

Correspondence

Contraceptive use by medical students whilst on holiday

Tehrani *et al.*¹ found that educational level of women and their husbands was related to contraceptive use in Tehran. They found that 56% of illiterate women and 70% of women who had attended higher education used contraceptive methods before their latest pregnancy.¹ In May 2002, we conducted a questionnaire survey of second-year medical students attending a lecture at St George's Hospital Medical School. The aim was to investigate how many students had had sexual intercourse with a new partner whilst on holiday, and how many always used condoms.

The response rate was 84% (100/119). The mean age of the respondents was 21 years (range 19–29). Fifty-eight per cent (58/100) of the respondents were female, and 32% (27/85) of respondents had had sexual intercourse with a new partner whilst on holiday. The average number of partners on one holiday was three (range 1–10). Fifty-six per cent (15/27) of respondents always used a condom. This was 80% (8/10) in females and 41% (7/17) in males. The main reason for not using a condom was that the woman was, or was thought to be, taking the oral contraceptive pill.

Tehrani *et al.* state that the risk of not using contraceptive methods will decrease by increasing the woman's

education level, and that contraception usage in women with more educated husbands was higher than for those with less educated husbands.¹ In our small survey, overall condom usage during high-risk sex seemed low for a group of people at a high education level, especially for males. In order to increase the rate of condom usage and therefore decrease the number of sexually transmitted infections caught whilst on holiday, GPs and practice nurses should routinely give advice on safer sex when providing young people with travel information and immunizations.

Helen Finney
St George's Hospital Medical School
London SW17 0RE
UK

Please send correspondence to Helen Finney, 7 Alston Road, Tooting, London SW17 0TT.

References

- ¹ Tehrani FR *et al.* Factors influencing contraceptive use in Tehran. *Fam Pract* 2001; **18**: 204–208.

Perceptions of risk of cervical cancer and attitudes towards cervical screening

In their study of 722 women aged 20–64 years, Marteau *et al.* found that smokers seemed unaware of their increased risk of cervical cancer.¹ We investigated awareness of *Chlamydia* in 15- and 16-year-old students attending a comprehensive school in Hampshire. In May 2002, we conducted a cross-sectional, confidential questionnaire survey of 239 students in year 11 to investigate their knowledge of *Chlamydia* infection. The questionnaire was given out to all 239 students in year 11 who were present in school on the day of the study. The response rate was 100% (239/239). All the students filled it in and responded to every question. Fifty-two per cent were male. The mean age was 15.4 years (range 15–16). Thirty-seven per cent (89/239) of responders had never heard of *Chlamydia*: 54% (67/124) of males and only 19% (22/115) of females, $P < 0.0001$. Fifty-five per cent of the sample

did not know how they could get *Chlamydia* (77% of males and 31% of females), and 54% did not know how they could avoid catching it (76% of males but only 31% of females). Seventy-nine per cent did not know any effects of getting *Chlamydia* (86% of males and 71% of females).

These results highlight the low awareness of *Chlamydia* infection among this group of 15- and 16-year-old school children. We found a significant difference between the knowledge in male and in females. More research is needed to assess the impact of different approaches to education regarding sexually transmitted infection. Research should be done to find out if this gender difference is present in all schools, why it exists and whether the low level of knowledge in boys may make a difference to the prevalence of the infection.

As Marteau *et al.*, we agree that future health promotion interventions are needed not only with adults but also with teenagers.

Frances Iles
St George's Hospital Medical School
London SW17 0RE
UK

Correspondence to Frances Iles, 62B Gilbey Road,
Tooting, London SW17 0QG, UK;
E-mail: frankieiles@hotmail.com

References

- ¹ Marteau TM, Hankins M, Collins B. Perceptions of risk of cervical cancer and attitudes towards cervical screening: a comparison of smokers and non-smokers. *Fam Pract* 2002; **19**: 18–21.

'Sokkor': research into the contextual facilitators and barriers involved in the management of patients with type 2 diabetes mellitus must now intensify and extend into all cultures worldwide

The paper by Brown *et al.*¹ is an important insight into the contextual facilitators and barriers involved in the management of patients with type 2 diabetes mellitus. Research into this often neglected area must now intensify and extend into all cultures worldwide.

In Tunisia, the number of patients with diabetes has more than doubled in the last two decades.^{2,3} We currently are undertaking a study exploring the factors that affect the management of patients with diabetes in primary care in the public sector in Tunis. From a variety of sources (medical records, formal interviews, discussions, observation and reflection), we have discovered >80 potential facilitators and barriers to care, and, like Brown *et al.* suggest, many of these factors interact closely with one another.

The most frequently noted factors are availability of specialists, laboratory facilities and medical supplies, the quality of the medical files used, the motivation of the physicians, and patient adherence. Many of these factors have been noted in previous studies in the western world, but a number of additional factors also appear to be important and warrant further study: (i) the patients understanding of 'sokkor' ('diabetes', literally translated as 'sugar') and their use of traditional healers; (ii) the availability and performance of medical supplies and equipment; (iii) the motivation of other health centre staff, as well as the physician; and (iv) the 'culture' and underlying philosophy of each individual health centre.

Further exploration of the factors that prevent effective implementation of chronic disease management guidelines in primary care around the world is crucial:

“(when I talked to the doctors) they often blamed poor care on the patients by saying that the patients were uncompliant, especially with diets, but never explored why they were or what they could do about it” (quote from a non-medically trained, Tunisian researcher).

References

- ¹ Brown BB, Harris SB, Webster-Bogaert S, Wetmore S, Faulds C, Stewart M. The role of patient, physician and systemic factors in the management of type 2 diabetes mellitus. *Fam Pract* 2002; **19**: 344–349.
- ² Papoz L, Ben Khalifa F, Eschwege E, Ben Ayed H. Diabetes mellitus in Tunisia: description in urban and rural populations. *Int J Epidemiol* 1988; **17**: 419–422.
- ³ Institut National de Nutrition. *Evaluation de l'etat Nutritionnel de la Population Tunisiene*. Tunis: Enquete Nationale, 1996–1997.

Hugh Alberti
BP 66
2073 Borj Louzir
Ariana
Tunisia