

HEALTH CARE SEEKER VERSUS HEALTH CARE GIVER BEHAVIOUR: MANAGEMENT OF UNDESCENDED TESTES

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Background

Undescended testis disease is the commonest congenital anomaly in boys with an incidence of 1-2:100 boys. Treatment is surgical and optimum time of intervention is between 6-12 months. If intervention is delayed, consequences range from infertility to cancerous transformation of the testes. High income countries show trends of improvement in timing of management due to aggressive public health strategies put in place. Anecdotes indicate a stark contrast locally.

Methods

This was a hospital based prospective study for period of 31st June to 31st December 2017. Guardians of children with undescended testes were taken through a standard questionnaire for data collection.

Results

Median age of presentation was 72 months (7-228 months). Only 7 percent of children presented within recommended timeframe for treatment. Only 1 child was born outside of a hospital, and all children had come in contact with a health facility prior to presentation. Fifty percent had a missed opportunity of early diagnosis by health care practitioners. 32 percent of children had visited health practitioners specifically for this problem and care had been delayed. 53.3% of the patients gave ignorance of the importance of surgical correction as the reason for delay in seeking treatment. Only 10% of the cases cited cost of surgery as the contributory factor for delayed healthcare seeking.

Conclusion

The authors contend that there were many missed opportunities for clinicians to have identified the congenital anomaly. Deficiencies in health care giving behavior contributed as much to delay in management as the health care seekers' behavior. Routine examination for common anomalies should be emphasized in nursery and neonatal units as well as maternal and child health (MCH) clinic systems.