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## RESEARCH ARTICLE

### SOCIO-ECONOMIC AND DEMOGRAPHIC PROFILE OF WOMEN INFECTED WITH REPRODUCTIVE TRACT INFECTIONS (RTIS)

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#### ABSTRACT

In the area of Sexual and Reproductive health, the onset of reproductive roles does not entitle the young women to their maternal and child health services or family planning services unless they are married and have children less than five years. High rates of Urbanization in developing countries have produced innumerable slums and squatters with very poor living conditions. The Global disease burden of Reproductive Tract Infections (RTIs), including Sexually Transmitted Infections (STIs), is a major health concern. Research evidences till show that only a few studies have been sophisticated on gynecological morbidity. Similarly the studies that deal with obstetric morbidity are very limited. Hence it is necessary to examine the determinants of RTIs in relation with socio economic and demographic characteristics by making use of appropriate framework. The prevalence of RTIs mainly depends upon the socio economic and demographic status of the people. Such studies will enable policy makers, administrators, health professionals and the academic community to understand the relation between the prevalence of RTIs and various socio economic and demographic characteristics of women. With this background an investigation has been made in this study to analyze the linkages of socio economic and demographic variables of women and the prevalence of RTIs. The association between the socio economic and demographic characteristics and the symptoms of reproductive morbidity has been statistically verified in the following section with the use of Analysis of variance and Chi-Square test. Some Policy measures have also been suggested.

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#### INTRODUCTION

In most regions there is a little organized health care for young women, yet their household roles within the contexts of worsening socio economic situations create special health problems. In the area of Sexual and Reproductive health, the onset of reproductive roles does not entitle the young women to their maternal and child health services or family planning services unless they are married and have children less than five years. High rates of Urbanization in developing countries have produced innumerable slums and squatters with very poor living conditions. The Global disease burden of Reproductive Tract Infections (RTIs), including Sexually Transmitted Infections (STIs), is a major health concern.

Research evidences till show that only a few studies have been sophisticated on gynecological morbidity. Similarly the studies that deal with obstetric morbidity are very limited. Hence it is necessary to examine the determinants of RTIs in relation with socio economic and demographic characteristics by making use of appropriate framework. The prevalence of RTIs mainly depends upon the socio economic and demographic status of the people. Such studies will enable policy makers, administrators, health professionals and the academic community to understand the relation between the prevalence

of RTIs and various socio economic and demographic characteristics of women. With this background an investigation has been made in this study to analyze the linkages of socio economic and demographic variables of women and the prevalence of RTIs.

#### Objectives

The Prime Objectives of this investigation are to

- study the symptoms of Reproductive morbidity of women with their socio economic and demographic characteristics.
- study the attitude towards and practice of Reproductive health care of the women.

#### DATA AND METHODS

A representative sample of 250 women has been selected randomly from the mothers seeking treatment for their illness relating to Reproductive Tract Infections, as out-patients at the Stanley Medical college Hospital in Chennai. A detailed Schedule for adoption of the interview method to elicit information on socio economic and demographic characteristics of women and information relating to their treatment seeking behaviour for reproductive health problems

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and Reproductive Tract Infections has been used. The association between the socio economic and demographic characteristics and the Prevalence of RTIs has been tested with the help of the statistical tools like, Analysis variance (ANOVA) and Chi-square.

## RESULTS AND DISCUSSION

The infected with RTIs have been classified with the symptoms associated with reproductive morbidity and their socio economic and demographic characteristics in the Following Table.

The above Table shows the percentage distribution of women and the symptoms associated with their reproductive morbidity and certain socio-economic characteristics. From the table it is observed that the middle aged women (i.e. age 20-24) with reproductive morbidity have experienced the symptoms of Genital discharge, lower abdominal pain, Itching, genital Ulcer, Burning sensation and Vaginal Inflamed. Nearly one-third of the women in the age group of 15-20 have experienced the symptoms of lower abdominal pain before their reproductive morbidity. Among the unmarried women nearly 48.5 percent and 30.0 percent have experienced the symptoms of Genital discharge and Lower abdominal pain respectively before their reproductive morbidity.

