

SOME SOCIAL FEATURE OF STD PATIENTS IN ADDIS ABABA -ETHIOPIA

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ABSTRACT: Sill patients who attended four health centers in Addis Ababa were asked to respond to a questionnaire prepared by the Sill Division of the Department of AIDS Control of the Ministry of Health. Data on demographic features, current and previous exposure to Sills as well as behavioural data related to the actual problem was collected. 60% of the respondents were male and 40% were female. Two thirds of Sill patients in both sexes were unmarried and many of them unemployed. The educational level of females was found lower than in males; attendance at earlier symptomatic stages of diseases was found to correlate with higher level of the educational background in males, while no similar relation was observed in females. 80% of the patients came a week or more after the onset of symptoms, and 60% had no treatment prior to the attendance. These findings signify the need to establish the factors responsible for the delay in seeking health care, in order to plan for intervention. Further study on a larger sample is recommended for better understanding of the social and behavioral features of Sill patients.

INTRODUCTION

A worldwide tendency of STDs increase is observed, which is generally attributed to a series of factors, including cultural, social, behavioural, economic and microbiological components (1). Only a few reports exist regarding social features of STDs patients in this country (2,3,4,5). Collection of comprehensive data concerning the polymorphous population represented by STDs patients is therefore a priority. This need has additional importance in view of the growing role played by health education as a leading strategy in control of STDs, as well as in preventing HIV infection. Considering particularly the poor achievements gained in this field by previous interventions dominated by the therapeutic approach, the STDs Division of the Department of AIDS Control is at present launching a STD Control Programme. Among other surveillance activities, a questionnaire was distributed aimed at collection of data related to social profile of STD patients attending health centres in Addis Ababa.

SUBJECTS AND METHODS

A 10 question standard questionnaire was developed, focusing on 3 major areas of investigation:

- socio-demographic information
- data on current and previous exposure to STDs
- behavioural data related to the actual problem .

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Five hundred formats were distributed among four health centres, selected to cover different areas of the city and, accordingly, to approach different socioeconomic groups of the population. The questionnaires were translated into

Amharic, and pretested along with a brief orientation of the health staff involved in the study. Physicians and nurses usually attending STD patients in the OPDs of their respective health centres were requested to administer the questionnaire in the areas described below:

1. KAZANCHIS HC, located in the eastern part of Addis Ababa, former VD clinic, is still considered as a referral centre for STDs by many patients, inspite of it being an ordinary health centre since 1984.
2. TEKLEHAIMANOT HC, located in the vicinity of Merkato, which is one of the busiest trading and most densely populated area of the city.
3. KOLFE HC, is located in the western edge of the town, in the vicinity of the above mentioned central trading area.
4. SHIROMEDA HC, is located in the peripheral Northern part of the city. It is a residential area in the proximity of the Addis Ababa University campus.

The study period was scheduled for two weeks, but due to the difference in flow of STD patients to the four centres, it ranged from ten days at Kazanchis to twenty days at Shiromeda.

RESULTS

Out of 500 questionnaires distributed, 395 (79%) were filled in and handed over to the STD Division for analysis. 60% of the respondents were males and 40% were females, with the sex ratio of 1.5 : 1. Most of the respondents (90%) were residents of Addis Ababa. Patients were divided according to their educational background into six groups.

TABLE 1. Distribution of STD Patients according to the level of education

Education level (grades of general school)	Male	%	Female	%
None	13	5.5	38	24.6
National literacy campaign	35	14.8	26	16.9
1-6	57	24.1	36	23.3
7-8	43	18.2	16	10.4
9-12	55	23.4	28	18.2
>12	53	14.0	10	6.6

Females were generally found to have lower level of education, and particularly illiterates accounted for about 25% of all female attendants vs. 5.5% of males (table 1). 62 (26.6%) of the males and 44 (33.8%) of the females were unemployed. Prostitutes accounted for 33.8% of the female STDs patients (fig.1). The majority of patients, 214 males (93.9%) and 138 females (90.2%) were found to attend the clinics because of genital symptoms. The patients identified through

TABLE 2. Distribution of the patients according to STD related syndromes in previous exposure

Types of symptoms	Sex			
	Male	%	Female	%
Discharge	86	72.3	42	65.6
Genital Ulcer	24	20.2	14	21.9
Bubo	9	7.5	8	12.5

contact tracing accounted only for 5.3% in males and 5.9% in females. The number of patients who came for antenatal care and premarital checkup was negligible, 2.6% and 0.4% respectively. Majority of the patients, 66% of males and 68% of females were found to be single. Out of the female attendants 63 (47%) have never been pregnant. Previous STDs, including multiple episodes, were reported by 45% of male and 28% of female patients.

Genital discharge was the leading symptom among reported previous STDs (table 2), as well as actual complaints, accounting to 57% in males and almost 60% in females. The discharge/genital ulcer ratio was found to be approximately 3: 1 in both sexes (figure 2).

The duration of the current symptoms was reported to be longer than a week by almost 80% of patients. In both sexes, around 60% of patients reported to have had no treatment before the consultation, while the rest (40%) were already on treatment. Private clinics were more frequently reported as the sources of medical care by both males and females 31% and 34% respectively (table 3).

The daily load of the patients varied in all study areas. Out of the total number of patients attending the four health centres, Kazanchis accounted for almost 38% inspite of the shorter study period, Teklehaimanot and Kolfe for 25% while Shiromeda even with the longest study period contributed some 12% of the patients.

