

KNOWLEDGE AND ATTITUDE TOWARDS RTI/STI AMONG EARLY MARRIED WOMEN LIVING IN URBAN SLUMS OF LUCKNOW, UTTAR PRADESH.

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Abstract: Background: Reproductive Tract Infections (RTIs) including Sexually Transmitted infections (STIs) are silent epidemics and are recognized as public health problem and are the cause loss of healthy life among women of reproductive age. The problem of RTI/STI morbidity in women exists largely due to ignorance, low level of Knowledge and awareness regarding sexual and reproductive health. Prevalence of RTI/ STI is high among the young women living in lower community like slums. Thus, it is very essential to understand the knowledge and attitude regarding various aspects of RTI/STI among the early married women living in urban slums. Objective: to know about the Knowledge, and Attitude towards the RTI of the early married women who are living in the urban slums of Lucknow. Method: A community based cross sectional study was conducted in slum area of District Lucknow from March 2016 to December 2016. Early married women of 15-24 years were selected and convenience and snow ball sampling was performed for the recruitment of the respondents. A total of 253 early married women were interviewed using questionnaire schedule. Results: In our study, the majority of women were in the age group of 21-24 years (83.4%), illiterate (45.1%) and belonged to nuclear families 62.5%. 87.4% women had never heard about RTI/STIs. Conclusion: Overall the knowledge and awareness were poor among the early married women of slums. There is a need for imparting awareness regarding the transmission and prevention of RTI/STIs.

Keywords: Early married women, Urban slum, Reproductive tract infection, Knowledge, Awareness.

Introduction

Reproductive Tract infections (RTIs) in women is one of the wide spread health concerns (Farokhzadian et al, 2005). Reproductive tract infections, sexually transmitted infections and HIV have significantly known as serious global health problems. Both men and women suffer from RTIs but their consequences are more damaging and broader for women (Neshat et al, 2014). A wide variety of infectious diseases affect the female genital tract which can be divided into two main groups- (1) Sexually transmitted diseases and (2) Infectious diseases that arises due to normal flora (Ryan, 1999). RTI, entails a heavy toll on women, if untreated can cause serious consequences of infertility, ectopic pregnancy, cervical cancer, menstrual disturbances, and pregnancy wastage and low birth weight babies (WHO, 2001). STI often go undiagnosed and untreated due to lack of knowledge or non-availability of health care facilities (Neshat et al, 2014). On statistical analysis it was found that those women married below 19 years of age are likely to have 43.3% RTI symptoms as compared to those married at or above 19 years of age (Kafle and Bhattarai, 2016). In slum women, the prevalence of RTI/STI was maximum, i.e., in 71% (Chaudhary et al, 2019). Thus the objective of the study was to know the socio-demographic background of the respondents and to access the knowledge and attitude towards the RTI of the women who married before legal age (18 years) and living in the slum. Thus the objective of the study was to know about the Knowledge, and Attitude towards the RTI of the early married women who are living in the urban slums of Lucknow.

Material and Methods

Settings and design: A community based cross-sectional study was carried out in the urban slum areas of Lucknow city. The Slums were selected according to the list of slums as per Rajeev Awas Yojna Report, Municipal Corporation, Lucknow, 2016.

Study period:The study was conducted in the month of January to June 2018.

Participants:In this study, 253 respondents were recruited of the age 15-24 years who were married before legal age (18 years). The age of the study subjects was decided by considering the prevalence of early married women as Child marriage prevalence is the percentage of women 20-24 years old who were married or in union before they were 18 years old (UNICEF State of the World's Children, 2017) and the reproductive age of a women is 15-49 (WHO, Report).

Sampling design:The study was conducted among the women aged (15- 24 years) of urban slum who were married earlier (before 18years). Early married women of the age (15-24 years) were a hard-to-reach population. Since local NGOs had established a relationship of trust with early married women of slums, the potential participants were recruited with the support of NGO. These organizations focus on the all Sexual and reproductive health issues of the women of reproductive age. They also run outreach teams and are in regular contact with a number of early married women living in slum throughout the city. A combination of convenience and snowball sampling techniques were used to recruit the participants in this study.

