

Challenges Encountered by Males Regarding Partner Notification of Sexually Transmitted Infections in Rural Clinics, Limpopo Province, South Africa

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Abstract

Partner Notification (PN) for sexually transmitted infections seems to be a challenge amongst males who feel embarrassed to open up to their partners. Failure to disclose might be due to fear of reputation and loss of dignity.

Purpose: The study's purpose was to determine the challenges encountered by males regarding Partner Notification of Sexually Transmitted Infections in rural clinics, Limpopo province. PN is an important part of raising awareness in preventing and controlling STI. This includes identifying sex partners, informing them of their exposure, ensuring evaluation or treatment, and providing advice on preventing further infections.

Methods: A qualitative, exploratory, descriptive, and contextual research design was used. The population comprised of all males who came for consultation at Vuvha Clinic. Purposive sampling techniques were used to select the 15 male participants, between 16 to 50 years who met the criteria were interviewed. Data were collected through one-on-one semi-structured interviews with the aid of the interview guide. Data were qualitatively analyzed based on Tesch's open coding method.

Results: Results confirmed that males find it difficult to notify their partners after being diagnosed with STI. Two themes emerged; Interpersonal barriers experienced by male partners, and Knowledge and Communication relating to notification. Some of interpersonal barriers were related to stigma associated with STI diagnosis, Fear of rejection versus losing the partner, and lack of knowledge regarding the benefits of PN.

Conclusion: The study concludes that males fails to notify their partners regarding STI diagnosis due to lack of knowledge on the benefits of PN and interpersonal barriers such as fear of rejection. PN services that can support patients diagnosed with STI to disclose to partners of their possible exposure to STI is recommended.

Keywords: Challenges; Sexually Transmitted Infections; partner notification.

Introduction

The paper will discuss partner notification of Sexual Transmitted Infections in a rural clinic. Partner notification is an important part of managing Sexually Transmitted Infections (STIs) and prevents the risk of transmission of infection, potential re-infection, and other complications [1,2]. Furthermore, [2] state that partner notification in STI patients aims to identify and treat undiagnosed STIs while at the level of sexual networks and populations, the aim of partner notification is to interrupt chains of STI transmission and identify undiagnosed infections, which can facilitate access for their sexual partners to treatment and help prevent transmission. Partner notification includes identifying sex partners, informing them of their exposure, ensuring evaluation or treatment, and providing advice on preventing further infections [1]. [1] outline two approaches for partner notification, provider-oriented, and patient-oriented notification. The focus of the study will be on patient notification, which [1] described as a method that uses index patients to notify their partners, with or without the medication to actually treat the partner for the putative infection or infectious exposure.

However, some patients are unable to to achieve the aim of PN, that is to break the chain of infection transmission due to various challenges [3]. For instance the conference press release of Centre for Disease Control in Canada noted that “It is evident that the systems that identify, treat, and ultimately prevent STI’s are strained to near-breaking point.” As such, it can be argued that the system of treatment of STI’s fails because of various factors that include lack of disclosure amongst the partners, and antibiotic resistance) [3]. Apoola, et al [4] mentioned stigma as another challenge experienced by patients regarding Partner Notification of STI’s. For the above cause, [5] believe that promotion of Partner Notification especially in casual relationships and one-night stands play a vital role in reducing the high rate of STI’s in communities.

According to Mermin (2018) [3] in a conference of Centre for Disease Control analysis, cases reported for 2013 and preliminary data for 2017 shows steep, sustained increases of STI’s in Canada. The press release indicated the following STIs as a concern; Gonorrhoea, and syphilis. Mermin (2018) [3] further indicated that though these types of STIs’`s are curable with antibiotics in Canada, there are still cases that go undiagnosed and untreated, which can lead to severe adverse health effects such as infertility, ectopic pregnancy, stillbirth in infants, and increased HIV risk. Mathews, Kalichman, Laubscher, Hutchison, Nkoko, Lurie & Kalichman, (2018) [5] in support of Mermin (2018) [3] indicated that inadequate support from the clinical level and power imbalances amongst South African men and

women emerged as major barriers for the prevention of future STIs [5]. Furthermore [5] indicated that partner notification is one of the most effective mitigators of on-going STI transmission in South Africa.

