



**Daffodil**  
*International*  
**University**

**Thesis on**

**Survey on co-relation of daily life hygienicity practice and food habit on  
Urinary Tract Infection (UTI) patients at green life hospital, Dhaka**

[In the partial fulfillment of the requirements for the degree of Masters of  
Pharmacy]

**Submitted To**

The Department of Pharmacy,  
Faculty of Allied Health Sciences,  
Daffodil International University

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# APPROVAL

This project paper, “**Survey on co-relation of daily life hygienicity practice and food habit on Urinary Tract Infection (UTI) patients at green life hospital, Dhaka**”, submitted to the Department of Pharmacy, Faculty of Allied Health Sciences, Daffodil International University, has been accepted as satisfactory for the partial fulfillment of the requirements for the degree of Masters of Pharmacy and approved as to its style and contents.

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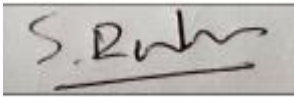
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# DECLARATION

I hereby declare that this project report, “**Survey on co-relation of daily life hygienicity practice and food habit on Urinary Tract Infection (UTI) patients at green life hospital, Dhaka**”. I am declaring that this Project is my original work. I also declare that neither this project nor any part thereof has been submitted elsewhere for the award of Masters or any degree.

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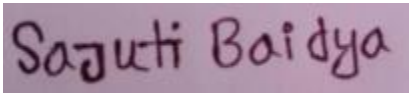
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Finally, I would like to express my gratitude towards my parents and other family members for their kind cooperation and encouragement which helped me in completion of this project.

# **Dedication.....**

**My Parents**

**The persons who always encourage me in every sphere  
of my life**

## **Abstract**

UTIs, or urinary tract infections, are still rather prevalent. Up to 50% of women say they have experienced at least one UTI in their entire lives. The most frequent cause of infection in nursing home residents and the most frequent cause of bacteremia in the senior population is a urinary tract infection. The goal of the research study was to learn about the dietary habits and hygiene behaviors of patients with urinary tract infections. At Green Life Hospital in Dhaka, an investigation made with questionnaires' was given to each individually UTI patient separately. According to the investigation 38% responders replied that they have been maintained proper hygienity for the prevention of urinary tract infection. 47% patients have been replied that they haven't any idea about wearing tight-fitted clothes during your menstruation cycle can lead to bacterial growth in the urinary tract. According to the assessment 41% people have genital skin disease on the other hands 59% responders haven't genital skin disease. 94% majority patients responded that they have taken regular shower. Everyone should be taken shower regularly. 43% responders responded that they have been taken probiotics and fermented food item in their meal. In this investigation 58% patients replied that they have been eaten orange like fruits during their UTI problem. According to the survey doctor has been prescribed different type of antibiotics. 35% responders replied that they have been taken nitrofurantoin monohydrate, 29% patients replied that they have been taken Cefuroxime + clavulanic acid combination. In conclusion, it can say that most of the people haven't idea about proper hygienicity & also they haven't maintained hygienicity & proper food consume.

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# **Chapter 1**

## Introduction

## **1.1 Introduction**

Urinary Tract Infections (UTIs) pose a significant health challenge worldwide, affecting millions of individuals annually. While the etiology of UTIs is multifaceted, the role of daily life hygienicity practices and dietary habits has gained increasing attention in recent research. This survey seeks to unravel the intricate correlation between the hygienic practices and food habits of UTI patients, with a specific focus on those admitted to Green Life Hospital in Dhaka [1]. Hygienicity practices encompass a range of daily routines that contribute to personal cleanliness and overall health. These practices not only involve personal hygiene but also extend to the surrounding environment, including the maintenance of a clean living space and the proper handling of food. Similarly, dietary habits composition a decisive part in influencing an individual's predisposition to infections, including UTIs. The intricate interplay between these two aspects of daily life has the potential to significantly influence the occurrence and recurrence of UTIs [2]. Green Life Hospital, located in the vibrant city of Dhaka, serves as the backdrop for this survey. As a healthcare institution committed to providing quality medical care, it offers a unique setting to investigate the habits and practices of UTI patients. By delving into the experiences of individuals grappling with UTIs, we aim to identify patterns and trends that may shed light on preventive measures and interventions. This survey will employ a comprehensive approach, integrating qualitative and quantitative research methods [3]. Through structured interviews, questionnaire surveys, and medical record analysis, we will gather data on the daily hygienicity practices and dietary patterns of UTI patients. The findings of this survey are anticipated to contribute valuable insights to the existing body of knowledge on UTIs, fostering a deeper understanding of the factors influencing UTI incidence and recurrence. Ultimately, this research endeavors to bridge the gap between individual habits and their impact on urinary health, thereby paving the way for targeted educational initiatives and preventive strategies. The outcomes of this survey hold the potential to inform healthcare practitioners, policymakers, and the general public alike, fostering a holistic approach to UTI prevention and management [4].

## **1.2 Pathophysiology of Bacterial cystitis**

Bacterial cystitis is a common urinary tract infection (UTI) that occurs when bacteria enter the bladder and cause inflammation. The most common causative agent is Escherichia coli (E. coli), it is typically seen in the intestines but can reach the urethra and ascend to the bladder, leading to infection [5]. Here is an overview of the pathophysiology of bacterial cystitis:

### **Entry of Bacteria**

Via the urethra, bacteria typically E. coli are able to enter the urinary tract. This can happen due to improper hygiene, sexual activity, or other factors that facilitate the transmission of bacteria from the perianal zone to the urethra [6].



### **Ascension to the Bladder**

The bacteria ascend the urethra and reach the bladder. In women, the urethra is shorter and closer to the anus, making it easier for bacteria to reach the bladder. The urethra in men is longer, providing some degree of protection [7].



### **Adherence to Uroepithelial Cells:**

Due to their unique adhesions, bacteria are able to stick onto the bladder's uroepithelial cells. This compliance is an essential stage in the infection's formation [8].



### **Colonization and Multiplication:**

Once attached, bacteria colonize the Uroepithelial cells and start to multiply. The bladder's normal defense mechanisms, such as urine flow and the flushing action during voiding, may be compromised, allowing bacteria to persist and multiply [9].



### **Inflammatory Response:**

The presence of bacteria triggers an inflammatory response in the bladder. Immune cells, such as neutrophils, are recruited to the site of infection. Cytokines and other inflammatory mediators are released, contributing to the characteristic symptoms of cystitis, including pain, urgency, and frequency of urination [10].



### **Mucosal Damage:**

Inflammatory processes can lead to damage of the mucosal lining of the bladder. This damage can further compromise the barrier function of the bladder epithelium, making it more susceptible to bacterial invasion [11].



### **Symptoms:**

The inflammatory response and mucosal damage contribute to the symptoms of cystitis, including dysuria (painful urination), frequent urination, urgency, and lower abdominal discomfort. The severity of symptoms can vary [12].



### **Complications:**

If not treated promptly, bacterial cystitis can lead to more serious complications, such as the ascent of bacteria to the kidneys, causing pyelonephritis. This can result in more severe symptoms, systemic illness, and potential kidney damage [13].



### Diagnosis and Treatment:

Diagnosis typically involves a urine culture to identify the causative organism. Treatment involves antibiotics targeted at the specific bacteria responsible for the infection.

It's important to note that factors such as urinary tract abnormalities, kidney stones, or a weakened immune system can increase the risk of developing bacterial cystitis. Adequate hygiene practices, prompt treatment of UTIs, and addressing underlying risk factors can help prevent recurrent infections [14].

