

Knowledge, Attitude and Practice Toward Urinary Tract Infection among Female in Saudi Arabia

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ABSTRACT

Study Design: Cross-sectional.

Background: Urinary tract contamination (UTI) is thought to be related with expanded maternal and fetal grimness and mortality; consequently, a legitimate evaluation of information and practices is pivotal to figure out preventive techniques to guarantee the wellbeing of both the mother and the child.

Methods: The study decided the information, disposition, rehearses (KAP), and the convictions of pregnant females about UTI in view of the Health Belief Model. A study survey was utilized to accumulate information from pregnant females with and without UTI. The relationship of the pregnant females' sociodemographic qualities with their KAP and wellbeing convictions was resolved utilizing Pearson's chi-square test.

Results: Consequences of the review showed that most of pregnant females have unsuitable information with an uplifting outlook and great clean practices against UTI. Instructive capability and financial status showed a huge relationship with the KAP of pregnant females. Uplifting perspective and acceptable sterile practices were clear among the respondents notwithstanding their unacceptable information.

Conclusion: Nonetheless, the class just regularly incorporates subjects, for example, the significance of going to pre-birth and post pregnancy check-ups, birthing, breastfeeding, infant screening, and advancing the division's projects. UTI and its anticipation among pregnant females are not considerably shrouded in the mother's class.

Keywords: Urinary Tract Infection, Female, Attitude, Practice

INTRODUCTION

Urinary tract diseases UTIs started by the presence of microscopic organisms in the genitourinary tract, however parasites and infections might play a part. The urinary tract incorporates the bladder, Kidneys, Ureters, and Urethra. UTIs are a typical issue influencing a great many individuals yearly. Also, they are the second most normal kind of contamination in people^{1,2}. UTIs are accounted for at all age gatherings, yet females essentially pregnant gathering Showed higher gamble than men, because of short urethra, pregnancy related Genitourinary tract changes, simple pollution of urinary tract with waste greenery and different elements³⁻⁵. The greater part of female's experience repetitive disease inside short duration, the most detailed a causative bacterium is E. coli which answerable for 75-90% of straightforward UTIs and Staphylococcus saprophyticus. Causes UTI among 5-15% of more youthful females. Different microorganisms, for example, enterococcus and other gram-negative bars were additionally recognized now and again⁶. UTIs generally analyzed by clinical show and research facility discoveries of pee. Clinically, sign of UTIs varies and clinical Side effects incorporates lower stomach torment, fever of obscure beginning and noxious urine. UTI should be sufficiently treated to

keep away from a large number Complexities like hypertension, renal disappointment, and intrauterine fetal demise, preterm work, low birth weight, toxemia among Pregnant females⁷. Another idea to females' wellbeing contains wellbeing advancement and wellbeing insurance all through their life. As of late, females' consideration. Incorporates complete appraisal, arranging, treatment, schooling, advising and support for legitimate wellbeing. Clinical consideration underwrites and guarantees sufficient wellbeing rehearses, gives patient educating and gives the Females with information to perceive the signs and side effects of urinary tract disease to work with early identification and treatment of Future infection^{8,9}. The current study plans to survey the information, Mentality and practice of urinary tract disease among female in Aseer District and furthermore to recognize determinants of female's information and Mentality levels.

METHODS

In this cross-sectional study, data were collected by the purposely constructed questionnaire. A questionnaire composed of the demographic items and items related to the awareness and knowledge,

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practice and attitudes towards UTI. A questionnaire was constructed after the series of discussions between the panel of experts this panel was composed of a subject specialist, researcher, language expert. Cronbach alpha of the questionnaire was calculated. The study was conducted in various regions of Saudi Arabia.

After collection of data, data were coded and entered in the SPSS ver.20 software for analyses descriptive statistics (mean standard deviation, frequencies, and %s were computed), to measure the significance differences chi-square test was used at 5% level of significance. Data was collected from the general public after the consent, data was collected from females only through an electronic version of the questionnaire. Ethical approval was obtained from King Khalid University, Saudi Arabia. The study duration was from January-2022 to April-2022.

RESULTS

We have received total 2400 total responses from respondents. The Cronbach alpha of the questionnaire was 0.79.

Table 1: Demographics

		Frequency	Percentage
Living in	City	1700	70.83%
	Village	700	29.17%
Age	<18	650	27.08%
	18-30	900	37.50%
	31-40	500	20.83%
	41 or above	350	14.58%
Marital status	Single	1400	58.33%
	Married	900	37.50%
	Divorced	45	1.88%
Educational level	Widow	55	2.29%
	Primary school	650	27.08%
	Intermediate school	750	31.25%
	High school	450	18.75%
	College	455	18.96%
Career	Post graduate	95	3.96%
	Health care worker	700	29.17%
	Non-health care worker	1700	70.83%
Monthly income	≤ 5000 SR	625	26.04%
	5000-15000 SR	1500	62.50%
	>15000 SR	275	11.46%

As per table 1, we have observed that 70.83% of the respondents were living in cities, mean (SD) of the age was 36.89 (12.5) 58.83% were single, 31.25% have intermediate level of education 29.17% were healthcare professionals, 62.5% have income between 5000 -15000 SAR.

