# A Study To Assess The Knowledge Regarding Pelvic Inflammatory Disease Among Women

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# Abstract

**Purpose:** A study to assess the knowledge regarding Pelvic Inflammatory Disease among women admitted in Government Hospital at Kumbakonam.

**Methods:** A cross section descriptive design was adopted for the study 50 women by using purposive sampling technique. Data were collected by survey method and instructed to complete questionnaire. Questions were related to baseline Performa of women and standard questionnaire on Pelvic Inflammatory Disease among women.

**Results:** The study results shown that, knowledge of women shows that 36% of women had inadequate knowledge, 44% of women had moderately adequate knowledge, 20% of women had adequate knowledge on Pelvic Inflammatory Disease among women.

**Conclusion**: The findings of the study revealed women having moderate knowledge regarding pelvic inflammatory disease among women. This study suggests PID education to be helpful to improve the knowledge and awareness among women, who has high risk for PID.

Keywords: Pelvic inflammatory disease(PID), Women knowledge,

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|--------------------------------|--------------------------------|
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Pelvic inflammatory disease (PID) is one of the most serious infections of women today. It is an inflammation and infection of the upper genital tract, involving the uterus, fallopian tubes, the ovaries, and the surrounding structures. It can cause infertility, ectopic pregnancy, and chronic pelvic pain (Zita, 2007). It is the infection of the female pelvic organs including the uterus, fallopian tubes, ovaries, and cervix. It causes Endometritis, Salpingitis, Oophoritis, Perimetritis and Abscess when infection spreads upward from the cervix (D.C Dutta, 2008). It is estimated that more than 1 million women in India experience an episode of acute PID. More than 1, 00,000 women become infertile each year as a result of PID, and a large proportion of the ectopic pregnancies theconsequences of PID. Annually, more than occurring every year are due to 150 women die from PID or its complications (Murthy NS, 2002).

Sexually active women in their childbearing years are most at risk, and those under age 25 are more likely to develop PID than those older than 25. More sex partners a woman has, the greater her risk of developing PID (Padubidri VG, 2004).The early identification and treatment of cervical infection can prevent the pelvic inflammatory disease mostly the intra uterine device used women can be affected by the pelvic inflammatory disease.PID has a high morbidity; about 20% of affected women become infertile, 40% develop chronic pelvic pain, and 1% of those who conceive have an ectopic pregnancy. However, the diagnosis of PID can be difficult since the clinical presentation of PID may mimic other pelvic and abdominal processes including, but not limited to Appendicitis, Ovarian torsion, Urinary tract infection, and Constipation. Given the difficulty of diagnosis and the morbidity associated with disease, the Centers for Disease Control and Prevention (CDC) recommends that health-care providers maintain a low threshold for the diagnosis of PID (Peipert JF, Ness RB, Blume J, et al, 2001).

An Indian study was done in 2003 and which showed out of the total population studied, 26.3 % of them are affected with Pelvic inflammatory diseases. A case control study of Pelvic inflammatory diseases conducted at Shree Sayaji General Hospital, Gujarat shows that 8-10% of women who totally studied were affected with Pelvic inflammatory diseases. Community based study in India shows that pelvic inflammatory disease was common in West Bengal and Gujarat 57% and 50% respectively. In Karnataka a rural study showed that 17% of women were affected with pelvic inflammatory disease. The prevalence of pelvic inflammatory disease was

high in India (Grodstein. F, Kelvin K.J (1994).

Pelvic and its complication are an important public health problem. The basic knowledge of pelvic inflammatory disease is very important among women globally as well as in India also. The majority of women in their reproductive age are ignorant about the disease and its prevention, thus the education for them is needed especially to the adolescent girls. Thus the investigator has planned to conduct a study to assess the knowledge regarding the causes, complications and the prevention of pelvic inflammatory disease and to find out the association between knowledge on pelvic inflammatory disease with their selected demographic variables.

# **1.1. Statement of the Problem**

A study to assess the level of knowledge regarding pelvic inflammatory disease among women admitted in Government hospital at Kumbakonam.

#### 1.2. Objective:

- ✤ To assess level of knowledge regarding pelvic inflammatory diseaseamong women.
- ✤ To find out the association between the level of knowledge on pelvic inflammatory disease among women with their selected demographic variables.

# 1.3. Hypothesis

H1: There is a significant difference between the levels of knowledge regarding pelvic inflammatory disease among the women with their selected demographic variables.

