



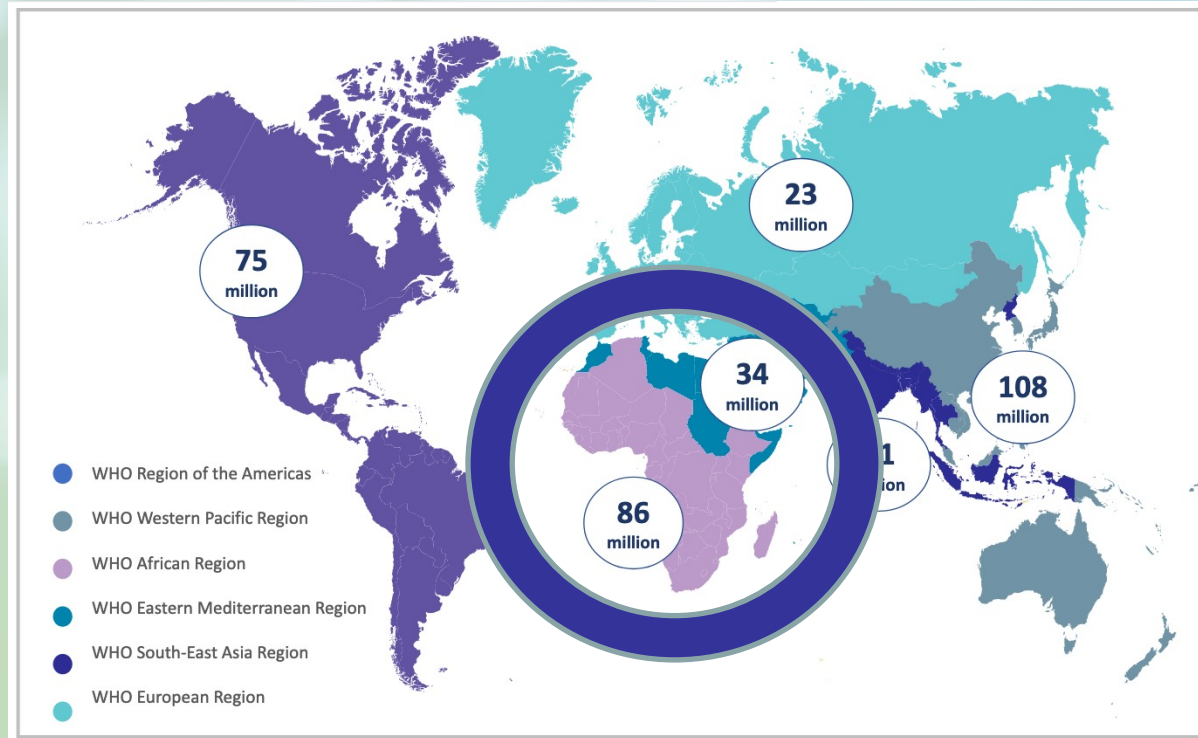
A qualitative exploration of sexually transmitted infection (STI) partner notification preferences and practices among women in Durban, South Africa.

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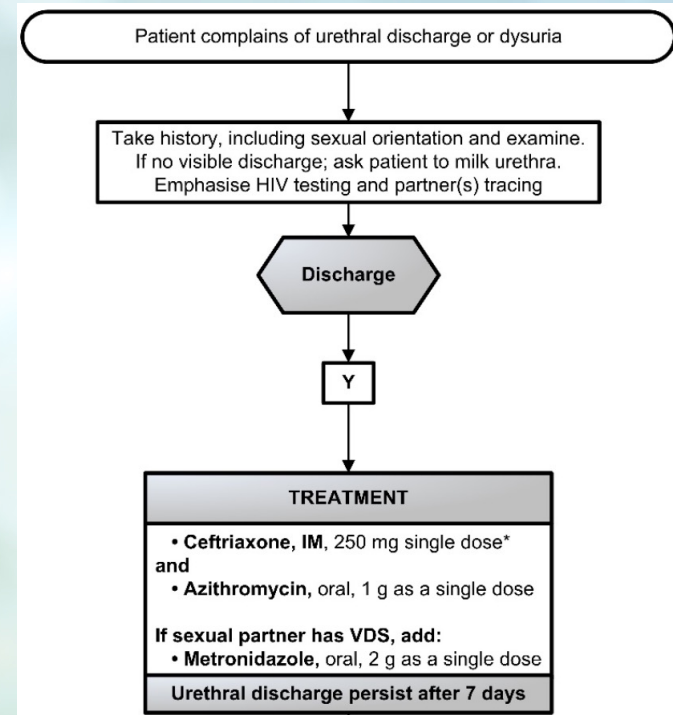
STIs in South Africa





Syndromic management

- Female syndromes
 - Genital ulcer syndrome
 - Vaginal discharge syndrome
 - Lower abdominal pain syndrome
- Male syndromes
 - Genital ulcer syndrome
 - Male urethral discharge syndrome
 - Inguinal bubo
 - Scrotal swelling
- The vast majority of STIs are asymptomatic