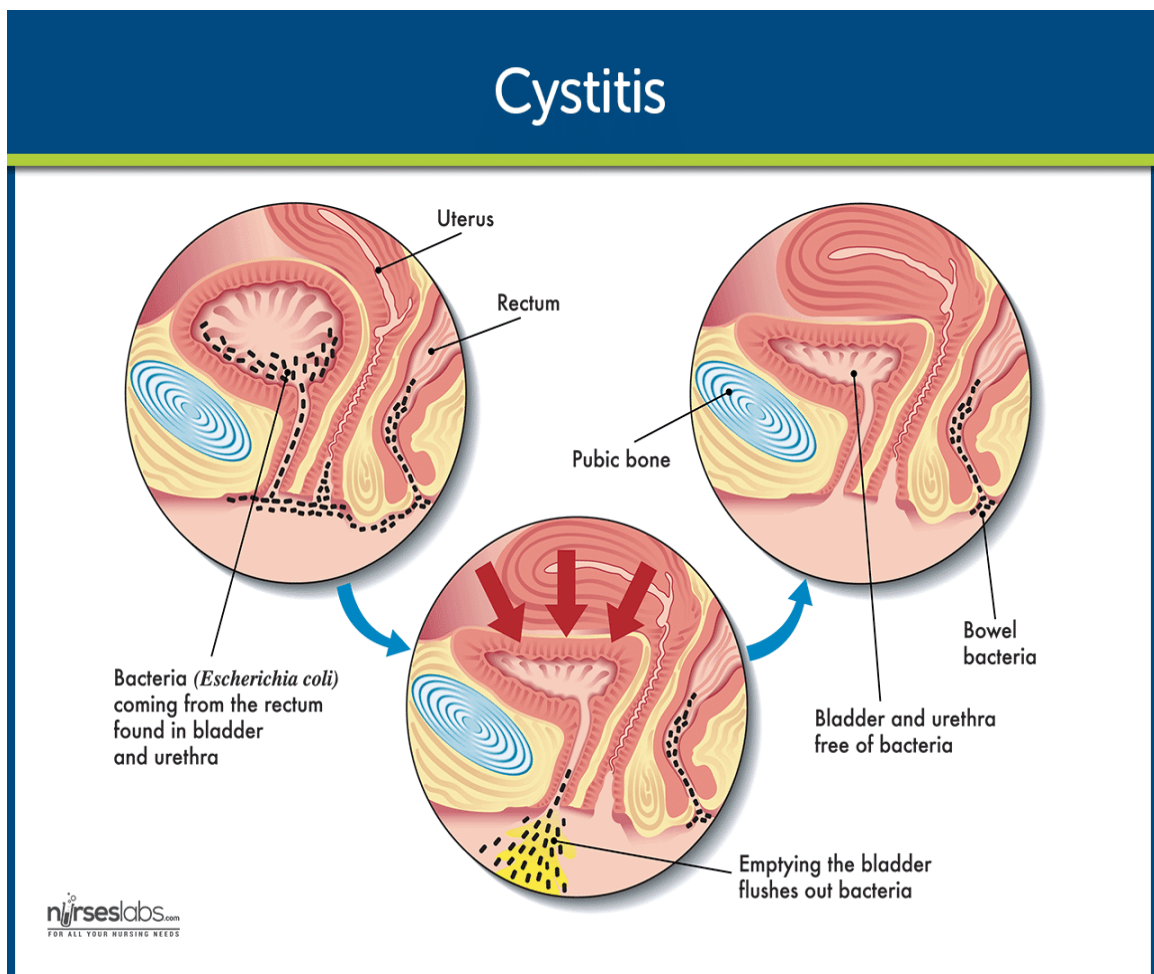


Figure 1: Pathophysiology of Bacterial cystitis

### 1.3 Risk factor of UTI

Bacteria that penetrate the urinary tract and grow there are frequently responsible for the development of urinary tract infections (UTIs). Several risk factors can increase the likelihood of developing a UTI [15]. Here are some of the key threat aspects:

**Gender:** UTIs are more common in women than in men. The main reason for this is that women's urethras are narrower than men's, which facilitates bacteria's quicker passage to the bladder.

**Sexual Activity:** Sexual activity increases the risk of infection by introducing bacteria into the urinary tract. Using a diaphragm or spermicide-treated condoms may also contribute to this risk [16].

**Age:** UTIs are more common in older adults, particularly in postmenopausal women. Changes in hormonal levels.

**Urinary Tract Abnormalities:** Organizational matters in the urinary tract, such as kidney stones or an enlarged prostate, can create blockages or provide hiding places for bacteria, increasing the risk of infection [17].

**Catheter Use:** People who need catheters, such as those with urinary retention or hospitalized patients, are at a higher risk of developing UTIs because catheters can introduce bacteria into the urinary tract.

**Urinary Tract Procedures:** Procedures that involve the urinary tract, such as cystoscopy or urodynamic studies, can increase the risk of introducing bacteria and causing infection.

**Suppressed Immune System:** Conditions or medications that weaken the immune system, such as HIV/AIDS, diabetes, or chemotherapy, can make individuals more susceptible to infections, including UTIs [18].

**Obstruction:** Anything that obstructs the normal flow of urine, such as kidney stones or an enlarged prostate, can proliferation the risk of UTIs by preventing the complete emptying of the bladder.

**Pregnancy:** Changes in the urinary tract during pregnancy, such as the pressure of the growing uterus on the bladder, can make women more susceptible to UTIs.

**Family History:** There may be a genetic predisposition to UTIs, meaning that if close family members have a history of recurrent UTIs, there may be an increased risk [19].

**Dehydration:** Insufficient fluid intake can reduce urine production and concentration, making it easier for bacteria to multiply in the urinary tract.

It's crucial to remember that although these factors can increase the risk of UTIs, they do not guarantee that an individual will develop an infection. Practicing good hygiene, staying hydrated, and addressing underlying health conditions can help reduce the likelihood of UTIs [20].

#### **1.4 Diagnostic testing of UTI**

Clinical examination, patient history, and laboratory testing are commonly used to detect urinary tract infections (UTIs). These are a few popular techniques for diagnosing UTIs:

##### **Medical History and Physical Examination:**

A healthcare provider will often start by asking about the patient's symptoms, including the presence of pain or burning during urination, frequency of urination, urgency, and any associated fever or back pain. To determine whether there is any soreness or discomfort in the lower part of the abdomen, back, or faces, an examination of the body may be done [21].

##### **Urinalysis:**

Urinalysis is a common and initial test for UTIs. A specimen of urine is obtained and examined to determine whether white blood cells are present, red blood cells, bacteria, and other substances. Nitrite and leukocyte esterase tests are often included in urinalysis [22].

##### **Urine Culture:**

To pinpoint the exact bacteria causing the infection and choose the best antibiotic for therapy, a urine culture is carried out. A lab culture is performed on a specimen of urine, and the identified bacteria are tested against various antibiotics to determine which one is most effective [23].



**Blood Tests:**

In some cases, blood tests may be conducted to check for signs of systemic infection, especially if the infection has spread beyond the urinary tract.

**Imaging Studies:**

In recurrent or complicated cases, imaging studies such as ultrasound, CT scans, or magnetic resonance imaging (MRI) may be used to visualize the urinary tract and identify any structural abnormalities [24].

**Cystoscopy:**

Cystoscopy involves using a thin tube with a camera (cystoscopy) to visualize the inside of the bladder and urethra. It may be recommended in cases of recurrent or severe infections to check for any abnormalities or blockages.

**Urodynamic Studies:**

Urodynamic studies may be performed to assess the function of the urinary tract, especially in cases where there are concerns about bladder or urethral function.

**Point-of-Care Testing:**

Rapid diagnostic tests, such as dipstick tests, may be used for quick detection of certain indicators in the urine, providing immediate results in some cases [25].

**1.5 Complication of urinary tract infection**

Urinary tract infections (UTIs) are generally treatable with antibiotics, and most cases do not lead to serious complications if promptly and appropriately managed. However, if left untreated or if there are certain risk factors, UTIs can lead to various complications [26]. Some of the potential complications of UTIs include:

**Kidney Infection (Pyelonephritis):**

If a lower urinary tract infection (such as a bladder infection) is not treated promptly, Bacteria can travel up the ureters and into the kidneys, where they can cause pyelonephritis,

a more serious illness. This is linked to further systemic symptoms like fever, chills, and back discomfort and can cause kidney damage [27].

