

## **Abstract**

The 1725 women presenting at Kenyatta National Hospital in 1984-86 for IUD insertion were screened for cervical *Chlamydia trachomatis* and *Neisseria gonorrhoea* before the IUD insertion. 207 (12%) cases of *Chlamydia trachomatis* and 61 (3.5%) cases of *Neisseria gonorrhoea* were detected. There was no association between the ages of the women and the prevalence of these 2 sexually transmitted pathogens; however, there was a significant relationship between the prevalence of *N gonorrhoea* and marital status. *N gonorrhoea* was detected in 6.2% of never-married and 5.2% of formerly married women compared with 2.3% of currently married subjects ( $p < 0.001$ ). Although there was no significant relationship between parity and the rate of isolation of the 2 pathogens, infection tended to be lower in women with 5 or more children. Educational attainment was significantly associated with *N gonorrhoea* infection: 5.1% in women who had 0-7 years of schooling compared with 3.0% in those with 8 or more years of education ( $p < 0.05$ ). 12 women with *C trachomatis* infection were also positive for *N gonorrhoea*. There was no significant relationship between *C trachomatis* infection and any of the demographic variables examined. Given the finding that the greatest risk of pelvic inflammatory disease occurs in the 1st month of IUD use, it can be speculated that pathogens are inserted into the uterine cavity at the time of IUD insertion. It is therefore recommended that clients--especially the unmarried, the formerly unmarried, and those with low levels of education--be screened and treated for *N gonorrhoea* and *C trachomatis* before an IUD is inserted.