STI’s remains a major challenge for public health in South Africa [6]. The report indicated that every year about 1.5 million people are treated for STIs in the public health sector. Many more are seen in the private sector as well as the occupational health setting. Gauteng Health Information Management Report [7] in South Africa, indicates that all primary health care clinics offer STI services youth-friendly services, and this program that incorporates adolescent-friendly health services has also been rolled out in all provinces. All patients treated for STIs in Gauteng clinics are given partner notification letters for their partners. But despite partner notification letters, only 20-22% of partners receive STIs treatment. This leads us to question the effectiveness of the current partner notification letter that is in use in all primary health care clinics.

Limpopo STIs statistics (2015) reported 62, 926 people with STIs over the past year, which Vhembe being the district with the highest number, followed by the Mopani district. People who were infected with STIs are at an increased risk of contracting HIV. This occurs due to the fact that STIs damage the lining of the genital tract and make it easier for HIV to gain access to the body [8].

Authors witnessed that most of the males' patients who came for consultation in a rural clinic did not give their partners letters to notify them about their status despite their diagnosis of STI’s, and as such treatment to their partners was not started. Authors also observed that some of the males returned after a few weeks or months presenting with the same signs of Sexually Transmitted Infections. Authors, therefore, question challenges regarding partner notification of STI’s as well as the effectiveness of the treatment given previously. Authors believe that exploring the challenges of partner notification of STIs might assist the partners in reducing the incidences of reinfections with STI and possibly reduced risk of HIV/AIDS. The findings in the study might further prompt the management of clinics and as well Department of Health in effective development and implementation of policy regarding partner notification of STI’s.

Methodology Research Design

Qualitative, explorative, descriptive, and contextual research designs were adopted to explore and describe the challenges encountered by males on sexually transmitted infections partner notification in a rural clinic. Qualita-

tive research sought to answer questions about how social experience is created [9]. In this study, the holistic picture of challenges encountered by males on Sexually Transmitted Infections partner notification was explored and described.

The study is contextual as it was conducted within the context of sexual transmitted infections partner notification in a rural clinic. The study was conducted at the Vuvha clinic in the Vhembe District of Limpopo Province in South Africa. Vuvha clinic is situated in Vuvha village, a very steep area with a gravel road. It is situated next to Tshedza village, next to the main tar road which leads to Makhado Town. It is about 25km from the Vuvha clinic to Makhado Town. The clinic offers comprehensive health care which involves community participation.

Population and Sampling

The study population comprised of all males diagnosed with Sexual Transmitted Infections. Males who were treated for more two times on Sexual Transmitted Infections were sampled during a consultation for participation in the study using a non-probability sampling method [10].

Ethics approval and consent to participate

This study was approved by the University of Limpopo Turfloop Research and Ethics Committee (TREC). Limpopo Department of Health gave permission to conduct the study in the clinic. Permission to interview male's patient in the clinic was given by the management of the Vuvha clinic. The male patient gave informed consent to participate in the study without coercion. Relevant information and perceived benefits were explained to participants to enhance autonomy [11]. The principle of confidentiality and privacy was ensured in the study by conducting an interview in the safe consultation rooms, and by not divulging all collected information to unauthorized personnel.

Data collection

Data were collected using a one-on-one semi-structured interview with the aid of the interview guide. To ensure the quality of recordings and data capturing, all the interviews were conducted in consultation rooms that were away from noise and disruption. An audiotape was used to capture all information during the interviews and also to ensure that there was a full record of the interview saved in the digital audio. The researcher took field notes based on participants' non-verbal cues and reflexive notes on their own feelings to enhance bracketing. A central question asked was "Please tell me the challenges which you encountered with regard to partner notification of Sexually Transmitted Infections?" NP Probing questions were used to obtain clarity of critical issues raised during the interviews. The

duration of the interviews ranged from 45- 60 minutes. Data saturation was reached on participants fifteen.

Data analysis

The importance of analyzing data is to produce a detailed picture of issues that were addressed in the research topic [12]. Audio recorded data were analyzed using Tesch's eight (8) steps of coding method [13]. All audio recorder interviews were transcribed verbatim in the Tshivenda language. The transcripts from 15 males were translated from Tshivenda to English by an external translator. All transcripts were read to get the sense of the whole study. The transcripts were manually coded; the primary author reviewed transcripts in their entirety, identified prominent themes, and coded and categorized the responses within those themes. Codes were derived from the data based on emergent themes and were eventually grouped under four (4) major themes followed by sub-themes. In order to enhance rigor in analysis, the authors reviewed and commented on the codes and theme categorization.