STI partner notification

Recommended by the World Health Organization and ministries of health

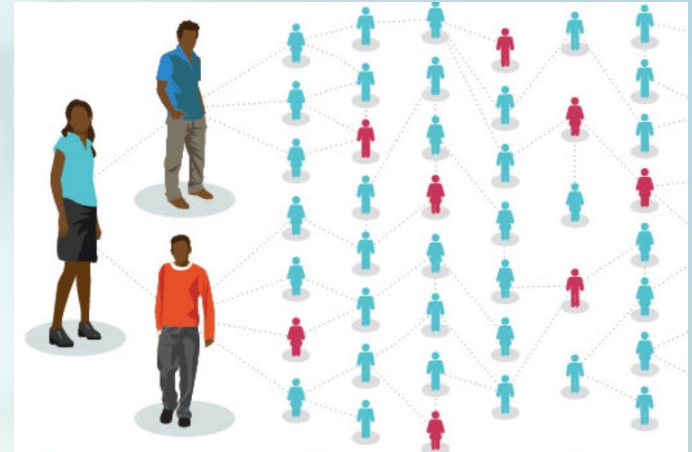
Three methods of partner notification:

- Provider-based partner notification
- Patient-based partner notification
- Contract-referral

STI partner notification tools

- Partner notification cards
- Expedited partner therapy (EPT)
- Anonymous messaging applications

Lack of behavioral interventions



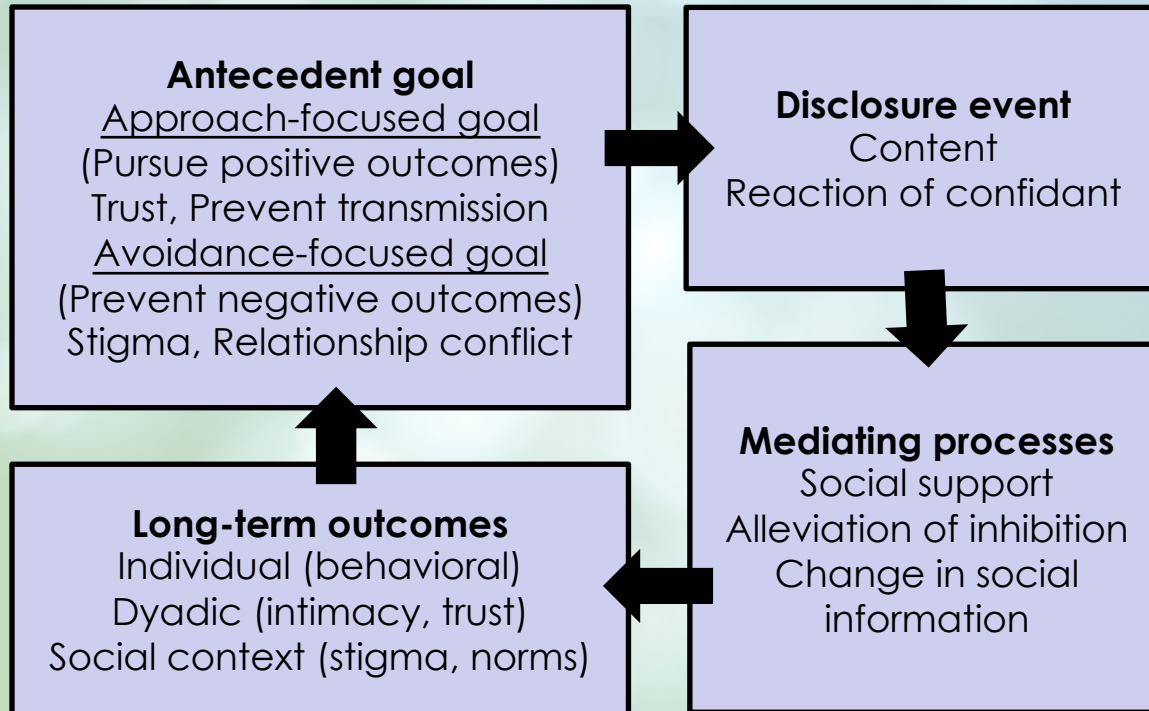


Study design

- Parent study primary aim to determine PrEP use among 330 women planning for pregnancy with a partner living with HIV or of unknown serostatus in Durban, South Africa.
- Parent study inclusion criteria: adult women (18-35 years old), not pregnant, with personal or partner plans for pregnancy in the next year, without HIV and partnered with a man living with HIV or thought to be living with HIV
- 50 women enrolled into an STI sub-study and completed laboratory STI testing
- 25 of the STI sub-study participants completed semi-structured qualitative in-depth interviews to explore STI partner notification practices and preferences from November 2019 to February 2020
- Inductive and deductive approaches to create a codebook with members of the U.S. and South African team. Analysis organized using NVIVO 12 software.



Disclosure Processes Model





Results – Quantitative

Total number of participants (n=25)	Total N (%)
Age – median (range)	25 (range 19-33)
STI diagnosis during study	5 (20%)
STI diagnosis prior to study	7 (28%)
Pregnant during study	2 (8%)
PrEP user	15 (60%)



Results – Theme 1

Participants' perceptions of their own and their partner's additional partnerships affected STI partner notification views.





