

# **COMMUNITY NEEDS AND STI LANDSCAPE IN MAPHOLANENG, MOKHOTLONG DISTRICT, LESOTHO**

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## Background

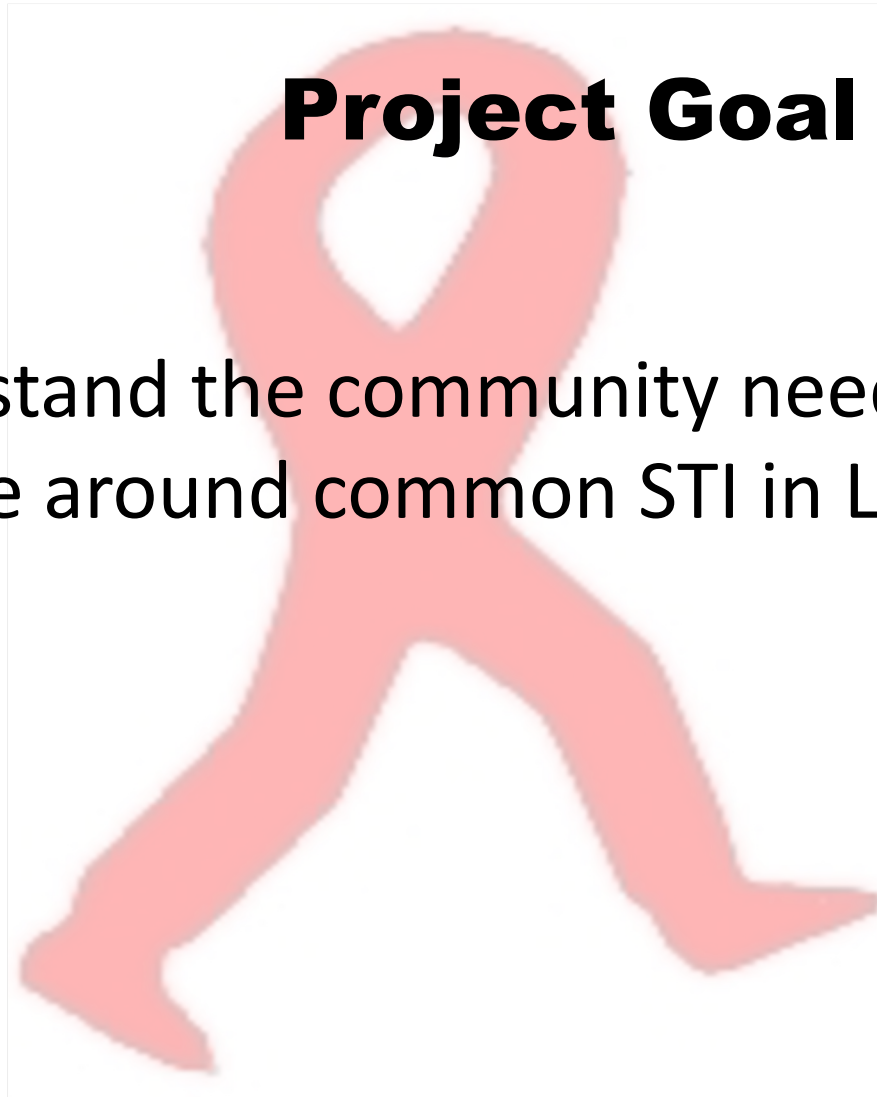
- According to LePHIA (2020) Lesotho has the second highest HIV prevalence in the world at 22.7 percent in adults aged 15 years and above in a population of about 1.8 million. Social Behaviour Change Communication Report, (2017) further indicate that in Lesotho, there is limited community health education on STI. Culturally, it is still a taboo to talk about sex and sexuality as well as reproductive Health. Most of the health facilities are owned by the church with the majority of them being the Roman Catholic church which do not provide condoms services. HPV screening is very low at 11% of women aged 30-49 years in the past 3 years (HPV information Center report, 2023) While those living with HIV between the ages of 15-49 were 47% where co-infection with HPV is very high (LePHIA,2020).
- There is no documented research on STIs in Lesotho.