#### **1.4.** Assumptions:

- ♦ Women may not have adequate knowledge about causes, complications and prevention of pelvic inflammatory disease.
- Responses of women to the questionnaire might be reveal their knowledge about causes, complications and prevention of pelvic inflammatory disease.
- $\diamond$  The participantsto be extend their co-operation at the time of data collection.

# I. Methodology

## 2.1. Research Approach and Design

The research approach was quantitative research approach and focused non- experimental research descriptive research design.

#### **2.2.Setting and Participants**

The study was conducted at Government hospital ,Kumbakonam among 50 women. Purposive sampling technique was used to collect primary data.

#### 2.3. Instrument

The self-structured questionnaire was developed by the investigator according to the internal and external environment of the study settings. Eight sub areas were determined to access the knowledge regarding PID: anatomy of reproductive system, introduction, causes, clinical features, diagnosis, treatments, complications and prevention of pelvic inflammatory disease. The total numbers of questions were 30. Each correct answer was given a score of one and wrong answer zero. Level of knowledge was accessed as good (21-30), average (11-20) and poor (0-10).

#### 2.4 Data collection

Data were collected by self-structured questionnaire includes demographic data, knowledge questionnaire. Written permission to conduct the study was obtained from the district surgeon and superintendent of hospital. Purpose of the study was explained and written informed consent was obtained from each participant before conducting the study. Personal information's maintain the privacy and confidentiality.

#### 2.5 Data Analysis

The collected data were analyzed according to the objective of the study by using descriptive statistics such as frequency, percentage, mean, standard deviation and inferential statistics such as paired "t" test and chi-square test.

# II. Results

# 3.1 Socio-demographic characteristics

Among 50 reproductive age group women; majority of the participants (45%) were in the age group of 25-35 years. Almost two-third of them (80%) was married. Five out of ten of the subjects (50%) belonged to joint

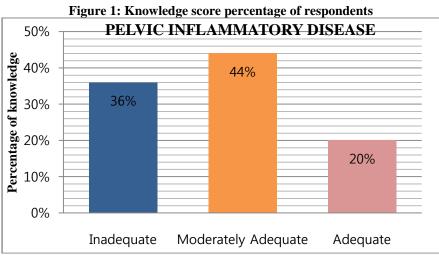
family. Maximum proportion of the subjects (52%) belonged to Hindu religion. Majority of the subjects (44%) had high school education. Almost one-fourth of the subjects (64%) were housewife. Majority of the subjects (44%) family income ranged between Rs5001- 10000. Most of the subjects (48%) had not known about PID.

|     |                                 |    | ( <b>n=50</b> ) |
|-----|---------------------------------|----|-----------------|
|     | Variables                       | F  | %               |
| 1.  | Age (years)                     |    |                 |
|     | 15-25                           | 10 | 20.0            |
|     | 26-35                           | 24 | 48.0            |
|     | 36-45                           | 16 | 32.0            |
| 2.  | Marital status                  |    |                 |
|     | Single                          | 10 | 20.0            |
|     | Married                         | 40 | 80.0            |
| 3.  | Type of family                  |    |                 |
|     | Nuclear                         | 36 | 70.2            |
|     | Joint                           | 14 | 29.8            |
| 4.  | Religion of women               |    |                 |
|     | Hindu                           | 26 | 52.0            |
|     | Muslim                          | 08 | 16.0            |
|     | Christian                       | 16 | 32.0            |
| 5.  | Education                       |    |                 |
|     | Primary school                  | 05 | 10.0            |
|     | High school                     | 10 | 20.0            |
|     | Hr. Sec. School                 | 25 | 50.0            |
|     | Graduate                        | 10 | 20.0            |
| 6   | Occupation of women             |    |                 |
|     | Housewife                       | 25 | 50.0            |
|     | Unskilled worker (coolie)       | 07 | 14.0            |
|     | Skilled worker (tailor, typist) | 10 | 20.0            |
|     | Health professional             | 05 | 10.0            |
|     | Other Professional              | 03 | 6.0             |
| 7   | Family income (Rs/month)        |    |                 |
|     | <2000                           | 06 | 12.0            |
|     | 2001-5000                       | 07 | 14.0            |
|     | 5001-10000                      | 22 | 44.0            |
|     | ≥10001                          | 15 | 30.0            |
| 8 S | ource of Information about PID  |    |                 |
|     | Mass media                      | 10 | 20.0            |
|     | Health professional             | 16 | 32.0            |
|     | Do not know about PID           | 24 | 48.0            |

# Table 1: Socio-demographic data

# a. Level of knowledge on Pelvic Inflammatory Disease

In the pre-test results shown that, 36% of the participants had inadequate knowledge of PID, as well as 20% of them shown adequate knowledge. However, 44% of women had moderate knowledge regarding pelvic inflammatory disease, it might be because of source of information like mass media and health professionals.