“For me personally, because I am not cheating, I would ask what he was doing for the past 3 months. Maybe ask him and he will tell me that he was doing this and that. I will ask if he ever cheated on me. He will deny it obviously, and then I will tell him, ‘that there is no such thing because I have found myself with an STI, obviously I got it from you’. That is how I would tell him because I know I don’t cheat. I don’t do anything.” 19F



Results – Theme 2



In a setting where syndromic management is the norm, participants trusted their asymptomatic STI diagnosis. Asymptomatic presentation and laboratory diagnosis eased partner notification.

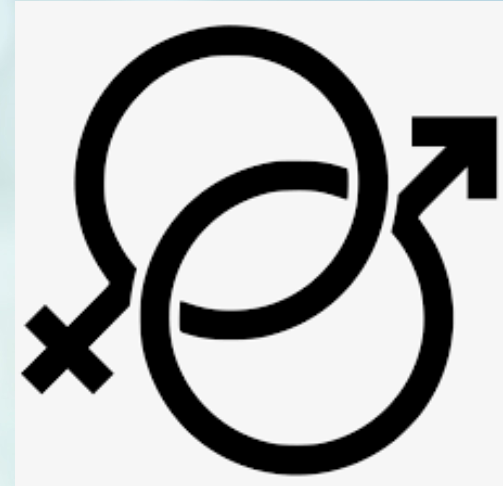


“Okay, I took vagina swabs because I did not have any discharge nothing and they told me that there are STIs that hide and are very hard to identify. She then treated me and gave me a letter to give to my partner, so he goes to the clinic for treatment, so it was not difficult for me to tell him because I gave him the letter at once, so it was not easy for him to hesitate...It was difficult because some of the partners, like my partner, he thought perhaps I am seeing someone, I am having sex with someone else. That is why I have been diagnosed with STI, so I explained that this thing is asymptomatic eeh because there are no signs that I have it.” 28F



Results – Theme 3

Participants reported male reluctance to engage with healthcare services and a reliance on female participant testing and subsequent partner notification.





“No, a person would just be stubborn when you try to tell him he just tells you that no there is no such. And then you end up telling him that no if you say there is no such then I cannot continue with you because if I continue then I will continue getting sick. We rather break this up. They just do not like it. My partner just doesn't like that. It is me who does testing. He does not want to. He just says, 'if ever I get sick, then it will be because of you.'” 25F



Results – Theme 4



Participants generally appreciated clinician-assisted STI partner notification and healthcare worker support.

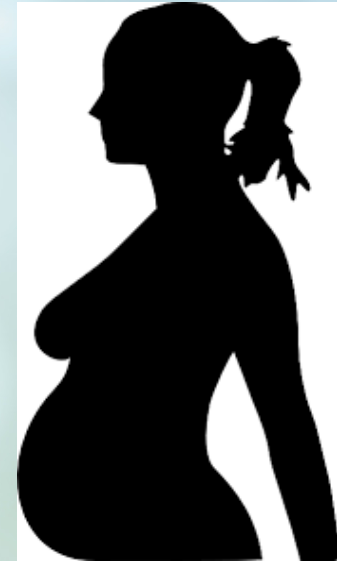


“He might think he knows based on his own knowledge on how to get an STI... He can only think that you got it because you went and got it. And also the woman will think that he’s the one who got it from somewhere else. Then there is going to be an argument but if there is a healthcare worker who will be able to make you understand that it is probably because you do not use a condom most of the time or maybe the women’s bladder is dirty, so I think it would be better if there is a healthcare worker who could explain it to both of you.” 28F



Results – Theme 5

STI diagnoses led participants to mistrust their partners and subsequently impacted condom use and pregnancy planning.





[In regards to STI diagnosis]
“My concern was the guy,
as I have said that I did not
trust him anymore because I
just thought that maybe
there are many girls that he
is having sex with, then I just
thought that it would be
best for me to use a
condom and wait with the
plans of having a child. That
is what I was scared of, yes.”
25F

“That might also affect the baby
you see, that is why I just said let us
put the pregnancy plans on hold
because I would not know if I had
an STI and pregnant at the same
time how would that affect the
baby.” 27F



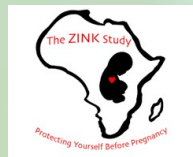
Conclusions

- Participants were accepting of asymptomatic, laboratory-diagnosed STIs. These asymptomatic diagnoses may be associated with easier partner notification experiences and should be further investigated as point-of-care testing is further developed and disseminated.
- The healthcare system needs to engage men in sexual healthcare to address men's needs and decrease the burden of sexual healthcare placed on women.
- Participants appreciated clinician-supported partner notification. Though systems lack the resources to provide such support to all people with STI, systems should continue to optimize partner notification notes and focus on the participants most vulnerable to partner testing refusal.
- Despite our participants planning for pregnancy, once they received an STI diagnosis, condom use increased and pregnancy planning was postponed. Thus, women planning for pregnancy are likely highly attuned to their sexual health and would greatly benefit from focused STI testing, family planning, and partner engagement.



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