



Breaking the silence: reproductive tract infections (RTI) among abortion seeking women in Vietnam

Treatment needs to be more holistic and sensitive to women's needs

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This PhD study sought to identify the magnitude of reproductive tract infections (RTI) among women seeking abortion; obstacles on RTI management for women seeking abortion in health service settings; and reducing RTI prevalence among women seeking abortion in Vietnam.

- The study shows that the prevalence of reproductive tract infections among women who seek abortion could be reduced if new approaches are adopted which are more holistic and sensitive to all of the needs of the woman.
- 54% of abortion clients suffer from preoperational reproductive tract infection. This situation is complicated by a challenge of RTI management as well as the abortion clients' high risk of acquiring the disease is linked to their perception of RTI .

(Study combining qualitative and quantitative approaches, based on structured interviews with 748 women; 40 in-depth interviews (20 women seeking abortions / 20 health care providers); 100 participant observations and clinical and microbiological diagnosis)

Findings

Reproductive tract infections increase the risk of abortion related complications such as post abortion pelvic infection and ectopic pregnancy. They are under the standard of abortion and reproductive health services in Vietnam. This situation can be explained by 'the culture of silence' surrounding these infections in Vietnam. The obstacles to reducing RTI prevalence include the low priority given to this condition by policy makers, program planners, health professionals'; and women's neglect of the signs and symptoms of the diseases.

- Women seeking abortion are in a vulnerable position in reproductive health matters due to gender inequality and insufficient support from the current health system.
- Health providers' diagnostic dilemmas: providers' perception of an overwhelming prevalence of RTIs in Vietnamese women, especially abortion clients - did not use women's gynaecological histories and clinical examination for diagnosing RTIs. Uncertainty about doctors' and lab-technicians' capacities to do precise diagnoses of RTIs - resulting in clinical presumptive diagnosis or fail lab test results. Doubt about the quality of laboratory tests, especially reagents; and reluctance to refer women for microbiological tests.
- Heavy reliance on broad spectrum antibiotic - misdiagnosis of a significant number of women.
- Women's perception of RTIs and their preventive strategies are reinforced by health staff.
- Co-existence in women's responses to RTIs of acceptance and resistance. While presenting themselves as being as normal as possible – they actively reach out for a variety of treatment or preventions strategies.
- Genital hygiene courses were used to prevent and treat RTIs. Women's preventive and treatment strategies were supported and promoted by healthcare providers.

Recommendations

- Establish a supervisory system that holds health staff accountable for integrating culturally appropriate information and counseling for women seeking abortion; and improving the nurse-midwifery curriculum for health staff and medical students.
- Emphasis on RTI diagnosis and treatment in the nurse-midwifery curriculum for health staff and medical students.
- To improve RTI management and reduce abusive use of antibiotics, do more studies with larger sample sizes to have a more thorough picture of the resistance patterns of the most common RTI agents.
- Develop a test that is simple, reliable and cost-effective.

Partners

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