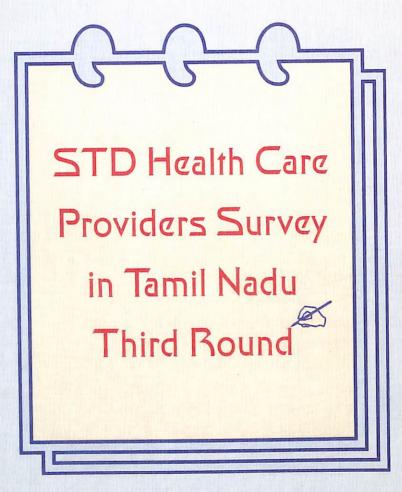
STD

Health Care Providers Survey







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Abbreviations

AIDS Acquired Immuno Deficiency Syndrome

AMP Allopathic Medical Practitioner

APAC AIDS Prevention and Control Project

HCFs Health Care Facilities

HCPs Health Care Providers

HIV Human Immuno Deficiency Syndrome

NACO National AIDS Control Organization

PI Prevention Indicator

RIMP Registered Indigenous Medical Practitioner

SP Simulated Patient / Mystery Client

STD Sexually Transmitted Diseases

USAID United States Agency for International Development

VHS Voluntary Health Services

WHO World Health Organization

Foreword

AIDS Prevention and Control Project implements HIV/AIDS prevention program in the state of Tamil Nadu and Pondicherry. APAC focuses on targeted intervention with specific population groups like commercial sex workers, truckers and helpers, youth in slums etc. The project is implemented through 50 NGO partners in Tamil Nadu.

One of the main focuses of APAC is to reduce the transmission of sexually transmitted diseases, the co-factor for HIV infection. Prevention program with specific population groups increases the demand for STD health seeking behavior and also increases the quality of STD care services in the intervention locations.

APAC supports five Continuing Education and Training Centres (CETCs) which train Allopathic Health care providers, Registered indigenous, Health Care Providers, Pharmacists, Auxiliary Nurses/ Midwives and community health workers. It has trained more than 5000 Allopathic health care providers. The main objective of the CETCs is to increase the quality of STD care management.

APAC conducts Health Care Provider Survey once in two years to measure the treatment practices towards management of STDs. The baseline was conducted in the year 1998 and the survey was repeated in the year 2000 and in the year 2003. This report documents the findings of third round of the survey conducted in the year 2003.

I congratulate APAC for completing the survey successfully and thank the research organization SRI-IMRB for executing the survey. I congratulate Dr. Bimal Charles, Project Director, APAC and Dr. R. Lakshmibai, Senior Program Manager for providing technical expertise for conducting the study. I thank Mr. K. Deenabandu, I.A.S, Project Director, TNSACS for providing technical expertise in the design of the study. This report has been documented by Dr. R. Lakshmibai, and I hope this document will be useful to strengthen the STD care services in Tamil Nadu.

Dr. N.S. Murali

Honorary Secretary VHS, Chennai

Executive summary

The Third round of the survey of Health Care Providers (HCPs) in the State of Tamil Nadu was conducted during 2003. The main objective of the study was to gather information on knowledge and practice of STD care management among various categories of Health Care Providers.

APAC focuses on programs to increase the quality of STD care and create demand for the services by various high risk population groups. APAC supports 5 Continuing Education and Training Centers (CETC) to train various categories of STD health care providers. To understand the efforts taken and also to strengthen the program, AIDS Prevention and Control Project (APAC) periodically conducts STD health care provider survey. While the CETC trains and also evaluates the training effort, the present survey helps to understand the STD care services in Tamil nadu. Social and Rural Research Institute (SRI) of IMRB, executed the survey.

The baseline was conducted in the year 1998, and it was repeated in the year 2000 and 2003. The survey sample towns remained the same as in the earlier surveys: Chennai, Tiruchirapalli, Vellore, Pollachi, Villupuram, Ootachamund, Palani, Virudhunagar, Tiruchengode and Namakkal. The survey started with the physical enumeration of all the Health Care Facilities and the health care providers. The HCPs who participated in the study should have treated at least 3 STD patients in a week prior to the interviews. The study was conducted among practitioners of allopathic system of medicine and indigenous system of medicine treating a minimum of 3 patients in a week in their Health Care Facility.

The study method included: (a) Interviews with STD Health Care Providers, (b) Observation by a Simulated Patient / Mystery Client, and (c) Exit Interviews with patients from the STD Health Care Facilities. A total of 325 HCPs were interviewed. Among the HCPs

interviewed, with 320 observations with simulated patients were undertaken. Exit Interviews were conducted with 604 patients. In the last two rounds of the survey among health care providers in Government hospitals were not included. This year the study was extended to understand the training needs of Government doctors also. The findings are presented separately.

The two prevention indicators which were studied include: Prevention indicator 6 and 7. The prevention indicator 6 measures the number of individuals with STDs in a health care facilities who are assessed and treated in an appropriate way according to national standards. The prevention indicator 7 measures number of individuals who have received appropriate advice on condom use and partner treatment.

To score positive in prevention indicator 6 the health care provider is expected to meet the standards in history taking, examination and diagnosis and treatment. To score in prevention indicator 7 the health care provider should have Adviced his patients on condom use and partner treatment.

Key findings - Reported data

The median number of STD patient treated in the last week prior to the interview was 2 for all the categories of health care providers, when compared by categories it was 3 patients in HCPs in Government hospital and 2 for the rest two, allopathic HCPs Private and RIMPs.

History Taking

The HCPs to score for history taking should have asked the patient the present symptom, duration of symptoms and recent sexual contacts. Only 32 percent of the health care providers scored for history taking. There was no difference across the categories of health care providers.

Physical Examination- Male

The HCPs to score for physical examination should have asked the patient to undress, further, For male patients examination of penile discharge, genitals examined for leisions and For female patient, patient asked to undress, to lie down, and examined for lesions and examined for vaginal discharge (Bimanual examination and speculum examination). 29.8 percent of the HCPs s scored for history taking for males, Government practitioners were more likely to cover all the three recommended parameters, (33 percent) as compared to the Private allopathic, (31 percent) and RIMPs, (23.9 percent).

Physical Examination-Females

Only 8.8 percent of the HCPs scored, for physical examination of female patients, 35.7 percent of the Government HCPs administered all the standards of physical examination for females and very less of 4.8 percent of Allopathic HCPs and 6.3 percent of RIMPs scored.

Type of diagnosis

63 percent of the HCPs reported that they used both etiologic and symptomatic diagnosis for treating STDs. Only 22 percent of them reported of treating STDs with syndromic approach. 63.6 percent of allopathic HCPs, 61.1 percent of Government allopathic HCPs and 50 percent of RIMPs reported that they treat by both etiologic and symptomatic. 22 percent of Government allopathic HCPs, 24.3 percent of Private allopathic HCPs and 10.7 percent of RIMPs have reported of adopting syndromic case management.

Patient education/counseling:

Counseling on treatment compliance and usage of condoms were stressed by 44.4 percent of the HCPs. 38.7 percent of the allopathic Government, 37.5 percent of the allopathic HCPs and 44.4 percent of RIMPs reported of giving special education and advice on partner treatment.

Treatment Assessment:

Analysis of treatment prescribed by the HCPs for the different STD conditions showed that there were differences in terms of acceptable levels of treatment Adviced by the HCPs.

Gonorrhoea

For the condition Gonorrhoea 50 percent of the HCPs prescribed acceptable treatment and 50 percent of them were absolutely correct. Across the categories of HCPs 45.3 percent of the Government allopathic HCPs, 45.8 percent of the Private allopathic HCPs treated in acceptable standards. Among them 24.2 percent of the allopathic Government HCPs and 24.4 percent of the Private allopathic HCPs reported absolutely correct treatment. None of the RIMPs scored for this disease.

Non- gonococcal Urethritis

For the condition Non-gonococcal urethritis 64 percent of the HCPs prescribed acceptable standards of treatment. Among them 22.4 percent were absolutely correct in their treatment. Across the categories of HCPs 65.1 percent of the Government allopathic HCPs, 65.4 percent of the allopathic HCPs treated in acceptable standards while only 21 percent of them treated absolutely correct.

Primary syphilis

For the condition primary syphilis 54.9 percent of the HCPs prescribed acceptable standards of treatment. Among them 41.2 percent were absolutely correct in their treatment. Across the categories of HCPs 53.4 percent of the allopathic HCPs, 54.4 percent of the allopathic HCPs treated in acceptable standards while only 40.4 percent of Government allopathic HCPs and 40.9 percent of the Private allopathic HCPs treated absolutely correct.

Chancroid

For the condition Chancroid 46.7 percent of the HCPs prescribed acceptable standards of treatment. Among them 38.5 percent were absolutely correct in their treatment. Across the categories of HCPs 47.5 percent of the Government allopathic HCPs, 46.9 percent of the Private allopathic HCPs treated in acceptable standards while only 37 percent of them treated absolutely correct.

STD Syndromes

The HCPs were assessed for their appropriate treatment for STD syndromes- urethral discharge for male patient and anal discharge for female patient, genital ulcer for male and female.