### **Sepsis:**

Sepsis can occur in severe situations, particularly if a kidney infection is not treated and bacteria reach the bloodstream. Sepsis is a life-threatening condition that can result in organ failure and requires immediate medical attention.

### **Recurrent Infections:**

Some individuals, particularly women, may experience recurrent UTIs. Frequent episodes of infection can lead to complications and may necessitate further evaluation to identify and address underlying causes [28].

### **Complications in Pregnant Women:**

Preterm birth and low birth weight are two issues that can arise from UTIs throughout pregnancy. It's critical that expectant mothers who experience UTI symptoms get medical help right away.

### **Scarring of the Urinary Tract:**

Recurrent or severe infections can lead to scarring of the urinary tract, potentially causing structural abnormalities that may contribute to further infections or urinary problems [29].

### **Urethral Stricture:**

Urinary passage becomes more challenging when urethral stricture, a constriction of the urethra, is caused by severe or recurrent infections.

### **Complications in Men:**

Men with untreated or recurrent UTIs may be at risk of developing prostatitis (inflammation of the prostate), which can lead to additional complications.

**Complicated UTIs:**

Certain urinary tract infections are categorized as "complicated," indicating that they affect people who have anatomical or functional abnormalities of the urinary tract, including kidney stones or retention in the urine. There might be a greater chance of problems in some circumstances [30].

# **Chapter 2**

## Objective of this investigation

## **2.1 Aim of this investigation**

The primary objective of this study is to investigate and establish a comprehensive understanding of the correlation between daily life hygienicity practices and food habits among patients diagnosed with Urinary Tract Infections (UTI) at Green Life Hospital in Dhaka. The study aims to shed light on the intricate relationship between individual lifestyle choices and the prevalence or recurrence of UTIs, contributing valuable insights to the field of urological health. The specific purposes of the study include:

- **Identification of Hygienicity Practices:**

To identify and assess the daily life hygienicity practices of UTI patients, including but not limited to personal hygiene routines, sanitation practices, and habits related to the use of public facilities.

- **Analysis of Food Habits:**

To analyze the dietary patterns and food habits of UTI patients, exploring the types of foods consumed, frequency of consumption, and nutritional content. This will involve examining whether specific dietary choices may influence the occurrence or severity of UTIs.

- **Correlation Analysis:**

To establish correlations between the identified hygienicity practices and food habits of UTI patients, aiming to determine if certain combinations of lifestyle factors are associated with a higher incidence of UTIs. This analysis may provide insights into potential risk factors or preventive measures.

- **Impact on UTI Recurrence:**

To investigate whether variations in daily life hygienicity practices and food habits have a significant impact on the recurrence of UTIs among patients. Understanding the role of lifestyle factors in UTI recurrence is crucial for developing targeted interventions and preventive strategies.

- **Patient Education and Awareness:**

To contribute to patient education and awareness by disseminating findings that highlight the importance of adopting healthy hygienicity practices and dietary habits to prevent and manage UTIs. This information may empower individuals to make informed choices that positively impact their urological health.

- **Recommendations for Healthcare Practices:**

To provide evidence-based recommendations for healthcare practitioners at Green Life Hospital and beyond, aiding in the development of personalized treatment plans that consider the holistic lifestyle factors influencing UTI patients.

By addressing these specific objectives, the study aims to enhance our understanding of the interplay between daily life hygienicity practices and food habits in the context of UTI, ultimately contributing to more effective prevention and management strategies for this prevalent health issue.

# **Chapter 3**

## Literature Review

### **3.1 Menstrual Hygiene Practices, WASH Access and the Risk of Urogenital Infection in Women**

Around the world, there are differences in MHM practices that are influenced by various factors including as a people's socioeconomic level, individual tastes, local customs and beliefs, and access to sanitary amenities and clean water. MHM practices can be particularly unsettling and unclean for women and girls who live in less privileged environments. Unsanitary MHM practices may make women more vulnerable to urogenital infections, including bacterial vaginosis (BV) and urinary tract infections (UTI). The objective of the investigation was to ascertain, while accounting for environmental variables, the relationship amongst MHM practices and urogenital infections. A syndromic method was used to identify cases and controls. Everyone who participated provided vaginal swabs, which were used to determine the individual's danger of BV based on Amsel's criteria. Samples of urine were cultivated to determine the UTI's condition. Initiatives that guarantee women have a choice of private residences with running water for MHM and that educated women about safer, reasonably priced MHM products may help reduce the occurrence of urogenital disease in women. Further research is required to examine the benefits of specific management strategies for effectively reused pads as well as other dangerous menstrual tract disorders [31].

### **3.2 Epidemiology of Urinary Tract Infection: II. Diet, Clothing, and Urination Habits**

Little health actions and habits have been thoroughly studied, despite the fact that they are frequently included in nursing and medical books as possible reasons for urinary tract infections (UTI) in women. We examined the relationships among UTI and some of the most often stated risk variables in a case-control investigation, such as eating habits, clothes, soap use, and urine habits. We assessed the effects of health-related behaviors and practices that account for the increased risk of UTIs associated with diaphragmatic use and sexual activity. First-time UTI patients were compared to controls who had never experienced a UTI, and second-time UTI patients were compared to first-time UTI patients. The investigation, consisting comprised 181 controls, 19 secondary cases, and 25 primary instances from a university health center, found that consuming soft drinks and employing tampons were significantly (RR - 1.4) related with both initial and recurrent UTI. When



combined, these habits may considerably increase the chance of acquiring a first-time or recurrent UTI, even though some of the other practices had weaker associations to UTIs [32].

### **3.3 Dietary factors protecting women from urinary tract infection**

Urinary tract infections (UTIs) are caused by bacteria found in the feces, therefore dietary choices may alter the fecal bacterial flora's features, thereby influencing the likelihood of contracting a UTI. Among fertile women, our aim was to perform a case-control research on nutritional status and other risk factors for UTI. 185 women of comparable age who had not had an acute urinary tract infection (UTI) in the preceding five years were contrasted with 139 women (mean age: 30.5 years) who worked at a university hospital or in a health center for students. To learn more about the women's eating habits and other lifestyle practices, a questionnaire was employed [33].

# **Chapter 4**

## Methodology

## **4.1 Methodology**

Surveys regarding project individuals, customers, and/or stakeholders may be conducted in large or small numbers to gather a variety of quantitative and qualitative data.

- I began working on this survey in November of 2023.
- At Green Life Hospital in Dhaka, a survey consisting of questions was distributed to each face-to-face UTI patient on an individual basis.
- Several significant data points have been gathered through the evaluation of numerous relevant article papers from various websites, including PubMed, Research Gate, and Google Scholar.

## **4.2 Sample size**

The exam consisted of fifteen questions with brief answers, and it took about four to five minutes to complete.

- A number of details are included in the investigation: (1) prologue; (2) sociosegment statistics (age, gender, occupation circumstance, and educational attainment); and (3) causes and effects of UTIs.
- I have made every effort to obtain data from individuals in various professions in order to compile a variety of facts.
- The investigation, which is questionnaire-based, involved responses from 100 populations for that evaluation.

## **4.3 Data analysis strategy**

The systematic application of logical and/or statistical tools for characterizing and illuminating, compressing and analyzing, and assessing database is known as data analysis. Excel was utilized by Microsoft to analyze the data.

