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Increase in STIs among Adolescents in Masvingo District

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ABSTRACT

Sexually transmitted infections (STIs) and HIV remain a significant global public health concern, with over 1 million new cases reported daily, according to the World Health Organization (WHO). This study investigates factors contributing to the rise of STIs among hundred (100) adolescents in Masvingo, Zimbabwe. A survey design with questionnaires was used to collect data on factors influencing STI prevalence. The sample was drawn from four wards, with 25 participants per ward. The study targeted adolescents aged 15 to 19, with a higher proportion of females (82%) compared to males (18%). Findings revealed that although 90% recognized STI symptoms, 95% reported having unprotected sex. Additionally, 84% attended social events, which could promote risky sexual behaviors. A significant number (32%) admitted to reusing condoms, and 59% traveled long distances to access them. Peer pressure (75%) and lack of sexual health knowledge (45%) were identified as major contributors to STI risk. Participants also highlighted the importance of education (88%) and condom use (75%) as effective prevention strategies. The study calls for targeted sexual health education and improved access to preventive resources for adolescents in the region.

INTRODUCTION

Sexual Transmitted Infections remain a major public health threat as an estimated one million new cases are reported per day (CDC, 2016; WHO 2021). In 2020, an estimated 374 million new STIs cases of the four curable STIs which are chlamydia, gonorrhoea, syphilis, and trichomoniasis were reported globally (WHO 2021). In Africa, 95.9 million new cases of the four curable STIs were reported in 2020, representing 25.6 % of the global STIs incidence (WHO 2021). The WHO estimates that sub- Saharan Africa bears approximately 40% of the global burden of STIs (WHO 2016).

Globally, at least half of all adolescents are sexually active before turning 18 years (CRCGC 2013). Berenbaum, Beltz, & Corley (2015) defined adolescence as a transitional period accompanied by biological changes associated with puberty, the need for increased independence, the quest for self-identity and a period of experimentation. Adolescence is a period of transition from childhood to adulthood with many physiological, sexual developments and social role challenges (Kar, Choudhury & Singh, 2015). This period is characterised by social, psychological, economic and biological transitions.

Sexually Transmitted Infections (STIs) continue to be a major public health problem in Zimbabwe. In Zimbabwe, there is nearly 40% of girls and 24% of boys are sexually active before they reach the age of 18 (Committee on Rights of Children 2016). Females had a significantly higher incidence of STIs compared to males from 2012-2015 (NAC 2018). The most prevalent STI in the province from 2012-2015 was vaginal discharge with 48,972 (30.7%) (NAC 2018). However, there was a sudden change as Zimbabwe recorded a sharp increase in incidences of STI's cases with Masvingo Province topping the list (NAC 2018). Masvingo Province accounted for 17% of the national statistics and among the heavenly burdened districts, Masvingo, Chiredzi, Bikita, Zaka, and Mwenezi (NAC 2018). Masvingo District recorded 4 068 cases (2018) second quarter compared to 3 592 in the first quarter and a further 4 509 in the third quarter (NAC 2018).

Masvingo District consisted of 42 health centers, one district hospital and one provincial hospital. There are several higher education institutions such as Masvingo Polytechnic, Great Zimbabwe University, Bondolfi Teachers College, Morgenster Teachers College, Masvingo Teachers College, Reformed Church University

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue VIII August 2025

and Masvingo School of Nursing. These institutions have made Masvingo District a hub of students from various parts of the country and are as well of interest to the researcher since they form part of the population that is mainly affected by sexually transmitted infections. Citizens and stakeholders are concerned about high rates of sexual transmission infections, and this would threaten the hope to reduce the HIV prevalence from the current rate of thirteen (13%) (NAC 2024). Therefore, this study focused on factors leading to an increase of STIs in Masvingo District of Masvingo Province.

