Behavior influencing sexually-transmittable infections

Mathildah Mokgatle – MPH, PhD

Introduction

- There is a substantial body of literature on sexual risk behaviors across population groups in southern Africa [*1,2*]
- ±150 rapes reported daily to the police, but < 30 cases prosecuted & ±10 convicted
- Syphilis < decreased over the past 30 years but **many STI endemic –**youth studies in KZN & Gauteng
- **S.A. adolescents: high incidence of violence in first sexual encounters**

WAKA HPV Africa

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Introduction

- The construct of sexual self-efficacy (SSE) assesses the confidence or perceived control that an individual has in performing HIV preventative behaviors such as condom use, partner communication, and refusal of unwanted sex.
- SSE constructs have been commonly used within the HIV prevention literature to examine individual-level relationships between one's confidence and perceived control over sexual behaviors and reported sexual behavior outcomes [3].

Sexual risk behaviors across high risk groups

- Adolescents
- Female sex workers
- Men who have sex with men
- Lesbian, gay, transgender

Adolescents

- Early age of sexual debut (15yrs)
- Had ever had sexual intercourse (>50%).
- Had had sexual intercourse during the previous 3 months, and, of these (30%)
- Age-disparity of partner
- Have four or more sexual partners or frequently change partners.
- Had been physically forced to have sexual intercourse when they did not want to – unplanned or coerced (GBV) hence:
  - did not use a condom the last time they had sex.
  - did not use any method to prevent pregnancy.
  - had drunk alcohol or used drugs before last sexual intercourse.
- Low HIV testing patterns

Men who have sex with men

- One-fourth of participants reported a history of childhood sexual abuse
- Unwanted sexual activity during childhood were more likely to report recreational and sex-related drug use, and adult re-victimization experiences
- Drug use and sex-related drug use, and these outcomes in turn are associated with increased HIV risk as measured by number of male sexual partners
- Use of lubricant at last anal sex with male partner
- Had sex with only women or both men and women
- in entire life

Lesbian, gay, transgender

- Number of clients, median in last week, (5-20)
- Penetrative sex
- Type of intercourse with last client (Vaginal, Anal, Oral, Masturbation)
- Drunk during last paid sex
- Unprotected penetrative sex
- Ever used female condoms
- Use of contaminated sex toys

Female sex works

- Age at the initiation of prostitution was 15 yrs
- Experienced early marriage (12 -18 yrs)
- Migrated from rural to urban areas
- Did not use a condom or did not like to use it – unprotected sex
- Men force them or negotiate unprotected sex
- Number of clients, median per week (6-20)
- Type of intercourse with client,(Vaginal, Anal, Oral, Masturbation)
- Drunk during paid sex,
- Repeated abortions*
- Use of female condom

Public health and health promotion issues

- Free reproductive health services
- Syndromic management of STIs in PHC
- Challenges of sexual partner access to treatment
- Inflexible treatment regimen – microbial resistance
- Free screening – only when presenting at facilities
- Linkages to STI surveillance centers
- Recent HPV vaccine prevention
- Implementation of Universal Test and Treat, PrEP and PEP for STIs/HIV

What is missing?

- Available interventions are costly and sustainability is threatened

Part of the solution

Health promotion programs that are:

- Design STI health promotion and prevention programs that are affordable and aligned to government infrastructure and resources.
- Current protocol development of a RCT for using health communication and health literacy for rural populations.

References

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