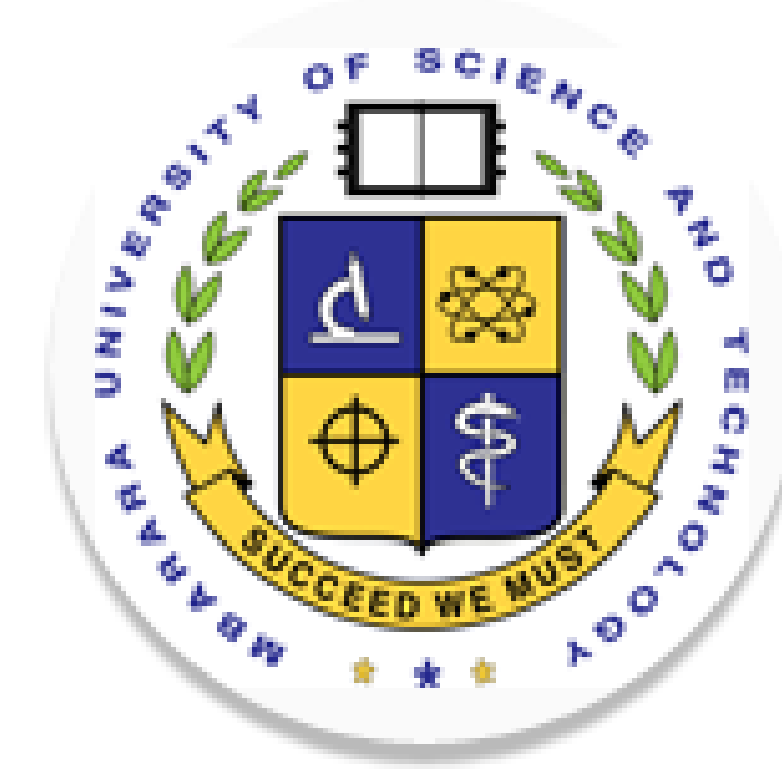


Managing Low-Back-Pain in Rural Uganda: A Qualitative Study Exploring the Perspectives and Practices of Community Health Workers in Primary Care.

P. HARSCOUET¹, G. NDEKEZI CHIMPAYE², H. KAZIBWE², J.KABAKYENGA², D. O'CALLAGHAN¹, B. CAULFIELD¹, C. O'SULLIVAN¹

¹ University College Dublin, Ireland

² Mbarara University of Science and Technology, Uganda



INTRODUCTION

Low-back pain (LBP) is the main cause of years lived with disabilities (YLDs) worldwide and the second cause of YLDs in Uganda¹².

In rural Uganda, LBP is managed in health centres by frontline clinical officers (CO) and registered nurses (RN).

AIM

This study aims to understand the **perceptions and practices** regarding LBP management among Ugandan Clinical Officers and Registered Nurses working in a rural setting.

METHOD

In October 2022, we conducted (PH, GNC, COS) three focus-group discussions with COs (n=8) and RNs (n=11) working in rural Health Centres.

Purposive sampling allowed us to identify relevant participants based on their roles as healthcare professionals working in primary care context in rural South-West Uganda. All clinicians were involved in a wider research project called BACKTRACK.

Data was analysed using thematic analysis.

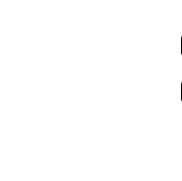
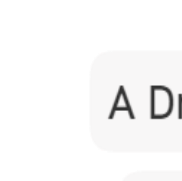
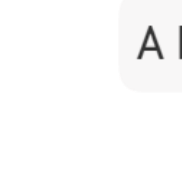
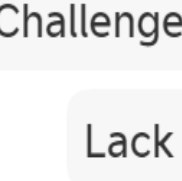
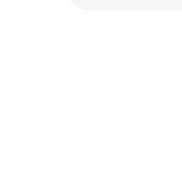
ACKNOWLEDGEMENT

