REPRODUCTIVE TRACT INFECTIONS AMONG WOMEN ATTENDING GYNAECOLOGICAL OUTPATIENT DEPARTMENT TRIBHUVAN UNIVERSITY TEACHING HOSPITAL

Α

DISSERTATION SUBMITTED TO THE CENTRAL DEPARTMENT OF MICROBIOLOGY TRIBHUVAN UNIVERSITY

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF
DEGREE OF MASTER OF SCIENCE IN MICROBIOLOGY
(ENVIRONMENT AND PUBLIC HEALTH)

BY
MADAN SINGH BOHARA

CENTRAL DEPARTMENT OF MICROBIOLOGY
TRIBHUVAN UNIVERSITY
KIRTIPUR, KATMANDU, NEPAL
2007

RECOMMENDATION

This is to certify that **Mr. Madan Singh Bohara** has completed this dissertation work entitled "**Reproductive tract infections among women attending to Gynaecological Outpatient Department of Tribhuvan University Teaching Hospital**" as a partial fulfillment of M.Sc. degree in Microbiology under our supervision. To our knowledge this work has not been submitted for any other degree.

Mr. Binod Lekhak Dr. Anand Ballabh Joshi Dr. Geeta Gurung Assistant Professor **Associate Professor Associate Professor** Central Department of Department of Community Department of Gynae Microbiology Medicine and Family Health & Obstetric Tribhuvan University Tribhuvan University Tribhuvan University Kirtipur, Kathmandu, Teaching Hospital, Teaching Hospital, Nepal Maharajgunj, Kathmandu, Maharajgunj, Kathmandu Nepal Nepal Date: Date:.... Date:.....

CERTIFICATE OF APPROVAL

On the recommendation of Mr. Binod Lekhak, Dr. Anand Ballabh Joshi and Dr. Geeta Gurung, this dissertation of Mr. Madan Singh Bohara is approved for the examination and is submitted to Tribhuvan University in partial fulfillment of the requirements for M.Sc. degree in Microbiology.

Date:

Dr. Anjana Singh

Head of Department
Central Department of Microbiology
Tribhuvan University
Kirtipur, Kathmandu
Nepal

BOARD OF EXAMINERS

Recommended by:	
	Mr. Binod Lekhak
	Supervisor
	Dr. Anand Ballabh Joshi
	Supervisor
	Dr. Geeta Gurung Supervisor
Approved by:	
	Dr. Anjana Singh
	Head of Department
Examined by:	
	Ms. Basudha Shrestha
	External Examiner
	Ms. Shaila Basnyat
	Internal Examiner

ACKNOWLEDGEMENT

First of all, I wish to express my deep sense of indebtedness and profound gratitude to Mr. Binod Lekhak Assistant Professor, Central Department of Microbiology Tribhuvan University Kirtipur for his expert guidance and constant inspiration for the completion of this thesis work. My special and deep indebtedness and profound gratitude is to my respected supervisor Associate Professor Dr. Anand Ballabh Joshi, Department of Community Medicine and Family Health, Tribhuvan University, Teaching Hospital for his expert guidance, constant inspiration continuous support, valuable suggestions and providing laboratory facility for completion of this thesis work.

I wish to express my deep sense of indebtedness and profound gratitude to my supervisor Dr. Geeta Gurung Associate Professor, Department of Gynae and Obstetrics, Tribhuvan University, Teaching Hospital for her constant inspiration, valuable suggestions and guidance during the entire period of my dissertation work.

I am equally indebted to Prof. Dr. Ashma Rana and Dr. Archana Amatya IOM, TUTH for their continuous guidance and encouragement during the study.

I would like to thanks to Associate Professor Dr. Anjana Singh, Head of Department, Associate Professor Mr. Dwij Raj Bhatt, Associate Professor Dr. Prakash Ghimire, Associate Professor Dr. Shrikant Adhikari, Assitant Professor Shaila Basnet and all the respected teacher and staff of Central Department of Microbiology for their helping hands in all possible ways.

I am especially thankful to Dr. Durga Datt Joshi, Executive Chairman, National Zoonoses and Food Hygiene Research Center Chagal, Kathmandu for continuous encouragement and providing computer facility for report typing, printing and scanning.

