Section: Community Medicine

Original Research Article

KNOWLEDGE AND HEALTH SEEKING BEHAVIOUR REGARDING REPRODUCTIVE TRACT INFECTIONS AMONG MARRIED WOMEN OF REPRODUCTIVE AGE RESIDING IN THE URBAN SLUM AREA

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Received : 10/12/2024
Received in revised form : 02/02/2025
Accepted : 17/02/2025

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DOI: 10.70034/ijmedph.2025.1.135

Source of Support: Nil,
Conflict of Interest: None declared

Int J Med Pub Health
2025; 15 (1); 722-726

ABSTRACT

Background: Reproductive tract infections (RTIs) are a significant health concern, particularly among married women of reproductive age, leading to complications such as infertility and increased vulnerability to sexually transmitted infections (STIs). **Objective:** This study aims to assess the knowledge, attitudes, and health-seeking behavior regarding RTIs among married women residing in the urban field practice area of a medical college.
Materials and Methods: This cross-sectional study was conducted at urban slum areas in the Pune, Maharashtra during January -December 2022. A total of 585 married women of reproductive age, residing within the field practice area of the medical college were included in the study. Data were collected using a pre-tested, structured questionnaire. The questionnaire collected demographic information such as age, education, and income, as well as specific questions about participants' knowledge regarding RTIs.
Results: A total of 585 patients were added in the study. The study participants were predominantly in the 25-40 years age group (62%), followed by the 15-24 years group (20%) and the 41-49 years group (18%). Regarding education, 45% of participants had only completed primary school, while 30% had secondary education, and 25% had higher education.40% of participants were able to correctly identify common RTI symptoms, while 60% either incorrectly identified or could not identify the symptoms. Awareness of RTI complications, such as infertility and increased HIV risk, was low, with 70% of participants unaware of these risks.
Conclusion: It is concluded that the knowledge of reproductive tract infections (RTIs) among married women of reproductive age in the study area is limited, with a significant number of participants unable to identify common RTI symptoms and unaware of the potential complications.
Keywords: Patients, Health, RTIs, STIs, Complications, Infection.

INTRODUCTION

Reproductive tract infections (RTIs) are a major health issue for women worldwide, with significant implications for their physical, emotional, and social well-being. Reproductive organ infections cause various health problems like infertility and pelvic inflammatory disease and raise a woman's vulnerability to HIV and other sexually transmitted infections (STIs).[1] Women between childbearing ages along with those who are married face a higher chance of RTI infections because they encounter repeated sexual activity along with medical complications from childbirth and menstruation.[2] The knowledge and healthcare practices of women from underserved urban populations with regard to

RTIs together with their treatment and prevention methods remain poorly documented despite the widespread occurrence of these infections. Women in developing nations encounter multiple impediments to reproductive healthcare service access because of poor awareness levels and societal taboos and insufficient healthcare facilities.[3] The health-seeking actions of women are directly linked to their familiarity with RTIs because that understanding lets them detect symptoms and seek proper medical care. The beliefs and norms from within cultural traditions strongly shape women's perspective on their health status and the value of getting medical assistance for sexual and reproductive matters.[4] Women who seek care for RTIs exhibit diverse health-seeking behaviors because their actions depend on their education levels and financial circumstances and location of healthcare facilities. In urban slum areas married women experience restricted mobility combined with financial dependency creating barriers toward getting medical care in a timely manner.[5] Women affected by RTIs often face resistance and disdain regarding sexual health discussions mostly because the STI stigma exists in society. Religious customs that deny modern medical systems persist in certain communities whereby women select home-based remedies rather than utilizing standardized healthcare as an approach to handle their medical needs.[6] People base their health-related actions on whether healthcare facilities easily reach them and remain accessible. Healthcare facilities in urban slum areas together with limited available medical professionals result in challenging access to diagnoses and treatments for RTIs.[7] Healthcare availability does not guarantee sufficient quality of treatment which pushes women to delay their visits to professional healthcare facilities. Women face additional problems due to inadequate knowledge about immediate need for diagnosis and proper treatment of RTIs because they fail to see potential hazards from persistent infections.[8] Educational attempts combined with fundamental fact dissemination create better health-seeking decisions among people. People with advanced degrees tend to appreciate medical importance regarding reproductive health thus they visit healthcare facilities better when they need care. Numerous populations face two major barriers from education gaps combined with restricted information availability.[9] Women from slum and marginalized areas who do not get information about RTIs find themselves subjected to improper medical diagnosis and dangerous self-medication that may worsen their health status.[10] Boundaries to healthcare access become heavier when women face oppression from social norms that restrict their decision-making freedom and limit their presence in healthcare facilities. Education plays a fundamental role in determining how individuals learn about RTIs. Human beings who complete more years of education tend to obtain better understanding of RTI risks and treatment choices for such infections.[11] Women who received education check into medical facilities for symptoms of RTIs so they can utilize healthcare resources effectively. Women with limited education usually encounter limited access to reproductive health information which results in ineffective prevention methods and treatment options for RTIs.[12] The field practice areas of medical colleges become valuable sites for health interventions whenever the college runs community outreach programs focused on improving public health. The healthcare facilities moderately serve these areas yet their population encounters numerous obstacles to health service utilization.[13-14]

