Women's Knowledge on Reproductive Tract Infections in Selected Area of Raichur

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Introduction
The most important period in the life span of a woman is the reproductive period, which extends from menarche to menopause.

Reproductive tract infections (RTIs) are serious health concerns, particularly among adolescents and young people; they cause physical discomfort, personal embarrassment and marital discord. Specially in developing countries like India, reproductive tract infections frequently have a great impact on women's health status. Therefore, the women need to be educated about reproductive health.

Reproductive health can be defined as a state in which people have the ability to reproduce and regulate their fertility; in the context of women, the term means enabling women to go through pregnancy & child birth safely. The outcome of pregnancy is successful in terms of maternal & infant survival and their well being.

In India, the prevalence of reproductive tract infections is very high due to the silent epidemic. The low status of women in many parts of India makes women suffer in silence or even feel too ashamed to seek treatment. It is therefore important to study and assess the knowledge of women about reproductive tract infections.

Assumptions of the study
- Women in reproductive age group will be willing to participate in the study.
- Women in reproductive age group will suffer with few or more problems of reproductive tract infections.
- Women in reproductive age group will have sufficient knowledge on reproductive tract infections.

Limitations
- The study is limited to the women’s age group of 16-45 years.
- The study is limited to women who can read and write Kannada, Telugu or English.
- The study was limited to women who were willing to participate in the study.

Hypotheses

H1: Significant relationship will be there between the women’s knowledge on reproductive tract infections and their age.

H2: Relationship will be significant between the women’s knowledge on reproductive tract infections and their religion.

H3: Association will be significant between the women’s knowledge on reproductive tract infections and their education.

H4: There will be significant relationship between the women's knowledge on reproductive tract infections and their income.

H5: Relationship will be significant between the women’s knowledge on reproductive tract infections and their source of information.

H6: Significant relationship will be there between the women’s knowledge on reproductive tract infections and their marital status.

H7: Association will be significant between the women’s knowledge on reproductive tract infections and their number of deliveries.

H8: Relationship will be significant between the women’s knowledge on reproductive tract infections and their place of delivery.

H9: There will be significant relationship between the women’s knowledge on reproductive tract infections and person who has conducted their home delivery.

H10: Significant relationship will be there between the women’s knowledge on reproductive tract infections and their intra uterine devices.

H11: Relationship will be significant between the women’s knowledge on reproductive tract infections and their abortion.

H12: Association will be significant between the women’s knowledge on reproductive tract infections and person who has conducted their abortion.

Setting of the study
The present study was conducted in Raichur district, Raichur is a backward district situated in northern Karnataka, with an area of 60 sq. km. and consists of 5 towns and 300 villages with a population of 3,42,686. Among this, urban population comprises 2,24,617. The male population in the district is 1,87,927 & female population is 1,56,996.

Population: The population for the present study was women in reproductive age group (i.e., 16-45 years) residing in IDSMT ward...
Sample size: The sample consisted of 20 women in the age group 16-45 years, who are residing at IDSMT ward no. 3, Raichur and who fulfilled the following criteria.

1. Women who are in age group of 16-45 years.
2. Women who are residing at IDSMT ward no. 3, Raichur.
3. Women who are willing to participate in the study.

Sampling technique: Simple random sampling technique was used to select the sample. The sample selected for data collection were those who fulfilled the criteria laid down for the selection of the sample and who were available during the period of data collection.

Research tool & technique: The structured questionnaire was used to collect the relevant data. In this study the questionnaire was formulated after discussion with the experts in the related field and on the basis of review of literature, it was modified in consultation with the experts in the field.

Description of the tool: The structured questionnaire designed for the study consisted of demographic data and women’s knowledge regarding reproductive tract infections.

Validity: Content validity of the tool was obtained by giving the tool to a total of seven experts, out of which five were nursing personnel and two were gynecologists. The Experts suggested some modifications in the questionnaire. These suggestions were incorporated in the final preparation of the tool.