# **Chapter 5**

## **Result & Discussion**

## 5.1 Age of responders

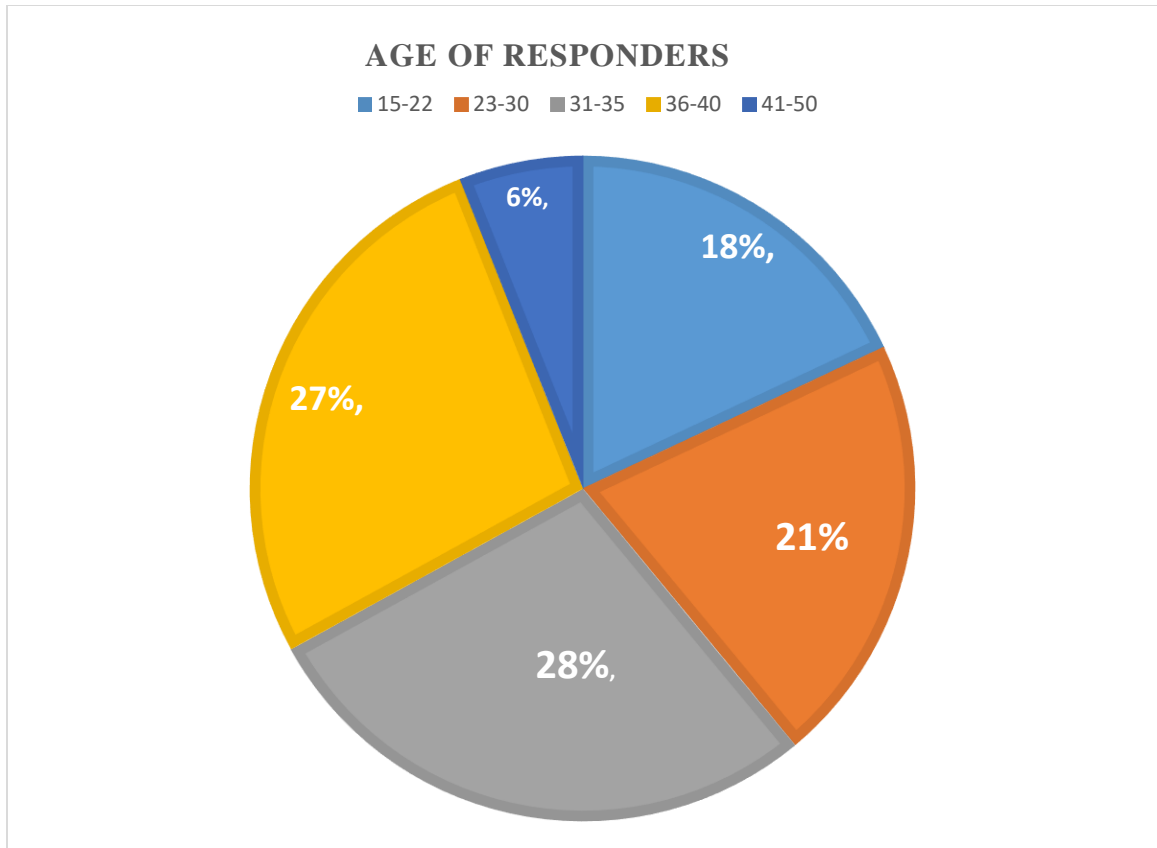


Figure 2: Age of responders

**Discussion:** A variety of age groups have responded to this investigation's assessment. Participants' ages ranged from 31 to 35 in total, respondents' ages ranged from 36 to 40 in 27%, and responses' ages ranged from 15 to 22 in 18% of cases.

## 5.2 Gender of participants

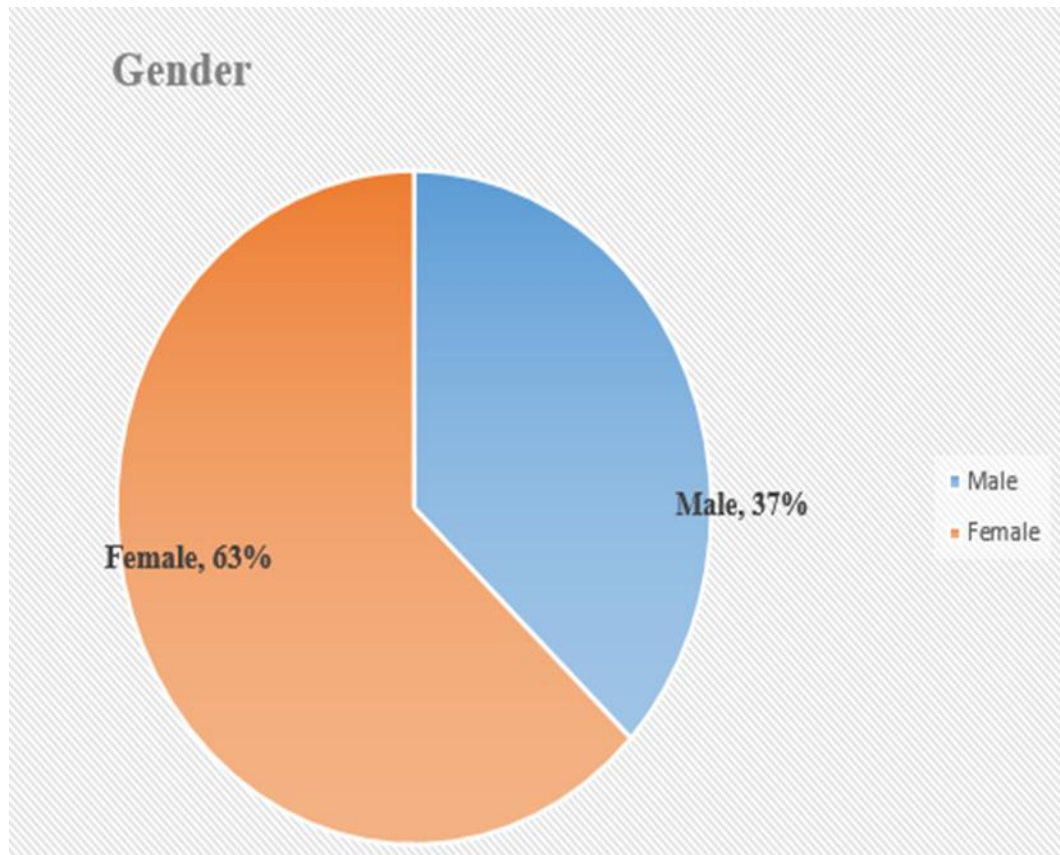


Figure 3: Gender of participants

**Discussion:** Figure 3 displays an instantaneous of the participants' demographic data. 63% of respondents are female and 37% are male, forming up the majority. It has been demonstrated in the majority of situations that women are more prone to UTIs.

