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Condom use among men who have sex with men and female sex workers who present with STIs at a community health centre in Kaduna, Northwest Nigeria

Abimbola Akintunde Olawale
Population Council, Nigeria

Background: HIV and STI prevention interventions are pertinent for key populations. Although programming and research interest are gradually increasing in the Sub-Saharan region, there remains a dearth of information among MSM and other key populations that access clinical services in Nigeria. This study assessed the level of condom use among men who have sex with men (MSM) and female sex workers (FSW) presenting with sexually transmitted infections (STI) at a community health centre in Kaduna Metropolis.

Method: Clinic data on STI were collected from MSM and FSW clients who presented at the Community Health Clinic between 01 January and 31 December 2014. Univariable and bivariable analysis were conducted.

Results: A total of 258 (60% MSM and 40% FSW) presented with STI symptoms at the Community Health Center (CHC) within the study period. Half of them were aged 15-24 years; 68% had secondary school education, 48% were employed and 39% were students. Nearly 20% reported recurrent history of STI within the last six months and 10% tested positive for HIV. Only 5% (4% MSM and 1% FSW) of the study population reported consistent condom use and 15% reported no condom use in the last year.

Conclusions: This study highlights the significant unmet needs of MSM and FSW despite the increasing focus on key populations in Nigeria. There is a dire need of increased intensive, target-specific condom messaging, coupled with increased availability of condoms and lubricants and STI syndromic management targeted at MSM and FSW and their male and female partners in Nigeria.

akinabimbola007@yahoo.com

Iatrogenic obstetric causes of genitourinary fistula increasing prevalence

Ahmed Al-Badr
King Fahad Medical City, Kingdom of Saudi Arabia

Urogenital fistula has always been a distressing condition for women and their physicians. Fistulae have been attributed to prolonged and obstructed labor or obstetric trauma in developing countries. However, hysterectomy or pelvic surgery accounts for vast majority of cases in the developed world. Upon reviewing genitourinary fistula cases referred to KFMC, we found that 75% were obstetrical surgical complications and 25% were complications of different types of hysterectomy. Among the obstetrical complication cases, 66% resulted from complications of cesarean section and 34% from other obstetrical complications. Cases were 56% vesicovaginal fistula, 25% vesicouterine fistula and 19% vesicocervical fistula. Hence, most of the genitourinary fistulae seen in our region were of iatrogenic obstetric etiology, mainly cesarean section with none of the cases due to obstructed labor unlike fistulae in developing countries or developed countries fistulae (iatrogenic gynecologic origin).

aalbadr@alumni.utoronto.ca