

UPTAKE OF STI SERVICES IN LAGOS

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INTRODUCTION/BACKGROUND

Literature confirms that health-seeking behaviour in developing countries indicate that many people with symptomatic STI seek treatment in the informal/private sector and will only receive formal public healthcare when these fail¹. People are not accessing treatment from conventional healthcare services for various reasons which include fear of stigmatization and discrimination, unreliable supply of drugs and associated costs of using the service including transportation and registration costs^{2,3}. Study objective was to determine STI patients' patronage of healthcare services in Lagos state and improve knowledge and practice of the most patronized source.

METHODS

Survey of case notes in hospitals (secondary and tertiary) was carried out using a modified WHO/INRUD prescribing indicator form to determine level of patronage and mode of treatment. Sampling for pharmacies was done using the list obtained from the Lagos State Branch of the Association of Community Pharmacists of Nigeria (ACPN). A sample size of 179 pharmacies was determined from 10 zones which were randomly selected. Pharmacists were administered a validated questionnaire to obtain information on level of patronage and baseline knowledge/practice of STI management. An educational intervention, preceded by a pre-test, by means of face-to-face seminar was later carried out for pharmacists using WHO standardized syndromic management training pack. Data was collected four (4) and twelve (12) weeks post training using the original pre-test questionnaire and analyzed. $P < 0.5$ was taken as significant.

RESULTS

One tertiary and 8 secondary hospitals, and 156 pharmacies (87% recovery) were involved in study. The result shows that in all the hospitals the clinicians documented that the STI syndromic approach, with copies of the chart on display, is the mode of treatment used.

About 91 patients use the STI clinic in the tertiary hospital while 374 patients use secondary hospitals per year. About 572 clients present in pharmacies with complaints of STIs per year though pharmacists had poor knowledge and practice with regards to STI and its management. Statistically significant difference exists in pharmacists' knowledge/practice rating and intervention status. Post-hoc determinations showed that significant difference were between pre-test and both post intervention times. Respondents' STI definitions, knowledge about, use of and possession of the syndromic charts improved significantly post intervention.

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Level of Patronage of Public Hospitals by STI patients in Lagos State