### 5.3 Professional status of responders

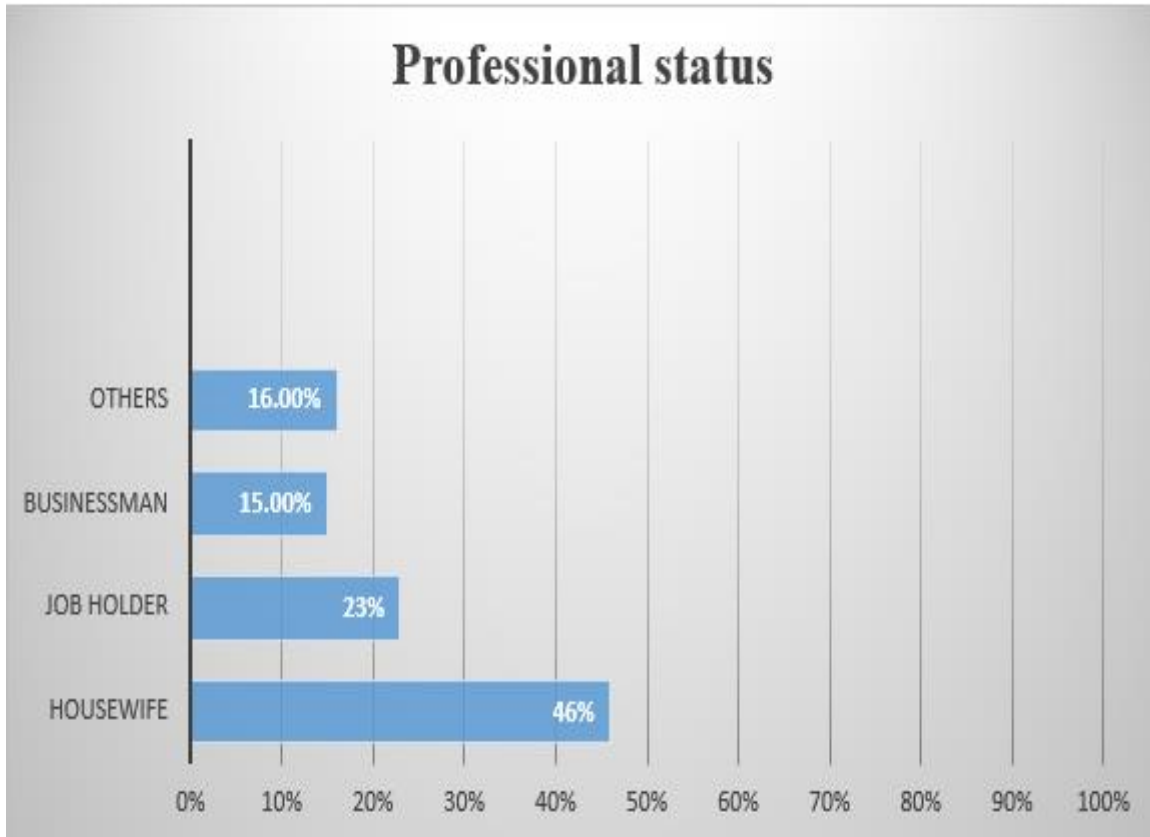


Figure 4: Professional status

**Discussion:** As may be seen from this point, 46% of those taking part were housewives. A portion of the respondents 23% and 15%, respectively were employed.

## 5.4 Frequency of urination

**Q:** How many times do you typically urinate from waking in the morning until sleeping at night?

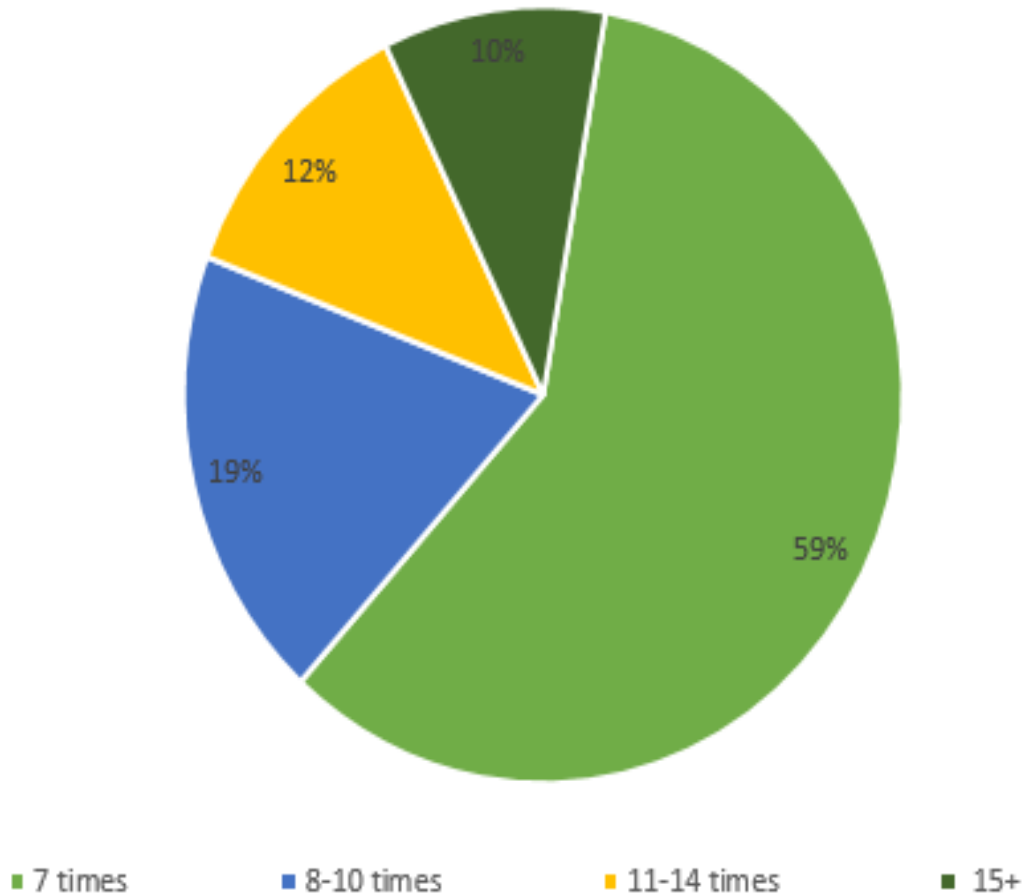


Figure 5: Frequency of urination rate chart

**Interpretation:** Frequent urination is one of the most typical signs of UTI patients. Giving permission for the study, the majority of patients 59% responded that they had had to urinate seven times between morning and night. 19% of respondents said they had urinated eight to ten times between dawn and night.



### 5.5 Frequency of urination at sleeping time

**Q:** How many times do you typically urinate from sleeping at night until waking in the morning?

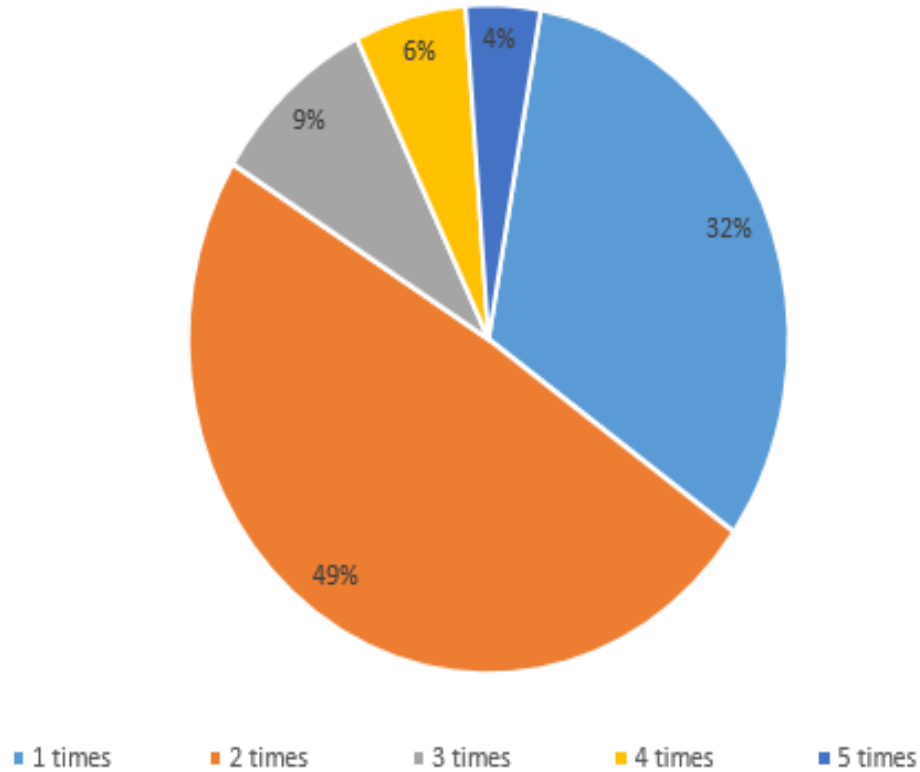


Figure 6: Frequency of urination at sleeping time

**Interpretation:** UTI patients have been experiencing nocturia, or the need to urinate more frequently than usual throughout the night. According to the examination, 49% of the total number of UTI patients reported having had two urinations between the hours of midnight and dawn. Additionally, 32% of respondents said that they had urinated once while they were asleep and woken up in the morning.

## 5.6 Proper hygienity for the prevention of UTI

Q: Do you have maintained proper hygienity for the prevention of UTI?