Male patient with urethral discharge

For the symptoms urethral discharge among male 50.5 percent of the HCPs prescribed acceptable standards of treatment. Among them 21.7 percent were absolutely correct in their treatment. Across the categories of HCPs 48.3 percent of the Government allopathic HCPs, 48.8 percent of the Private allopathic HCPs treated and acceptable standards while only 18 percent of them treated absolutely correct.

Female Patient with vaginal discharge

For the condition female patients with vaginal discharge 48.9 percent of the HCPs prescribed acceptable standards of treatment. Among them 43.7 percent were absolutely correct in their treatment. Across the categories of HCPs 51.2 percent of the Government allopathic HCPs, 51.2 percent of the Private allopathic HCPs treated in acceptable standards while only 41 percent of them treated absolutely correct.

Male Patients with genital ulcer

For the condition male patients with genital ulcer 56.1 percent of the HCPs prescribed acceptable standards of treatment. Among them 26 percent were absolutely correct in their treatment. Across the categories of HCPs 57.2 percent of the Government allopathic HCPs, 56.7 percent of the Private allopathic HCPs treated in acceptable standards while only 24 percent of them treated absolutely correct.

Female Patients with genital ulcer

For the condition female patients with genital ulcer 31.8 percent of the HCPs prescribed acceptable standards of treatment. Among them 8.5 percent were absolutely correct in their treatment. Across the categories of HCPs 28.7 percent of the Government allopathic HCPs, 29.2 percent of the Private allopathic HCPs treated in acceptable standards while only 7 percent of them treated absolutely correct.

Treatment Practices

In summary 58 percent of the HCPs have scored for the right treatment practices. 41 percent of the Government allopathic, 72 percent of the Private allopathic and 2 percent of the RIMPs scored right for their treatment practices.

Overall scores for Prevention indicator 6- Reported data

43 percent of the health care providers scored for prevention indicator 6 which includes the standard history taking, examination practices and treatment practices. 23 percent of the Government allopathic HCPs and 55 percent of the Private allopathic HCPs scored for prevention indicator 6. None of the RIMPs scored since all of them followed indigenous system of medicine for treatment of STDs.

Overall scores for Prevention indicator 7- Reported data

86 percent of the health care providers scored for prevention indicator 7 which includes Advice on condom usage and partner treatment. 91 percent of the Government allopathic HCPs and 86 percent of the Private allopathic HCPs scored for prevention indicator 7 and 82 percent of the RIMPs scored.

Key findings - Simulated Patients' observations

The STD patients were selected and trained to report to the doctor with their compliance and observe the practice of the doctors. A field investigator with the profile of friend/ relative to the STD patient accompanied the patient. Immediately after the consultation, observations were documented.

History Taking

81 percent of the health care providers scored for history taking. There was no difference across the categories of health care providers. 41 percent allopathic Government HCPs, 85 percent allopathic Private HCPs and 81 percent RIMPs scored for all the parameters of history taking.

Physical Examination-Male

52 percent of the HCPs scored right for the physical examination of male patients. 24 percent of the allopathic Government HCPs, 57 percent of the allopathic Private and 42 percent of the RIMPs did physical examination according to the standards.

Physical Examination-Females

80 percent of the HCPs did physical examination of female patients covering the

standards (Labia separated and inspected). 71 percent of the HCPs did speculum examination and 73 percent did bimanual examination.

Type of diagnosis

76 percent of the HCPs Adviced for laboratory investigation, 59 percent of the allopathic Government HCPs, 80 percent of the allopathic Private HCPs and 62 percent of the RIMPs recommended laboratory investigation. 64 percent of the HCPs recommended the patient to get VDRL test done.

81.3 percent of the allopathic HCPs scored for history taking, 58 percent of allopathic HCPs scored for physical examination of male patients,69 percent of allopathic scored for physical examination of female patients.

81 percent of the RIMP HCPs scored for history taking, 47.9percent of RIMP HCPs scored for physical examination of male patients. Since female RIMPs were not available in the study frame so patients were not sent.

Treatment Practices

In the observed practice 56 percent of the HCPs scored for their treatment practices, 46 percent of the Government allopathic , 65 percent of the Private allopathic and 15 percent of the RIMPs scored for their treatment practices.

Overall scores for prevention indicator 6- Observed data

33 percent of the health care providers scored for prevention indicator 6 which includes the standard history taking, examination practices and treatment practices. 5 percent of the

Government allopathic, 42 percent of the Private allopathic and 5 percent of the RIMPs scored for prevention indicator 6.

Patient education/counselling

Treatment compliance

55 percent of the HCPs did counseling on treatment compliance. 46 percent of the allopathic Government HCPs, 55 percent of the allopathic Private HCPs and 60 percent of the RIMPs did the same.

Risk of HIV/AIDS

37 percent of the HCPs Adviced on risk of HIV/AIDS. . 18 percent of the allopathic Government HCPs , 36 percent of the allopathic Private HCPs and 47 percent of the RIMPs did the same.

Condom Usage

49 percent of the HCPs Adviced on condom usage, 27 percent of the allopathic Government HCPs, 50 percent of the allopathic Private HCPs and 53 percent of the RIMPs did the same.

Partner Treatment

21 percent of the HCPs Adviced on partner treatment, 27 percent of the allopathic Government HCPs, 21 percent of the allopathic Private HCPs and 15 percent of the RIMPs did the same.

Treatment Assessment:

Analysis of treatment prescribed by the HCPs for different STD conditions showed that there were very low proportion of HCPs who were administering acceptable levels of treatment. This observation was evident across different categories of HCPs. Only 20 percent of the simulated patients received acceptable level of treatment. While only (3 percent) received absolutely correct treatment. 8 percent of the allopathic Government HCPs, 21 percent of the allopathic Private HCPs and 8 percent of the RIMPs gave acceptable levels of treatment. While very less 3 percent give absolutely correct treatment.

Overall scores for prevention indicator 7- observed data

12 percent of the health care providers scored for prevention indicator 7 which includes Advice on condom usage and partner treatment. 18 percent of the Government allopathic and 13 percent of the Private allopathic and 18 percent of the RIMPs scored for prevention indicator 7.

Key findings - Exit Interviews with patients

History taking

Nearly all the HCPs asked for a nature of present symptoms to their patients, and 82.8 percent of them asked about the duration of present symptoms. Nearly all (99 percent) allopathic Government HCPs asked on present symptoms and 96.2 percent of them asked about the duration of symptoms. Similarly all the allopathic Private HCPs and RIMPs asked for the present symptoms while 78.3 percent and 83.6 percent respectively asked for duration of symptoms respectively.

Pathological investigations

67 percent of the HCPs asked for pathological investigations. 82.6 percent of the allopathic Government HCPs, 65.9 percent of the allopathic Private HCPs and 41 percent of the RIMPs asked for laboratory investigations.

Patient education/counseling:

Full Course treatment

72 percent of the HCPs Adviced on full course treatment. 71.6 percent of the allopathic Government, 73 percent of the allopathic Private and 62.3 percent of the RIMPs Adviced on full course treatment.

Advice on HIV/AIDS

47.2 percent of the HCPs Adviced on risk of HIV/AIDS. 68.2 percent of the allopathic Government, 42.8 percent of the allopathic Private and 31.1 percent of the RIMPs Adviced on risk of HIV/AIDS.

Advice on Condom use

54.3 percent of the HCPs Adviced on condom use. 53.8 percent of the allopathic Government, 56 percent of the allopathic Private and 44.3 percent of the RIMPs Adviced on condom usage.

22 percent of the HCPs explained the patients on methods to use condoms. 22 percent of the allopathic Private HCPs and 28 percent of the Government allopathic HCPs and 10 percent of the RIMPs explained the patients on methods to use condoms.

Advice on treatment of partners

35.3 percent of the HCPs Adviced on treatment of partners. 36.4 percent of the allopathic Government, 37.2 percent of the allopathic Private and 19.7 percent of the RIMPs Adviced on partner treatment.

Advice on testing for HIV

48.2 percent of the HCPs Adviced on testing for HIV/AIDS. 65.9 percent of the allopathic Government, 44.5 percent of the allopathic Private and 34.4 percent of the RIMPs Adviced on testing for HIV.

Drug dispensing

80 percent of the HCPs gave drugs. 75.8 percent of the allopathic Government, 79.6 percent of the allopathic Private and 93.4 percent of the RIMPs gave drugs in their clinic itself.

Key findings on Indicators – PI 6 and PI 7

Reported Data

In the reported data of allopathic HCPs it was observed that the score for prevention indicator 6 which includes history taking, examination and treatment. It has increased from 44 percent in the year 1998 to 55 percent in the year 2003. But in the last two years there is a decrease from 58 percent in the year 2000 to 55 percent in the year 2003.

- In the reported data of RIMP HCPs it was observed that the score for prevention indicator 6 which includes history taking, examination and treatment is low, since all of them reported of prescribing indigenous medicine for STD management.
- In the reported data of allopathic HCPs it was observed that the score for prevention indicator 7 which includes advice on condom usage and partner notification has increased from 70 percent in the year 1998 to 86 percent in the year 2003.
- In the reported data of RIMP HCPs it was observed that the score for prevention indicator 7 which includes Advice on condom usage and partner notification has increased from 64 percent in the year 1998 to 82 percent in the year 2003.

