Point-of-Care approach to assess the predisposing factors associated with Chlamydia trachomatis infection among sexually active women attending the outpatient clinics at Kisumu County Referral Hospital, Kenya

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Introduction

According to WHO more than 1 million Sexually Transmitted Infections are acquired daily. Chlamydia is the most prevalent. Sexually Transmitted Infections specifically, Chlamydia have a profound impact on sexual and reproductive health through stigmatization, infertility, cancers, Pelvic inflammatory disease, and pregnancy complications and can increase the risk of HIV.

Mother-to-child transmission of STIs can result in stillbirth, neonatal death, low-birth weight and prematurity, sepsis, neonatal conjunctivitis and congenital deformities. Women infected with Chlamydia are five times more likely to become infected with Human Immunodeficiency Virus (HIV) and Human Papilloma Virus (HPV) if exposed. This study aimed to assess the predisposing factors associated with Chlamydia among sexually active women.

Materials and Methods

This is a cross-sectional study that was conducted among women aged 18 to 49 years attending outpatient clinics at Kisumu County Referral Hospital, Kenya. A total of 385 women met the eligibility criteria, and filled the electronic questionnaire after consenting. Socio-demographic and clinical information were collected from the participants. The women then provided vaginal swab samples which were collected by either health provider or self. The samples were then tested for Chlamydia trachomatis using Chlamydia rapid diagnostic test kit.

Results

A total of 29 (7.5%) participants tested positive for Chlamydia, and were given medication. Of which, (96.55%) had multiple partners, 24.14% were living with HIV, 13.79%, 72.41% and 24.14% had a history of Gonorrhoea, Upper Tract Infections (UTI) and syphilis respectively. The positivity was 41.38%, 48.28% and 10.34% among the consistence, inconsistence and no condom users. Factors independently associated with Chlamydia were; multiple sexual partners (P <0.001), co-infected with HIV (P 0.003), multiple STIs (P <0.001) and Upper Tract Infections (P<0.001). Self-collection of the vaginal swab was more acceptable (99.7%) as compared to collection by the health worker (0.3%).

Conclusions and Recommendations

Point-of-Care tests can be used to detect infections with the provision of same-day results and treatment if required. There is a need to implement active opportunistic screening in sexually active women. Creating awareness about the inherent risk factors predisposing sexually active women to Chlamydia infections can ease the STIs burden.