



Spousal Verbal Communication on Reproductive Tract Infections among Married Women in Kiambu County, Kenya

Gladys Wangui Ndung'u¹, Dr. Judy Mugo², Dr. Justus Ngatia²

¹Kenya Medical Training College, ²Kenyatta University



INTRODUCTION

Reproductive Tract Infections (RTIs) are a major global public health concern affecting women's reproductive health and fertility (Liu et al., 2022). In Kenya, RTIs remain a significant burden, with a prevalence of 9.7% in Thika Sub-County (Njeri, 2022). Spousal communication is critical in improving reproductive health outcomes, fostering joint decision-making, and encouraging treatment-seeking behavior on RTIs (Mbugua & Kershaw, 2022); however, limited data exist on this aspect among married women in Thika Sub-County, Kiambu County.

OBJECTIVES

- Investigate socio-demographic factors influencing spousal verbal communication on RTIs.
- Determine knowledge levels of symptoms and treatment practices in spousal communication on RTIs.
- Assess spousal communication patterns on RTIs among married women in Thika Sub-County.

METHODOLOG

Study design: Cross-sectional descriptive study

Study site: Thika Subcounty, Kiambu County, Kenya

Study Population: Married women aged 18-49 years attending the Thika Reproductive Health Unit of Excellence.

Sample size: 422

Sampling: Simple random sampling

Tools: Structured questionnaires

Analysis: Descriptive statistics, chi-square tests, and binomial logistic regression done. The significance level at $p \leq 0.05$.

RESULTS

Non-Communication was due to perception of symptoms as "normal" (40%), embarrassment (30%), and fear of spouse's reaction (24%). Approximately 57.7% of women who knew common RTI symptoms communicated with spouses, compared to 35.5% who did not ($p < 0.001$). Spousal communication was significantly associated with increased condom use (58.3% vs. 43.7%, $p = 0.01$), higher likelihood of seeking treatment (55.6% vs. 38.9%, $p = 0.001$) and practicing sexual abstinence (60.3% vs. 45.3%, $p = 0.02$). Women with tertiary education were 4.5 times more likely ($p < 0.05$) to communicate with their spouses than those with primary education. Women in urban areas were 2.8 times more likely ($p < 0.05$) to communicate than those in rural areas. Age, occupation, religion, and type of marriage (monogamous/polygamous) were not significant predictors of spousal communication.

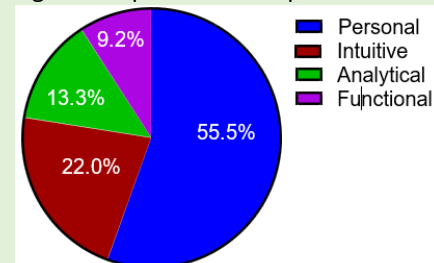


Figure 1: Communication patterns on RTIs

DISCUSSION

Higher education equips women with knowledge and confidence to initiate sensitive health discussions (Grabert et al., 2021). Urban settings may offer more exposure to health information and less adherence to restrictive traditional norms (Grabert et al., 2021). Knowledge of symptoms remain a significant barrier to communication (Tebeka et al., 2024). Open dialogue is linked to adopting protective behaviors like condom use and treatment-seeking, crucial for prevention of RTIs transmission (Cele et al., 2021).

CONCLUSION

Tertiary education & urban residence are independent predictors of spousal communication. Spousal communication improves knowledge sharing, condom use, treatment seeking, and abstinence. Personal was most used communication style.

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