Objective

This study aims to assess the knowledge, attitudes, and health-seeking behavior regarding RTIs among married women residing in the urban slum area.

MATERIALS AND METHODS

This cross-sectional study was conducted at urban slum areas in the Pune, Maharashtra during January -December 2019. A total of 585 married women of reproductive age, residing within the field practice area of the medical college were included in the study.

Inclusion Criteria

- Married women aged between 15 and 49 years.
- Residents of the study area for at least one year.
- Willing to participate in the study.

Exclusion Criteria

- Women who were not married or who did not fall within the reproductive age group.
- Women unable to provide informed consent due to physical or mental health reasons.

Sampling Technique

A simple random sampling technique was used to collect the data.

Data Collection

Data were collected using a pre-tested, structured questionnaire. The questionnaire collected demographic information such as age, education, and income, as well as specific questions about participants' knowledge regarding RTIs, including symptoms, causes, and preventive measures. It assessed health-seeking behaviors by exploring the frequency of healthcare visits, preferred healthcare providers, and any barriers to accessing proper care.

Data Analysis

Data were analyzed using SPSS v26. Descriptive statistics, such as frequencies and percentages, were used to summarize the demographic characteristics of the participants and their knowledge and health-seeking behaviors. Inferential statistics, specifically chi-square tests, were applied to determine if there were significant associations between socio-economic factors, knowledge levels, and health-seeking behaviors.

RESULTS

A total of 585 patients were added in the study. The study participants were predominantly in the 25-40 years age group (62%), followed by the 15-24 years group (20%) and the 41-49 years group (18%). Regarding education, 45% of participants had only completed primary school, while 30% had secondary education, and 25% had higher education. In terms of monthly family income, 60% of the participants earned below INR 10,000, 30% earned between INR 10,000 and INR 20,000, and only 10% had an income above INR 20,000.

Table 1: Demographic Characteristics of Participants (n=585)

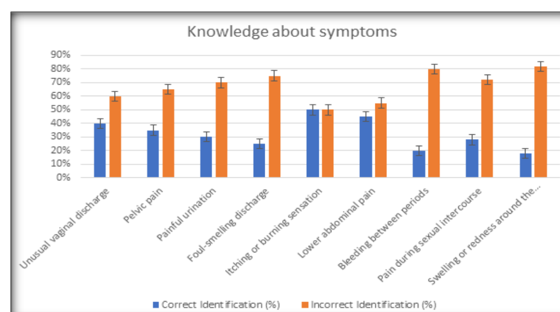
Characteristic	Number (%)
Age Group	
15-24 years	117(20%)
25-40 years	363(62%)
41-49 years	105(18%)
Education Level	
Primary School	263(45%)
Secondary School	176(30%)
Higher Education	146(25%)
Monthly Family Income	
Below INR 10,000	351(60%)
INR 10,000 to INR 20,000	176(30%)
Above INR 20,000	58(10%)

40% of participants were able to correctly identify common RTI symptoms, while 60% either incorrectly identified or could not identify the symptoms. Awareness of RTI complications, such as infertility and increased HIV risk, was low, with 70% of participants unaware of these risks. Regarding preventive measures, 55% of participants were aware that hygiene plays a role in preventing RTIs, but 45% lacked knowledge on preventive practices. In terms of health-seeking behavior, 50% of participants sought healthcare when experiencing RTI symptoms, with the majority (70%) opting for private clinics, while only 30% visited public hospitals. Financial constraints were the most commonly reported barrier to seeking healthcare (50%), followed by lack of time (25%) and cultural stigma (20%).