Measures to ensure trustworthiness was applied. Dependability and confirmability were ensured through the analysis of data by the researchers and the independent coder. To achieve credibility and triangulation participants were interviewed in different days when they came for consultations. Transferability was ensured through a dense description of research methods.

Discussion of research findings and literature control

The purpose of the study was to determine the challenges encountered by males on STI at the Vuvha clinic in the Vhembe district. A narrative account of the theme and sub-theme is supported by direct quotes from the participants as presented below. The direct quotes from participants are presented in italic font writing and represent the experience of the participants.

Themes and sub-themes

Theme 1: Interpersonal barriers experienced by male partners

The interpersonal barrier which was experienced by the male partners was the lack of openness pertaining to notification of their partners regarding their new diagnosis of STI. These male partners were unable to disclose to their partners since they believed that it is through their behavior to contract the infection.

Sub-theme: Stigma associated with the disease

Participants expressed concern related to stigma associated with being diagnosed with STI. Morris, et al [14] indicated that STI's related stigma and shame amongst African American male youth, undermines partner notification programs. The quotes below demonstrate the findings,

Participant: I took four days not telling her about the infection, so one day I decided to tell her, after that she started screaming loudly, abusing me with words until she decided to go, and told me not to contact telephonically again. In terms of Australia literature, the association of violence reporting verbal abuse and one patient reporting physical abuse (Bilard, Fairley, Hopkins & Hocking 2010) [15]. Reframing of sexual health in campaigns, educating clients, and providing wider options to aid disclosure and partner notification practices can be put in place to reduce STI'-related stigma and shame [14].

Sub-theme: Partners denial that encourages intimate physical abuse

Some participants said there was physical abuse while still notifying their partners about sexually transmitted infections.

Participant: I was still busy talking to my wife about what the nurses have told about the sexually transmitted infections I have so that we can be treated together with my wife, she started throwing things at me and we started fighting physically. In terms of Australia literature, the association of violence reporting verbal abuse and one patient reporting physical abuse [15].

Sub-theme: Change of partners` attitude after being notified of the infection

Some participants said they have more than one or two partners just for fun, being bored, or to go to someone if fighting with his wife at home.

Participant: I was very difficult for me to notify all of them because some I do not know their physical address, some I only have their cell numbers, some I do not have both because I only go to them when I am fighting with my wife or when my wife is not at home for a week or two weeks.

According to Wood, Harries, Kalichman, Kalichman, Nkoko, and Mathews (2018) [16] males were more likely to have concurrent partnerships with more than one partner; this was an inhibiting factor for notification because male participants

intended to notify their casual and/or anonymous partners less frequently.

Sub-theme: Fear of rejection versus losing the partner

Some participants said they do not tell their partners because they fear being rejected by their partners and lose them forever. Some participants said that they do not tell their wives because they might divorce them because of unfaithfulness to them while married.

Participant: I thought of telling my wife that I have sexually transmitted infection so she can also go and tested, I feared divorce because i was not faithful to her for a very long time, I decided not to tell her because do not want to lose my family.

Participants: I did not tell my partner because she would reject me, because she was always suspicious I have another partner that I am in a relationship with, she told me if she ever found out it is true, she will leave me forever. Major perceived barriers in Peru include embarrassment, fear of rejection, the stigma associated with the disease, and difficulty in locating casual partners [16].

Theme: Knowledge and Communication relating to notification

Sub-theme: Inadequate contact information of the partner

A study by Mathews et al. (2018) [5] recommends that efforts to decrease the pool of infectious partners need to have a strong focus on the promotion of partner notification especially in casual relationships and one-night stands. This study found that male partners had unprotected sex in causal relationships, and as such tracing casual partners for notification became a problem. Some participants do not have enough contact and address of those partners to be able to notify them about sexually transmitted infections.

Participant: I met her at my friend's party at night and I had unprotected sex with only that night, I did not ask about her address and contact details because she was not my girlfriend, we were both drunk that night and we were only enjoying the party. Researchers have identified challenges to partner notification who have inadequate information for their partners because they have engaged in anonymous or casual sex [16].

Sub-theme: Lack of information on the benefits of partner notification

As the researcher during the interview with some partic-

ipants, I have discovered that they lack information about sexually transmitted infections.

Some participants do not know about other signs, symptoms and the importance of sexually transmitted infections partner notification even thou the partner does not have signs and symptoms.