Table 2: Knowledge items

You know what urinary tract infection (UTI) is? Frequency	%
Yes	700 29.17%
No	1700 70.83%
The urinary tract infection (UTI) is :	
Inflammation of urethra	450 18.75%
Inflammation of bladder	350 14.58%

Inflammation of kidney	500	20.83%
Can be in all of the above	711	29.63%
Not from the above	389	16.21%
What is the most common cause of urinary tract infection (UTI):		
Bacteria	1576	65.67%
Protozoa	424	17.67%
Fungi	225	9.38%
Hygiene	175	7.29%
Which symptom occurs with urinary tract infection (UTI)		
Pain in urination	465	19.38%
Red urine	368	15.33%
Abdominal pain	259	10.79%
Fever	356	14.83%
Back pain	145	6.04%
Frequent ruination	236	9.83%
Sudden desire to go bathroom to urinate	245	10.21%
Constipation	181	7.54%
Leg pain	145	6.04%
Which factor that increase chances to have urinary tract infection (UTI):		
Don't care to clean the perineum from front and back	689	28.71%
Urination after eating	785	32.71%
Drink large amount of water	501	20.88%
Drink little amount of water	125	5.21%
Delay to urinate	145	6.04%
Others	155	6.46%
Which factor that prevent urinary tract infection (UTI):		
Maximum care to clean the perineum from front and back	785	32.71%
drink plenty amount of water per day	400	16.67%
Don't hold the urine	369	15.38%
All of the above	801	33.38%
Others	45	1.88%

As per table 2, 29.17% were aware about the UTI, 20.83% considered UTI as an Inflammation of kidney, 65.67% considered bacteria was the most common cause for UTI, pain in urination (almost 20. %) was the major symptom, Don't care to clean the perineum from front and back (28.71%) will increase the chance of UTI, for preventive measures 32.71 considered Maximum care to clean the perineum from front and back.

Table 3: Attitude items

What do you think about how to deal with urinary tract infection (UTI)?		
Go to the hospital	789	32.88%
Take rest at home	256	10.67%
Take antibiotics directly	29	1.21%
Take analgesic	78	3.25%
Drink more water	698	29.08%
Take more shower	189	7.88%
No idea	361	15.04%
Do you feel urinary tract infection (UTI) is common		
Yes	1498	62.42%
No	911	37.96%
Do you feel the urinary tract infection (UTI)		
Affect female more than male	765	31.88%
Affect male more than female	456	19.00%
Affect them both equally	390	16.25%

I don't know	789	32.88%
Do you feel urinary tract infection (UTI) is serious		0.00%
Yes	1690	70.42%
No	710	29.58%
What are the complications you expected from urinary tract infection (UTI)		
Lead to recurrent urinary tract infection (UTI)	456	19.00%
It will affected the pregnancy if it come with it	298	12.42%
Affect the quality of life	889	37.04%
Will lead to death	245	10.21%
Decrease the weight	332	13.83%
Generalized edema	180	7.50%

As per table 3, in case of UTI, 32.88% will like to go to hospital, 62.42% considered UTI is a common disease, 16.25% considered it that UTI will effect equally to both genders, 37.04% considered that it will affect the quality of life.

Table 4: Comparisons between UTI patients and age groups

Age in years	UTI patients		Total
	Yes	No	
<18			
18-30	425	225	650
31-40	360	540	900
41 or above	200	300	500
Total	985	1415	2400

p=<0.05

As per table 4, we have found the significant difference between age and prevalence of UTI.

Table 5: Practice items

	Frequency	%
Have you ever experienced urinary tract infection (UTI)?		
Yes	985	41.0%
No	1415	59.0%
What symptoms did you notice (you can choose more than one)		
Pain in urination	425	17.7%
Red urine	489	20.4%
Abdominal pain	655	27.3%
Fever	325	13.5%
Back pain	145	6.0%
Frequent ruination	161	6.7%
Sudden desire to go bathroom to urinate	200	8.3%
how many time you drink a water per day (half riyal water bottle or 330 ml bottle)		
1-2 bottle	145	6.0%
3-4 bottle	985	41.0%
5-6 bottle	458	19.1%
More than 6 bottle	812	33.8%
Drink of fluids that irritate the bladder (coffee & tea)		0.0%
Yes	1889	78.7%
No	511	21.3%
If you feel symptoms of urinary tract infection (UTI)		
Go to the hospital	452	18.8%
Take rest at home	645	26.9%
Take antibiotics directly	145	6.0%
Take analgesic	95	4.0%
Drink more water	625	26.0%
Take more shower	245	10.2%
No idea	193	8.0%

As per table 5, 41.00% have experienced UTI, abdominal pain was one of the major symptoms followed by red urine and pain in urination, 41.0% used 3-4 330 ml bottles per day, 78.7% agreed that drink of tea and coffee will disturb bladder, 26.9% will prefer to take rest at home in case of UTI.

