

To the Editors:

Well men clinic service in the primary health care setting

In Sri Lanka the primary health care (PHC) services commenced in 1926, with great concern on maternal and child health [1]. More than 5 decades later the World Health Organization (WHO) emphasised prominence to PHC [2]. In 1996 Well Woman Clinics were introduced to combat the emerging epidemic of non-communicable diseases (NCD) [3]. However, men are neglected by the state PHC services in the country. We explored the possibility of commencing a Well Men Clinic (WMC) service in Arachchikattuwa MOH area as an entry point to screen for NCD and risk factors of NCD.

WMC activities were identified based on the existing WMC in developing countries and the activities of Well Woman Clinics in Sri Lanka [3]. The clinic was conducted by MOH with the support of Public Health Midwives (PHM) and Public Health Inspectors (PHI). The awareness about the WMC was done by the PHM and PHI during

their routine activities. Men aged 35 years or above were encouraged to attend. This age was chosen because the early possible age to detect most of the NCDs and also appropriate time for early effective intervention in terms of prevention of NCD is mid-thirties [4].

The services provided at the WMC were, health education, medical examination (anthropometry, clinical examination and investigations) and appropriate referral.

There were 14 clinic sessions and 301 attendees during the study period. Of them 21 were less than 35 years of age and excluded from the study. The clinics were conducted in 5 PHI areas depending on the availability of facilities. The average time taken to conduct a clinic session was about 4 hours with 20-25 attendees per clinic session. Nearly one third (34%) of them were referred to the curative sector. Table 1 describes the profile and the referral pattern of the WMC.

Table 1. The service functions and referral practices of the WMC

Service function	PHI Area					Total
	1	2	3	4	5	
WMC pattern						
Number. of clinics conducted	4	4	4	1	1	14
Number. of participants (all including <35 years)	113	76	65	21	26	301
Number. of study participants (all including ≥35 years)	111	69	58	21	20	279
Referrals						
Referred institutions						
Primary care institutions	1	5	7	1	5	19 (20.2%)
Secondary care	36	16	14	5	4	75 (79.8%)
Referral category						
Medical clinic	29	13	8	5	3	58 (61.7%)
Surgical clinic	2	1	2	1	1	7 (7.4%)
*Other	6	7	11	0	5	29 (30.9%)
No. of referrals followed up						
No. complied	30	17	19	4	9	79 (84.0%)
No. not complied	21	11	15	4	8	59 (62.7%)
	9	6	4	0	1	20 (21.3%)
Back referrals						
	0	0	3	0	6	9 (9.6%)

1 – Bangadeniya, 2 – Rajakadaluwa, 3 – Anawilundawa, 4 – Baththulu Oya, 5 – Wilpotha

* Includes referrals to psychiatry, dermatology, ophthalmic, and outpatient department clinics

Attendance at the Well Woman Clinics in the same setting over a six-month period in 2005 was much less. The increased attendance at WMC could be due to the novelty of this activity and a previously unmet need. Sustainability of the attendance in a WMC will be a future challenge.

The group health education session at each clinic session did not take place due to scattered attendance pattern. Posters and leaflets or a brief health talk given repeatedly may help.

The Benedict's test for urine sugar and heat coagulation test for urine albumin are crude laboratory tests which are cost-efficient and reliable in the hands of trained midwives and nurses. Availability of laboratory investigations will make the WMC more acceptable to the public.

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A P de Silva¹, Ananda Amarasinghe², Saroj Jayasinghe³ and R M S K Ratnayake⁴

¹Postgraduate Trainee, Postgraduate Institute of Medicine, Colombo. ²Assistant Epidemiologist, Epidemiology Unit, Colombo. ³Professor, Department of Clinical Medicine, Faculty of Medicine, University of Colombo. ⁴Regional Director of Health Services, Puttalam District.

Correspondence: APDS, e-mail <pubsy@sltnet.lk.> Received 5 October 2007 and revised version accepted 12 March 2008. Competing interests: none declared.

Pain of mind

Pain of mind is worse than pain of body.

Publius Syrus, Roman Dramatist. (1st century BC).