Wood, et al. (2018) [16] mentioned a lack of education during counseling in South Africa as a barrier of partner notification in males with STI`s. While According to Tsadik, Berhane, Worku, and Terefe (2017) [17] benefits of partner notification such as prevention of STI reinfection, argued that partner notification prevents the risk of transmission of infection, and other complications such as HIV and infertility amongst women [1] need to be communicated to the patients during consultation.

Conclusion

The results have shown that their various challenges encountered by males on Sexually Transmitted Infections partner notification. All males to take responsibility of their actions by notifying their partner about sexually transmitted infections for proper quality health care to all. Health care professionals to conduct awareness campaigns with regard to Sexual Transmitted Infections and STI`s screening of every patient who visited the health facility counsel every patient and offers HIV testing.

Table 1: Summary of results on challenges of male regarding partner notification

Themes	Sub-Themes
1. Interpersonal barriers experienced by male partners	1.1 The stigma associated with the disease 1.2 Partners denial that encourages intimate physical abuse 1.3 Change of partners` attitude after being notified of the infection 1.4 Fear of rejection versus losing the partner 1.5 Feeling of embarrassment
2. Knowledge and Communication relating to notification	2.1 Inadequate contact information of the partner 2.2 Lack of knowledge about the benefits of partner notification

References

1. Alam N, Chamot E, Vermund SH, Streatfield K & Kristensen S (2010) Partner notification for sexually transmitted infections in developing countries: a systematic review. *Bio-Med Central Public Health* 10: 1-11.
2. Ferreira A, Young T, Mathews C, Zunza M & Low N (2013) Strategies for partner notification for sexually transmitted infections, including HIV. *Pub Med* 10
3. Mermin J (2018) New CDC analysis shows steep and sustained increases in STDs in recent years. Press Release. Canada: Accessed on 24 February 2019 from the National Centre for HIV/AIDS, Viral Hepatitis, STD and TB Prevention 639-8895.
4. Apoola A, Radcliffe KW, Das S, Robshaw V, Gilleran G & Kumari BS (2007) Partner notification for sexually transmitted infections. *Journal for health* 82: 327-329.
5. Mathews C, Kalichman MO, Laubscher R, Hutchison C, Nkoko K, et al. (2018) Sexual relationships, intimate partner violence, and STI partner notification in Cape Town, South Africa: an observational study. *Pub med. Sexual Transmission Infection* 94: 144-150.
6. (2011) National Health Information Management Report (NHIMR). Sexually Transmitted Infections report. Pretoria *Journal for health report* 32: 22-24.
7. (2011) Gauteng Health Information Management Report (GHIMR). Sexually Transmitted Infections report. Pretoria *Journal for Health Report* 32: 22-24.
8. Kimberly A, Workowski MD, Gail A & Bolan MM (2015) Sexually Transmitted Diseases Treatment Guidelines, Recommendations, and Reports, (RR3) 1-37.
9. Babbie E & Mouton J (2010) The practice of social research. Cape Town: Oxford Thompson Learning Company.
10. de Vos A, Strydom H, Fouche CB & Delpont CSL (2013) Research at Grassroots- for Social Science and Human Service Profession. (4, ed). Pretoria: Van Schaick.
11. Parahoo K (2014) Nursing research: principles, process, and issues. 3rd edition. New York: Palgrave Macmillan.
12. Brink H, Van der Walt C & Van Rensburg G (2012) Fundamentals of Research Methodology for Healthcare Professionals. (3, ed). Cape Town: Juta & Co (Pty). Ltd.
13. Creswell JM (2009) Research design: Qualitative, quantitative, and mixed methods approach. 3rd edition. London: Sage Publishers.
14. Morris JL, Lippman SA, Philip S, Bernstein K, Neilands TB, et al. (2014) Sexually transmitted infection-related stigma and shame among African American male youth: implications for testing practices, partner notification, and treatment. *AIDS Patient Care STDs. Pub med* 28: 499-506.
15. Bilard JE, Fairley CK, Hopkins CA, Hocking JS (2010) Let them know the evaluation of an online partner notification service for Chlamydia that offers E-mail and SMS messages. *Journal for technology in health* 37: 563-565.
16. Wood JM, Harries J, Kalichman S, Nkoko K & Matthew C (2018) Exploring motivation to notify and barriers to partner notification of sexually transmitted infections in South Africa: a qualitative study. *BMC Public Health* 18.
17. Tsadik M, Berhane Y, Worku A & Terefe W (2017) Perceived risk of reinfection among individuals treated for sexually transmitted infections in Northern Ethiopia: implication for use in clinical practice. *Pan African Medical Journal* 27.

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