

# Acceptability of genital examinations and estimation of STI prevalence among women participating in a microbicides feasibility study in rural SW Uganda

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## Objective:

Phase III microbicide trials require that women regularly undergo genital examinations and STI screening. To assess acceptability of genital and speculum examination (GE) and determine STI prevalence among females in a microbicide feasibility study.

## Methods:

Between August 2003 and September 2004, 85 women from HIV discordant and 38 from concordant negative couple relationships were recruited following a serological survey in 5 rural communities, enrolled at government health units and followed every 3-months for one year. At each visit, women were requested to undergo GE for STI screening. Genital specimens for STI/RTI diagnosis and serum for syphilis and HIV were collected. Exit interviews among women and single sex focus group discussions (FGDs) were conducted to assess acceptability of GE. STIs were treated syndromically and/or after laboratory diagnosis. Treatment for partners was through index cases. VCT and condom use were strongly recommended and provided by research team.

## Results:

All women (123) were seen at enrolment and at 3 months, 115 (97.5%) at 6 months, 100 (84.7%) at 9 months and 94 (80%) at 12 months. 84 (68%) participants attended all visits. Reasons for refusal were: partner's disapproval, misconceptions about speculum and pain/bleeding during previous examinations. During FGDs, men and women preferred female health workers for performing GE. Exit interviews indicated that GE was accepted by 91% (80/88) women interviewed. STI/RTI prevalence declined between baseline and at 12 months follow-up: N.gonorrhoeae from 1.3% to 0%, C.trachomatis from 1.0% to 0%, T.vaginalis from 7.0% to 1.9%, C.albicans from 8.6% to 8.0%, Bacterial vaginosis from 38.9% to 34.4% and syphilis (RPR+/TPHA+) from 5.9% to 0.9%.

## Conclusions:

Regular GE among women with no genital complaints was necessary and acceptable in this target population. STI/RTI prevalence was substantial, but significantly reduced through screening and treatment. These findings have implications for planned phase III microbicide trials.