**Table. 1. Percentage distribution of women by the symptoms associated with reproductive morbidity and selected socio-economic and demographic characteristics**

Socioeconomic demographic characteristics	Symptoms associated with reproductive morbidity						Total
	Genital discharge	LAP	Itching	Genital ulcer	Burning sensation	VI	
<b>Age of the respondents</b>							
10-15	10(6.25)	5(31.2)	-	-	-	1(6.25)	16
15-20	16(43.2)	12(32.4)	3(8.1)	2(5.4)	4(10.8)	-	37
20-25	19(33.3)	10(11.5)	8(14)	8(14)	10(17.5)	2(3.5)	57
25-30	40(27.9)	24(16.7)	30(20.9)	21(14.6)	23(16)	5(3.4)	143
30-35	42(27)	20(12.9)	32(20.6)	31(20)	23(14.8)	7(4.5)	155
35-40	38(30.8)	11(8.9)	24(19.5)	22(17.8)	18(14.6)	10(8.1)	123
40-45	20(28.9)	10(14.4)	14(20.2)	12(17.3)	11(15.9)	2(2.8)	69
45-50	14(23.7)	10(16.9)	13(22)	10(16.9)	11(18.6)	1(1.6)	59
50-55	7(26.9)	5(19.2)	4(15.3)	5(19.2)	5(19.2)	-	26
55+	5(17.8)	5(17.8)	9(32.1)	3(10.7)	4(14.2)	2(7.1)	28
<b>Age at marriage</b>							
Unmarried	34(48.5)	21(30)	5(7.1)	3(4.2)	6(8.5)	1(1.4)	70
14-16	31(28.7)	14(12.9)	21(19.4)	19(17.5)	14(12.9)	9(8.3)	108
16-18	36(28.1)	18(14)	28(21.8)	15(11.5)	24(18.7)	7(5.4)	128
18-20	46(26.9)	25(14.9)	33(19.2)	30(17.5)	32(18.7)	5(2.9)	171
20-22	37(26.2)	23(16.3)	28(19.8)	26(18.4)	22(15.6)	5(3.5)	141
22-24	17(29.8)	9(15.7)	14(24.5)	12(21)	4(7.0)	1(1.7)	57
24-26	9(26.4)	2(5.8)	7(20.5)	9(26.4)	6(17.6)	1(2.9)	34
26+	1(25)	-	1(25)	-	1(25)	1(25)	4
<b>Educational status</b>							
Illiterate	44(28.7)	21(13.7)	35(22.8)	22(14.3)	23(15.0)	8(5.2)	153
Primary	50(29.7)	27(16)	30(17.8)	26(15.4)	29(17.2)	6(3.5)	168
Middle	27(30.3)	12(13.4)	19(21.3)	12(13.4)	16(17.9)	3(3.3)	89
Secondary	44(29.5)	25(16.7)	27(18.1)	29(19.4)	20(13.4)	4(2.6)	149
Higher Second	33(35.1)	17(18.0)	13(13.8)	13(13.8)	12(12.7)	6(6.3)	94
Degree	13(21.6)	10(16.6)	13(21.6)	12(20)	9(15)	3(5)	60
<b>Parity</b>							
0	51(44.7)	27(23.6)	12(10.5)	10(8.5)	11(9.6)	3(2.6)	114
1	38(26.7)	20(14)	27(19)	25(17.6)	22(15.4)	10(7.0)	142
2	64(25)	37(14.5)	57(22.3)	47(18.4)	40(15.6)	10(3.9)	255
3	36(30)	18(15)	21(17.5)	20(16.6)	22(18.3)	3(2.5)	120
4+	22(26.8)	10(12.1)	20(24.3)	12(14.6)	14(17)	4(4.8)	82
<b>Religion</b>							
Hindu	160(30.5)	82(15.6)	98(18.7)	82(15.6)	78(2.8)	25(4.8)	525
Muslim	24(27.9)	14(16.2)	18(20.9)	13(15.1)	14(16.2)	3(3.4)	86
Christian	27(26.4)	16(15.6)	21(20.5)	19(18.6)	17(16.6)	2(1.9)	102
<b>Caste</b>							
SC/ST	68(29.0)	34(14.5)	45(19.2)	34(14.5)	40(17.0)	13(5.5)	234
MBC	59(30.1)	29(14.7)	36(18.3)	37(18.8)	27(13.7)	8(4.0)	196
BC	80(29.5)	47(17.3)	54(19.9)	42(15.4)	40(14.7)	14(4.6)	271
OC	4(33.3)	2(16.6)	2(16.6)	1(8.3)	2(16.6)	1(8.3)	12
<b>Type of House</b>							
Thatched	2(50)	2(50)	-	-	-	-	4
Huts	25(29.7)	15(17.8)	19(22.6)	12(14.2)	11(13.0)	2(2.3)	84
Tiled	100(30.9)	47(14.5)	64(19.8)	46(14.2)	52(16.0)	14(4.3)	323
Terraced	84(27.8)	48(15.8)	54(17.8)	56(18.5)	46(15.2)	14(4.6)	302
<b>Family Income</b>							
0-2000	16(27.1)	12(20.3)	13(22)	10(16.9)	7(11.8)	1(1.6)	59
2000-4000	41(27.7)	24(16.2)	33(22.2)	22(14.8)	24(16.2)	4(2.7)	148
4000-6000	105(31.9)	48(14.5)	59(17.9)	49(14.8)	53(16.1)	15(4.5)	329
6000-8000	19(26.0)	12(16.4)	14(19.1)	14(19.1)	13(17.8)	1(1.3)	73
8000-10000	30(28.8)	16(15.3)	18(17.3)	19(18.2)	12(11.5)	9(8.6)	104