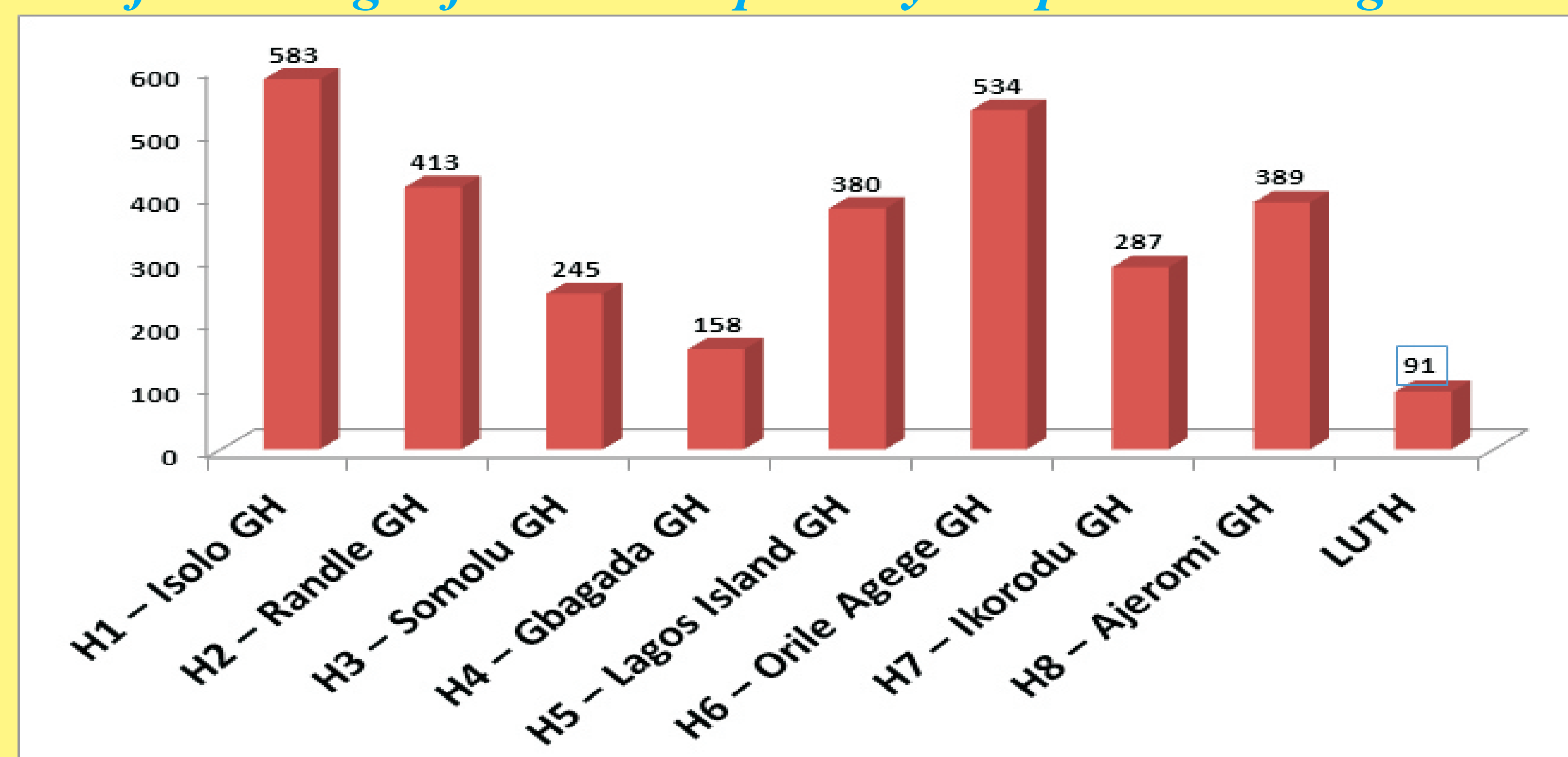


Fig. 1: Annual Patronage of the Hospitals Surveyed by STI Patients

A total of 2991 STI patients were seen in the 8 General Hospitals (secondary) surveyed. A combined annual average STI patient patronage in the 8 General Hospitals was determined to be: $2991/8 = 374$ STI patients. Two hundred and twenty seven (227) patients were seen in the STI Clinic in LUTH (tertiary) over two and a half years (mid-2004 – 2006) thus annual patronage is determined as $227/2\frac{1}{2} = 90.8$. Therefore, annual patronage in LUTH is 91 patients.

Patients seen per week in Community Pharmacies in Lagos State

Table 1: Distribution According To Patients Seen Per Week

ITEM/ Variables (n = 156)	TOTAL	PERCENT (%)
Mid-Point of Ranges		
Total Patients Seen per Week		
2.5	1	0.64
10.5	18	11.54
23.0	15	9.62
40.5	23	14.74
75.5	27	17.31
125.5	8	5.13
175.5	8	5.13
350.5	15	9.62
750.5	19	12.18
1500.5	5	3.21
2000.0	4	2.56
STI Patients Seen per Week		
2.5	47	30.10
10.5	81	51.90
23.0	15	9.62
40.5	5	3.21
75.5	1	0.64

Using formula for calculating weighted average:

average total number of patients seen per week was 132 per pharmacy (15,028 per year) and average number of STI patients seen per week was 11 per pharmacy (572 per year), Therefore, % STI patients seen over the total number annually is $572/15,028 \times 100 = 4\%$

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Knowledge and Practice of Pharmacists with respect to STIs and STI Management