I would like to thank Mr. Bijay Malla, Microbiologist, Research Unit IOM, TUTH for

making necessary arrangements, valuable suggestion, and helps during research period.

I would like to thank Mr. Megha Raj Banjara, Research Officer of IOM, TUTH for

valuable suggestion and highly encouragement.

I would like to thank Ms. Meena Dahal, computer analyst of NZFHRC Chagal,

Kathmandu for helping in computer work.

I would like to thank Mr. Dhan Kumar Pant for critical comment and valuable suggestion

during research work.

My best wishes and thanks extend to my friends Sarita Shrestha, Nirajan Bhattari,

Khagendra Prakash K. C., Balram Adhikari and Prakash Shrestha for their valuable

suggestion and help.

Finally, I would like to express my deepest gratitude to my respected parents and family

members for their blessing, understanding, continuous inspiration and encouragement.

Last but not the least; I am grateful to all the patients on whom this research work is

based.

Madan Singh Bohara

Date: -----

ABSTRACT

Many women and men suffer from reproductive tract infections (RTIs), including sexually transmitted infections (STIs). Women often suffer silently with reproductive tract infections. RTI often cause discomfort and lost economic productivity. Studies of the prevalence of these infections in South Asia have been hindered by low participant rates, and little is known about rates among the married women.

A hospital based cross-sectional study of RTIs was conducted from July to November 2006 among the married women 15 to 49 years of age in Gynaecological Outpatient Department of Tribhuvan University Teaching Hospital Maharajgunj, Kathmandu. The women were questioned about the symptoms, received speculum and pelvic examinations and collected samples for laboratory test. Ethical approval was taken from the Institutional Review Board, Institute of Medicine, Maharajgunj, Kathmandu. Verbal and written consent was taken from each patient. A total of two hundred sixty nine samples (104 vaginal discharge, 104 endocervical discharge and 61 blood samples) from 104 patients were examined by microscopy, culture and serological procedure to identify the causative agents of RTIs. The mean age of the women were 35.5 years. Majority of women were illiterate; but 20.19 percent had more than five years of education. The Brahmin ethnic group (32.69%) was highest in study population. Majority of patients' husbands (31.73 %) were services holder. Seventy percent women were living with husband, 9.62 percent were separated, 1.96 percent was divorced, 0.96 percent was widow and 13.46 percent husbands were living away from home. The first mean age at menarche was 14.5 years. Majority had been pregnant twice or thrice and majority had having one or two living children, but 9.62 percent had never been pregnant. Sixty one percent patients reported normal menstruation, 28.85 percent had abnormal and 9.62 percent were menopause. Six percent women had sterility, 15.38 percent had still birth and 6.73 percent miscarriage. Overall 26.39 percent (71/269) samples were positive for different etiological agents of STIs/RTIs. Among STIs caused by various organisms Candida albicans (25%) showed highest prevalence. Bacterial vaginosis was diagnosed in 18 percent and 12 percent had Trichomonas vaginalis. Prevalence of Neisseria gonorrhoae was found 6.76 percent. Women of 25-35 years of were more likely to associated with laboratory diagnosis of SITs than those with others age groups. Women with more than five years of education were less likely to have STIs than those with no education. The infection rate was found highest in laborers wives. Infection rate (39.42%) was highest in women living with husband. None of the cases were positive for Hepatitis B infection. Low socio-economic status and illiterate women had high prevalence of RTIs. Education and outreach are needed to reduce the stigma, embarrassment and lack of knowledge related to

Key words: Reproductive tract infection, Married women, Gynae Department, Teaching Hospital

TABLE OF CONTENTS

Recommendation	I
Certificate of Approval	II
Board of Examiners	III
Acknowledgement	IV-V
Abstract	VI
Table of Contents	VII-X
List of Abbreviations	XI-XII
List of Tables	XIII
List of Figures	XIV
List of Photographs	XV
List of Appendices	XVI
CHAPTER -I: INTRODUCTION	1-4
CHAPTER – II: OBJECTIVES	5-5
2.1 General Objective	5
2.2 Specific Objectives	5
CHAPTER – III: LITERATURE REVIEW	6-34
3.1 Classification of STD	7
3.2 STIs and Their Causative Agents	7
3.3 Complication of STIs	10
3.4 Gonorrhoea	11