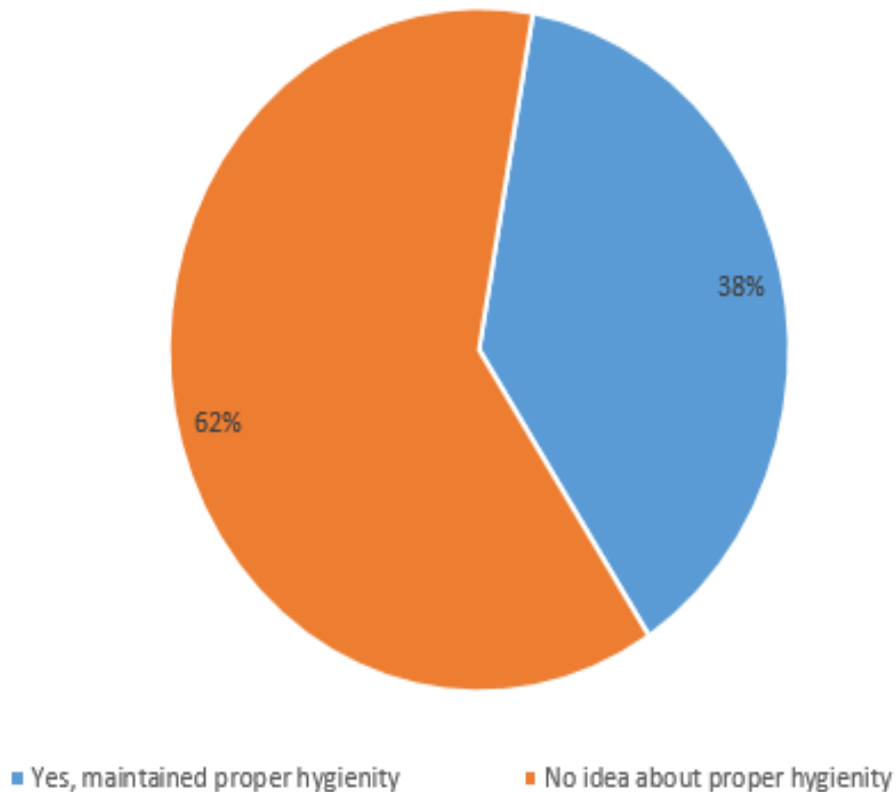


Figure 7: Proper hygienity for the prevention of UTI

**Interpretation:** Keeping up with excellent personal hygiene can help lower your risk of developing repeated cystitis. Conferring to the exploration 38% responders retorted that they have been maintained proper hygienity for the prevention of urinary tract infection. Mainstream of the participants replied that they haven't proper idea about preventive hygienity.

## 5.7 Wearing tight-fitted clothes during your menstruation cycle

Q: Do you know wearing tight-fitted clothes during your menstruation cycle can lead to bacterial growth in the urinary tract?

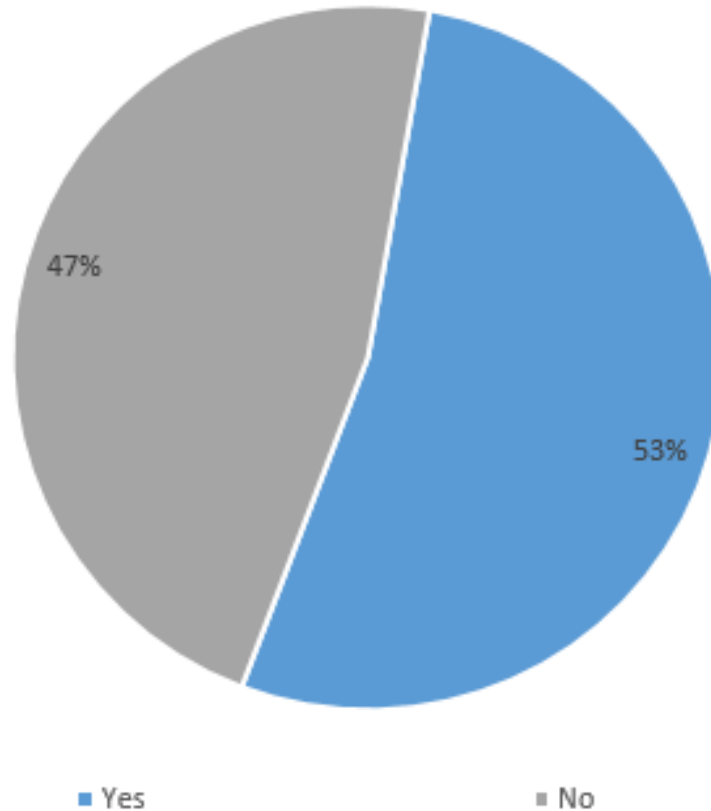


Figure 8: Wearing tight-fitted clothes during your menstruation cycle

**Interpretation:** Maintaining good personal cleanliness throughout menstruation can help avoid urinary tract infections. Wearing clothing that is too tight should be avoided throughout your menstrual cycle as light clothing is recommended at this time. 53% of poll participants said they have received acknowledgement for this declaration. However, 47% of patients responded that they were unaware that wearing clothing that is too tight throughout the menstrual cycle can cause bacteria to proliferate in the urinary tract.

## 5.8 Genital skin disease rate

Q: Do you have any genital skin disease?

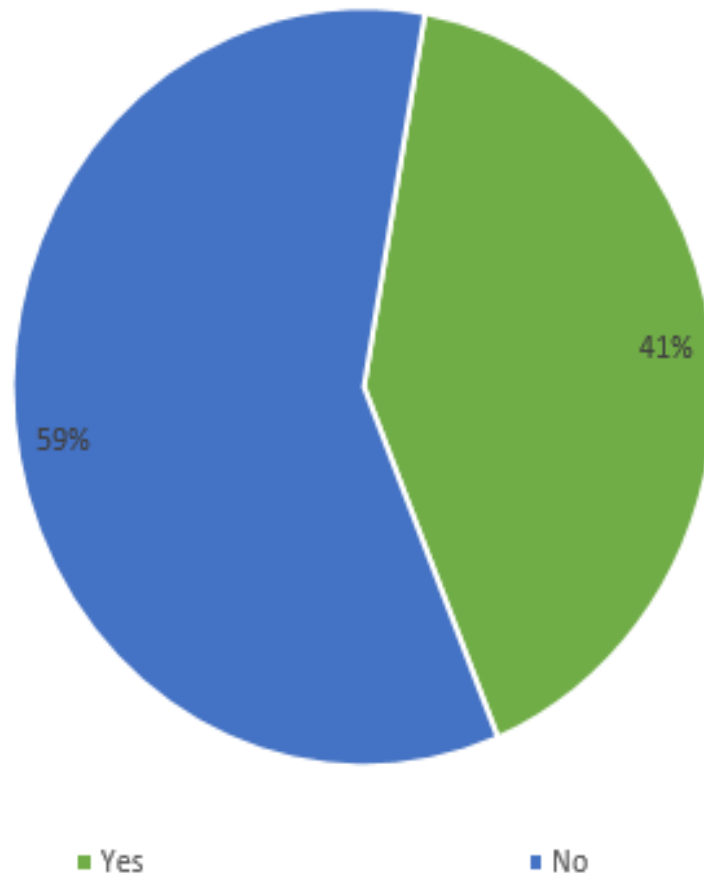


Figure 9: Genital skin disease rate

**Interpretation:** Bacteria penetrate the urinary system via the urethra and induce repeated urinary tract infections (UTIs). These microorganisms usually originate from the rectum or skin. However, 41% of respondents to the examination had genital skin disease. 59% of those surveyed do not have genital skin disease.

## 5.9 Shower taken rate

Q: Do you shower regularly?