Study instruments:The data collection tool used for the study was an interview schedule that was developed at the Institute with the assistance from the faculty members and other experts of sexual and reproductive health. The pilot study was conducted among early married women who were living in the urban slum from more than six months and the questions were modified accordingly. The reliability of the knowledge and attitude measuring items were checked by calculating the Cronbach alpha (α). The questionnaire contained questions relating to the information on social demographic profile of the respondents like; current age, age at the marriage, education, occupation, family characteristics like residence, type of family, monthly income. Modified B. G. Prasad socio economic scale (2018) was used to measure the socio- economic status of the respondents. The respondents were asked about their knowledge and attitude regarding the causes of RTI/ STI, symptoms of Reproductive Tract infection, prevention of STI/ STD and the treatment of RTI/ STI. The study questionnaire was initially translated in the English language, which was translated to Hindi for better understanding of the participants and back-translated to improve validity.

Data collection procedure:The investigator of this study informed and motivated the individuals to participate in the study. Further, the participants were explained about the purpose of conducting the study individually prior to the initiation of the recruitment process. The investigators then personally collected the responses by interview Schedule. The participants were ensured about the strict confidentiality of their data and ensured that this data will be used only for research purpose and will not be divulged or utilized for any other purposes. Then informed consent was taken from each of them individually prior to the initiation of the study.

Inclusion Exclusion criteria:Early married women aged 15 – 24 years who were living in urban slums from more than six months were included in the study. Women who have not given consent for participating in the study were not recruited in this study.

Statistical analysis used:The data was collected and entered into SPSS, 20 version sheets and analyzed. Data was presented in the form of tables.

Results:

Socio demographic profile:

Out of 253 early married women living in the urban slum, the majority of the respondents 211 (83.4%) were belonging to the 21-24 years age group and very less 42 (16.6%) in the age group of 15-20 years. Majority of the women 230 (90.9%) were married at the age between 15-17 years. Most of the women were OBC 122 (48.2%) followed by SC 96 (37.9) and very less 14 (5.5%) were ST. Most of the women were Hindu 169 (66.8%); a good number were not educated 114(45.1%) who were mainly home maker 208 (82.2%). Most of the respondents were belonging to the Nuclear family 158 (62.5%). Majority of the respondents 146 (57.7%) were living on rent in the semi-pacca house 117 (46.2%) followed by pacca house 89 (35.2%). Majority of the respondents 119 (47%) were belonging to the III class followed by IV class 82 (32.4) and very less no of the respondents 4 (1.6) were belonging to I class and V class 3 (1.2%) (Table 1).

Knowledge Regarding Reproductive Tract Infection:

Regarding basic knowledge, 87.4% respondents were never heard of any cause of Reproductive Tract Infections/ Sexually Transmitted Infection. 12.6% knew that it can be transmitted through mother to baby, only 10.7 % knew that it can be transmitted through unsafe sex and surprisingly only 4.7% knew through infected injection and 4.7% through infected blood (Table 2).

Very few could respond correctly the signs and symptoms of RTI/STI viz. Itching (20%), Vaginal discharge (17%), Lower abdominal pain (16.6%), Burning mutilation (16.6%) and Ulcers/ sores in Genitals (11.9%). Only 19.8% respondents knew that use of the condom can prevent them from RTI/STI. Most of the respondents responded that they may seek treatment at Govt. hospital (89.7%), followed by private hospital (85%), CHC (47%) and very few know about home remedies (7.9%) (Table 2).

Attitude towards RTI/ STI: Majority was aware of the cause of RTI/STI viz; mother to baby 54.5%, unsafe sex 52.2%, infected blood 49.8% and use of infected injections 49.8%. Respondents have very less awareness towards signs and symptoms of RTI/STI like Itching (19.4%), vaginal discharge (17.8%), lower abdominal pain (16.6%), burning mutilation (15.8%) and ulcers/ sores in genital area (12.3%). Very few respondents were aware of using condom (16.2%) is the precaution of the RTI. Most of the women were aware of the treatment and believe that a person who got infected by RTI/STI may seek treatment at Govt. Hospital (89.3%), (86.2%) at private hospital, (42.3%) in Community Health Center, and very few believe in the home remedies (7.1%) (Table 3).