3.4.1 Gonorrhoea in Adults	11	
3.4.2 Neonatal Gonorrhoea	12	
3.4.3 Signs and Symptoms of Gonorrhoea		12
3.4.4 Pathogenesis		13
3.4.5 Prevalence of Gonococal Infection		14
3.5 Candidiasis		17
3.5.1 Vaginal Candidiasis		18
3.5.2 Signs and Symptoms of Vaginal Candidiasis	S	20
3.5.3 Pathogenesis		20
3.5.4 Prevalence of Candidial Infection		21
3.6 Trichomoniasis		22
3.6.1 Signs and Symptoms of Trichomoniasis		23
3.6.2 Pathogenicity		23
3.6.3 Complications		23
3.6.4 Prevalence of Trichomonal Infection		24
3.7 Bacterial Vagionosis		26
3.7.1 Sign and Symptoms of Bacterial Vaginosis		27
3.7.2 Complication of Bacterial Vaginosis		28
3.7.3 Prevalence of Bacterial Vaginosis		28
3.8 Hepatitis B		31
3.8.1 Symptoms of Hepatitis B		32
3.8.2 Prevalence of Hepatitis B		33
3.8.3 Prevention of Hepatitis B Infection		34
CHAPTER – IV: MATERIALS AND METHODS		35-42
4.1 Materials		35

4.2 Methods	35
4.2.1 Study Setting	35
4.2.2 Sample Selection	35
4.2.3 Data Collection	36
4.3 Laboratory Diagnostic Procedure	37
4.3.1 Collection of Sample	37
4.3.2 Processing of Sample	38
4.3.2.1 Macroscopic Examination of Specimen	38
4.3.2.2 Culture of Specimen	39
4.3.2.3 Isolation and Identification of Organisms	39
4.3.2.4 Biochemical Tests Used	39
4.3.2.5 Sero- diagnosis of Hepatitis 'B' HBs Ag.	41
4.4 Safe Disposal of Sample and Contaminated Tools	41
CHAPTER – V: RESULTS	43-57
CHAPTER – V: RESULTS 5.1 Representation of Samples	43-57 43
5.1 Representation of Samples	43
5.1 Representation of Samples5.2 Status of Positive and Negative Samples	43 44
5.1 Representation of Samples5.2 Status of Positive and Negative Samples5.3 Age wise Distribution of Patients	43 44 44
 5.1 Representation of Samples 5.2 Status of Positive and Negative Samples 5.3 Age wise Distribution of Patients 5.4 Educational Level of the Patients (Literacy rate) 	43 44 44 45
 5.1 Representation of Samples 5.2 Status of Positive and Negative Samples 5.3 Age wise Distribution of Patients 5.4 Educational Level of the Patients (Literacy rate) 5.5 Caste wise Distribution of the Patients 	43 44 44 45 45
 5.1 Representation of Samples 5.2 Status of Positive and Negative Samples 5.3 Age wise Distribution of Patients 5.4 Educational Level of the Patients (Literacy rate) 5.5 Caste wise Distribution of the Patients 5.6 Occupational Status of Patients' Husband 	43 44 44 45 45 46
 5.1 Representation of Samples 5.2 Status of Positive and Negative Samples 5.3 Age wise Distribution of Patients 5.4 Educational Level of the Patients (Literacy rate) 5.5 Caste wise Distribution of the Patients 5.6 Occupational Status of Patients' Husband 5.7 Marital Status of Patients 	43 44 44 45 45 46 46

5.11 Parity of the Patients	49
5.12 Types of RTIs in Women	50
5.13 Pattern of Isolation, Identification and Positivity of Sero-diagnosis Study	51
5.14 Age wise Distribution of Patients with Different Organisms	52
5.15 Distribution of Different Organism with Ethnic Groups	53
5.16 Educational Level in Relation to Patients Infection with Different Organisms	54
5.17 Occurrences of Sexually Infecting Organism in Relations to	
Husbands' Occupation	55
5.18 Occurrences of Sexually Infecting Organism in Relations to Marital Status	56
5.19 Gram Stain Result in Relation to Culture	57
CHAPTER- VI: DISCUSSION AND CONCLUSION	58-71
6.1 Discussion	58
6.2 Conclusion	71
CHAPTER-VII: SUMMARY AND RECOMMENDATIONS	72-74
7.1 Summary	72
7.2 Recommendations	73
REFERENCES	75-89
APPENDICES	i-xii