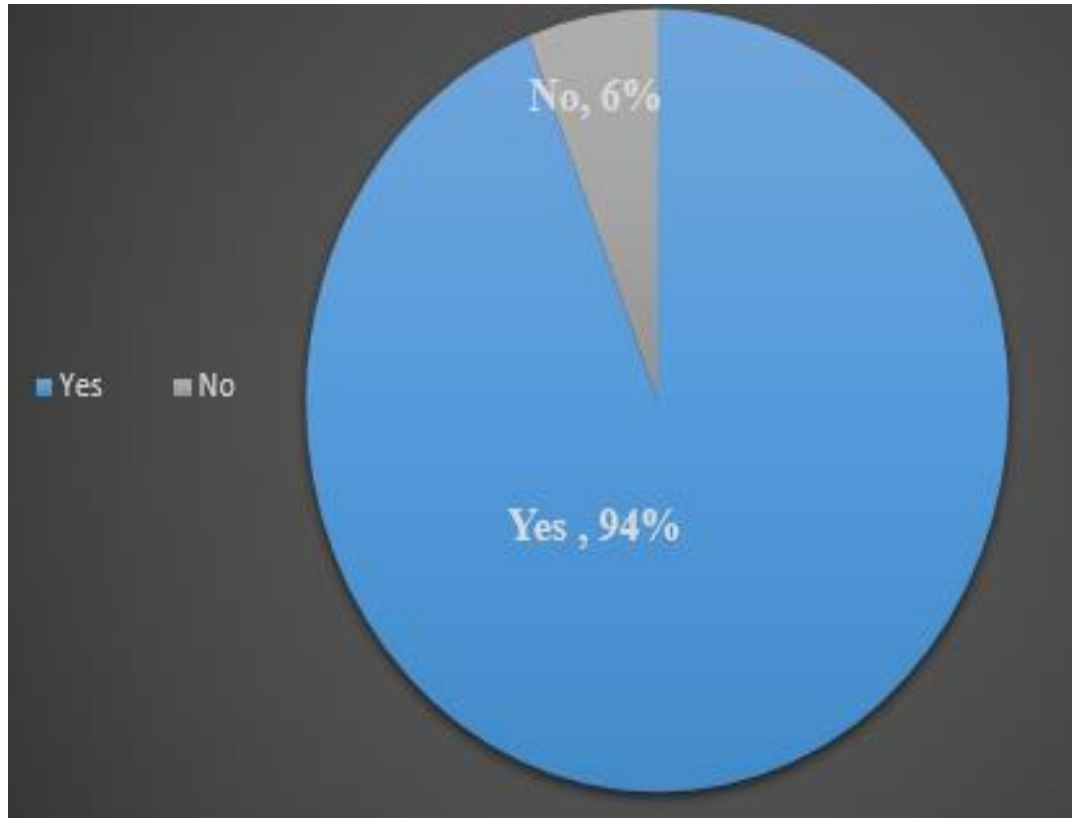


Figure 10: Shower taken rate

**Interpretation:** It is best to take regular showers to avoid urinary tract infections. 94% of patients who participated to this study said they regularly take showers. Everyone ought to routinely take a shower.

## 5.10 Taken probiotics or fermented food

Q: Have you taken probiotics or fermented food?

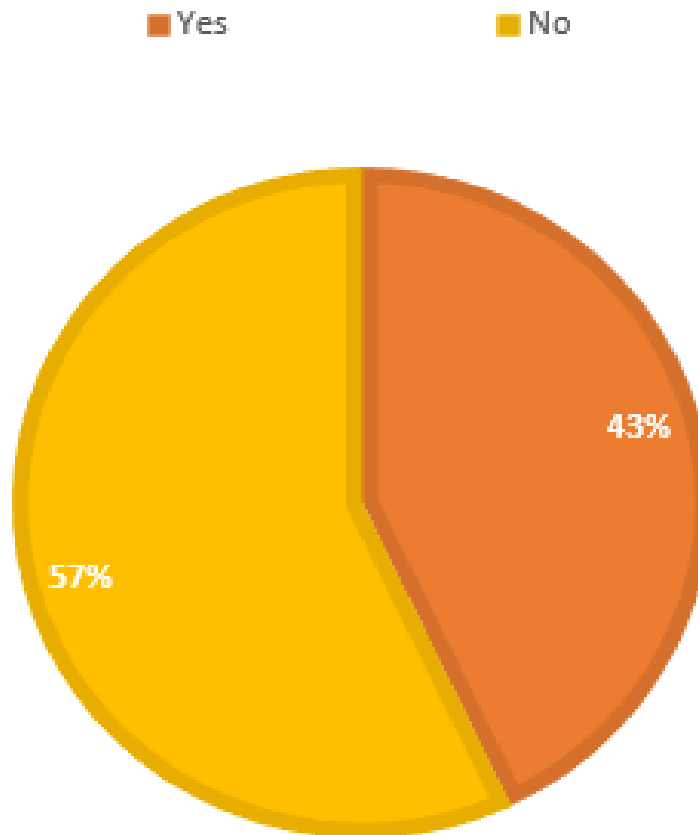


Figure 11: Taken probiotics or fermented food

**Interpretation:** Fermented foods or probiotics are superior for preventing UTIs. Good bacteria found in probiotics can aid in the reduction of dangerous microorganisms. Giving permission to complete the survey, 43% of participants said they have consumed fermented foods and probiotics.

### 5.11 Eaten oranges, lemons or limes during Urinary tract infection

Q: Have you eaten oranges, lemons or limes during Urinary tract infection?

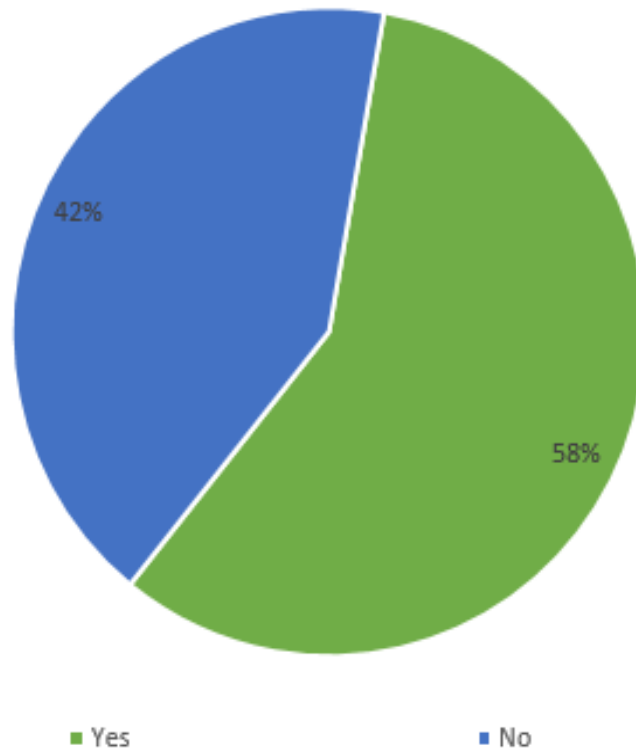


Figure 12: Eaten oranges, lemons or limes during Urinary tract infection

**Interpretation:** Oranges, lemons, and limes are examples of citrus fruits that might irritate the bladder throughout a UTI. In this study, 58% of patients reported eating fruits similar to oranges while they had a UTI. The majority of people were actually unaware of how irritating citrus fruits may be when they have a urinary tract infection. Citrus fruits should not be consumed by anyone when they have a UTI.

## 5.12 Taken antibiotics without doctors' advice

Q: Have you taken antibiotics without doctors' advice?

