

ABSTRACT

**Factors Contributing To The Decline In Compliance
With Rheumatic Fever Prophylaxis In
Selected Health Centres
in Jamaica**

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This survey was conducted on rheumatic fever patients from selected health centres in Jamaica, who were non-compliant with prophylaxis, in order to determine the reasons for non-compliance. A total of 57 rheumatic fever patients between ages 9 - 40 years were investigated. The group consisted of 24 patients from Olympic Gardens Health Centre, 11 from Comprehensive Health Centre, 11 from Sunrise Health Centre, 7 from Edna Manley Health Centre, 3 from Gordon Town Health Centre and 1 from Duhaney Park Health Centre.

The defaulters were evaluated on their demographic profile, their knowledge about their illness and prophylaxis, their attitude towards their illness and prophylaxis as well as the reasons for their lack of treatment. The findings were as follows:

The majority of respondents, 63.2% were in the 16 to 25 age group, 26.3% were between the ages of 5 years - 15

years and 10.5% were between 27 years and 40 years attended. There was a slight female preponderance in the age distribution as 56.4% were females and 43.6% males. The majority of respondents, (61.4%) attended secondary school followed by All Age School 19.3%, Primary School 15.55% and tertiary institutions accounted for 3.5% of responses. The respondents were knowledgeable about their illness as well as their prophylaxis. All Knowledge scores were as follows: 59.9% of respondents were aware that the 'strep' germ was the causative agent of rheumatic fever. All responses for the signs and symptoms were over 70% with 89.7% of the respondents stating that joint pains was a symptom. There was general awareness of the complications of rheumatic fever. All attitude scores were positive. The Likert scale was used to assess attitude. Varying reasons were given for the lack of prophylaxis. However, the unavailability of doctors at the health centres headed the list of reasons given.

This study gave some insight into the reasons for non-compliance with prophylaxis. The group studied was too small for indept conclusions. A further study in this area would be needed in order to obtain more information so that the problem can be effectively addressed.