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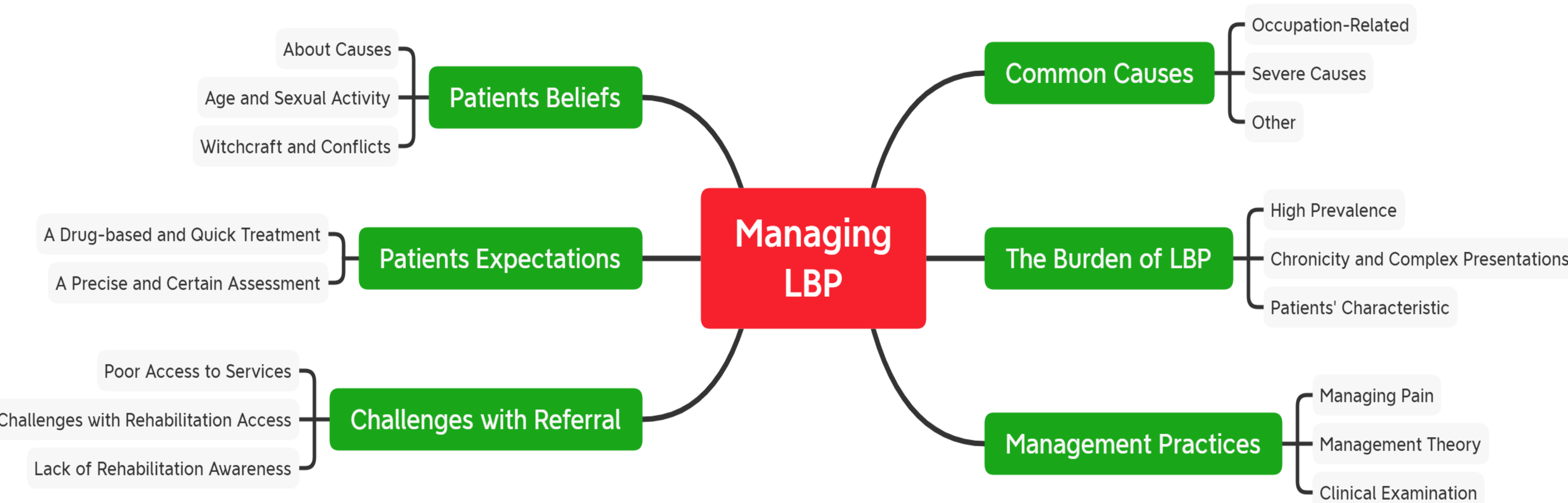
ETHICAL APPROVAL

This study received an ethical approval from MUST (MUST-2022-540) and UCD (LS-LR-22-227)

RESULTS



- High Prevalence of LBP with an important gender dimension.
- Cases are often complex and associated with **co-morbidities**.
- **Occupation-related** presentation are frequent, especially in rural, agricultural areas.
- Patients often expect exact diagnosis with a **‘quick-fix’** and **drug-based** solution.
- An important finding was the challenges associated with **referral services**.
- A major barrier was the **costs** associated with **‘out of pocket’ expenses** for referral services and **transportation** from rural to urban areas where most referral services are **centralised**.
- **Navigating** the health system can be challenging, especially for non-English speakers. Long wait times upon arriving at referral services and lack of a standard care pathway deterred patients from accessing care
- These barriers constitute **disincentives to access effective care in a timely manner**.



CONCLUSIONS

LBP imposes a significant burden on the Ugandan population and its health system.

Managing LBP efficiently is complicated by the scarcity of available, accessible, affordable and appropriate services within the community facilities or at the referral level.

The consequences on patients can be devastating, as people do not seek care in a timely manner and face significant barriers to accessing care when seeking it.

CONTACT INFORMATION

Paul.harscouet@ucd.ie

Cliona.osullivan@ucd.ie

ndekezi gloria@gmail.com