LIST OF TABLES

Table 1: Status of Positive and Negative Samples	44
Table 2: Age wise Distribution of Patients	44
Table 3: Patients' Complaints	47
Table 4: Parity of the Patients	49
Table 5: Pattern of Isolation, Identification and Possibility Sero-diagnosis Study	51
Table 6: Age wise Distribution of Different Organisms	52
Table 7: Ethnic wise Distribution of Different Organisms	53
Table 8: Educational Status Level in Relation to Infection with Different Organisms	54
Table 9: Occurrences of Sexually Infecting Organism in Relations to Husbands' Occupation	55
Table 10: Occurrences of Sexually Infecting Organism in Relations to Marital Status	56
Table 11: Gram Stain Result in Relation to Culture	57

LIST OF FIGURES

Figure 1: Representation of Samples from Study Population	43
Figure 2: Educational Level of Patients	45
Figure3: Castewise Distribution of Patients	45
Figure 4: Occupational Status of Patient's Husband	46
Figure 5: Marital Status of Patients	47
Figure 6: Age at Menarche	48
Figure 7: Menstrual Condition of Patients	49
Figure 8: Types of Infection	50

LIST OF ABBREVIATIONS

μl Micro litreμm Micro meterAg Antigen

AIDS Acquired Immunodeficiency Syndrome

BV Bacterial Vaginosis
CA Chocolate Agar Media

CDC Centers for Disease Control

Co₂ Carbon dioxide

D/W Distilled Water

DNA Deoxyribose Nucleic Acid

DV OPD Dermatology and Venerology Out Patients Department

GC Gonococci

gm Gram

GPYC Gram-positive Yeast Cells
GYNAE Dept. Gynaecological Department

H₂O₂ Hydrogen Peroxide

HBc Ag Hepatitis Core Antigen

HBe Ag Hepatitis e Antigen

HBs Ag Hepatitis Surface Antigen

HBV Hepatitis B VirusHCV Hepatitis C Virus

HIV Human Immunodeficiency Virus

HSV Herpes Simplex Virus
IUD Intrauterine Device

L Litre

ml Milli litre

NA Nutrient Agar

NaOH Sodium Hydroxide

nm Nano meter

OPD Out Patients Department

Org Organization

PAP Papspeanicolan

PCR Polymerase Chain Reaction
PID Pelvic Inflammatory Disease
RTI Reproductive Tract Infection

SD Standard Deviation

SDA Sabourd Dextrose Agar
SEAR South East Asian Region

Spp Species

SPSS Software Programme for Statistical System

STD Sexually Transmitted DiseaseSTI Sexually Transmitted Infection

T M Thayer Martin

TUTH Tribhuvan University Teaching Hospital

TV Trichomonas vaginalis
USA United State of America

VDC Village Development Committee

WHO World Health Organization

LIST OF PHOTOGRAPHS

- **Photo 1:** Microscopic Examination of Specimen
- **Photo 2:** Direct Gram stain of Endocervical Swabs Showing *N. gonorrhea* under oil immersion from specimen no. 35133
- **Photo 3:** Culture Plate Showing *N. gonorrhea* Colonies in Thayer Martin Agar from Specimen no. 24714
- **Photo 4:** Culture Plate Showing *N. gonorrhea* Colonies in Chocolate Agar from Specimen no. 47232
- **Photo 5:** Culture Plate Showing *Candida spp*. Colonies in Thayer Martin Agar from Specimen no. 45609
- **Photo 6:** Micrograph of *Candida* spp. under oil immersion from specimen no.456009
- Photo 7: Germ Tube Test Showing Candida albicans
- **Photo 8:** Direct Gram stain of high vaginal swab showing *Gardenerella vaginalis* (Clue cells) from specimen no. 30106
- **Photo 9**: Oxidase Test for *Neisseria gonorrhea*

LIST OF APPENDIXES

Appendix – I: Materials

Appendix – II: Consent Form.

Appendix- III: Interview Form

Appendix- IV: Result of Laboratory Test

Appendix- V: Composition and Preparation of Media and Reagents

Appendix- VI: Microscopy