SUMMARY

Background: Pelvic Inflammatory Disease (PID) is a major cause of gynaecological morbidity globally. It is a spectrum of infections that arise commonly from the lower genitalia (vagina and cervix) and ascending to the upper genital tract causing endometritis, salpingitis, oophoritis, tubo-ovarian abscess and/or pelvic peritonitis. Complications from PID include infertility, ectopic pregnancy and chronic pelvic pain. Major risk factors for PID include low socioeconomic status, early coitarche, multiple sex partners, poor or no barrier contraceptive use, young age, history of induced abortion, low parity and past history of PID or Sexually Transmitted Infections.

Objective: The aim of this study was to determine the occurrence of PID and associated factors among undergraduates attending Irrua Specialist Teaching Hospital, Irrua.

Methodology: The study was a hospital based descriptive cross-sectional study. Three hundred and sixty undergraduates attending the General Out-Patient Department (GOPD), Accident and Emergency (A & E) and the gynaecological clinics of the hospital, irrespective of what they presented with, were consecutively selected and clinically assessed for the presence of PID using the World Health Organisation (WHO) and the Centres for Disease Control and Prevention (CDC) criteria for clinical assessment of PID. Respondents were classified as having PID if they had lower abdominal pain in addition to one or more of the following: cervical excitation tenderness, uterine tenderness or adnexal tenderness. They were also evaluated for the presence of risk factors for PID and their socioeconomic status was determined using Oyediji’s social class tool. A semi-structured questionnaire was used to collect data. The data was analysed using epi-info statistical software and the results presented in tables, charts, frequency distribution and percentages. Chi-Square was used to test for association between occurrence of PID and presence of risk factors as well as
association between socioeconomic status of parents and presence of risk factors among the study participants.

**Results:** Of the 360 female undergraduates studied, 229 (63.6%) had PID. Risk factors identified by the study for the occurrence of PID were multiple sex partners ($p < 0.001$), previous history of STI/PID ($p = 0.02$), non/poor condom use ($p < 0.001$), and history of induced abortion ($p = 0.01$) particularly surgical abortion via dilatation and curettage ($p = 0.03$). There was no association between socioeconomic status of parents and occurrence of PID ($p = 0.14$), though the study found PID to be highest among students in the middle socioeconomic class (67.4%). There was however a significant association between low socioeconomic class and multiple sex partners ($p = 0.02$), previous history of STI/PID ($p = 0.05$), low condom use ($p < 0.001$), history of induced abortion ($p < 0.001$) and history of repeated abortions ($p < 0.001$).

**Conclusion:** There was a high prevalence of PID among undergraduates attending Irrua Specialist Teaching Hospital with students with multiple sex partners, previous history of STI/PID, low condom use, history of induced abortion and surgical termination of pregnancy at significantly higher risk of developing the disease.

**Recommendations:** Efforts should be made to reduce the risk factors of PID in vulnerable groups through health education, promotion of safe sex and instituting measures aimed at improving living standards such as better education for the populace.