Table 2: Knowledge of RTIs among Participants (n=585)

Knowledge Area	Number (%)
Ability to Identify RTI Symptoms	
Correctly identified symptoms (e.g., unusual discharge, pelvic pain)	234(40%)
Incorrect or no identification	351(60%)
Awareness of RTI Complications	
Aware of complications (e.g., infertility, HIV risk)	176(30%)
Unaware of complications	409(70%)
Awareness of Preventive Measures	
Aware of hygiene as prevention	322(55%)
Unaware or no preventive measures	263(45%)
Health-Seeking Behavior	
Sought Healthcare for RTI Symptoms	
Yes	293(50%)
No	205(35%)
Healthcare Provider Chosen	
Private Clinic	409(70%)
Public Hospital	176(30%)
Barriers to Seeking Healthcare	
Financial Constraints	293(50%)
Lack of Time	146(25%)
Cultural Stigma	117(20%)
Other	29 (5%)

Figure 1: Knowledge about Symptoms of RTIsamong Study Participants. It shows thatsome symptoms, likeunusual vaginal dischargeandpelvic pain, have higher correct identification rates (around 40-50%), most symptoms, such asswelling or rednessand pain during intercourse, have low correct identification rates.



It reveals that participants with higher education (60%) had the highest correct knowledge of RTIs, while those with primary school education had the lowest (30%). The chi-square test indicates a significant association between education level and RTI knowledge, with a p-value of 0.003, suggesting that higher education is linked to better awareness and understanding of RTI symptoms.

Table 3: Association Between Education Level and Knowledge of RTIs

Education Level	Correct RTI Knowledge N (%)	Incorrect RTI Knowledge N(%)
Primary School	176(30%)	409(70%)
Secondary School	234(40%)	351(60%)
Higher Education	351(60%)	234(40%)
Chi-square p-value	**0.003**	

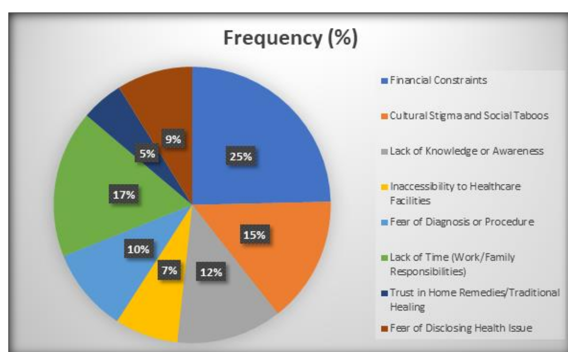


Figure 2: Distribution of Study Participants According to Barriers for Not Seeking Treatment (n=585)

DISCUSSIONS

The findings of this study provide valuable insights into the knowledge and health-seeking behavior regarding reproductive tract infections (RTIs) among married women of reproductive age residing in urban slum area present under the field practice area of a medical college. The analysis disclosed multiple important healthcare and educational trends together with challenges which significantly impact how healthcare service occurs while education functions in communities. Participants demonstrated restricted knowledge in respect to RTIs according to research results. A small percentage of 40% among the female participants demonstrated capability to detect typical signs of RTIs which included pelvic discomfort and atypical vaginal fluid along with painful urination symptoms.[15] Early identification of RTIs stands vital because patients must receive prompt medical care to prevent complications such as infertility together with increased risks for new infections. RTI complications have poor recognition among the population because 70% of the respondent's lack awareness about their full range of health effects which demonstrates a need for expanded education about these infections and their potential complications.[16] Health education efforts need to target specific knowledge-related improvements about the signs of RTIs and their complications along with instructions for proper hygiene practices and risk-reduction sexual behaviors.[17] This research revealed that healthcare services treated 50% of women with reproductive infection symptoms yet 35% of women did not obtain medical care. The gap depicted by this data demonstrates an inconsistency between what individuals know and what they actually do regarding their health needs particularly shaped by socio-cultural along with economic elements.[18] According to previous research findings about healthcare delivery limitations in underdeveloped regions financial obstacles stood at 50% followed by time limitations at 35%. A significant number of women refrained from healthcare due to cultural stigma even in conservative areas regarding reproductive health discussions.[19]
Health education campaigns could be delivered through various channels, such as community health workers, media, and local health facilities, to reach a broad audience. The research data showed cultural stigma as a significant barrier according to 30% of participants. Twenty percent of women who did not consult professionals revealed fear related to both diagnosis and treatment procedures.[20] Healthcare interventions need to establish both affordable accesses to care and supportive environments for women to speak confidently about their sensitive health needs. Traditional healer consultations amounted to 10% of the cases whereas private clinics served 70% of people and public hospitals treated 30% of patients according to survey results.[21] People prefer these establishments due to the belief that their care will be superior and they will maintain complete confidentiality and experience better health results. Financial obstacles represented the main barriers preventing women from seeking care according to 50% of respondents.[22] The survey participants who existed below the poverty line lacked sufficient funds to access healthcare services. Healthcare providers should develop non-judgmental and confidential health settings because they must address the concerns women have about seeking care. The investigation uncovered important relationships between social economic circumstances and women's choices regarding healthcare treatment. Higher-income women showed more likely behavior to visit health services for RTI symptoms. Previous research aligned with this discovery by showing that social status decides healthcare access levels. Women who earn lower wages find healthcare expenses for doctor visits as well as diagnostic examinations and medication costs out of reach. This study demonstrates that women's reproductive