#### b. Association between the levels of knowledge with selected socio-demographic variables

The study reveals that there was significant association between pre-test level of knowledge and selected socio-demographic variables. Such as type of the family and educational status of the women (p<0.05). In the other demographic variables like age, marital status, religion, occupation, income of family and information regarding pelvic inflammatory disease, there is no significant association between them and the pre-test level of knowledge (p>0.05).

# **III.** Conclusion

PID is a common infection in reproductive-age women that presents an enormous public health and economic burden. It is responsible for much short and long-term morbidity. Estimation of the true incidence of PID is difficult as subclinical disease is not always identified and the diagnosis may be missed. A crude marker of PID in resource-poor countries can be obtained from reported hospital admission rates, where it accounts for 17% to 40% of gynecological admissions in sub-Saharan Africa, 15% to 37% in Southeast Asia, and 3% to 10% in India. The problem of morbidity and mortality in women due to reproductive tract infections is largely ignored because women themselves are reluctant to discuss the gynecological problems with others. Social stigma attached to an illness is sometimes greater for a woman than a man and therefore a woman is more likely to hide her illness. Some of the reasons for refusing to attend the clinic are socioeconomic factors and fear of internal check–up. The study concluded that knowledge regarding pelvic inflammatory disease among women of reproductive age was moderate. Thus it is recommended to conduct such health education programme in large scale to increase the women's knowledge regarding pelvic inflammatory disease.

#### References

- [1] Berek JJ; Berek and Novar"sGynaecology: Genitourinary infections and sexually transmitted diseases. 4th edition, Lippincott William and Welkin, 2006.
- [2] D.C Dutta. "Textbook of gynaecology". 4thed. Kolkata: New central book agency; 2008. p. 124-8
- [3] Grodstein, F, Kelvin K.J. Epidemiology and incidence of Pelvic inflammatory dis eases in India. Epidemiology. Mar; 1994: 5(2):234-42.
- [4] Murthy NS. Reproductive health status of Indian women: A Scenario. Obstetrics and Gynecology Today, 2002: 7: 432-440.
- [5] Padubidri VG, Daftary NS ;Shaw''s Text Book of Gynaecology. 2004. Reed Elsevier India Pvt. Ltd,
- [6] Peipert JF, Ness RB, Blume J, et al. Clinical predictors of endometritis in women with symptoms and signs of pelvic inflammatory disease. Am J Obstet Gynecol. 2001; 184(5):856–863. Discussion 863–854. [PubMed: 11303192]
- [7] Prasad JH, Abraham S, Kurz KM. Reproductive tract infections among young married women in Tamil Nadu, India. International Family Planning Perspective 2005 Jun; 31(2):73-82.
- [8] The essentials on pelvic inflammatory disease. Available from http://www.homeopathic world.com
- [9] Washington AE, Wasserheit JN. Preventing pelvic inflammatory diseases. The Journal of the American Medical Association 1991 Nov 13; 266(18):2574-80.
- [10] Zita M; Nine common Gynecological problem every woman should know about. Available from http://healthmad.com.
- [11] Rita Caroline Issac. An Intervention Programme for RTIs ~ 133 ~ International Journal of Herbal Medicine among Women in a Selected Area in Rural Tamil Nadu, India. South East Asian Studies Manual, 2000, 112-120.
- [12] Jaya Chaturvedi. Screening of Married Women in the Reproductive Age Group for Reproductive Tract Infections in a Village of Garhwal, South East Asian Studies Manual, 2000, 134-138.
- [13] Senanayake P, Kramer DG. Contraception and the etiology of pelvic inflammatory disease: new perspectives, Am J Obstet Gynecol. 1980; 138:852-60.
- [14] Eschenbach DA, Harnisch JP, Holmes KK. Pathogenesis of acute pelvic inflammatory disease: role of contraception and other risk factors, Am J Obstet Gynecol. 1997; 128:838-50.

R. Ranjani Prema. A Study To Assess The Knowledge Regarding Pelvic Inflammatory Disease Among Women."." IOSR Journal of Nursing and Health Science (IOSR-JNHS), vol. 6, no.6, 2017, pp. 17-20.