According to the symptoms reported by the respondents Maximum respondents complained that that they faced itching (45.1%), followed by lower abdominal pain (34.2%) and vaginal discharge (34%), burning mutilation (22.9%), and very less ulcers sores in genital area (12.3%) (Table 4).

Discussion: Knowledge is a logical prerequisite to the intentional performance of health-related behaviors. The Knowledge-Attitude-Behavior (KAB) (Flegal, 1996) model proposes that behavior changes gradually. As knowledge accumulates in a health behavior domain, changes in attitude are initiated. Over some period of time, changes in attitude accumulate; resulting in behavioral change. This study was undertaken among early married women who are living in slums, to assess their awareness about RTI/ STI. It is a well-established fact in medical literature that prevention of RTI cannot be obtained unless the population including high-risk groups knows how to protect themselves. The main objective of the study was to know about the knowledge, and attitude towards the RTI of the early married women who are living in the urban slums of Lucknow district. A study done by Vidya Rani et al, 2016 showed nearly half of the early married women living in rural area were suffering from at least one symptom of RTI due to low level of awareness and perception about symptoms of reproductive morbidity. Our study also revealed the similar findings. A study done by Quansar et al, 2018 found that 30.30% women didn't have any knowledge regarding symptoms of RTI/STI. It was noticed in the present study that, 87.4% respondents had no any knowledge about any symptom of RTI/ STI. The knowledge regarding symptoms of RTI is less than the previous study. Our study revealed that the very few respondents know about the symptoms of RTI/STI. The common symptoms they know was Itching (20%), Vaginal discharge (17%), Lower abdominal pain (16.6%), Burning mutilation (16.6%) and Ulcers/ sores in Genitals (11.9%). In a study by Quansar et al, 2018 the foul smelling discharge (21.2%) was reported as a common symptom. Other symptoms reported were itching in the genital region (13.3%), curdy white discharge (11.1%) and abdominal pain (12.12%). In present study the prevalence of RTI is higher (64%) than the study conducted among the women belonged to reproductive age (14.5%) by Ravi et al, 2013 and 9.7% (Chaudhary et al, 2019). In present study the prevalence of RTI is higher because the subjects recruited for the study were belonged to the age 15- 24 years, majority were illiterate (45%), home maker (82.2%) and belonged to the age group 21-24 years. A study conducted by Chaudhary et al, 2019 reported that the prevalence of RTI was maximum (51.6%) in the age group of 18–25 years, (74.2%) in illiterate women, (45.2%) in unemployed women and 71% in women, living in slums. Our study participants represent almost similar picture of socio- demographic profile and high prevalence of RTI symptoms as reported by the study subjects. According to a study done by Shethwala and Mulla, 2014 prevalence was higher (88.7%) in home makers than women working outside the home (11.3%). The most common symptoms complained by the women was itching (45.1%), followed by lower abdominal pain (34.2%) and vaginal discharge (34%), burning mutilation (22.9%), and very less ulcers sores in genital area (12.3%). In previous study done by Chaudhary et al, 2019 most common presentation was genital discharge, i.e., in 52.8% of women followed by 45.2% lower abdominal pain, 31.7% itching of genitalia, 27% burning micturition, 26.8% increase frequency of micturition, 24.2% erythema of genitalia, and 22% backache. In another study conducted by Shethwala and Mulla, 2014 it was represented that the common symptom of RTIs/STDs was vaginal discharge (98%) followed by lower abdominal pain (76%). According to Kamini et al., (2014), vaginal discharge was the most common symptom and found in 69% of the study population. According to

Balamurugan et al. (2014), the majority of women, i.e., 32.7% complained of abnormal vaginal discharge followed by lower backache in 31.4% and lower abdominal pain in 23.5% of women only.