Note: LAP- Lower Abdominal Pain, VI- Vaginal Inflamed

A small proportion of women have symptoms of vaginal inflamed irrespective of their age at marriage before their reproductive morbidity, so the relation between the age at marriage and the type of symptoms is insignificant. As far as the educational level is concerned, it has no relation with the types of symptoms experienced by the women in the study area. While considering the zero parity women, nearly 44 percent of them have the symptoms of genital discharge. The other symptoms are experienced by a lesser number of women.

Religion and caste have no role related with the symptoms experienced by women. House type and income level of the family are also factors not influencing the number of women who have experienced the symptoms of reproductive morbidity. The association between the socio economic and demographic characteristics and the symptoms of reproductive morbidity has been statistically verified in the following section with the use of Analysis of variance and Chi-Square test.

### Age of the respondents

Source of variation	SS	DF	MS	F	P-value	F- value
Rows	3890.35	9	432.2611	19.5387	8.63E-13	2.095753
Columns	1688.283	5	337.6567	15.26247	9.19E-09	2.422084
Error	995.55	45	22.12333			
Total	6574.183	59				

The ANOVA two ways model is applied for further discussion. At one point the computed ANOVA value 19.53, which is greater than its tabulated value at 5 percent level of significance. Hence, variation with respect to respondent's symptoms associated with reproductive morbidity is statistically identified as significant. In another point of the computed ANOVA value 15.26, which is greater than is tabulated value at 5 percent level of significance. Hence, variation among chosen age group of respondents is statistically identified as significant with respect to respondents symptoms associated with reproductive morbidity.

### Age at marriage

Source of variation	SS	DF	MS	F	P-value	F- value
Rows	3824.146	7	546.3065	15.15739	6.36E-09	2.285233
Columns	2110.354	5	422.07080	11.71044	1.07E-06	2.485145
Error	1261.476	35	36.04226			
Total	7195.979	47				

The ANOVA two ways model is applied for further discussion. At one point the computed ANOVA value 15.15, which is greater than its tabulated value at 5 percent level of significance. Hence, variation with respect to respondents' symptoms associated with reproductive morbidity is statistically identified as significant. In another point the computed ANOVA table value 11.71, this is greater than its tabulated value at 5 percent level of significance. Hence, variation with respect to age at marriage of the respondents is statistically identified as significant with respect to respondents' symptoms associated with reproductive morbidity.