health will improve when we create strategies to address their unknown information about conditions and their obstacles to receiving medical care. The public healthcare strategy needs to have dual aims to enhance community understanding of RTI symptoms and problems and to foster proper hygiene measures and risk-free sexuality practices.

CONCLUSION

It is concluded that the knowledge of reproductive tract infections (RTIs) among married women of reproductive age in the study area is limited, with a significant number of participants unable to identify common RTI symptoms and unaware of the potential complications. Despite this knowledge gap, a substantial proportion of women did seek healthcare for RTI symptoms, although financial constraints, cultural stigma, and lack of time were identified as major barriers to treatment.

REFERENCES

1. Balakrishnan S, S B, M SM, Kannan K. Knowledge Regarding Reproductive Tract Infection Among Ever Married Females of Reproductive Age Group in Rural Tamil Nadu. Cureus. 2024 Jan 24;16(1):e52885. doi: 10.7759/cureus.52885. PMID: 38406035; PMCID: PMC10891366.
2. Doley, P., Yadav, G., Gupta, M., & Muralidhar, S. (2021). Knowledge, health seeking behavior and barriers for treatment of reproductive tract infections among married women of reproductive age in Delhi. International Journal of Reproduction, Contraception, Obstetrics and Gynecology, 10(2), 591–596. https://doi.org/10.18203/2320-1770.ijrcog20210310
3. Ramana D, Rani DU. A study of knowledge awareness and perception among RTI/STDs on tribal women. J Bus Manag Soc Sci Res. 2015; 4:290-4. Available from: https://www.semanticscholar.org/paper/A-Study-Of-Knowledge-Awareness-And-Perception-Among-Ramana-Rani/f2a3cede26bf1a270bf30b4382d4d044318ff8b6
4. Nandan D, Gupta YP, Krishnan V, Sharma A, Misra SK. Reproductive tract infection in women of reproductive age group in Sitapur/Shahjahanpur District of Uttar Pradesh. Indian J Public Health. 2001; 45:8-13. Available from: https://journals.lww.com/ijph/abstract/2001/45010/reproductive_tract_infection_in_women_of.2.aspx
5. National Family Health Survey-4. [cited Dec 2021]. Available from: https://rchiips.org/NFHS/nfhs4.shtml
6. District Level Household and Facility Survey-4 state fact sheet, Tamil Nadu. [cited Nov 2021]. Available from: http://rchiips.org/pdf/dlhs4/report/TN.pdf
7. Quansar R, Bashir H, Mukhtar M, Khan SMS, Nelofar M. A cross-sectional study on knowledge, awareness, and practices regarding RTIs/STDs among married tribal women (aged 25-45 years) in Northern India. JMSCR. 2018; 6:486-91. Available from: https://jmscr.igmpublication.org/home/index.php/archive/151-volume-06-issue-06-june-2018/5111-a-cross-sectional-study-on-knowledge-awareness-and-practices-regarding-rtis-stds-among-married-tribal-women-aged-25-45-years-in-northern-india
8. Ratnaprabha GK, Thimmaiah S, Johnson AR, Ramesh N. Prevalence and awareness of reproductive tract infections among women in select underprivileged areas of Bangalore city. Int J Med Sci Public Health. 2015; 4:1691-6. Available from: https://www.bibliomed.org/?mno=189700
9. Berad AS. Epidemiological study of reproductive tract infections in rural area of Indore district. Webmed Central. 2012; 3:3205. Available from: https://www.webmedcentral.com/article_view/3205
10. Meenakshi B, Akash M, Upadhyay RP, Lal P. Knowledge, care-seeking and prevalence of reproductive tract infections in tribal women of Himachal Pradesh, India. Indian J Maternal Child Health. 2015; 17:2. Available from: https://typeset.io/papers/knowledge-care-seeking-and-prevalence-of-reproductive-tract-23rnbvvlty
