

## **ABSTRACT**

The proper management of Sexually Transmitted Diseases (STD) is important to control the spread of Sexually Transmitted Infections (STI), to reduce possible sequelae and to limit the propagation of the HIV/AIDS epidemic in the community. Proper management includes adequate follow-up of patients to monitor compliance with therapy and the progression of the disease. The follow-up care also helps in the management of sexual partners. These aspects are vital for the prevention and control of STD. However, according to a preliminary study done by the Principal Investigator in 1996, a high rate of defaulting on follow-up appointments was observed in the Central STD Clinic, Colombo. Therefore, this study was carried out to determine relevant aspects of default in a group of newly registered patients at the Central STD Clinic, Colombo and to develop, implement and evaluate an appropriate intervention programme to minimise this drawback.

The study was conducted in three phases. The first two phases were carried out as baseline surveys before developing the intervention programme. Phase I, was a retrospective study which included an analysis of clinic records of newly registered STD clinic patients for a period of one year to study the extent and the pattern of defaulting. Phase II had two components. These consisted of a

comparative prospective study with a follow-up period of two months and a descriptive study of defaulters. These two components were conducted concurrently. The main objectives of the phase II were to study factors associated with and reasons for defaulting. The third phase was to develop, implement and evaluate an intervention programme to reduce defaulting by clinic attendees.

The intervention programme was designed by utilising expert opinion expressed on the findings of the baseline data. The intervention programme consisted of a 20-30 minute counselling session and distribution of an educational leaflet giving information on the importance of follow-up care. The content of the leaflet was explained to the patients, at the time of the intervention. The intervention was administered at the end of a routine clinic session on the initial visit to the clinic.

In phase I of the study, 2807 patient records were analysed. By the second month following the initial visit, 64% of STD patients were found to have defaulted their clinic appointments. A certain degree of seasonal variation was also observed.

Multivariate analysis of data in the comparative prospective component of phase II showed some factors that were significantly different between defaulters and non-defaulters. Defaulting was

significantly linked to unemployment status, unfavourable attitudes towards STD and AIDS, a waiting time of over 60 minutes to see a doctor on the initial visit, and a presenting complaint of vaginal discharge. Also, patients with genital warts on clinical examination were significantly less likely to default. However, age, sex, residence in the Western province, level of education, distance from the clinic and expenditure incurred to attend the STD clinic were not associated with defaulting. In addition, self-rated satisfaction about STD clinic services, knowledge on STD and AIDS, being asymptomatic on the initial visit, duration of symptoms and having positive laboratory investigations were not significant associates of default.

In the descriptive study of phase II, a group of defaulters were interviewed by a trained Public Health Inspector to determine the actual reasons for defaulting. This group comprised the 291(58%) defaulters who could be contacted. Of them, 10% were unaware of the appointment given to them. About 50% of the reasons given for default were personal and did not relate to service aspects of the STD clinic ['attended family or personal event' (23%), 'problems related to job' (15%) and 'not well' (13%)].

During the third phase of the study, baseline data from first and second phases were utilised to formulate the intervention programme.

This was implemented on a group of newly registered STD clinic patients and their default rate was compared with that of a control group. A statistically significant difference in default rate was evident between the intervention and control groups (default rate of intervention group=37%; default rate of non-intervention group=64%,  $Z=4.07$ ,  $P<0.001$ ). Comparison of knowledge and attitudes towards STD and AIDS before and after clinic procedures showed only a improvement in knowledge among the intervention group.

This study has demonstrated a high default rate among patients attending the Central STD Clinic, Colombo which significantly improved following an intervention which consisted of a counselling session and distribution of an educational leaflet giving information about the importance of adequate follow-up care. It is recommended that medical officers should be more considerate and flexible when scheduling follow-up dates. A reception counter manned by well-trained staff will reduce the difficulties encountered by patients on attending the clinic. The results indicate the need for operational research to improve the quality of service delivery in STD clinics.