Observed Data

- In the observed data of allopathic HCPs it was observed that the score for prevention indicator 6 which includes history taking, examination and treatment increased from 19 percent in the year 1998 to 42 percent in the year 2003.
- In the observed data of RIMP HCPs it was observed that the score for prevention indicator 6 which includes history taking, examination and treatment is low, since all of them reported of prescribing indigenous medicine for STD management.
- In the observed data of allopathic HCPs it was observed that the score for prevention indicator 7 which includes advice on condom usage and partner notification has increased from 70 percent in the year 1998 to 86 percent in the year 2003.

In the observed data of RIMP HCPs it was observed that the score for prevention indicator 7 which includes Advice on condom usage and partner notification has increased from 64 percent in the year 1998 to 82 percent in the year 2003.

Introduction

AIDS Prevention and Control Project (APAC) administered by Voluntary Health Services (VHS), funded by United States Agency for International Development (USAID) has been implementing HIV/AIDS prevention activities in the state from the year1996. The goal of APAC is to reduce the sexual transmission of HIV/AIDS in Tamil Nadu. The project addresses various high risk groups who are vulnerable to HIV infection.

One of the important objectives of APAC is to control the STD infection by improving the quality of STD care. APAC recognized that it is imperative to improve and make STD services accessible to high-risk groups. APAC works with NGO partners to increase the STD treatment seeking behavior of the high risk groups and also to access quality STD care services.

APAC supports five Continuing Education Training Centres (CETC) in Tamil Nadu. These centres focus on training private, Government and various categories of STD health care providers in Tamil Nadu Viz. Allopathic health care providers, Registered indigenous health care providers, Pharmacists, Auxiliary midwives and nurses and community health workers.

Need Recognition

Sexually transmitted diseases (STDs) are highly prevalent in India and have far-reaching health, social, and economic consequences. Persons who have histories of STDs are at increased risk of acquiring and transmitting HIV. Therefore, effective control of STDs becomes very important in reducing the spread of HIV.

STD clinical services provide an important access point for people at high risk for STD and HIV infection, not only for diagnosis and treatment of STDs, but also for prevention education. This is particularly true for women in the Indian context who are particularly at risk due to the dominance of heterosexual transmission in the epidemic, the high rate of sexually transmitted infections, their social vulnerability and social constraints for negotiating safe sex with their partners.

Healthcare providers have many opportunities to help foster the behaviour changes needed to stem the spread of HIV infection. Visits to healthcare providers generate opportunities for discussing sexual risks in a manner relevant to individual patients' lives. Healthcare providers are expected to ask all patients about condom use, number of sexual partners, and sexual orientation to assess a patient's risk for HIV. These can become the basis for longer discussions and counseling about safer sex or relevant referrals.

Healthcare providers should also provide HIV counseling and testing to patients who request it, and recommend testing to patients at high risk for HIV which include patients with STDs. Diagnosing and treating STDs such as syphilis and gonorrhea can help protect against HIV transmission. Early detection and treatment of STDs can be crucial, as STD infections make it easier to both get HIV and transmit it to others. In areas and populations with high rates of STDs and low rates of HIV infection, treating STDs is an effective means to prevent HIV infection.

It is in this context that the STD Health Care Provider Survey (HCPs) bears relevance as a means to assess and thereby improve the quality of STD care management.

STD case management

The main objective of STD control is appropriate case management of patients with symptomatic STDs. National AIDS Control Organisation (NACO) supports syndromic method of case management for STDs. The components of syndromic case management include:

- * Diagnosis
- * Treatment
- * Individual health education
- Counseling on disease prevention and
- * Partner notification

APAC training centers impart training to health care providers to manage STD cases by adopting syndromic case management.

Indicators

To facilitate the assessment of quality STD case management, WHO has developed a set of indicators. These indicators - Prevention Indicator 6 (PI 6) and Prevention Indicator 7 (PI 7) - provide measures on the quality of care provided. The indicators measure the adequacy of history taking, assessment and treatment of patients with specific reported STDs, condom promotion and advice on partner notification given to the patient.

The two Indicators are defined as follows:

Prevention (Indicator 6) =	Number of individuals with specific STDs in health facilities who are assessed and treated in an appropriate way (according to National Standards)	
	No. of Individuals seeking presenting STDs in the health facilities	
Prevention (Indicator 7) =	Number of individuals who have received appropriate advice on condom use and partner treatment	
	Number of individuals seeking STD care in health facilities	

positive are highlighted below. Health care providers are expected to meet the standards in history taking, examination, diagnosis and treatment.

History Taking should contain the following activities:

- * Enquiring about symptoms
- * Enquiring about onset/duration of symptoms
- * Enquiring about recent sexual contacts

Examination of the patients should contain the following activities:

Male Patients should:

- * Be asked to undress, so that the genitals are fully exposed
- * Be examined for urethral discharge
- * Be examined for genital lesions after retracting foreskin

Female Patients should:

- * Be asked to undress, so that the genitals are fully exposed
- * Be asked to lie down
- * Have the labia separated and inspected

Diagnosis and Treatment should contain the following activities:

The health care provider during the case management should provide advice to the health seekers on:

- Condom use
- Promoting partner treatment (partner treatment is advising the sex partner for treatment or giving drugs for the partner)

Besides the above standards specified within the defined indicators, the importance of addressing the following explanatory variables of the STD case management procedure of HCPs were also realized:

- * Equipment and physical facilities available with HCPs
- Facilities for diagnosis
- * Type of diagnosis adopted for providing treatment
- * Problems of drugs supply
- * Other constraints in case management

As part of their strategy to control STD and also HIV/AIDS transmission through STD, APAC periodically conducts STD health care provider survey to obtain a series of data for the programme implementers. So far, APAC has conducted two waves of this study, in 1998 and 2000 respectively, in the state of Tamil Nadu.

Continuing the aforementioned periodic assessment, the third round of the survey was executed by Social and Rural Research Institute (SRI) of IMRB. The ensuing sections of the report detail the findings of the study conducted between October and December 2003.

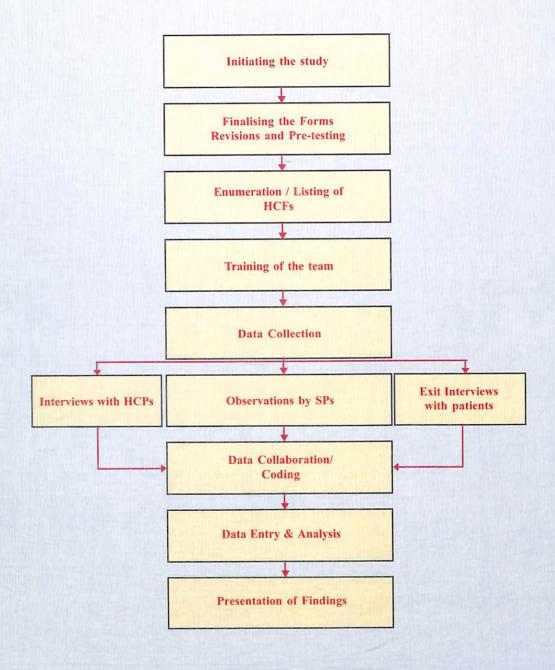
Research Objectives

The main objectives of the survey carried out among Health Care Providers in the State of Tamil Nadu were:

- To gather information on knowledge and practice of STD case management among various categories of HCPs.
- To measure the change in the treatment practices of the health care providers for STD case management.

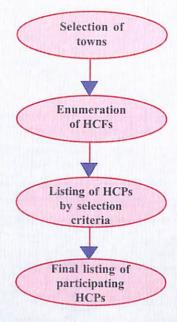
Research Methodology

The same methodology which was adopted in the earlier waves was followed for this wave also. The following process flow-chart outlines the methodology for the study:



Study Universe and the respondents

The sampling methodology for the survey was conducted in the following manner:



Selection of Towns

The survey was conducted in the same 10 sample towns as done in the first two rounds of the study: Chennai, Tiruchirapalli, Vellore, Pollachi, Villupuram, Ootachamund, Palani, Virudhunagar, Tiruchengode and Namakkal.

The above was based on the 48 priority towns of APAC having been divided into 3 groups according to the population of the area.

Groups	Category	Selected towns in the group	
Group-I	All towns with population greater than 4 lakhs	Chennai, Tiruchirapalli	
Group-II	All towns with population between 1 lakh to 4 lakhs	Vellore, Pollachi	
Group-III	All towns with less than 1 lakh population	Villupuram, Ootacamund, Palani, Virudhunagar, Tiruchengode, Namakkal	

Listing of HCFs

The initial phase of the survey was exploratory in nature to identify the universe for the study, that is an enumeration exercise to determine all the Health Care Facilities and Health Care Providers who treat STD patients.

The enumeration/listing exercise for the Health Care Facilities and the Health Care Providers was carried out with the help of key local informants like administrators, medical officers, health specialists etc. HCPs treating at least three STD patients a week, were screened and listed out using FORM 1 of the WHO protocol.

Form 1 comprises the following details of the HCPs:

- Type of HCF
- Name and address of HCF
- * STD Patients visited the HCF the previous week- Male & Female
- * Number of doctors and nurses
- * Working hours of the HCF
- * Specific working and non-working days of HCF
- Willingness to participate in the study

Selection Criteria

The criteria for selection of the target HCPs were practitioners of allopathic system of medicine and indigenous system of medicine treating a minimum of 3 patients in the last week in their Health Care Facility.

