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Reproductive Tract Infections - and Associated Difficulties

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In addition to financial constraints there are significant social, educational, moral and religious barriers to the prevention and treatment of reproductive tract infections in rural India. A pilot project aimed at achieving progress in this field is reported below

During 1990 a survey covering 600 women in four villages in the Indian State of Haryana indicated that 61% of them had experienced illnesses associated with the reproductive tract. Some of the reported symptoms suggested infections attributable to poor hygiene or sexual transmission. The social, moral and religious beliefs surrounding sexuality in these communities make the prevention and treatment of such infections difficult and additional obstacles are presented by poverty, illiteracy, powerlessness and lack of access to health care.

In order to enquire into the knowledge, beliefs and practices of patients and primary care workers regarding the causation and treatment of these infections, information was subsequently sought from 192 married women patients aged 20-45 years who attended a health post, from its staff, consisting of an auxiliary nurse midwife and a traditional birth attendant, and from a female health visitor responsible for the functioning of several such health posts under the supervision of a medical officer. The monthly incomes of the families to which 80% of the patients belonged were less than Rs 2000 (US\$ 60) while almost 70% of the women were illiterate.

Perceptions

The health visitor was aware of the causes of and treatments for specific reproductive conditions. She considered that both men and women should be educated about the desirability of having small families, the use of family planning methods, and family health in general. She mentioned that it was very difficult to motivate a husband to take medicine when his wife did so for the treatment of leukorrhoea, because of the absence of symptoms in the male. The auxiliary nurse midwife said that leukorrhoea was the commonest problem she encountered and that most of the men in her area had multiple partners. She knew that certain diseases were spread by sexual contact.

Of the 152 patients, 52 were suffering from illnesses associated with the reproductive tract, only six of whom had visited the clinic seeking treatment for such conditions. Fourteen had excessive vaginal discharge without a foul smell, 14 had vaginal discharge with a foul smell, 10 had pain in the lower abdomen and back, five experienced pain in the lower abdomen during menstruation, five felt pain during intercourse, and four had multiple symptoms.

The patients offered a variety of explanations for vaginal discharge, ranging from the use of public toilets to the induction of abortion. However, none considered that sexual transmission was responsible. Many women attributed vaginal discharge to the use of a contraceptive, even if the problem was first experienced before a family planning method had been adopted.

Sixty of the women thought that vaginal discharge was a normal phenomenon; 46 thought it was dangerous if accompanied by pain; 30 considered that it led to weakness; four said it could result in death; and 40 considered that it should not be discussed because it was shameful.

The health visitor and the auxiliary nurse midwife generally prescribed vaginal pessaries for five days, while village practitioners prescribed oral Ayurvedic tablets. Various traditional home remedies were in use. For instance a 40-year-old woman reported that she had suffered from vaginal discharge intermittently since childhood and that she had obtained relief by taking dried pulses mixed with abundant ghee and dried fruits. She had passed the treatment on to her daughter.

Feasibility study

The findings of the exploratory investigation were applied in a pilot project that began in 1994 for the management of reproductive tract infections and sexually transmitted diseases in primary care settings: a study was made of the feasibility of providing services for the prevention and treatment of reproductive tract infections in five health centres in the Naraingarh subdivision of Ambala district, Haryana.

The female health visitors, auxiliary nurse midwives and doctors in the health centres were trained in the syndromic approach to the diagnosis and treatment of reproductive tract infections and sexually transmitted diseases, and were provided with written guidelines including flow-charts. Initially the health visitors and auxiliary nurse midwives were reluctant to become involved, considering that it was not one of their responsibilities to participate in the project. However, this difficulty was overcome when their attention was drawn

to the fact that they were already examining and treating patients in the family welfare programme.

In general, women were hesitant about discussing their reproductive tract problems with male doctors, and successful consultation required the presence of female health workers.

Fifty-four female and two male patients were diagnosed and treated. The women were informed about the nature and probable causes of the diseases from which they were suffering, and about the mode of transmission of sexually transmitted diseases. Some of the women used this information in discussing vaginal discharge with their husbands. A 38 year-old woman, for example, who had had several episodes of vaginal discharge during the previous five years, broached the subject with her husband and discovered that he had been having sex with other women. When it was explained to him that this could lead to illness in his wife he was able to understand the importance of having sexual relations only with her.

Few women were able to provide information on the health status of their partners, and only two managed to persuade their husbands to visit a clinic.

Unfortunately, poor interaction between wives and husbands often makes it difficult to tackle reproductive problems. Thus a mother of two children told a health visitor that she had been suffering from vaginal discharge since her marriage seven years previously. She had tried to discuss the matter with her husband but he had paid no attention. After three abortions she persuaded him to join her in consulting the health visitor, but he refused to take the advice given and told his wife not to visit the clinic again.

Few women were able to provide information on the health status of their partners, and only two managed to persuade their husbands to visit a clinic. The very limited economic resources of most patients meant that the drugs required for treatment were frequently difficult to obtain. Some drugs were provided free of charge to poor patients from a hospital pharmacy and less expensive alternative drugs were also prescribed.

All the women who were treated in the clinics were suffering from vaginal discharge and one had lower abdominal pain. Two women reported that their husbands had genital ulcers, and these men were referred to a male doctor. Of 27 patients who were followed up at two health centres, 18 reported complete recovery, six did not improve, and three failed to complete their treatment; in six patients there was a recurrence of problems within six months after treatment.

In addition to the constraints associated with drug availability and cost there are many social, educational, moral and religious barriers to overcome. Health workers should make a great effort to give advice on reproductive tract infections and sexually transmitted diseases, including information on their causes and treatment. Male health workers have an important role in the prevention and treatment of infections among men. The mass media should be used in attempts to diminish people's hesitation about confronting the diseases and to remove the stigma associated with them.

The project described above has now been integrated into other health services, and some 40 patients with reproductive tract infections are being treated every month. The health workers say that it has become easier for them to discuss these infections with women because they seek advice on the subject during home visits, and that the project has helped to improve the credibility of family planning programmes. Despite the difficulties, the treatment of reproductive tract infections in rural India is undoubtedly feasible.