Community approaches to successfully address the hidden burden of sexually transmitted infections in rural South Africa

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Background

- STI care in South Africa is provided at primary healthcare (PHC) facilities
- For various reasons, many individuals with STI symptoms do not access these services
- We used a community approach to mobilise individuals for STI care in rural South Africa

Methods

- We mobilised men and women with discharge and/or dysuria in rural Mopani District, South Africa, to visit their nearest healthcare facility
- The project was conducted at 6 PHC facilities with a total catchment population of almost 65,000 people
- Mobilisation was done through: 1) posters at the healthcare facility, 2) community health workers (CHW), 3) empowered traditional leaders
- An expert team visited the facility on these two days to provide clinical care and ask individuals to participate in the study
- Vaginal swab and urine specimens was collected and tested for STIs and other reproductive tract infections
- Urine dipstick and culture was done in individuals reporting dysuria

Poster used for mobilisation

The study team at Motupa Clinic

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Results

- We recruited 177 individuals (43 men and 134 women) mobilised to 6 PHC facilities
- Individuals were mobilised through the clinic poster (56%), the CHW (23%), a friend/relative (18%) and traditional leader (3.4%)
- The unmet need for STI care is at least 1:275 for women and 1:650 for men in this population
- These individuals had not accessed STI care for a variety of reasons (Table 1).

Table 1. Reasons for not accessing services prior to mobilisation (n=177)

Main reason	Number
Patient-related factors	81 (46%)
Not aware of having these symptoms	60 (34%)
No time or clinic too far away to consult	4 (2.3%)
Embarrassed or afraid of reaction clinic staff	12 (6.7%)
Traditional beliefs	5 (2.8%)
Clinical factors	68 (38%)
Symptoms recurrent after treatment	26 (15%)
Symptoms persistent despite treatment	42 (24%)
Healthcare service-related factors	28 (16%)
Do not trust clinic staff (confidentiality)	1 (0.6%)
Disappointed with health services previously	18 (10%)
Lack of male healthcare workers	9 (5.1%)

- STIs were detected in 120 (68%) of mobilised individuals: tests were positive for *Chlamydia trachomatis* (24%), *Neisseria gonorrhoeae* (12%), *Trichomonas vaginalis* (56%) and *Mycoplasma genitalium* (9%)

Conclusion

- There is a large unmet need for symptomatic STI care in this rural South African district
- A variety of patient-, individual- and service-related factors contribute to this hidden burden
- Prevalence of untreated STI is high among these symptomatic individuals