Exploring Sexually Transmitted Infections Testing Practices and Prevalence Among Urban Refugee Adolescent Girls and Young Women in Kampala, Uganda

Dr. C.H. Logie*¹, Mr. M. Okumu¹, Mr. S. Mwima², Dr. J. Musigunzi²,
Dr. S. Neema³, Mr. I Rungu⁴, Mr. E. Kironde⁵

1. Factor-Inwentash Faculty of Social Work, University of Toronto; 2. Uganda Ministry of Health; 3. Makerere University; 4. Tomorrow Vijana; 5. Interaid Uganda

Contact: Dr. Carmen Logie, Factor-Inwentash Faculty of Social Work, University of Toronto; Canada. carmen.logie@utoronto.ca

Background

Uganda hosts over 1 million refugees-most women and girls. Sexually transmitted infections (STI) vulnerabilities among refugee adolescent girls and young women (AGYW) are shaped by social and structural factors, including poverty and limited healthcare access. There are knowledge gaps regarding STI testing practices among urban refugee AGYW in Uganda; studies reported a 20.6% STI prevalence among general populations of AGYW in Kampala. The study objective was to examine STI testing practices among urban refugee AGYW in Kampala.

Methods

We conducted a cross-sectional tablet-based survey from January-March 2018 in 5 slum communities (Nsambya, Katwe, Kasanga, Kabalangala, Rubanga) in Kampala, Uganda with refugee girls and women aged 16-24. Participants were recruited using peer-driven sampling, a method known to increase hidden population’s participation in research. We conducted bivariate and multivariate logistic regression to examine factors associated with the likelihood of lifetime STI testing.

Participants

Participants (n=333; mean age: 19.3, SD: 2.56) identified their country of birth as: Democratic Republic of the Congo (45.9%), Burundi (33.3%), South Sudan (9.0%), Rwanda (5.7%) and others (6.0%). One-third (n=108, 32.4%) reported awareness of STI testing availability in their area, and 29.4% (n=98) reported lifetime STI testing. Of participants who had received an STI test, 28.6% (n=28) reported an STI history (herpes: n=17; syphilis: n=6, gonorrhea: n=5) and 18.4% did not know their results

Results

In unadjusted analyses (Table 1), STI testing was associated with increased age, being in a dating relationship, food security, condom use self efficacy, access to sexual and reproductive health information, depressive symptoms, and stigma lay attitudes. Those with higher sexual and reproductive health enacted and internalized stigma had lower odds of testing. In adjusted analyses, STI testing was associated with **structural** (access to sexual and reproductive health information, food security), **social** (lower enacted stigma, higher lay provider stigma), and **intrapersonal** (depression) factors.

Conclusions

Findings reveal high STI prevalence, and suboptimal access to STI testing services, among urban refugee AGYW in Kampala. Innovative, multi-level strategies that tackle stigma and structural drivers are urgently needed to increase access to, and uptake of, STI testing among AGYW to advance sexual and reproductive health.

Table 1: Logistic Regression Analyses of Factors Associated with Likelihood of STI testing among Refugee Adolescent Girls and Young Women in Kampala, Uganda (n=333)

Variables	STI testing	
	Unadjusted OR (95% CI)	Adjusted OR (95% CI)*
Age	1.20 (1.10, 1.31)***	1.02 (0.88, 1.18)
Dating relationship		
No	1	1
Yes	2.19 (1.24, 3.86)**	1.47 (0.68, 3.18)
Food insecurity		
No	1	1
Yes	0.35 (0.19, 0.65)***	0.25 (0.12, 0.55)***
SRH Stigma	0.94 (0.89, 0.99)*	
Enacted stigma	0.73 (0.62, 0.85)***	0.62 (0.47, 0.81)***
Internalized stigma	0.86 (0.76, 0.97)*	0.91 (0.71, 1.16)
Stigma lay attitudes	1.05 (0.91, 1.20)	1.38 (1.11, 1.72)**
Depression		
No symptoms	1	1
Moderate symptoms	2.60 (1.11, 6.14)*	3.17 (1.11, 9.02)*
Condom use self-efficacy	1.04 (1.01, 1.07)*	1.03 (0.98, 1.07)
Access to SRH information		
No	1	1
Yes	4.8 (2.50, 9.20)***	8.49 (3.38, 21.32)***