### Education status

Source of variation	SS	DF	MS	F	P-value	F- value
Rows	1577.139	5	315.4278	12.9978	2.73E-06	2.602988
Columns	2813.806	5	562.7611	23.18964	1.2E-08	2.602988
Error	606.6944	25	24.26778			
Total	4997.979	35				

The ANOVA two ways model is applied for further discussion. At one point the computed ANOVA value 12.99, which is greater than its tabulated value at 5 percent level of significance. Hence, variation with respect to respondents symptoms associated with reproductive morbidity is statistically identified as significant. In another point of the computed ANOVA value 23.18, this is greater than its tabulated value at 5 percent level of significance. Hence, variation with respect to educational status of the respondents is statistically identified as significant with respect to respondents' symptoms associated with reproductive morbidity.

### Parity

Source of variation	SS	DF	MS	F	P-value	F- value
Rows	2939.2	4	734.8	1287316	2.41E05	2.866081
Columns	3376.567	5	675.3133	11.831	2.03E-05	2.710891
Error	1141.6	20	57.08			
Total	7457.367	29				

The ANOVA two ways model is applied for further discussion. At one point the computed ANOVA value 12.87, which is greater than its tabulated value at 5 percent level of significance. Hence, variation with respect to respondents' symptoms associated with respective morbidity is statistically identified as significant. In another point the computed ANOVA value 11.83, this is greater than its tabulated value at 5 percent level of significance. Hence, variation with respect to parity status of the respondents is statistically identified as significant with respect to respondents' symptoms associated with reproductive morbidity.

### Religion

Source of variation	SS	DF	MS	F	P-value	F- value
Rows	20661.44	2	10330.72	23.59031	0.000164	4.102816
Columns	5627.611	5	1125.522	2.570142	0.095676	3.325837
Error	4379.611	10	437.9222			
Total	4379.222	17				

The ANOVA two ways model is applied for further discussion. At one point the computed ANOVA value 23.59, which is greater than its tabulated value at 5 percent level of significance. Hence, variation with respect to respondents' symptoms associated with reproductive morbidity is statistically identified as significant. In another point of the computed ANOVA value 2.57, which is lesser than is tabulated value at 5 percent level of significance. Hence, variation with respect to religion status of the respondents is statistically identified as significant with respect to respondents' symptoms associated with reproductive morbidity.

### Caste

Source of variation	SS	DF	MS	F	P-value	F- value
Rows	6610.792	3	2203.597	22.34193	8.68E-06	3.287383
Columns	4220.708	5	844.1417	8.558622	0.000532	2.901295
Error	1479.458	15	98.63056			
Total	12310.96	23				

The ANOVA two ways model is applied for further discussion. At one point the computed ANOVA value 22.34, which is greater than its tabulated value at 5 percent level of significance. Hence, variation with respect to respondents' symptoms associated with reproductive morbidity is

statistically identified as significant. In another point the computed ANOVA value 8.55, this is greater than its tabulated value at 5 percent level of significance. Hence, variation with respect to caste status to respondents is statistically identified as significant with respect to respondents' symptoms associated with reproductive morbidity

### Type of House

Source of variation	SS	DF	MS	F	P-value	F- value
Rows	12585.46	3	4195.153	24.72788	4.67E-06	3.287383
Columns	4220.708	5	844.1417	4.975702	0.006949	2.901295
Error	2544.792	15	169.6528			
Total	19350.96	23				

The ANOVA two ways model is applied for further discussion. At the one point the computed ANOVA value 22.72 which is greater than its tabulated value at 5 percent level of significance. Hence, variation with respect to respondents' symptoms associated with reproductive morbidity is significantly identified as significant. In another point the computed ANOVA value 4.97, this is greater than its tabulated value at 5 percent level of significance. Hence, variation with respect to type of house of the respondents is statistically identified as significant with respect to respondents' symptoms associated with reproductive morbidity.