Strength of the study

This is the novel study on the assessment of knowledge and awareness in the district of Uttar Pradesh among early married women living in the urban slums. The outcome of the study has helped us to organize behavior change communication, teaching modules for sustainable changes in cognitive domain of early married women and their caregivers.

Limitations of the study

We had several limitations in present study. Firstly, only early married women belonging to a specific age group were limited. Secondly, some participants could not be enrolled for the study due to time barrier. This was a self-funded cross-sectional study and the data collection was based on only symptoms reported by early married women.

Future directions of study:

The research group of this study feels that similar studies in different locations in other districts are required with a larger and appropriate sample size to make the results truly representative of our state for which we are planning for extramural funding.

Conclusion

To summarize, the present study provides a picture of the current scenario of knowledge and awareness of Reproductive Tract Infections/ Sexually Transmitted Infections. There was poor knowledge and awareness regarding prevention and complications in majority of the study participants. This emphasizes the need for more awareness activities in the form of mass campaigns in the urban slum areas of India.

Recommendations

In this study, certain deficit areas in knowledge regarding Reproductive Tract Infections/ Sexually Transmitted Infections were identified which needs to be addressed through a well planned community based awareness program focusing on behavior change.

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Table- 1: Socio- demographic Profile of the Respondents			
Item	Category	Number	Percentage
Age	15-20	42	16.6
	21-24	211	83.4
Marriage age	12-14	23	9.1
	15-17	230	90.9
Religion	Hindu	169	66.8
	Muslim	84	33.2
Caste	Gen	21	8.3
	OBC	122	48.2
	SC	96	37.9
	ST	14	5.5
Education	No education	114	45.1
	Primary	49	19.4
	Secondary	72	28.5
	Higher	18	7.1
Occupation profile	Working	45	17.8
	Home maker	208	82.2
Type of family	Joint	95	37.5
	Nuclear	158	62.5
Ownership of house	Rented	146	57.7
	Own	107	42.3
Type of house	Kaccha	47	18.6
	Pacca	89	35.2
	Semi pacca	117	46.2
Socio-economic class	I	4	1.6

	II	45	17.8
	III	119	47.0
	IV	82	32.4
	V	3	1.2

Item	Category	Response Yes	
		Number	%
Do you know about the cause of RTI/ STI?	Unsafe sex	27	10.7
	Infected blood	10	4.0
	Infected injection	12	4.7
	Mother to baby	32	12.6
Do you know about the Signs and symptoms of RTI/ STI?	Vaginal Discharge	43	17
	Lower abdominal pain	42	16.6
	Ulcers/ sores in Genitals	30	11.9
	Burning Mutilation	42	16.6
	Itching	52	20.6
Do you know the precaution of STI?	Use Condom	50	19.8
	Take medicine	165	65.2
Where the patients of STI/ STD may seek treatment?	CHC	119	47.0
	Govt. Hospital	227	89.7
	Private hospital	215	85.0
	Home remedies	20	7.9

Item	Category	Response agree	
		Number	%
Do you think that one should be aware of these as these may cause RTI/STI?	Unsafe sex	132	52.2
	Infected blood	126	49.8
	Use of infected injection	126	49.8
	Mother to baby	138	54.5
Do you believe that one should go for treatment if she faces these signs and symptom of RTI/STI?	Vaginal discharge	45	17.8
	Lower abdominal pain	42	16.6
	Ulcers/ sores in genital area	31	12.3
	Burning mutilation	40	15.8
	Itching	49	19.4
What do you think about these precautionary measures of RTI/STI?	Use condom	41	16.2
	Take medicine	153	60.5
Do you think that the infected person may seek treatment at these places?	Community Health Center	107	42.3
	Govt. Hospital	226	89.3
	Private hospital	218	86.2
	Home remedies	18	7.1

Table- 4: Prevalence of RTI/ STI

Item	Category	Response Yes	
		Number	%
	Don't have	91	36.0
Did you have any sign and symptom of STI?	Vaginal discharge	86	34
	Lower abdominal pain	88	34.8
	Ulcers/ sores in genital area	31	12.3
	Burning mutilation	58	22.9
	Itching	114	45.1