



# Risk factors for curable sexually transmitted infections among youth: findings from a population survey in Zimbabwe

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## Background

- Youth are at high risk of sexually transmitted infections (STIs) in Southern Africa.
- Identification of risk factors at population level is important in planning STI control strategies.

## Aims

To determine risk factors for curable STIs in youth

## Methods

- Population-based survey among 18-24 year olds in sixteen communities in two provinces in Zimbabwe to ascertain outcomes for cluster randomised trial investigating impact of community-based STI testing for youth on population prevalence of STIs.
- Procedures: interviewer-administered questionnaire, HIV testing, testing for chlamydia (CT), gonorrhoea (NG), and trichomoniasis (TV).
- Risk factors for curable STIs explored using multivariate logistic regression, using a three-level hierarchical conceptual approach.

## Results and key findings

5601 enrolled

62.5% female

55.4% no condom use at last sex

7.2% symptomatic

6.3% HIV prevalence

19.8% CT/NG/TV prevalence

STI diagnosis associated with: female sex; lower education levels; informal or no employment; history of attempted suicide; and HIV status

| Selected variables from final model*       | Final adjusted OR between variable and CT/NG/TV diagnosis (95% CI) |
|--|--|
| <b>Age (years)</b>                         |  |
| 21 – 24 (baseline: 18-20)                  | 1.37 (1.17 – 1.61)   |
| <b>Sex</b>                                 |  |
| Female (baseline: male)                    | 2.11 (1.76 – 2.53)   |
| <b>Highest education level</b>             |  |
| Primary or less                            | 1.00   |
| Secondary                                  | 0.79 (0.65 – 0.95)   |
| Post-secondary                             | 0.77 (0.54 – 1.09)   |
| <b>Employment status</b>                   |  |
| In education or formal employment          | 1.00   |
| Informal or no employment                  | 1.35 (1.13 – 1.61)   |
| <b>History of attempted suicide</b>        |  |
| Yes  | 1.58 (1.08 – 2.32)   |
| <b>No. of sexual partners in past year</b> |  |
| 0  | 1.00   |
| 1  | 2.23 (1.73 – 2.88)   |
| 2  | 2.39 (1.69 – 3.39)   |
| ≥3   | 3.05 (2.09 – 4.44)   |
| <b>Condom use in past year</b>             |  |
| Most of the time                           | 1.00   |
| Sometimes (about half the time)            | 1.34 (1.07 – 1.72)   |
| Rarely or never                            | 1.22 (0.96 – 1.55)   |
| <b>Been circumcised (males only)</b>       |  |
| Yes  | 0.63 (0.45 – 0.88)   |
| <b>HIV status</b>                          |  |
| Positive                                   | 1.44 (1.07 – 1.94)   |
| <b>Presence of current STI symptoms</b>    |  |
| Yes  | 1.43 (1.11 – 1.84)   |

\*Variables not shown: trial arm, province, time at current address, marital status, accessed trial services, pregnancy planning, been offered PrEP

## Conclusions

- HIV clinics may be a suitable target for implementation of aetiological STI testing, providing lessons for other clinic settings.
- Broader factors such as mental health, education, and employment opportunities should be considered in STI control efforts.