### Family Income

Source of variation	SS	DF	MS	F	P-value	F- value
Rows	8016.2	4	2004.05	18.38072	1.77E-06	2.866081
Columns	3376.567	5	675.3133	0.001268	0.001268	2.710891
Error	2180.6	20	109.03			
Total	13573.37	29				

The ANOVA two ways model is applied for further discussion. At one point the computed ANOVA value 18.38, which is greater than its tabulated value at 5 percent level of significance. Hence, variation with respect to respondents' symptoms associated with reproductive morbidity is statistically identified as significant. In another point the computed ANOVA value 6.19, this is greater than its tabulated value at 5 percent level of significance. Hence, variation with respect to family income status of the respondents is statistically identified as significant with respect to respondents' symptoms associated with reproductive morbidity.

### Women by Disease Type

The above table shows the percentage distribution of women by their disease and certain demographic characteristics. While cross- classifying the type diseases with women's age, the women at the younger ages are affected by Non-specific Genital discharge. Candid and the pelvic Inflammatory Diseases are the common diseases affecting all the women irrespective of age. Age at menarche has no relation with type of diseases. The relation between the demographic variables and type of diseases has been statistically verified with the use of Variance and Chi-Square tests in the following section.

The ANOVA two ways model is applied for further discussion. At one point the computed ANOVA value 2.40, which is greater than its tabulated value at 5 percent level of significance. Hence, variation with respect to respondents' type of diseases and certain demographic characteristics is statistically identified as significant. In another point the computed ANOVA value 6.27, this is greater than its tabulated value 5 percent level of significance.

**Table. 2. Percentage distribution of women by type of diseases and certain demographic characteristics**

Demographic characteristic	Type of diseases							
	Candid	BV	Trichomoniasis	PID	HIV	Infertility	Others	NSGD
<b>Age of the respondents</b>								
10-15	-	-	-	-	-	-	1(10)	9(10)
15-20	3(18.7)	-	-	-	-	1(6.25)	1(6.25)	11(68.7)
20-25	4(14.8)	1(3.7)	1(3.7)	4(4.2)	-	9(33.3)	2(7.4)	6(22.2)
25-30	12(25.5)	-	4(8.5)	12(25.5)	2(4.2)	5(10.6)	12(25.5)	-
30-35	17(31.6)	1(2.1)	3(6.3)	10(21.2)	-	1(2.1)	15(31.9)	-
35-40	14(31.8)	-	2(4.5)	11(25)	2(4.5-)	-	15(34.9)	-
40-45	9(40.9)	1(4.5)	-	4(18.1)	-	-	8(36.3)	-
45-50	7(43.7)	2(12.5)	-	2(12.5)	-	-	5(31.2)	-
50-55	3(33.3)	1(11.1)	-	1(11.1)	-	-	4(44.4)	-
55+	2(16.6)	-	1(8.3)	-	-	-	9(75)	-
<b>Age at menarche</b>								
≤10	-	-	-	-	-	-	-	1(100)
11-13	3(15)	1(15)	-	2(10)	-	1(5)	11(55)	2(10)
13-15	38(30.1)	2(1.5)	8(6.3)	24(19.04)	3(2.3)	6(4.7)	30(23.8)	15(11.9)
15-17	28(28.8)	3(3.09)	3(3.09)	18(18.5)	1(1.03)	9(9.2)	27(27.8)	8(8.2)
17+	2(33.3)	-	-	-	-	-	4(66.6)	-
<b>Age at menopause</b>								
≤30	56(27.3)	3(1.4)	10(4.8)	40(19.5)	3(1.4)	16(7.8)	51(24.8)	26(12.6)
30-35	5(50)	-	-	1(10)	1(10)	-	3(30)	-
35-40	-	-	-	-	-	-	2(100)	-
40-45	6(28.5)	2(9.5)	1(4.7)	2(9.5)	-	-	10(47.6)	-
45+	4(33.3)	1(8.3)	-	1(8.3)	-	-	6(50)	-

