STI Risk Perception and Prevalence Among Young Women Using HIV PrEP in Kisumu, Kenya

1022

Purity Kwamboka[1], Magdaline Asewe[1], Bernard Rono[1], John Tsetso[1], Josephine Odoyo[1], Felix Mogaka[1], Victor Omollo[1], Lauren R. Violette[2,3], Deborah Donnell[4], Elizabeth A. Bukusi[1,5,6], Mary Hearst[7], Jared M. Baeten[5], Jenell Stewart[8,9]

Kenya Medical Research Institute[1] Kisumu, Kenya; Department of Population Medicine, Harvard Medical School, Boston, MA,USA[2]; Departments of Medicine[3], Global Health[5] and Obstetrics and Gynecology[6] University of Washington, Seattle, WA, USA; Fred Hutchison Cancer Centre, Seattle, WA, USA[4]; Schools of Nursing[7] and Medicine[9], University of Minnesota, Minneapolis, MN, USA; Hennepin Healthcare Research Institute[8]; Minneapolis, MN, USA

BACKGROUND

- Individuals' perception of sexually transmitted infection (STI) risk acquisition influences preventive behaviors, and risk assessment is a key clinical tool
- Evidence on whether self-perceived risk is a reliable predictor of STI remains limited.
- We evaluated the association between STI risk perception and STI prevalence at baseline among women enrolled in the DoxyDOT Study.

METHODS

- The DoxyDOT Study was testing once weekly 200mg Doxycycline for STI prevention.
- Surveys on demographics, sexual behavior, STI symptoms and STI risk perception.
- *C. trachomatis*, *N. gonorrhea*, and *T. pallidum* were tested with Xpert (Cepheid) nucleic acid amplification tests and serology.
- Risk perception, "My behavior puts me at risk of acquiring an STI in the next 3 months?", was dichotomized to high risk (strongly agree/agree) or low risk (strongly disagree/disagree).
- Poisson regression with robust standard errors was used to estimate the association between STI risk perception and laboratory-confirmed STI diagnosis.

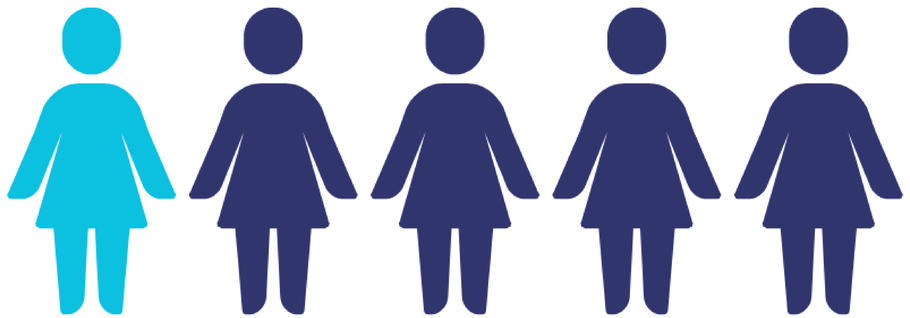
ADDITIONAL KEY INFORMATION

Funding: US NIH R01AI45971 and K23MH124466

DoxyDOT study: https://clinicaltrials.gov/study/NCT06582966

Author Contact: kwambokapurity48@gmail.com

Does my sexual behavior put me at risk of acquiring an STI in the next 3 months?



23% Engaged in Transactional Sex & were 3X more likely to test +ve for an STI

Self-perception of STI risk was low with no correlation to STI diagnosis.

33RD CROI CONFERENCE 2026 DENVER, COLORADO, USA

RESULTS

- August 2024 to June 2025, 60 cisgender women taking HIV PrEP enrolled.

Characteristic	N(%)
Age (yrs), median (IQR)	24 (21–26)
Age difference with sexual partner (yrs.), median (IQR)	5 (3–7)
Transactional sex	14 (23%)
>1 sexual partner	13 (22%)
Single	50 (83%)
Post-secondary education	39 (65%)
Reported own income	27 (45%)
Sexually transmitted infection	
C. trachomatis	8 (13.3%)
N. Gonorrhoeae	4 (6.7%)
T. pallidum	0 (0%)
Any STI	12 (18.3%)

- **In the adjusted model, high risk perception was not associated with STI diagnosis. (aPR =0.942; 95% CI: (0.20-4.30);**

CONCLUSIONS

- Prevalence of bacterial STIs among women taking HIV PrEP in Kisumu was high.
- Self-perceived STI risk was low and not significantly associated with STI diagnosis.
- Transactional sex is likely to be an indicator for risk of STI acquisition .

KENYA MEDICAL RESEARCH INSTITUTE KEMRI

CeIDeR CENTER FOR INFECTIOUS DISEASE RESEARCH

UNIVERSITY OF WASHINGTON INTERNATIONAL CLINICAL RESEARCH CENTER