

Brief counseling can improve partner referral for management of sexually transmitted infection in Bangladesh

Partner referral is an important component of sexually transmitted infection (STI) management and control programmes^{1,2}. Partner referral can result in earlier treatment for partners of STI patients, prevent re-infection, and break the chain of disease transmission³. In practice, however, partner referral is rarely utilized in low income countries where the vast majority of patients with STIs receive treatment without getting adequate counselling and advice on partner referral issues⁴⁻⁶. STI management in Bangladesh varies by the type of service delivery venues and providers. General physicians and secondary/tertiary level health care providers may follow STI management protocols in medical textbooks that may be supported by very basic laboratory investigations^{7,8}. At the primary health care level, including most non-government organization (NGO) and public sector clinics, syndromic management protocols are used without the benefit of laboratory confirmations⁹. In both types of management, patients diagnosed with STIs receive very limited or no counselling on safer sex, HIV transmission, and partner referral, mostly because of severe time constraints of the service providers. Considering the potential of patient oriented counselling in improving STI partner referral, we evaluated the role of single session counselling on partner referral among STI patients in

selected clinics in Dhaka, Bangladesh. We hypothesized that a higher proportion of index STI patients participating in a counselling session would refer their partners compared to the patients in the standard care group.

Approach:

The study was conducted between January and September 2007 among 1,339 men and women with symptomatic STIs recruited in three public and three non-government organization operated clinics in Dhaka and Chittagong city corporation area. Patients were randomly assigned either in the counseling group or usual care group. Patients in the counseling group received counseling on (1) risk of reinfection if partners are not treated at the same time; (2) risk of developing complications; (3) risk of further spread of infection; (4) the asymptomatic nature of infection; and (5) social obligations and personal coping. Information on demographic, socioeconomic, sexual behaviour, and psychosocial variables related to partner referral were collected using a structured questionnaire. Referral cards (Figure 1) were given to index patients in counseling group and in usual care group to pass to their partners to show in the respective clinics when seeking care.










Figure 1: Partner referral card used in the study

পার্টনার রেফারেল কার্ড

ইনডেক্স আইডি নং: _____ তারিখ: / /

চিকিৎসা কোড: _____

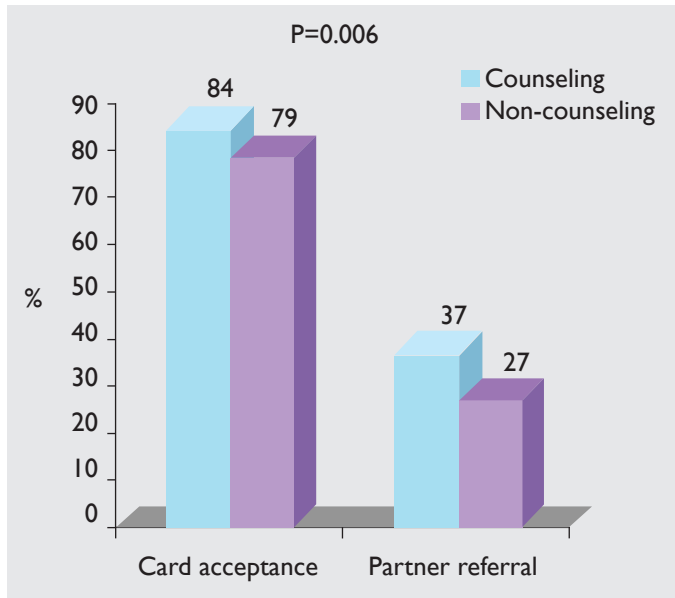
সুপারিশকৃত ক্লিনিক/হাসপাতালের ঠিকানা: _____

Results:

Out of 1,339 index cases, partner referral was achieved by 37% in the counseling group and 27% in the non-counseling group (Figure 2). Index cases in the counseling group and non-counseling group were similar in terms

Figure 2: Card acceptance and partner referral rates by counseling and non-counseling groups



of condom use rates, STI symptoms and duration of disease.

In multivariate analysis, the probability of partner referral was 1.3 times higher among index cases in the counseling group (prevalence ratio 1.3; 95% CI 1.1 to 1.6) as compared to index cases in the non-counseling group.

Conclusions and recommendations:

- Patient-oriented single session counseling was found to have a modest but significant effect in increasing partner referral for STIs in Bangladesh.
- This simple intervention is useful in promoting partner referral by shifting the burden of overwhelmed clinical providers to the counselors.
- Greater emphasis should be placed on examining further development and dissemination of partner referral counseling in STI care facilities. Further research with longer duration counseling on broader issues covering other known barriers of partner referral, along with cost effectiveness components, may be needed to demonstrate the more robust effect of counseling for promoting partner referral in resource limited settings.

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