### Age of Respondents

Source of variation	SS	DF	MS	F	P-value	F- value
Rows	269.25	9	29.91667	2.409704	0.020317	2.032245
Columns	545.35	8	77.90714	6.275203	1.34E-05	2.158828
Error	782.15	63	12.41508			
Total	1596.75	79				

Hence, variation among chosen age group of respondents is statistically identified as significant with respect to respondents' type of diseases and certain demographic characteristics.

### Age at Menarche

Source of variation	SS	DF	MS	F	P-value	F- value
Rows	1652.75	4	413.1875	10.38486	2.76E-05	2.714074
Columns	1090.7	7	155.8143	3.916162	0.004272	2.359258
Error	1114.05	28	39.7875			
Total	3857.5	39				

The ANOVA two ways model is applied for further discussion. At one point the computed ANOVA value 10.38, which is greater than its tabulated value at 5 percent level of significance. Hence, variation with respect to respondents' type of diseases and certain demographic characteristics is statistically identified as significant. In another point the computed ANOVA value 3.91, this is greater than its tabulated value at 5 percent level of significance. Hence, variation with as significant with respect to age at menarche of respondents is statistically identified as significant with respect to respondents' type of diseases and certain demographic characteristics.

### Age at menopause

Source of variation	SS	DF	MS	F	P-value	F- value
Rows	3776.75	4	944.1875	12.03855	8.13E-06	2.714074
Columns	1090.7	7	155.8143	1.986658	0.092933	2.359258
Error	2196.05	28	78.43036			
Total	7063.5	39				

The ANOVA two ways model is applied for further discussion. At one point the computed ANOVA value 12.03, which is greater than its tabulated value at 5 percent level of significance. Hence, variation with respect to respondents' type of diseases and certain demographic characteristics is statistically identified as significant. In another point the computed ANOVA value 1.98, this is lesser than its tabulated value at 5 percent level of significance. Hence, variation with respect to age at menopause of respondents is statistically identified as insignificant with respect to respondents' type of disease and certain demographic characteristics.

### Women by diseases

Table 3. Distribution of respondents by kind of diseases

Kind of diseases	No of Respondents	Percentage
Candid	84	33.6
B.V	11	4.4
Trichomoniasis	13	5.2
PID	49	19.6
HIV+	4	1.6
Infertility	18	7.2
Others	46	18.4
NSGD	25	10.0
Total	250	100.0

Note: B.V-Bacterial Vaginosis, PID-Pelvic Inflammatory Diseases, HIV-Human Immuno Virus, NSGD-Non-Specific Genital Discharge

The above Table-3 shows the percentage distribution of respondents by their diseases. Nearly, 33.6 percent of the respondents are infected with candid, 19.6 percent of them are infected with PID 18.4 percent are infected with other disease (like those included diabetic, skin diseases and some Sex Workers also came for check up but they are not affected with RTIs), and 10 percent of them are affected by NSGD (Non specific Genital Discharge) but not RTIs some abnormalities due to menstrual cycle, 7.2 percent are infertile due to menstrual problems, 5.2 and 4.4 are infected with Trichomoniasis and Bacterial Vaginosis and the remaining 1.6 infected with HIV virus.

### Summary

The symptoms associated with RTI are also analyzed. Among the respondents, the probability of Genital discharge is significantly higher than others symptoms, 58.4 percent of the respondents have reported the symptoms of Itching, Genital Ulcer is a symptoms reported by 45.6 percent of the respondents. Lower Abdominal pain and Burning Sensation are also other symptoms reported by 44.8 and 43.6 percent of the respondents. 12 percent of the respondents have reported Vaginal Inflamed. While cross classifying complications with age at marriage, it is noted more than 60 percent of the respondents reported complications of all types which are associated with low age at marriage that is less than 20 years. Genital discharge, Itching and Genital Ulcer are the common complications to all the respondents irrespective of their age at marriage. Lower abdominal pain, Burning Sensation, Vaginal Inflamed are the complications reported largely from the respondents of low age at marriage.

