTI are present among almost all the married women in low socio-economic group. The symptoms of RTI are so common among them that they ignore these and usually do not seek treatment for them, as they believe that these discomforts are an inevitable part of their life and they must endure them along with other health problems such as menstrual abnormalities, contraceptive side effects, miscarriages etc. This is mainly because of lack of knowledge among these women that these symptoms have morbidity<sup>4</sup>.

They also feel shy to disclose their problem. RTIs have an additional element of shame and humiliation for many women because they are considered unclean and fears of social consequences often take priority over fears of health consequences, making the infected women reluctant to inform their partners of their symptoms.

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