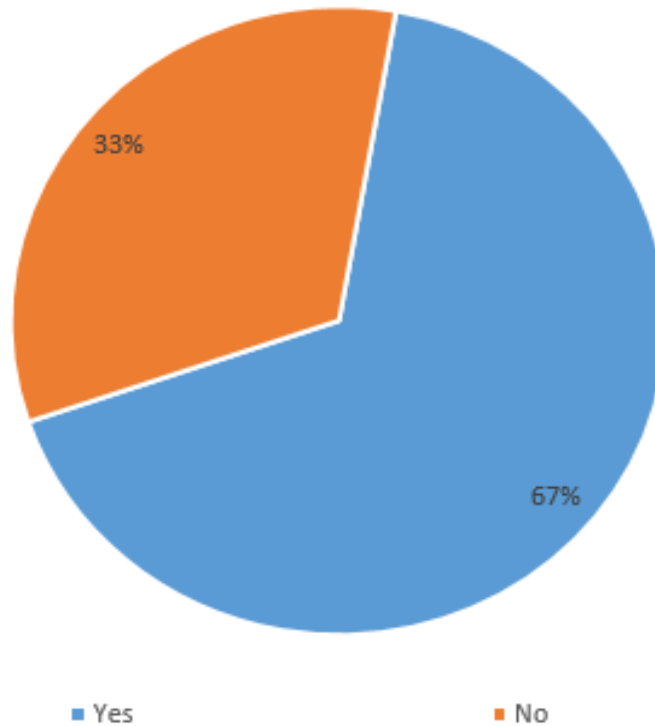


Figure 13: Taken antibiotics without doctors' advice

**Interpretation:** Antibiotic use without a prescription might exacerbate a disease. It might also contribute to the emergence of "superbugs," or bacteria that are challenging to eradicate. 67% of respondents to the poll said they had taken antibiotics without a prescription.



### 5.13 Medicine did the doctor give for urinary tract infection

Q: What kind of medicine did the doctor give for urinary tract infection?

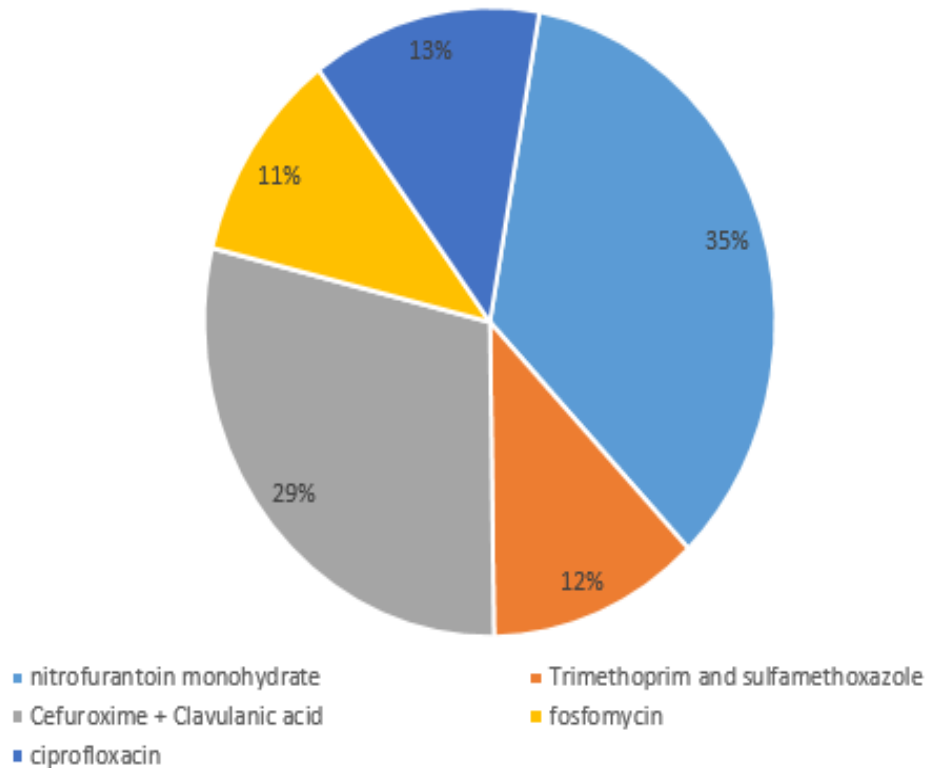


Figure 14: Medicine did the doctor give for urinary tract infection

**Interpretation:** Thus, the prescriber gave antibiotics because the patient had a bacterial infection. The report indicates that doctors have been prescribing various kinds of antibiotics. 35% of respondents said they had used nitrofurantoin monohydrate, while 29% of patients said they had taken a mixture of cefuroxime and clavulanic acid.

### 5.14 Proper hygienity after sexual intercourse

Q: Have you maintain proper hygienity before & after sexual intercourse?

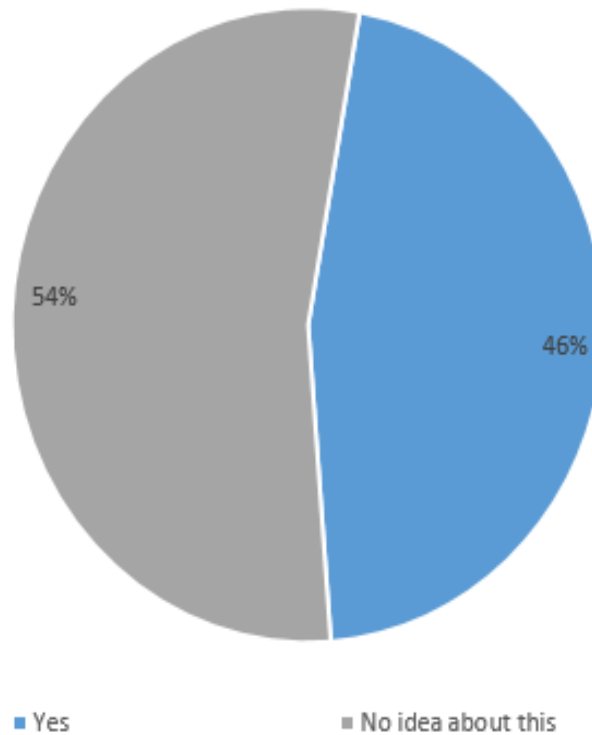


Figure 15: Proper hygienity after sexual intercourse

**Interpretation:** "The risk of a UTI is decreased by getting rid of any bacteria in the bladder after sex," Some doctors also recommend urinating before having sex to lower the chance of a UTI. Washing with warm water before sexual activity, especially for women, may reduce the risk of bacteria getting into the urethra. Based to the poll, 46% of patients said they had been kept up to date on the necessary hygienic measures before and after sexual activity, but the majority of respondents 54% did not know about this precaution.

# **Chapter 6**

## **Conclusion**

## 6.1 Conclusion

In conclusion, the survey conducted on the correlation between daily life hygienic practices and food habits among UTI (Urinary Tract Infection) patients at Green Life Hospital in Dhaka has provided valuable insights into the factors influencing UTI occurrences. The findings highlight the importance of maintaining good hygiene practices and adopting a balanced food habit to reduce the risk of UTIs. The results of the survey underscore the significance of regular hygiene routines in preventing urinary tract infections. Participants who adhered to proper hygiene practices exhibited a lower incidence of UTIs, emphasizing the role of cleanliness in mitigating the spread of infectious agents. Moreover, the study suggests that a comprehensive approach to personal hygiene, including adequate hand washing, proper genital care, and maintaining a clean living environment, is crucial in UTI prevention. Furthermore, the investigation into the relationship between food habits and UTI occurrences indicates that dietary choices play a role in influencing susceptibility to urinary tract infections. A balanced and nutritious diet, coupled with sufficient fluid intake, was associated with a lower prevalence of UTIs among the surveyed individuals. This reinforces the idea that a well-rounded and health-conscious approach to nutrition can contribute significantly to overall urological health. 47% patients have been replied that they haven't any idea about wearing tight-fitted clothes during your menstruation cycle can lead to bacterial growth in the urinary tract. According to the assessment 41% people have genital skin disease on the other hands 59% responders haven't genital skin disease. 94% majority patients responded that they have taken regular shower. Everyone should be taken shower regularly. 43% responders responded that they have been taken probiotics and fermented food item in their meal. In this investigation 58% patients replied that they have been eaten orange like fruits during their UTI problem. According to the survey doctor has been prescribed different type of antibiotics. 35% responders replied that they have been taken nitrofurantoin monohydrate, 29% patients replied that they have been taken Cefuroxime + clavulanic acid combination.

# **Chapter 7**

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