11. Thekdi KP, Patel KG, Patel NK, Thekdi PI. A cross-sectional study on the prevalence of reproductive tract infections amongst married women in the rural area of Surendranagar district. Int J Res Med Sci. 2014; 2:215-21. Available from: https://www.msjonline.org/index.php/ijrms/article/view/2107
12. Rizwan S, Rath RS, Vivek G, Nitika Nitika, Anant G, Farhad A, Vijay S. KAP study on sexually transmitted infections/reproductive tract infections (STIs/RTIs) among married women in rural Haryana. Indian Dermatol Online J. 2015; 6:9-12. doi: 10.4103/2229-5178.148919. Available from: https://journals.lww.com/idoj/fulltext/2015/06010/kap_study_on_sexually_transmitted.3.aspx
13. Lan PT, Lundborg CS, Mogren I, Phuc HD, Chuc NT. Lack of knowledge about sexually transmitted infections among women in North rural Vietnam. BMC Infect Dis. 2009; 9:85. doi: 10.1186/1471-2334-9-85. Available from: https://bmcinfectdis.biomedcentral.com/articles/10.1186/1471-2334-9-85
14. Balakrishnan S, Carolin A, B S, R S. The Prevalence of Reproductive Tract Infections Based on the Syndromic Management Approach Among Ever-Married Rural Women in Kancheepuram District, Tamil Nadu: A Community-Based Cross-Sectional Study. Cureus. 2022 Mar 19;14(3):e23314. doi: 10.7759/cureus.23314. PMID: 35464571; PMCID: PMC9015067.
15. Samanta A, Ghosh S, Mukherjee S. Prevalence and health-seeking behavior of reproductive tract infection/sexually transmitted infections symptomatics: a cross-sectional study of a rural community in the Hooghly district of West Bengal. Indian J Public Health. 2011; 55:38-41. Available from: http://www.ijph.in/text.asp?2011/55/1/38/82547
16. Shrivastava SR, Shrivastava PS, Ramasamy J. Utility of syndromic approach in management of sexually transmitted infections: public health perspective. J Coast Life Med. 2014; 2:7-13.
17. Mani G. Prevalence of reproductive tract infections among rural married women in Tamil Nadu, India: a community based study. J Pioneer Med Sci. 2014; 4:18-24. Available from: https://www.jpmsonline.com/jpms-vol4-issue1-pages18-24-oa/
18. Hawkes S, Morison L, Chakraborty J, et al. Reproductive tract infections: prevalence and risk factors in rural Bangladesh. Bull World Health Organ. 2002; 80:180-8. Available from: https://apps.who.int/iris/handle/10665/268731
19. Thekdi KP, Patel KG, Patel NK, Thekdi PI. A cross sectional study on the prevalence of reproductive tract infections amongst married women in the rural area of Surendranagar district. Int J Res Med Sci. 2014; 2:215-21. Available from: https://www.msjonline.org/index.php/ijrms/article/view/2107
20. Ratnaprabha GK, Thimmaiah S, Johnson AR, Ramesh N. Prevalence and awareness of reproductive tract infections among women in select underprivileged areas of Bangalore city. Int J Med Sci Public Health. 2015; 4:1691-6. Available from: https://www.researchgate.net/publication/282457716_Prevalence_and_awaren
21. Verma A, Kumar J, Meena, Banerjee B. A comparative study of prevalence of RTI/STI symptoms and treatment seeking behaviour among the married women in rural and uban areas of Delhi. Int J Reprod Med. 2015; 563031:1-8.
22. Pandey B, Shukla DK. Socio-economic determinants of reproductive tract infections affecting the women (15-49 years): a cross sectional study in a tertiary care hospital of Chhattisgarh. Int J Community Med Public Health. 2018;5(7):3130-5.