STD Health Care Provider Interviews

The selected HCPs were interviewed using a structured interview schedule. The interview covered various issues related to STD case management to get measures on prevention indicator 6 and 7.

The interviewing team consisted of interviewers with experience in handling knowledgeable respondents like medical practitioners. Comprising both male and female interviewers, the team had members who had specific knowledge in medical terminology/social work.

Mystery patient

The STD patients, both male and female, were selected and trained to visit the HCPs with the compliance vaginal discharge/urethral discharge (pain or pus in the penis). A field investigator accompanied the patient as his friend/relative, to observe the doctors practices. In case of doctor asking the investigator to leave the room during examination, the information was collected from the patient at the time of recording into the schedule. The observations were recorded immediately after the consultation.

Exit Interviews

The investigator established rapport with the patients to understand the reason for their consultation to that particular HCPs. The patient was interviewed after his consultation with the HCPs. Exit interviews was done with both Allopathic HCPs and RIMPs. A structured questionnaire was also administered to the patients.

Assessment of treatment by a Medical Consultant

An external medical consultant who is specialist in management of STDs conducted the assessment of the diagnosis and treatment prescribed by the HCPs. This included the consultant's observations on the following parameters:

- * Treatment and Drugs prescribed by the HCPs on different diseases, which was elicited as a self-administered section from the HCPs during the Interviews.
 - Treatment and drugs prescribed by the HCPs to the mystery Patients.

A four-scale rating chart was used by the Consultant to categorize the responses from the interviews as per their accuracy with established medical standards for the same diseases.

Sample size

A total sample size of 325 HCPs was covered to capture a statistically verifiable behavioral change.

From amongst the total 325 HCPs covered under the third wave, there were 262 Allopathic HCPs and 63 RIMPs interviewed. Among the HCPs interviewed, with 320 observations with mystery patients were undertaken. Exit Interviews were conducted with 604 patients.

Sample Towns	Interviews with HCPs	Observation with Mystery Patients	Exit Interviews
Chennai	143	148	271
Trichirapalli	58	58	128
Vellore	28	28	53
Pollachi	13	13	24
Villupuram	9	9	17
Ootacamund	10	10	19
Palani	15	15	26
Virudhunagar	16	16	30
Tiruchengode	10	10	0
Namakkal	18	18	36
Total	320	325	604

Data Collection

Training of the Teams

Training formed the important component of the execution of the survey. Training workshop was conducted in Chennai for the training of the data collection teams

The training focused on the following topics:

- Orientation on STD pathology (signs and symptoms of the disease)
- Orientation on case management practices of the HCPs, facilities and equipment used in STD case management
- Training on medical terms for STD collegial references and vernacular terms used in case management, introduction to various allopathic drugs and indigenous system of medicine used in STD
- >> Communication skills
- Ethics involved in social research
- >> Standardization of the questionnaire

The Medical Consultant engaged for the study was also enlisted for the training programme to provide inputs on the relevant medical parameters.

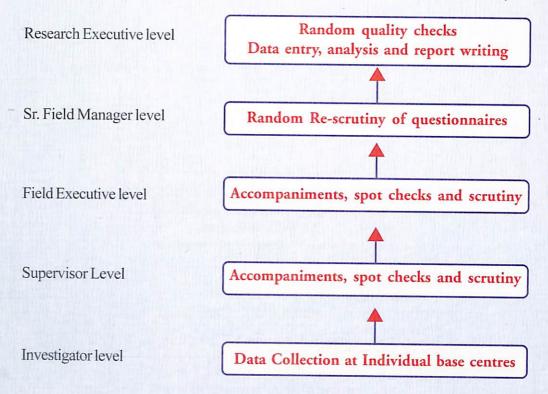
Quality Control

The Flow of Quality Control Activities was ensured in the following manner:

Quality Control in the Listing Activity Listing Team 100% Re-confirmation of the HCFs by the Field Cross-Verfication with the local sources for the completeness of the list Re-Checking by the Field Executives **Interviewing Team** & mystery client observation 50% Accompanied Calls by the supervisors 50% Spot checks and 25% back checks by the field officers 30% Back-checks by Researchers & Field Controllers

Quality and flow of data

The following flow-chart outlines the data flow for the STD HCPs survey:



Analysis

The following steps were followed for data entry:

- Double entry and 100% re-checking the data.
- Focusing on 0% error in the data-entry.
- Systematic numbering of the questionnaires for a very easy access during the future references.

The data was analyzed using software packages like Quantum and SPSS.

Findings from the study among HCPs

Profile of the HCPs

Allopathic HCPs from Private clinics and Government hospitals were studied. 247 Private allopathic HCPs, 22 HCPs practicing in Government hospitals and 56 RIMPs were studied. Among Private allopathic HCPs 191 were males and 56 were females. Among Government HCPs 16 were males and 6 were females. Among RIMPs 46 were males and 10 were females. 68.3 percent of the HCFs covered were Private clinics and 24.9 percent were Private hospitals/nursing homes and 6.8 percent were Government hospitals.

Reported Practices

The mean number of male STD patients treated in the last week by the HCPs was 3.8. However, the mean number of male STD patients treated in the last week by Government doctors was 8.8 percent. The mean number of male STD patients treated by Allopathic HCPs Private and RIMPs was similar at 3.2 and 3.9 respectively.

The mean number of female STD patients treated in the last week by the HCPs was 3.5. However, the mean number of male STD patients treated in the last week by Government doctors was 5.5 percent. The mean number of male STD patients treated by Allopathic HCPs Private and RIMPs was at 3.4 and 2.8 respectively.

Prevention Indicator-6

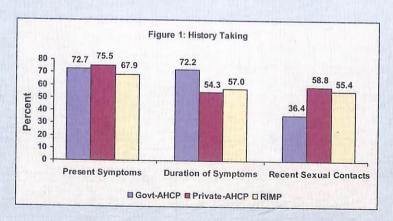
History Taking

The minimum recommended standards for History taking for STD patients include enquiring about (1) Present symptom (2) Onset and duration of symptoms and (3) Recent sexual contacts.

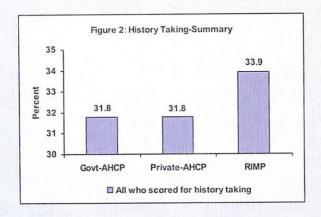
In general, 74 percent of the total HCPs reported of taking history on present symptoms. 75.5 percent of Private Allopathic HCPs, 72.7 percent of the Government allopathic HCPs and 67.9 percent of RIMPs have reported taking history on present symptoms.

56 percent of the HCPs reported taking history on duration of symptoms. 54.3 percent of Private Allopathic HCPs, 72.7 percent of the Government HCPs and 57 percent of RIMPs have reported of taking history of duration of symptoms.

56.7 percent of the HCPs reported taking history on recent sexual contacts. 58.8 percent of Private Allopathic HCPs, 36.4 percent of the Government HCPs and 55.4 percent of RIMPs have reported taking history on recent sexual contacts. (Figure-1)

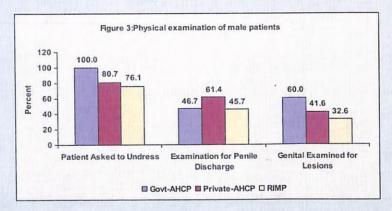


32.2 percent of the HCPs scored for all the standards of history taking. 31.8 percent of Private allopathic HCPs and Government allopathic HCPs and 33.9 percent of RIMPs scored for standards of history taking. (Figure-2)



Physical Examination of male patients

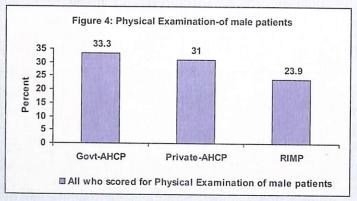
The standards for physical examination of male STD patients include asking patients to undress, examination for penile discharge and genitals examined for lesions.



81 percent of HCPs have reported that they ask their male patients to undress. 57.8 percent of them have reported that they examined for penile discharge and 41 percent examined for genital lesions. 100 percent of the Government Allopathic HCPs, 80.7 percent of the Private Allopathic HCPs and 76.1 percent of the RIMPs have reported that they generally ask their male patients to undress. 46.7 percent of the Government Allopathic HCPs, 61.4 percent of

the Private Allopathic HCPs and 45.7 percent of the RIMPs have reported that they examine their male patients for penile discharge. 60 percent of the Government Allopathic HCPs, 41.6 percent of Private Allopathic HCPs and 32.6 percent of the RIMPs have reported that they examined their male patients for genital lesions. (Figure-3)

Only 29.8 percent of the HCPs scored for all the standards of physical examination of the male STD patients. 33.3 percent of the Government Allopathic HCPs, 31 percent of the Private Allopathic HCPs and 23.9 percent of the RIMPs scored for all the standards of physical examination of male patients. (Figure-4)



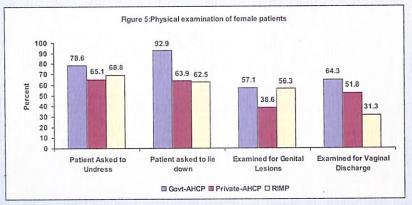
Physical Examination of female patients

The standards for physical examination of female STD patients include asking patients to undress, patients to lie down, examining patients for genital lesions, examining patients for vaginal discharge.