## Background

- The country has only started recently to engage in comprehensive sexuality education focusing on youth at school but it is not consistently applied or implemented as there is still resistance. Culturally Parents are not free to talk about sex to their children. General health education on STI is very limited. Accessibility to prevention services such as condoms is still a challenge. There is also high HIV incidence as well as high papilloma viral infection leading to high incidence of Cervical cancer. The country receives funding on HIV interventions mainly from PEPFAR and The Global Fund and has exceeded the UNAIDS 90/90/90 targets. There is very little CSO engagement in the implementation of services as most funding goes to the development partners and international organization. The country is currently developing plans on transition and sustainability on HIV programming. Currently there is a plan to support STIs through the global fund

## Project Goal

- To understand the community needs and landscape around common STI in Lesotho



## Methods:

- The LENASO team used the qualitative method
- About 267 participants were interviewed in the focus groups of different ages from 15 to 35 years and from ages 35 years and above.
- The focus groups were divided into males and females.
- The interviews were conducted from the community, church, health facility, District Health Management Team, Civil Society Organization and Community Based Organizations.

## Methods:

- One on one interviews were held with the Ministry of Health national office (HIV Manager) as there is no designated personnel for STI Program.
- The Public Health Nurse and the nurse in charge at Mapholaneng Health Centre were also interviewed.
- Most of the participants were men from the community and from the Community Health workers were women. At the church setting, most participants were adolescent girls.

## Results: what types of STIs do you know of that you may have heard of?

### Male Responses

- Most participants just know the general term in their local language “*Seso*” This may be urethral discharge, or may be ulcers on the genitals.
- gonorrhoea,
- syphilis,
- lice on the pubic hair
- HIV

### Female Responses

- gonorrhoea,
- human papillomavirus,
- syphilis
- HIV
- chlamydia

# What is being done to prevent STIs?

## Male Responses

- Most men mentioned that they use condoms and did not know of any other prevention methods.
- Abstinence before marriage
- Faithfulness in marriage

## Female Responses

- Condoms
- PrEP
- HPV Vaccine
- U-U
- Faithfulness



# Results: What could be the main cause of delaying to seek for treatment when people are infected with STIs?



## Male Responses

- They start with self-treatment with local home remedies
- Some seek for traditional healers first
- Some are scared to be seen on their genitals especially to young Heath service providers of opposite sex
- Some feel that it is because they may have contacted the disease outside the family
- Fear of reporting to anyone because of stigma attached to STIs

## Female responses

- In addition to what has been said be the Lack of knowledge,
- Fear of health professionals' bad attitude
- Lack of confidence
- They fear the equipment that they heard from other that is being used while being examined or tested for PAP smear..

# Results: How does the norms and cultural practices influence the causes of STIs and may reduce the causes of STIs

## Male Responses

- It is a taboo to talk about sex so parents don't talk to their children about it and partners and couples don't talk about it.
- The positive side was that they are not allowed to be in places where parents don't know about their whereabouts and can't be out at night

## Female Responses

- Taboo to talk about sex,
- Sex and sexuality issues and reproductive issues are hidden in a difficult language that is often misinterpreted or misunderstood.
- The women said culturally their men enjoy try sex that pre-expose them to tears/cut hence they could easily be infected.

## What are the recommendations

### Male Responses

- The need for male health corner with male service provider
- There is a need for more STI screening and diagnostic projects in Mokhotlong
- There is a need for continuous condom education and demonstration to educate and the people in Mapholaneng vicinity on staying protected to avoid STI acquisition.

### Male Responses

- -Need self-test for HPV
- -Need for health education on STIs and preventions services
- - Need for Adolescent and youth corner where AGYW could be free.

## Conclusion

- There are still Lack of general knowledge on STIs to address the myths and the stigma
  - People are not aware of the prevailing services in their area
  - Inadequate health seeking behaviour
  - Lack of knowledge on patients rights
  - Lack of accessibility for most of services
  - Lack of research on STI and documentation on STI

## Conclusion

- There is a need for research on STIs
- Need for engagement of CSO to innovatively design and implement peer-led services
- Improve advocacy for prioritisation of STI in the national strategies and agenda
- There is a need to advocate for and influence policy changes to improve on STI interventions that are community led
- There is a need for advocacy for availability of acceptable and affordable integrated STI services in the communities
- Inform targeted STI Prevention and treatment interventions



THANK YOU

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