DISCUSSION

A predominance pace of 41.00 showed positive UTIs, which is equivalent with a neighborhood study done in Barangay Cubacub Health Center in Mandaue, Cebu City, Philippines, among first-time pregnant females in their most memorable trimester with an event pace of 35%. The high commonness rate is reliable with the worldwide pattern, with middle rates somewhere in the range of 3% and 35%. The commonness pace of UTI among pregnant females in the ongoing review was high, taking into account that it was in the higher reach breaking point of 35% in view of the review done in gulf¹⁰⁻¹².

The greater part of the females remembered for the review were housewives matured somewhere in the range of 18 and 24 years and were those with the most elevated pervasiveness of UTI among the age gatherings. It is essential to specify that the most youthful pregnant lady canvassed in the review was 12 years old, and the level of respondents matured 18 years of age and underneath was 16.26%¹³.

There was a shallow recurrence of the respondents with 12 weeks of development shrouded in the review, showing that pregnant females wouldn't submit themselves to pre-birth check-ups as soon as the primary trimester of pregnancy. The greater part of the respondents (53%) were with live-in cities which is in line with many studies, a variable that most related examinations didn't cover. The sociodemographic profile of the respondents in the ongoing review is steady with the 2013 National Demographic and Health Survey report in regards to early pregnancy and parenthood with low rudimentary schooling and in the most minimal abundance status among females¹⁴.

The report likewise showed that the commencement of a sexual demonstration before the age of 18 years among young females was more normal in those with less schooling and those from less fortunate families.

None of the sociodemographic factors showed a huge relationship with the event of UTI among pregnant females; notwithstanding, instructive fulfillment showed a practically critical relationship with a p-worth of 0.057. The ongoing review showed that sociodemographic profile didn't have anything to do with UTI as most investigations would report¹¹⁻¹⁴.

UTIs are generally seen among pregnant females with the equivalent sociodemographic factors likewise with age, schooling, and financial level in the investigations of one of the study and Emir et al however dissonant with different factors like gravidity (first pregnancy) and equality (no youngster) in the investigation as reported in gulf based study Sociodemographic factors like age, instruction, business status, and gravidity didn't show critical relationship with the commonness of UTI like the consequences of the ongoing review; nonetheless, wellbeing ways of behaving like apparel habits, eating designs, peeing propensities, furthermore, cleaning and sexual ways of behaving were found to have a huge relationship with urinary infection⁶⁻¹⁰. In the ongoing review, the relationship of sterile practices and pervasiveness of UTI was not covered. Most of the respondents had unacceptable information on UTI with an uplifting outlook and satisfies. Manufacturing plant sterile works on in regard to the avoidance of UTI during pregnancy^{15,16}.

A neighborhood concentrates on the mindfulness level and event pace of UTI among pregnant females showed a critical affiliation. The mindfulness level on UTI's definition was high, causes moderate, risk factors moderate, side effects high, and counteraction high. A concentrate on the counteraction of genitourinary parcel disease (GUTI) of female juvenile understudies uncovered similar outcomes with the flow study, with unsuitable know edge on the important data on GUTI, including its causes, side effects, and confusions. Another review, led among 110 pregnant females in Bhabhan City in Iran, uncovered that the information, disposition, and wellbeing conduct in the avoidance of UTI were moderate in the description¹³. The unacceptable information on the respondents is possible on account of their low degree of schooling. The inquiries in regard to information are profoundly realities based and specialized, which were not known to most of them^{16,17}.

CONCLUSION

Considering the pregnant females' inspirational perspective and palatable sterile practices about UTI counteraction regardless of the unsuitable degree of information, it is prescribed to consistently direct a mother's class that remembers a conversation for UTI and its causes, signs, side effects, and inconveniences. As of now, an ordinary mother's class is being finished in RHUs and locale emergency clinics as a feature of the Department of Health's maternal and youngster care program. Nonetheless, the class just regularly incorporates subjects, for example, the significance of going to pre-birth and post pregnancy check-ups, birthing, breastfeeding, infant screening, and advancing the division's projects. UTI and its anticipation among pregnant females are not considerably shrouded in the mother's class.

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Competing Interest: None

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