67.3 percent of HCPs have reported that they ask their female patients to undress, 67.3 percent of them have reported that they generally ask their female patient to lie down, 43.4 percent examined for genital lesions and 50.4 percent examined their female patient for vaginal discharge.

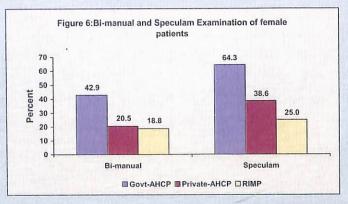
78.6 percent of the Government Allopathic HCPs, 65.1 percent of the Private Allopathic HCPs and 68.8 percent of the RIMPs have reported that they generally ask their female patients

to undress. 92.9 percent of the Government Allopathic HCPs, 63.9 percent of the Private Allopathic HCPs and 62.5 percent of the RIMPs have reported that they ask their patients to lie down. 57.1 percent of the Government Allopathic HCPs, 38.6 percent of Private Allopathic HCPs and 56.3 percent of the RIMPs have reported that they examine their female patients for genital lesions. 64.3 percent of the Government Allopathic HCPs, 51.8 percent of Private Allopathic HCPs and 31.3 percent of the RIMPs have reported that they examine their female patients for vaginal discharge. (Figure-5)

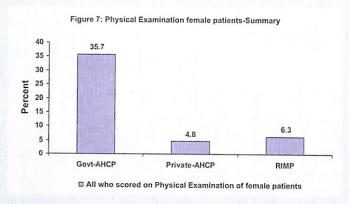


Only 23 percent of the HCPs reported doing bi-manual examination and 39.8 percent reported doing speculum examination.

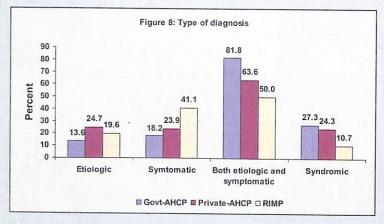
42.9 percent of the Government Allopathic HCPs, 20.5 percent of the Private Allopathic HCPs and 18.8 percent of the RIMPs have reported that they do bi-manual examination to their female patients. 64.3 percent of the Government Allopathic HCPs, 38.6 percent of the Private Allopathic HCPs and 25.0 percent of the RIMPs have reported that they undertake speculum examination to their female patients. (Figure-6)



Only 8.8 percent of the HCPs scored on all the standards of physical examination of the female STD patients. 35.7 percent of the Government Allopathic HCPs, 4.8 percent of the Private Allopathic HCPs and 6.3 percent of the RIMPs scored on all the standards of physical examination of female patients. (Figure-7)



Diagnosis and treatment



Etiologic Diagnosis

23 percent of the HCPs have reported diagnosing and treating STD patients adopting etiological approach. 13.6 percent of the Government Allopathic HCPs, 24.7 percent of the Private Allopathic HCPs and 19.6 percent of the RIMPs have reported that they adopt the etiologic approach.

Symptomatic Diagnosis

26.5 percent of the HCPs have reported of diagnosing and treating STD patients adopting symptomatic approach. 81.8 percent of the Government Allopathic HCPs, 63.6 percent of the Private Allopathic HCPs and 50.0 percent of the RIMPs have reported that they adopt symptomatic approach.

Etiologic and Symptomatic

62.5 percent of the HCPs have reported diagnosing and treating STD patients adopting both etiological and Symptomatic approaches. 13.6 percent of the Government Allopathic HCPs, 24.7 percent of the Private Allopathic HCPs and 19.6 percent of the RIMPs have reported that they adopt both etiological and symptomatic approaches.

Syndromic Diagnosis

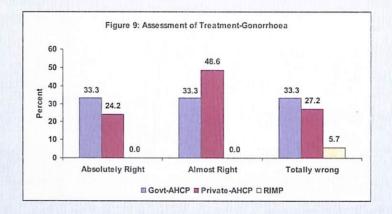
22.2 percent of the HCPs have reported of diagnosing and treating STD patients adopting Syndromic Case Management approach. 27.3 percent of the Government Allopathic HCPs, 24.3 percent of the Private Allopathic HCPs and 10.7 percent of the RIMPs have reported that they adopt syndromic case management.

Assessment of Treatment of Different STD Conditions and syndromes

The prescription of the drugs by the HCPs for treating the disease condition for each of the STD conditions and symptoms was analysed. The analysis was done on three scales, (1) absolutely right (2) almost right and (3) totally wrong.

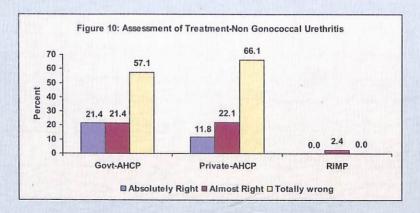
Gonorrhoea

It was observed that the prescription of the drug by 33.3 percent of the Government Allopathic HCPs, 24.2 percent of the Private Allopathic HCPs was absolutely right.



The prescription of the drug by 33.3 percent of the Government Allopathic HCPs, 48.6 percent of the Private Allopathic HCPs was almost right. Majority of the RIMPs have prescribed only indigenous medicine. 5.7 percent of them prescribed allopathic drugs for this STD condition but it was not the right drug.

It is important to note that 33.3 percent of the Government Allopachic HCPs and 27.2 percent of the Private Allopathic drugs did not prescribe drugs according to the standards of NACO.

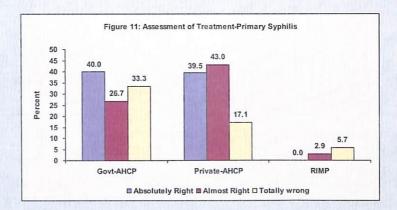


Non-gonococcal urethritis

It was observed that the prescription of the drug by 21.4 percent of the Government Allopathic HCPs, 11.8 percent of the Private Allopathic HCPs was absolutely right.

The prescription of the drug by 21.4 percent of the Government Allopathic HCPs, 22.1 percent of the Private Allopathic HCPs was almost right. Majority of the RIMPs have prescribed only indigenous medicine. 2.4 percent of them prescribed Allopathic drugs.

It is important to note that 57.1 percent of the Government Allopachic HCPs and 66.1 percent of the Private Allopathic drugs did not prescribe drugs according to the standards of NACO.



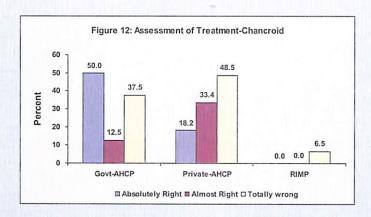
Primary Syphilis

It was observed that the prescription of the drug by 40.0 percent of the Government Allopathic HCPs, 39.5 percent of the Private Allopathic HCPs was absolutely right.

The prescription of the drug by 26.7 percent of the Government Allopathic HCPs, 43.0 percent of the Private Allopathic HCPs was almost right. Majority of the RIMPs have prescribed only indigenous medicine. 8.6 percent of them prescribed Allopathic drugs for this STD condition but the prescription by 5.7 percent of them was not the right drug.

It is important to note that 33.3 percent of the Government Allopathic HCPs and 27.2 percent of the Private Allopathic drugs did not prescribe drugs according to the standards of NACO.

Chancroid



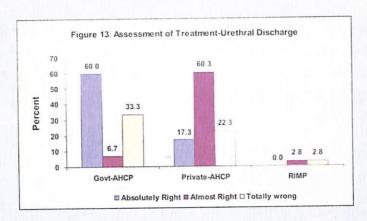
It was observed that the prescription of the drug by 50.0 percent of the Government Allopathic HCPs, 12.5 percent of the Private Allopathic HCPs was absolutely right.

The prescription of the drug by 12.5 percent of the Government Allopathic HCPs, 33.4 percent of the Private Allopathic HCPs was almost right. Majority of the RIMPs have prescribed only indigenous medicine. 6.5 percent of them prescribed allopathic drugs for this STD condition but that was not the right drug.

It is important to note that 37.5 percent of the Government Allopachic HCPs and 48.5 percent of the Private Allopathic drugs did not prescribe drugs according to the standards of NACO.

Urethral Discharge

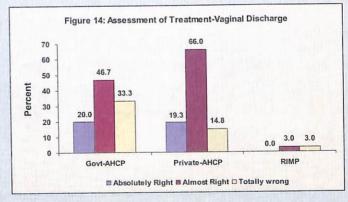
It was observed that the prescription of the drug by 60.0 percent of the Government Allopathic HCPs, 17.3 percent of the Private Allopathic HCPs was absolutely right.



The prescription of the drug by 6.7 percent of the Government Allopathic HCPs, 60.3 percent of the Private Allopathic HCPs was almost right. Majority of the RIMPs have prescribed only indigenous medicines. 5.6 percent of them prescribed allopathic drugs for this STD condition but the prescription by 2.8 percent of them was not the right drug.

It is important to note that 33.3 percent of the Government Allopachic HCPs and 22.3 percent of the Private Allopathic drugs did not prescribe drugs according to the standards of NACO.