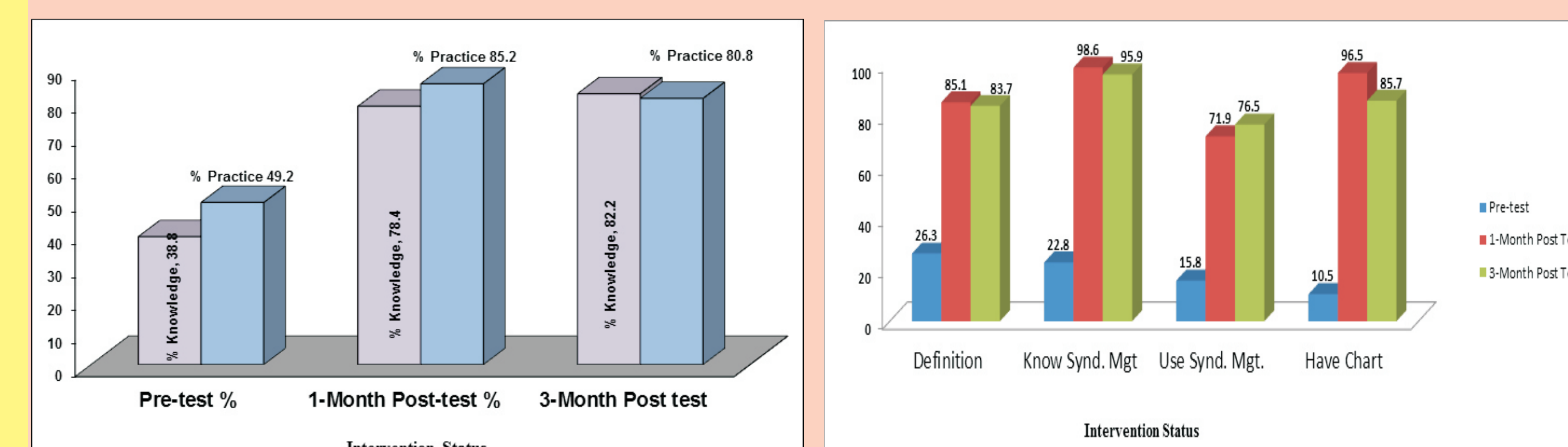


Fig. 2: Percent Knowledge & Practice of pharmacists at different intervention status

Fig. 3: Percent Responses on Syndromic Management at Different Intervention Status

Table 2: Tukey's Post Hoc Determination of Mean Knowledge

Dependent Variable		(I) STATUS	(J) STATUS	Mean Difference (I-J)	p-value
SUM OF AVERAGE KNOWLEDGE	Tukey HSD	Pretest	1-Month Post	-3.95596*	0.000
			3-Month Post	-4.33310*	0.000
		1-month post	Pretest	3.95596*	0.000
			3-Month Post	-.37714	0.390
		3-month post	Pretest	4.33310*	0.000
			1-Month Post	.37714	0.390
SUM OF AVERAGE PRACTICE	Tukey HSD	Pretest	1-Month Post	-3.44667*	0.000
			3-Month Post	-3.15987*	0.000
		1-month post	Pretest	3.44667*	0.000
			3-Month Post	.28680	0.541
		3-month post	Pretest	3.15987*	0.000
			1-Month Post	-.28680	0.541

DISCUSSION

People infected with STIs often prefer to seek help with healthcare providers around them such as nurses, pharmacists, chemists etc⁴. Community pharmacists in Nigeria, as in many developing countries, are widely used sources of advice about health concerns and medication¹ as they are one of the most accessible and trusted health care professionals. They are accessible to the public and are located in large numbers in the community⁵ and because of their close proximity to the community; they ensure confidentiality and provide care to patients without consultation fees or long waiting hours⁶. Thus a potential source of appropriate management of various uncomplicated infections and diseases is available if pharmacists are trained and incorporated into the relevant healthcare delivery teams. It is well documented that training in syndromic management results in improved practice by the trainees^{7,8} as new STI management knowledge and skills are delivered and knowledge and practice consequently improved⁴.

CONCLUSION

It can be concluded that the level of patronage of hospitals by STI patients is low. Community pharmacists can provide appropriate STI management to patients using the syndromic approach if trained & monitored. It is recommended that relevant regulatory bodies should provide an enabling framework for this.

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