TABLE 3. Source of treatment before consultation in STD patients attending health center

Source of Treatment	Male (%)	Female
Private Clinic	30.9	33.9
Pharmacy	23.9	17.9
H.C. Hospital	8.2	25.0
Local Injector	20.6	14.3
Traditional Healer	16.6	8.9

Interesting differences were observed in the characteristics of the studied population at different centres. The educational background varied from 47% of women who completed 9 - 12 grade in Shiromeda HC area to 32% illiterate women in Teklehaimanot HC. At Shiromeda 50% of STD male patients were students, while at Teklehaimanot and Kazanchis students contributed for 19% and 12% respectively. The highest percentages of prostitutes were found at Teklehaimanot (45.5%) and Kolfe (42%), areas, the share being lower at Kazanchis (22.1 %) and Shiromeda (21,4%). The most efficient contact tracing was reported from Teklehaimanot with 16% for male patients and 18.6% for females.

DISCUSSION

Though on a limited sample, the present survey can offer some interesting views on social and behavioural features of STD patients and define significant differences between male and female attendants.

Regarding the educational status, the number of illiterate females was more than four fold as compared to male (24.6% vs 5.5%); and males enrolled in higher education exceeded the number of females (Table 3). The rate of unemployment was higher in females than in males. This is

mainly due to a high share of sex workers among the female attenders. The time interval between the onset of symptoms and presentation at health centres was found to be longer than one week in around 80% of the cases. This can be attributed to a generally low concern in seeking medical care among STD patients during the early stage of the disease, thereby increasing the likelihood of remaining infectious (6). In addition, the stigma attached to STDs force the patients to look for other sources for treatment, accounting for a delay.

What makes these considerations more alarming is the evidence that around 60% of patients did remain the whole period without taking any initiative, while the remaining 40% came to the health centre already on treatment. This last figure indicates the difficulties in managing such patients seeking treatment at private clinics and other sources of medical care, who finally resort to public health units after having experienced non standardized, often incomplete and perhaps inadequate treatments. Alarmingly high is the rate of patients attending local (unauthorized) injectors, where, due to lack of sterilization facilities the transmission of human immuno-deficiency virus may occur.

There is urgent need to improve the capacity of the health centres in dealing with STD patients and making their services more attractive to patients. Provision of a national guideline which can be used by all health professionals attending STDs patients is of paramount importance.

Since treatment of patients alone is not sufficient to control STDs, delivery of health education to patients as well as risk groups can increase the awareness of individuals to seek early treatment and help to change their sexual behaviour, despite the hindrance attached to social and behavioural habits. The authors recommend a more detailed and comprehensive study on a larger sample to have better baseline data at a national level, with a special emphasis on factors influencing the behaviour of STDs patients towards seeking medical care. That could be of great support in identifying appropriate methods of intervention in STD Control Programme.

FIGURE 1. DISTRIBUTION OF STD PATIENTS ACCORDING TO TYPE OF EMPLOYMENT

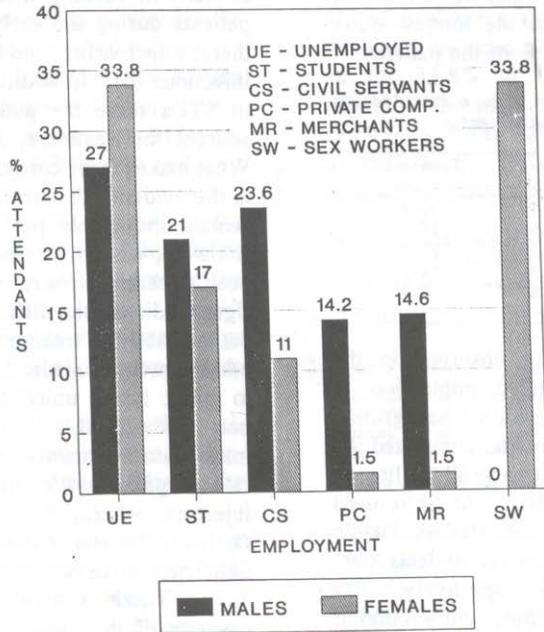
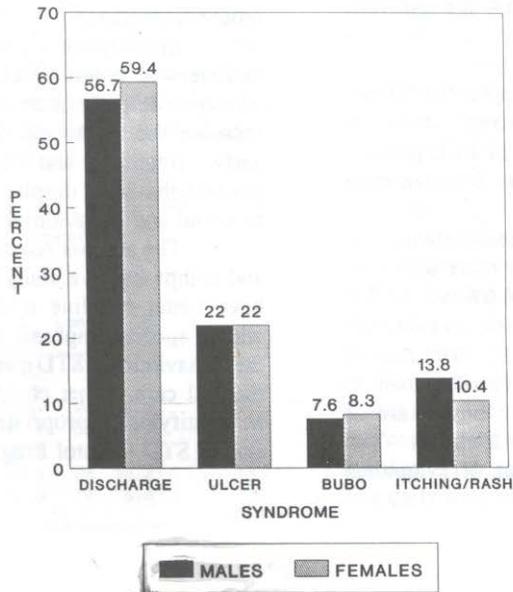


FIGURE 2. DISTRIBUTION OF STD PATIENTS ACCORDING TO SYNDROME ON PRESENTATION



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