Vaginal Discharge

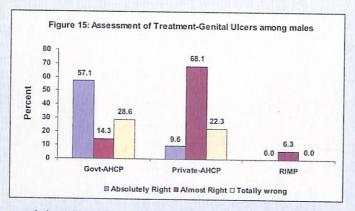


It was observed that the prescription of the drug by 20.0 percent of the Government Allopathic HCPs, 19.3 percent of the Private Allopathic HCPs was absolutely right.

The prescription of the drug by 46.7 percent of the Government Allopathic HCPs, 66.0 percent of the Private Allopathic HCPs was almost right. Majority of the RIMPs have prescribed only indigenous medicines. 6.0 percent of them prescribed Allopathic drugs for this STD condition but the prescription by 3.0 percent of them was not the right drug.

It is important to note that 33.3 percent of the Government Allopachic HCPs and 14.8 percent of the Private Allopathic drugs did not prescribe drugs according to the standards of NACO.

Genital Ulcer among Males

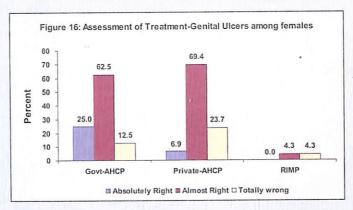


It was observed that the prescription of the drug by 57.1 percent of the Government Allopathic HCPs, 9.6 percent of the Private Allopathic HCPs was absolutely right.

The prescription of the drug by 14.3 percent of the Government Allopathic HCPs, 68.1 percent of the Private Allopathic HCPs was almost right. Majority of the RIMPs have prescribed only indigenous medicine. 6.3 percent of them prescribed allopathic drugs for this STD condition and these prescriptions are rated as almost right.

It is important to note that 28.6 percent of the Government Allopachic HCPs and 22.3 percent of the Private Allopathic drugs did not prescribe drugs according to the standards of NACO.

Genital Ulcer among Females



It was observed that the prescription of the drug by 25.0 percent of the Government Allopathic HCPs, 6.9 percent of the Private Allopathic HCPs was absolutely right.

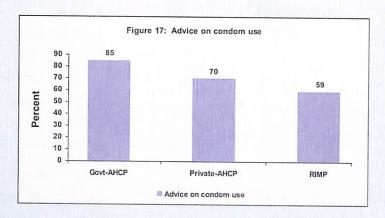
The prescription of the drug by 62.5 percent of the Government Allopathic HCPs, 69.4 percent of the Private Allopathic HCPs was almost right. Majority of the RIMPs have prescribed only indigenous medicines. 8.6 percent of them prescribed allopathic drugs for this STD condition but the prescription by 4.3 percent of them was not the right drug.

It is important to note that 12.5 percent of the Government Allopachic HCPs and 23.7 percent of the Private Allopathic drugs did not prescribe drugs according to the standards of NACO.

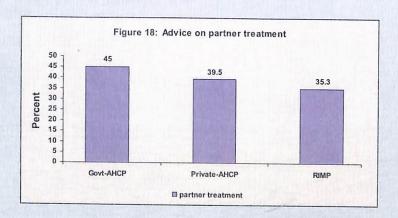
Prevention Indicator 7

The minimum standards required for scoring in Prevention Indicator 7 is advice on Condom, usage and partner treatment by the HCPs. In addition the HCPs was also asked whether he will advice on full course of treatment and sexual behavior.

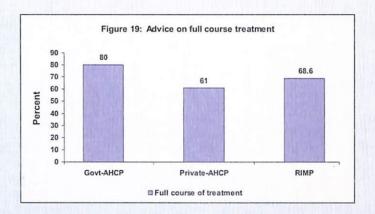
69 percent of the total HCPs reported of having adviced their STD patients to use condoms. 70 percent of Private Allopathic HCPs, 85 percent of the Government allopathic HCPs and 59 percent of RIMPs have reported of having adviced their STD patients to use condoms. (Figure-17)



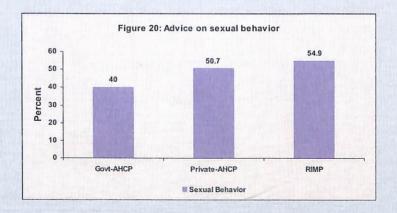
39 percent of the total HCPs reported of having adviced their STD patients for treatment of their regular partner. 39.5 percent of Private Allopathic HCPs, 45 percent of the Government allopathic HCPs and 35.3 percent of RIMPs have reported of having adviced their STD patients for treatment of their partners (Figure-18).



63.6 percent of the HCPs reported that they adviced their STD patients to take full course of treatment. 61 percent of Private Allopathic HCPs, 80 percent of the Government allopathic HCPs and 68.6 percent of RIMPs have reported of having adviced their STD patients to take full course of treatment (Figure-19).



50.7 percent of the HCPs reported of having advised their STD patients on to have sex with a single partner or reducing the number of their sexual partners. 50.7 percent of Private Allopathic HCPs, 40 percent of the Government allopathic HCPs and 54.9 percent of RIMPs have reported of having advised their STD patients to have sex with single partner or reducing, the number of their sexual partners (Figure 20).



Observed Practices by Mystery Patients

325 mystery patients observed the practice of the HCPs- Government Allopathic HCPs and Private Allopathic HCPs and RIMPs. The observations were made among the HCPs who were interviewed. The mystery clients were patients with symptoms like urethral discharge and vaginal discharge. The patients reported these two symptoms and their observations were documented.

Prevention Indicator-6

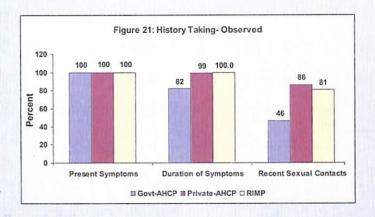
History Taking

The minimum recommended standards for History taking for STD patients include enquiring about (1) Present symptoms (2) Onset and duration of symptoms and (3) Recent sexual contacts.

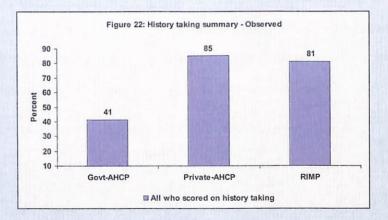
81 percent of the total HCPs asked about the history of the present symptoms to the mystery patients. 100 percent of Private Allopathic HCPs, Government Allopathic HCPs and RIMPs asked about the history of the present symptoms to the mystery patients.

98 percent of the HCPs have asked for the duration of symptoms to the mystery patients.
99 percent of Private Allopathic HCPs, 82 percent of the Government HCPs and 100 percent of RIMPs have asked for the duration of symptoms to the mystery patients.

82 percent of the HCPs have asked for the history on recent sexual contacts. 86 percent of Private Allopathic HCPs, 46 percent of the Government Allopathic HCPs and 81 percent of RIMPs have reported of taking history on recent sexual contacts (Figure-21).



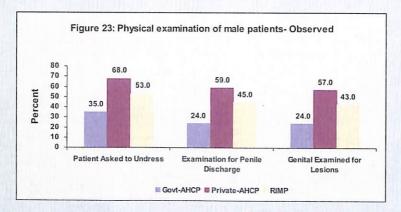
81 percent of the HCPs scored for all the standards of history taking. 85 percent of Private Allopathic HCPs,41 percent of Government Allopathic HCPs and 81 percent of RIMPs scored for standards of history taking in the observed practice. (Figure-22)



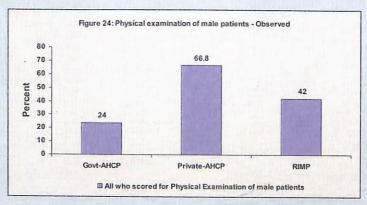
Physical Examination of male patients

The standards for physical examination of male STD patients include asking patients to undress, examination for penile discharge and the genitals examined for lesions.

54 percent of HCPs asked their male patients to undress and examined for penile discharge while 52.5 percent examined for genital lesions. 35 percent of the Government HCPs, 68 percent of the Private Allopathic HCPs and 53 percent of the RIMPs asked their patients to undress. 24 percent of the Government Allopathic HCPs, 59 percent of the Private Allopathic HCPs and 45 percent of the RIMPs were examined for penile discharge. 24 percent of the Government Allopathic HCPs, 57 percent of the Private Allopathic HCPs and 43 percent of the RIMPs examined for genital lesions (Figure-23).



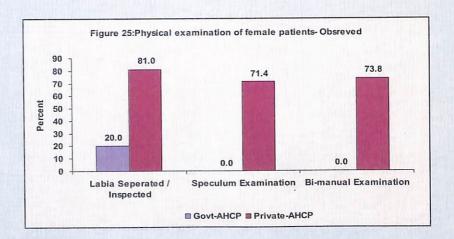
51.8 percent of the HCPs scored on all the three standards for physical examination for males. 66.8 percent of the Private Allopathic HCPs, 24 percent of the Government Allopathic HCPs and 42 percent of the RIMPS scored on all the three standards for physical examination for males (Figure-24).



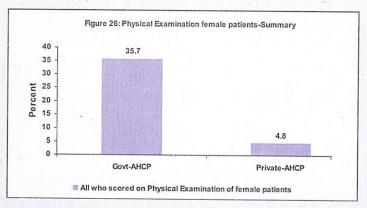
Physical Examination of female patients

The standards for physical examination of female STD patients include, examination of the patient for lesions on vulva, speculum examination and bimanual examination.

