

## Kenya Reproductive Tract Infections

## Identifying RTIs Remains Problematic: Prevention Is Essential

### OR Summary 9

*More than half of the family planning and antenatal clinic clients in Nakuru, Kenya had one or more reproductive tract infections (RTIs). Roughly one-third of these infections were sexually transmitted. Using syndromic management algorithms based on the woman's reported symptoms, providers correctly classified only 5 to 16 percent of women who later tested positive with laboratory results. Given the limitations of syndromic management, programs need to stress prevention of sexually transmitted infections (STIs).*

### Background

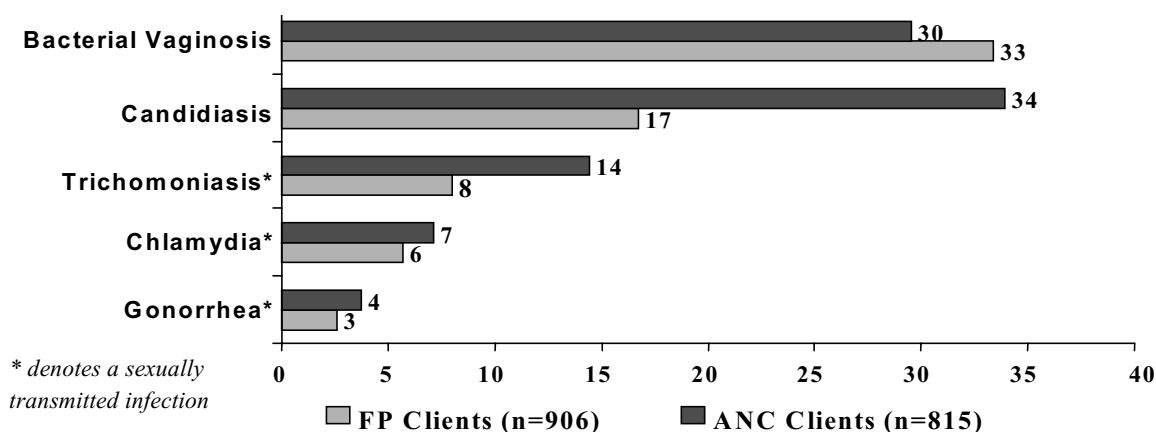
Since 1990 the Nakuru Municipal Council has implemented a multifaceted program to reduce the incidence of reproductive tract infections, especially those that are sexually transmitted, including HIV/AIDS. Staff in the Council's five health clinics use syndromic management guidelines, based on clients' reported symptoms and clinical signs, to identify clients with RTIs.

In 1998 the Population Council conducted a study to assess the accuracy of syndromic management and determine the best ways to integrate RTI management into existing antenatal (ANC) and family planning (FP) services. Sources of data included: (1) findings from a medical examination, including a pelvic exam and assessment of symptoms and clinical signs, of 906 FP clients and 815 ANC clients; (2) clients' (and their partners') risk factors for STIs; (3) laboratory tests for five RTIs; and (4) interviews with 18 nurses and 195 clients. After an assessment of existing RTI services, 18 nurses from the five municipal clinics attended a three-day refresher course in syndromic management, including training in using a checklist for client management.

### Findings

- ◆ Fifty percent of FP clients and 59 percent of ANC clients had at least one RTI, as detected by laboratory tests. A relatively high proportion of clients – 14 percent of the FP clients and 21 percent of the ANC clients – had one or more sexually transmitted infections (chlamydia, gonorrhea, and trichomoniasis).
- ◆ Vaginal infections due to bacterial vaginosis, trichomoniasis and candidiasis were more common (47% FP and 56% ANC clients) compared with cervical infections due to gonorrhea and/or chlamydia (7.5% of FP and 9.4% of ANC clients).
- ◆ Most women found to have an RTI through laboratory testing were asymptomatic and showed no clinical signs. Only 23 to 29 percent of ANC and FP clients with infection reported one or more RTI symptoms, and 37 to 43 percent of infected clients were found on examination by a provider to have clinical signs.
- ◆ Applying syndromic management guidelines, providers were able to classify correctly as

## Prevalence of RTIs among Study Population (%)



infected only a small proportion of the women who actually had a laboratory-diagnosed RTI (5% of the FP clients and 16% of the ANC clients).

- ◆ Current syndromic management guidelines for women classified as having vaginal discharge syndrome are more reliable for managing women who have a vaginal infection than for managing women having a cervical infection. Most women classified by providers as having a vaginal discharge syndrome (61% of FP clients and 70% of ANC clients) did in fact have a vaginal infection, whereas only 11 percent of FP clients and 8 percent of ANC clients classified as having vaginal discharge syndrome had a cervical infection.

- ◆ Collecting STI risk assessment information from clients did not significantly improve providers' ability to identify women with cervical infections.

## Policy Implications

- ◆ Given the poor performance of syndromic management for women presenting with vaginal discharge as a symptom of an STI, programs need to emphasize treatment, by improving providers' counseling skills and encouraging them to educate clients about STI symptoms and preventive measures, especially dual protection.

- ◆ If programs insist on continuing to use syndromic management of vaginal discharge, then women classified by providers as having vaginal discharge syndrome should be first treated as having a vaginal infection (i.e. bacterial vaginosis, candidiasis and trichomoniasis) rather than a cervical infection. If symptoms persist, treatment for cervical infection may be advisable.

- ◆ Algorithms for managing vaginal discharge need to be reviewed to emphasize treatment for bacterial vaginosis, which is the most common RTI and has been associated with increased risk for HIV infection and pelvic inflammatory disease.

March 2000

*Solo, Julie; Ndugga Maggwa; James Kariba Wabur; Bedan Kiare Kariuki; and Gregory Maitha. 1999. Improving the Management of STIs among MCH/FP Clients at the Nakuru Municipal Council Health Clinics. For more information, contact: Population Council, P.O. Box 17643, Nairobi, Kenya. Tel. 254-2-713-480; Fax 254-2-713-479; E-mail: [publications@popcouncil.or.ke](mailto:publications@popcouncil.or.ke).*

*This project was conducted with support from the U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT under Contract Number CCP-3030-C-00-3008-00 and Cooperative Agreement Numbers CCP-3050-A-00-4013-00 and HRN-A-00-98-00012-00.*



FRONTIERS IN REPRODUCTIVE HEALTH

4301 Connecticut Avenue, N.W., Suite 280, Washington, D.C. 20008 USA

TEL: 202-237-9400 FAX: 202-237-8410 E-MAIL: [frontiers@pcdc.org](mailto:frontiers@pcdc.org) WEBSITE: [www.popcouncil.org](http://www.popcouncil.org)