

# Capacity building of ASHA workers with an aim to create awareness on genital hygiene practices among women of reproductive age to prevent of reproductive tract infections

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## Abstract

In 1980, the term reproductive health became popular as a symbol of a new approach to family planning combined with women's right. According to Author point of view that 'every woman has a right to reproductive health which includes the ability to effectively and safely regulate her fertility, to comprehend with enjoy her personal sexual life, to be free of illness related to reproduction and sex and protect from death to produce healthy children's [1]. The physiological state of pregnancy produces several normal and expected changes, one such example in vaginal secretion the pH value from 7(alkaline) to decrease and become 4 or 5(acidic) [2]. This change ultimately results in disturbance of vaginal flora [5] making women prone to infections. Thus, it seems that the health of women be it of reproductive age or pregnant must be taken seriously.

There are various factors that impact the reproductive health of women, the most common being reproductive tract infections (RTIs) [4]. The problem of untreated RTIs is specifically serious for females because these illnesses are frequently asymptomatic, or the signs are not identifiable. Disease and death associated to RTIs have a significant influence not only on performance and contribution of female, but also affect financial, societal, and educational progress. RTIs among women are present in both under developing and developed nations. In resource-poor places and rural areas, infections and their consequences are of particular urgency and public health issue. According to research by Dan et al., women with a lower socioeconomic position and a lower literacy rate had more frequent vaginal infections [3]. Sexually transmitted diseases (STDs), endogenous and iatrogenic infections are the three main forms of reproductive tract infections (RTIs). Sexually transmitted infections are infections caused by an overgrowth of organisms ordinarily found in the reproductive system, as well as infections connected with medical procedures such as abortion and the implantation of intrauterine devices [4]. Iatrogenic infections arise when the infection's origin (bacteria or other

pathogen) is introduced into the reproductive system by a medical treatment such as menstruation management, abortion, IUD insertion, or delivery. This could happen if the surgical equipment used during the treatment were not thoroughly sanitized, or if an infection from the lower reproductive system spreads to the upper reproductive tract through the cervix. [5]. While endogenous infections are usually caused by an overgrowth of organisms which are normally present in the genital tract. One example of an endogenous infection is bacterial vaginosis [6].

The RTI is a risk for women not only in their reproductive age group, while throughout normal life events such as pregnancy, childbirth, menstruation [7]. RTIs in women commonly start in the lower genital tract as vaginitis or cervicitis, and can cause symptoms such as atypical vaginal discharge, genital pain, itching, and a burning sensation when urinating. However, there is a significant frequency of asymptomatic disease, which makes effective control difficult [8]. When even symptoms appear, they can be mistaken as RTIs since their presentation overlaps with and is characterized as a normal physiological alteration [9]. If left untreated, RTIs can progress to pelvic inflammatory disease (PID), infertility, cervical cancer, persistent pelvic pain, ectopic pregnancy, and pregnancy loss [10]. According to the World Health Organization, Sexually Transmitted Diseases cause about 200 million reproductive tract infections in women in developing countries each year [11]. This substantial proportion despite, the Global Burden of Disease Study predicts that reproductive ill-health accounts for 27.4 percent of Disability-Adjusted Life Years lost in Indian women aged 15–44 years [12]. In India, 11% of women and 5% of males in the 15–49-year age group had complained of symptoms suggestive of STI/RTIs in the 12 months before to the survey [13]. It will not only influence financial efficiency instead will have a major damage in condition associated excellence of living.

Nevertheless, females from low educational status, where the health knowledge is minimal and social culture environment is bad, the healthy arrangements for vaginal secretion and release of the vaginal condition problems are inadequate [14]. Because women are hesitant to contact a health care professional or find it difficult to share their gynaecological problems with others, the problem of RTIs resulting in death of women is neglected [15]. Furthermore, it was observed that shame, nervousness, and embarrassment associated to revealing vaginal secretion led to the use of household treatments. [16]. Delay in seeking therapy is caused by a lack of knowledge of symptoms, cultural hurdles, a lack of privacy, the cost of treatment, social stigma, and fear of inspection [17].

An initiative by government, the delivery of mother and child health (MCH) or family planning services, as they are commonly termed, is just one aspect of a reproductive health programme. ASHA performs as an edge among the Government health services and village population. ASHA is the main interface of call out for any physical condition-concerned claims of underprivileged segments of the people, who get it hard to gain access to health facilities [18]. Thus, it seems that by creating awareness through training programs on how to prevent infection at first place or/at least manage to diagnose the infection/disease at early-stage can bring major change. Proper hygiene habits may be ensured if women, particularly teenagers, are educated by trainers with relevant expertise and understanding. [19]. However, literature suggest that there is lack of regular training of ASHA workers with updated resources as well

as better learning methodologies must be involved to ensure learning. There is an urgent need to provide regular refresher courses to improve and update the knowledge of ASHAs. Further, education sessions should focus more on demonstration than theory, so that they gain a thorough understanding of the motivational variables that might help ASHA enhance its performance. [20]. It will ultimately result in capacity building of ASHAs for better health outcomes of the society.

**KEY WORDS:** Reproductive Infections, Hygienic practices, Reproductive age women

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