Reliability: The reliability of the tool was established by using test–retest method. Twenty respondents were chosen and asked to fill the questionnaire twice with a gap of one week, between the first and second administration. Karl Pearson’s “r” was computed for finding out the reliability, the “r” was found to be 0.76, which indicated that the tool was highly reliable.

Pilot study: In order to test the reliability, relevance and practicability of the tool, a pilot study was conducted on 20 women who fulfilled the criteria for sample selection. It was conducted in the manner in which the final study had to be conducted. These subjects were excluded from the main study.

Data collection: The period of data collection was planned for one month and the time was chosen according to the convenience of the subjects. During the period of data collection, the investigator visited the houses situated at IDSMT ward no. 3, Raichur and collected the data.

Data Analysis: The data analysis was planned according to the objective of the study. As this was a descriptive study, analysis was done by descriptive and inferential statistics (frequency, percentage, mean and standard deviation). Chi-square value was computed to find the relationship between the knowledge and selected variables.

Study findings: Out of 200 respondents, majority (25%) of the subjects belonged to the age group of 21-25 years. Hindu women were 62.5% and nearly 45% per cent respondents were educators.

Most of the women (50%) had income of above Rs.3,000 per month nearly three-fourth of the women (75%) were married and most of the women (37.5%) had received information from health magazines. Majority of women (33.33%) had one or two children, nearly 80 per cent deliveries were conducted at hospital and 50 per cent had never used intrauterine devices.

Analysis of knowledge scores:

The majority of women (84%) had adequate knowledge about the reproductive tract infections, three-fourth of women (75%) responded correctly to the risk factors of reproductive tract infections and nearly 72 per cent had adequate knowledge about signs and symptoms of reproductive tract infections.

Most of the women (80.5%) answered correctly about treatment aspects, 46 per cent of women responded correctly to the nature of white discharge and only 45 percent had knowledge about complications of reproductive tract infections.

Very few women (6.5%) answered correctly the relief measures for reproductive tract infections and 17 per cent of women responded correctly about preventive measures of reproductive tract infections.

The mean score of women's knowledge about reproductive tract infections was highest for respondents in the age group of 36-45 years (X = 13.55, S.D = 3.82), Hindus (X = 16.01, S.D = 2.16), post graduates (X = 15.83, S.D = 4.29), family with income of Rs. 7001 to Rs. 9000 per month (X = 16.71, S.D = 1.74), unmarried (X = 13.64, S.D = 2.14), women who received information from elders in the family (X = 16.0, S.D = 1.54), women with 2 children (X = 13.36, S.D = 3.37), the mean score of women who used and who were using intrauterine device were al-
most similar (X = 13.04, S.D. = 4.17 in each), not experience with abortion (X = 12.89, S.D. = 3.63), and abortion conducted by trained personnel (X = 14.04, S.D. = 13.01).

Chi-Square Values
There was a significant relationship between women's knowledge on reproductive tract infections & their religion (X² = 14.61), income (X² = 17.09), number of deliveries (X² = 25.91), and person who has conducted abortion (X² = 10.88). Hence, the research hypotheses H₁, H₂, and H₃ were retained.

Insignificant relationship was found between women's knowledge on reproductive tract infections & their age (X² = 2.11), education (X² = 7.80), marital status (X² = 0.03), source of information (X² = 22.23), place of delivery (X² = 3.89), person who has conducted home delivery (X² = 2.96), intra uterine devices (X² = 3.86) and abortion (X² = 3.53). Therefore, the researcher had to reject the null hypotheses H₀₁, H₀₂, H₀₃, H₀₄, H₀₅, H₀₆, & H₀₇.

Conclusion
The following conclusions were formed on the basis of study results
1. Most of the respondents knew the anatomy and physiology of female reproductive system and its infections.
2. The knowledge of the women with regard to reproductive tract infections were consistently influenced by religion, income, number of deliveries and person who has conducted abortion.
3. There was no relationship between the knowledge of the women with regard to reproductive tract infections and variable of age, education, source of information, marital status, place of delivery, person who has conducted home delivery, intra uterine devices and abortion.

Bibliography