44 female STD patients were sent to female Allopathic Health Care Providers both Government and private. Since the sampling frame did not have female RIMPs female patients were not sent to them.81 percent of the Private Allopathic HCPs separated the Labia and inspected for lesions, 20 percent of the Government HCPs did the same.71.4 percent and 73.8 percent of the female Private Allopathic HCPs did speculum examination and bi-manual examination respectively. None of the Government HCPs did speculum examination and bi-manual examination. Adequate lighting during inspection was available only at Private Allopathic HCPs, 96.8 percent (Figure-25).

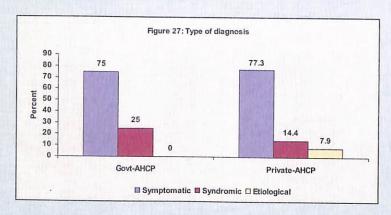


Only 8.8 percent of the HCPs scored on all the standards of physical examination of the female STD patients, 35.7 percent of the Government Allopathic HCPs, and 4.8 percent of the Private Allopathic HCPs. (Figure-26)



Diagnosis and Treatment

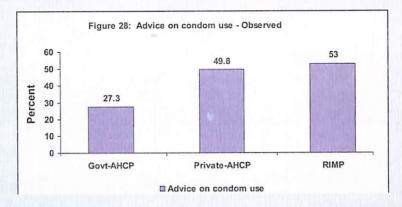
In the observation of the HCPs practice of diagnosis, it was observed that both Private and Government allopathic practitioners followed symptomatic diagnosis for the management of STDs, 75 percent of the government of the Government HCPs and 77.3 percent of the Private allopathic HCPs. Syndromic diagnosis was done by 25 percent of the Government allopathic and 14.4 percent of Private Allopathic HCPs 7.9 percent of the Private allopathic HCPs did etiological diagnosis (Figure-27).



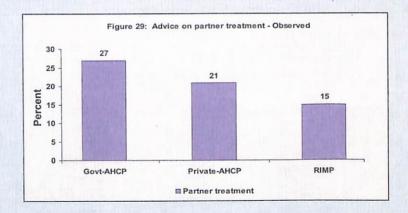
Prevention Indicator 7

The minimum standards required for scoring on Prevention Indicator 6 is adviced by the HCPs on comdom usage and to the STD patient, partner treatment. In addition the HCPs was observed for whether he advices on full course of treatment and sexual behavior.

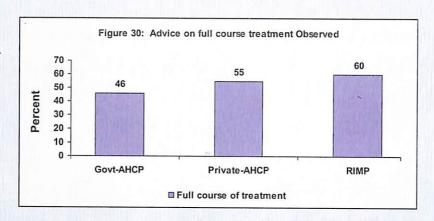
48.8 percent of the total HCPs advised their STD patients to use condom. 50 percent of Private Allopathic HCPs, 27 percent of the Government Allopathic HCPs and 53 percent of RIMPs were observed to advice their STD patients to use condom. (Figure-28).



20.6 percent of the total HCPs have advised their STD patients for treatment of their regular partner.21 percent of Private Allopathic HCPs, 27 percent of the Government Allopathic HCPs and 15 percent of RIMPs advised their STD patients to treat their partners (Figure-29).



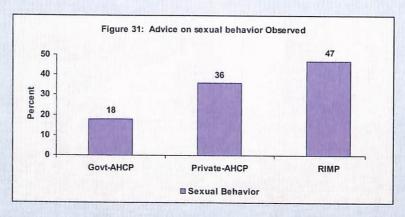
55 percent of the HCPs advised their STD patients to take the full course of treatment. 55 percent of Private Allopathic HCPs, 46 percent of the Government Allopathic HCPs and 60 percent of RIMPs have advised their STD patients to take full course of treatment (Figure-30).



36.6 percent of the HCPs were observed to adivce their STD patients on to have sex with single partner or reducing the number of their sexual partners. 36 percent of Private Allopathic HCPs, 18 percent of the Government Allopathic HCPs and 47 percent of RIMPs have adviced their STD patients to have sex with single partner or reduce the number of sexual their partner.

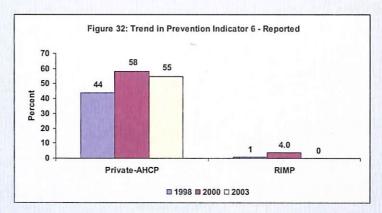
Summary of PI 6 and PI 7

Prevention Indicator 6



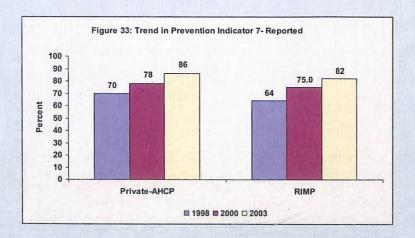
It can be observed that the scores of HCPs for the Prevention Indicator 6 has increased among Private Allopathic HCPs from 44 percent to 55 percent. Among RIMPs it is nil, since all of them have prescribed indigenous medicine.

In observed practice, the score of Private Allopathic HCPs for Prevention Indicator 6 has increased from 19 percent to 42 percent. Among RIMPs it is remaining low at 5 percent (Figure-32).

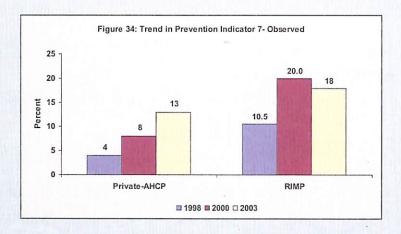


Prevention Indicator 7

It can be observed that the scores of HCPs for the Prevention Indicator 7 has increased among Private Allopathic HCPs from 70 percent to 86 percent. Among RIMPs it has increased from 64 percent to 82 percent (Figure-33).



In observed practice, the score of allopathic and RIMPs for Prevention Indicator 7 is very low. Only 13 percent of the Private Allopathic HCPs and 18 percent of the RIMPs scored for this indicator (Figure-34).



Findings from Exit Interviews

600 exit interviews were conducted with 581 with male STD patients and 23 female patients. The main objective of the exit interviews was to understand the comfort level of the patients in accessing the STD case services, to understand the usual practice of the HCPs while treating a STD patient, referrals to laboratory investigations, the patients suggestion for improvement etc.

The exit interviews were conducted in the clinics and hospitals were the interviews were conducted. The coverage of exit interviews is 22 percent at Government hospitals,63 percent in Private clinics,16 percent in Private hospitals. The interviews were conducted at both allopathic and RIMP HCFs.88 percent of the exit interviews at Allopathic HCFs and 12 percent in RIMPs HCFs.

The exit interviews were possible mainly with male patients,96 percent of males and only 4 percent females.

Socio demographic profile of the patients

49 percent of the patients were below 30 years of age and 51 percent of the patients were above 51 years. 63 percent of them were married and 37 percent of them were unmarried. Some of the occupations of the STD patients were, laborers (32 percent), drivers (22 percent) and the rest included shop owners, petty traders, building contractors, sales men, skilled workers, carpenters, etc. There was no difference in the profile of the patients who access Allopathic NCPs and RIMPs.

Compliance and duration

53 percent of the patients suffered from ulcers, 23 percent from genital discharge, 35 percent with burning while urination, 13 percent with swelling in the groin, 9 percent with itching in the genital areas and 3 percent with lower abdominal pain. Some of them had two-compliance.

When the duration of the symptoms was asked 65 percent of them said that they have suffered from this symptoms in the last 1 to 2 months, 19 percent 3 to 5 months, 8 percent 6 to 12 months, 7 percent more than 12 months.

There was no difference in the compliance stated by the patients visiting allopathic and RIMPs health care providers.

Visit to the clinic

48 percent of them have visited the health care provider for the first time. Among the patients interviewed 45 percent of the patients in Private allopathic health care facility, 56 percent in the RIMP health care facility and 51 percent in the Government allopathic health care facility have visited the facility first time.

Comfort levels of the patients of the Health Care Facility

During the exit interviews Government Hospitals, Private clinics and RIMP clinics were accessed on the comfort level of the patient visiting the particular health care facility. When the patients were asked whether they were comfortable with the health care provider during their consultation, 90 percent of them said "yes", 94 percent of the Private allopathic HCF patients, 73 percent of the Government allopathic patients and 98 percent of the RIMPs were comfortable with their HCPs.

Among the patients who did not feel comfortable with the doctors some of the reasons were 65 percent of them said that there were other staff present during consultation, 15 percent said that there is no separate room for examination, 7 percent of them said doctors did not speak properly and scolded them, and the rest of the reasons were medicine is given without examining, clinic does not have infra structure, The doctor did not listen to the compliance.

The patients were asked the following statements and asked to state their opinion:

A: I am very comfortable with the attitude and behaviour of the staff at this hospital

B: I would like to try another hospital when I need to take treatment for a disease like this

C: I will also bring my partner to the same hospital for treatment

D: I will recommend this HCPs to my infected friends also

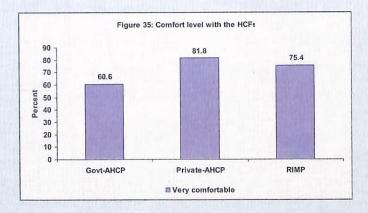
E : Causes, prevention and cure of STD was very nicely explained by the HCPs

76.5 percent of the patient said that they are very comfortable with the HCFs. 28 percent of them said that they will try another hospital when similar problem arises in future. 34.4 percent of the patients said that they will bring their partners also to the same HCFs for treatment. 65.9 percent of them said that they would recommend their friends also if they had similar problem to the same HCFs. 66.4 percent of them said that they health care provider in the facility explained well about prevention and cure for STDs.

