

WEPE0718**The use of intravaginal insertions for the treatment of sexually transmitted infections (STIs) in the Umkhanyakude District of Northern KwaZulu Natal, South Africa**

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Background: Vaginal practices have been investigated since the 1950's as potential risk factors for obstetric complications, or infection with BV, STIs or HIV, but the evidence to date is inconclusive. A recent WHO multi-country study on gender, sexuality and vaginal practices classified vaginal practices as external washing, external application, anatomical modification, intravaginal cleansing, intravaginal insertion, and oral ingestion. This analysis investigates the use of intravaginal insertions for the treatment of STIs in rural KwaZulu Natal.

Methods: In-depth interviews were conducted with a random sub-sample of women participating in the MDP301 microbicide trial, and focus group discussions (FGDs) conducted with community members. Data from 64 participant interviews, an interview with a traditional healer, and 15 FGDs were analysed using Nvivo-2 qualitative software to assess local vaginal practices.

Results: Women were familiar with a range of vaginal practices. Whilst intravaginal insertions were predominantly used to enhance sexual pleasure, they were also used to treat self-diagnosed STIs. For STIs traditional medicines were usually inserted vaginally, or less frequently inserted through razor cuts made in the skin. Whilst these treatments were reportedly used for a specific STI called 'Umhlume' (Zulu), described as presenting either as vaginal discharge or sores in-between the vagina and anus, and at times transmitted neonatally, it appears that this is a generalised perception of STI symptoms. There was a perception that umhlume is caused by the use of none-treatment intravaginal inserts, especially traditional medicines defined as 'Isichitho', used to 'bewitch' a partner to make them stay with you and abandon other partners.

Conclusion: The perception that 'umhlume' is a specific STI and should be treated with traditional medicine may prevent women from accessing medical health services. Further research is needed to understand local definitions and treatments of STIs in order to improve sexual health messages and uptake of effective treatment.

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