A varying trends is seen with reaching antenatal care by the women in the age group 25-30 and highest percentage of women in the age group of 30-35 have taken antenatal care. The percentages of women who have taken antenatal care in older age group are very low. The percentage of women taken antenatal care increases with the ages up to a certain level and decreases after the level. The same trend is also seen with the age at marriage also. The cross classification also shows that there is appositive relation between educational status of women and those who have taken antenatal care. On the other hand, the percentage of women who have taken antenatal care has decreased with the increased parity. The percentage of women who have taken antenatal care is lower among Muslim women, higher among Schedule caste and Scheduled tribe women.

The place of delivery is analyzed with some socio-economic and demographic characteristic of the respondents. The home deliveries are more prevalent among higher aged women, women of lower age at marriage, illiterate and lower educational status women, higher parity women, Schedule caste and Schedule tribe women and women with lower family income. In contrary the institutional deliveries are higher among the women of lower age, higher age at marriage, educated women, lower parity women and women with higher family income. The symptoms of reproductive morbidity such as Genital discharge, Lower Abdominal pain, Itching, Genital Ulcer, and Burning Sensation are common among middle-aged women i.e. 20-45. Women at the younger ages are more affected by diseases are the common disease affecting all the women irrespective of age.

The ANOVA two ways model is being used to find out the significant level of variation of the mothers by place of delivery and Socio-economic and demographic characteristics. The variation with respect to respondents' place of occurrence of birth is statistically identified as insignificant. Then the variation among chosen age group of respondents is statistically identified as significant with respect to respondents place of occurrence of birth the variation with respect to age at marriage of respondents is statistically identified as significant with respect to respondents place of occurrence of birth. The variation with respect to educational status, parity status Religion, Caste, Type of house and Family income status of the respondents is statistically identified as significant with respect to respondents' place of occurrence of birth.

While analyzing statistically the symptoms associated with reproductive morbidity and selected Socio-economic and demographic characteristics, the variation among chosen age group of respondents, Age at marriage, Educational status, Parity, Religion, Caste, House type and family income is statistically identified as significant with respect to respondents' symptoms associated with reproductive morbidity. The ANOVA two-way models statistically tool is applied to find the significant level of variation of socio-economic demographic characteristic with the disease type. It reveals that the variation among chosen age group of respondents, age at menarche, age at menopause of the respondents is statistically identified as significant with respect to respondents type of diseases.

#### Policy suggestions

While analyzing the socio-economic and demographic status of the respondents, the genital status of respondents, the general status of the women is lower among the women infected with RTIs than women, -Further steps are to be taken in order to improve the status of women as it is closely associated with the prevalence of reproductive tract infection among women. The mean age of the respondent affected with RTIs is calculated as 32.7 years. -Hence, intensive awareness programmes are to be organized to create awareness among women about RTIs, importance of seeking health care, and the preventive methods of Reproductive Tract Infections particularly among the middle aged women i.e, 30-40 years.

More than 60 percent of the women under study reported complications of all types, which are associated with low age at marriage i.e, below 20 years. -Government should take initiatives to rise the minimum legal age for marriage to 24 and 21 years for boys and girls respectively. Genital discharge, Itching and Genital Ulcer are the common complications to all the women under study irrespective of their age. -Effective measures are to be taken to provide special health care facilities to women experiencing the symptoms of Genital discharge, Itching and Genital Ulcer to prevent them from contracting at the initial stage. Women at the younger ages are affected more by Non-specific Genital Discharge. -Intensive health education, awareness creation, motivation programmes are to be organized for the younger girls in order to curb the diseases among young girls.

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