The attitude of the patient by type of health care providers is presented below:

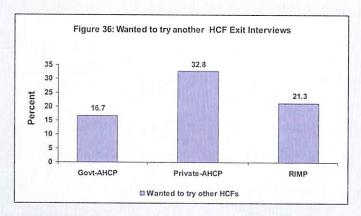
"I am very comfortable with the attitude and behavior of the staff at this hospital"

Among those patients who visited the Government allopathic HCF 60.6 percent of the patients said that they are very comfortable with the HCF. Among those who visited the Private allopathic HCF 81.8 percent of the patient said they were comfortable with the HCF. Among those who visited the RIMPs, 75.4 percent of the patients said that they are comfortable with the HCPs. (Figure-35).



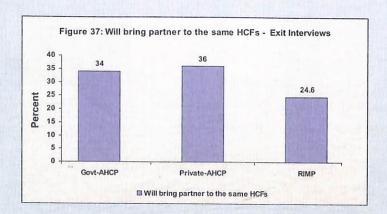
"I would like to try another hospital when I need to take treatment for a disease like this"

Among those patients who visited the Government allopathic HCF 16.7 percent of the patients said that they are wanted to try another HCF. Among those who visited the Private allopathic HCF 32.8 percent of the patient said they wanted to try another HCF. Among those who visited the RIMPs, 21.3 percent of the patients said that they wanted to visit another HCF. (Figure-36).



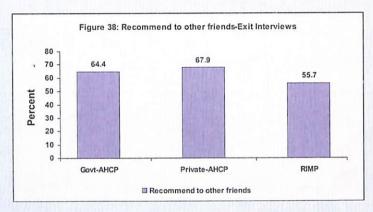
"I will also bring my partner to the same hospital for treatment"

Among those patients who visited the Government allopathic HCF 34 percent of the patients said that they will bring their partner to the same HCF. Among those who visited the Private allopathic HCF 36 percent of the patient said they will bring their partner to the same HCF. Among those who visited the RIMPs, 24.6 percent of the patients said that they will bring their partners to the same HCF (Figure-37).



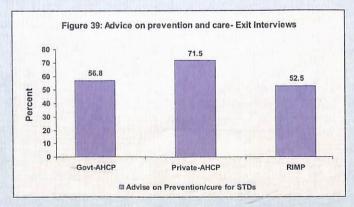
"I will recommend this HCPs to my infected friends also"

Among those patients who visited the Government allopathic HCF 64.4 percent of the patients said that they would recommend their friends to the same HCF. Among those who visited the Private allopathic HCF 67.9 percent of the patient said they would recommend their friends to the same HCF. Among those who visited the RIMPs , 55.7 percent of the patients said that they would recommend their friends to the same HCF. (Figure-38).



"Advice on prevention and cure of STD was very nicely explained by the HCPs"

Among those patients who visited the Government allopathic HCF 56.8 percent of the patients said that they like the HCF because the HCPs Advised on prevention /cure of STD. Among those who visited the Private allopathic HCF 71.5 percent of the patient said they like the HCF because the HCPs Advised on prevention /cure of STD. Among those who visited the RIMPs, 52.5 percent of the patients said that they like the HCF because the HCPs Advised on prevention /cure of STD (Figure-39).

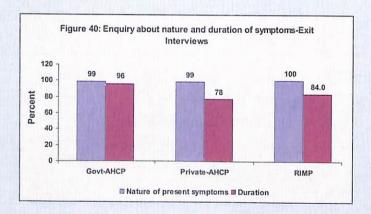


Practice of the HCPs- reported by the patients

In the exit interviews the patients were asked whether the HCF asked for the nature of present symptoms onset of the symptoms, Adviced for laboratory investigation distributed drugs counseled for full course treatment, condom use and partner treatment.

99 percent of the HCPs have asked their patients on nature of symptoms and 83 percent have asked on the onset of symptoms.

Nearly all the categories of HCPs enquired about the nature of present symptoms which the patients suffered from. 78 percent of the Private allopathic, 96 percent of the Government allopathic and 84 percent of the RIMPs enquired on the duration of symptoms (Figure-40).



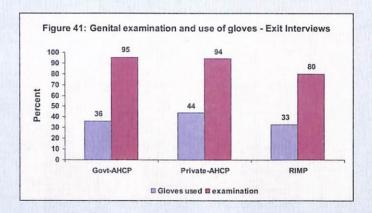
Physical examination

The patients were asked whether the doctor did genital examination and whether couch was available in the clinic setting. 93 percent of the patients said that the doctor has done genital examination and had a couch. 41 percent of patients said that the doctors use gloves for genital examination.

94 percent of the Private allopathic HCPs, 95 percent of the Government allopathic HCPs and 80 percent of the RIMPs did genital examination and also had a couch. Among them 44 percent of the Private allopathic, 36 percent of the Government allopathic and 33 percent of the RIMPs used gloves for the genital examination

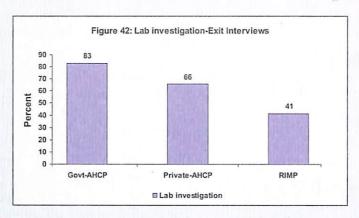
Genital examination and use of gloves by the HCPs

93 percent of the HCPs reported of genital examination of STD patients and 41 percent have used gloves. 95 percent of the Government allopathic HCPs, 94 percent of the Private allopathic HCPs and 80 percent of the RIMPs did genital examination of the STD patients. Among them 36 percent of the Government allopathic HCPs, 44 percent of the Private allopathic HCPs and 33 percent of the RIMPs used gloves. (Figure-41).



Lab investigation

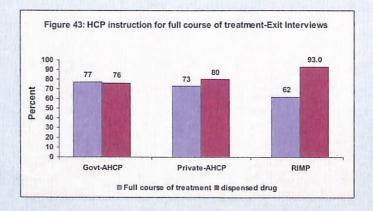
67 percent of the HCPs Advised their patients for lab investigation. 83 percent of the Government allopathic HCPs, 66 percent of the Private allopathic HCPs and 41 percent of the RIMPs were Advised for lab investigation (Figure-42).



Full course of treatment

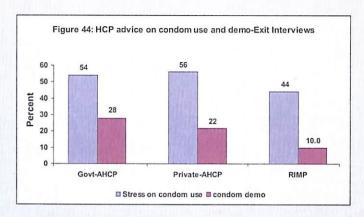
73 percent of the HCPs Advised their patients on full course treatment and 80percent of the HCPs dispensed drugs in their clinic setting. 77 percent of the Government allopathic HCPs, 73 percent of the Private allopathic HCPs and 62 percent of the RIMPs, advised the patients on full course treatment. 76 percent of the Government allopathic HCPs, 80 percent of the Private allopathic HCPs and 93 percent of the RIMPs dispensed drugs in the clinic settings.

Advice on condom usage



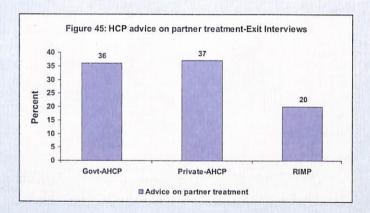
54 percent of the HCPs advised their patients on condom use and 22 percent explained how to use condoms. 54 percent of the Government allopathic HCPs, 56 percent of the Private allopathic HCPs and 44 percent of the RIMPs have advised on condoms and among them 28

percent of the Government allopathic HCPs, 22 percent of the Private allopathic HCPs, 10 percent of the RIMPs explain how to use condom.



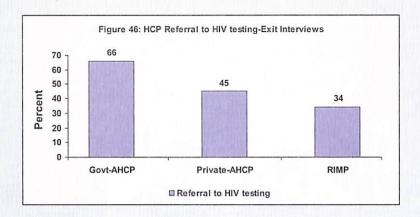
Advice on partner treatment

35 percent of the HCPs advice their patients for partner treatment. 36 percent of the Government allopathic HCPs and 37 percent of the Private allopathic HCPs and 20 percent of the RIMPs advised their patients for partner treatment (Figure-45).



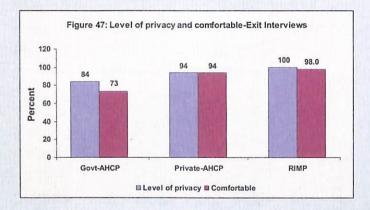
Referral to HIV Testing

48 percent of the HCPs have advised their patients for HIV testing. 66 percent of the allopathic Government HCPs, 45 percent of the Private allopathic HCPs and 34 percent of the RIMPs refer their patients for HIV testing.



Level of privacy

93 percent of the patient said that they had high level of privacy and 90 percent said that they were comfortable with the HCPs during consultation. The level of privacy was reported high among RIMPs and Private allopathic HCPs. Similarly the comfort level of the patients during consultation was also high with RIMPs and Private allopathic HCPs (Figure-47).



Some of the reasons for not comfortable with the HCPs includes presence of other staff, doctors not speaking properly, medicine is given without understanding the compliance, long time for treatment, lack of privacy.







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