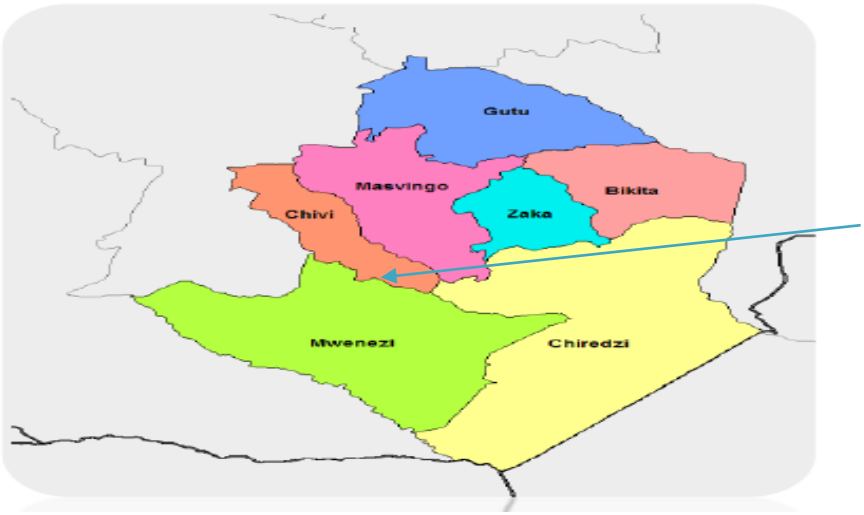


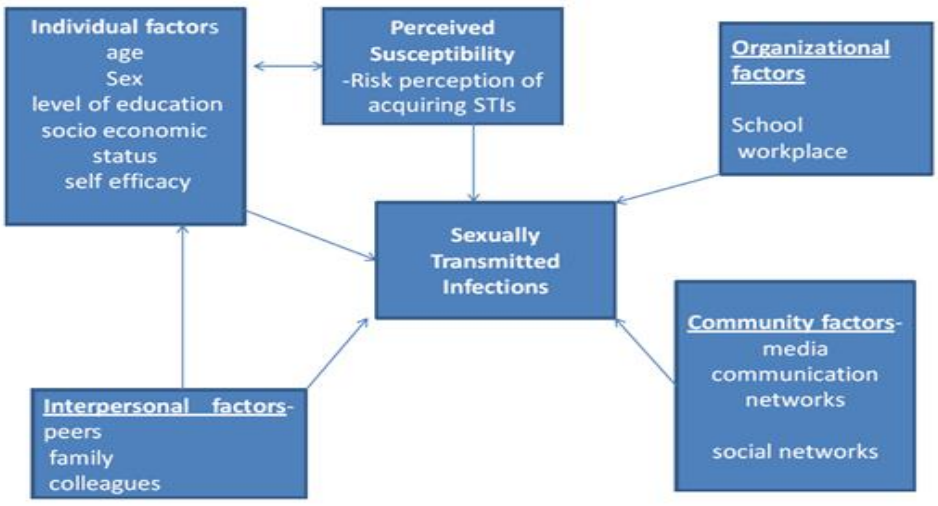
Fig 1.1 Map of Masvingo Province.

Statement of problem

The increasing incidence rates of sexually transmitted infections (STIs) in Masvingo District pose a significant public health challenge, particularly among adolescents, it marks a troubling deviation from the downward trend observed since 2015. Despite national efforts to combat STIs through public health initiatives such as unprotected sex and multiple partnerships. Untreated STIs can lead to severe long-term health consequences, including infertility, pelvic inflammatory disease, and increased susceptibility to HIV, thereby adversely impacting sexual, reproductive, and maternal health. Factors contributing to this rise include inadequate sexual reproductive health knowledge, peer pressure, limited access to contraceptives, and socio-economic challenges. Additionally, cultural norms and stigma surrounding sexual health further complicate prevention efforts. Understanding these factors is crucial for developing effective interventions and educational programs to reduce STI rates and improve overall sexual health among the youth in Masvingo District.

Conceptual Framework

Fig 2.1 Conceptual framework



ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue VIII August 2025

The conceptual framework (figure 2.1) integrated constructs of the Health Belief and the Socio-Ecological Models.

The conceptual framework integrated constructs of the Health Belief and the Socio-Ecological Models. The study determined the associations between sexually transmitted infections and the following constructs of the Social Ecological Theory (Individual factors-age, sex, level of education, socio economic status, self-efficacy). Interpersonal factors included peers, family, colleagues. Organizational factors included school and workplace. Community factors include media, communication networks and social networks. This model allowed for investigation into factors leading to the increase of STIs in Masvingo District among adolescents. A construct on perceived susceptibility from the health belief model was used to complement the individual factors' component of the social ecological model. Perceived susceptibility-whereby assessment of participant's risk to contracting STIs was done. Perceived susceptibility is a person's judgement of their risk of developing a health problem (Abraham & Sheeran, 2005;2014). People who perceive that they are susceptible to a particular health challenge or problem engaged in positive behaviours to reduce the risk of developing it (Glanz, Rimer & Viswanath, 2008). Conducting a social ecological study helped identify the risk factors contributing to the rise of STIs among youths in Masvingo.

Objectives

To investigate factors leading to an increase in STIs prevalence in Masvingo District

To determine the demographic characteristics of the adolescents affected by STIs in Masvingo District

To recommend possible interventions to reduce the prevalence of STIs in Masvingo District.

METHODS

This study followed a survey design using questionnaires to extract data on the factors contributing to an increase in sexually transmitted infections among adolescents in Masvingo District. This study focused on Masvingo District which consists of 42 health centers, among them one Provincial hospital and one District hospital. There are also tertiary institutions run by the government such as Masvingo Polytechnic, Great Zimbabwe University, Bondolfi Teachers College, Morgenster Teachers College and Masvingo Teachers College which provided a huge number of adolescents in Masvingo District.

The population was around 13 000 adolescents from four (4) wards in Masvingo District. The target population was made up of adolescents from Masvingo Urban District. The sample size consisted of hundred (100) adolescents', twenty-five (25) adolescents per each of the four (4) wards. Purposive sampling was used to come out with the wards as they housed the tertiary institutions where a number of adolescents live in. A purposive sample is a non-probability sample that is selected based on characteristics of the population and the objective of the study. This enabled the researcher to get responses from the people who are most affected. In coming up with the wards among the urban, attention was paid also to the high-density areas where several people resides especially the youths which are at the center of the research. Wards one (1), two (2), six (6), and nine (9) that is four (4) out of the ten (10) wards were enrolled into the study considering that's where most students reside due to the proximity the campuses and the educational institutions. Then simple random sampling was used to select participants and meant to be an unbiased representation of a group (adolescents).

RESULTS OF THE STUDY

A total of hundred (100) young people were recruited into the study. A total of hundred (100) questionnaires were analysed. Eighty-two (82 %) of the participants were females and eighteen (18%) males in the study. The minimum age of the respondents was 15 years whilst the maximum age was 19 years. A total of (40%) respondents were in some form of employment compared to (60%) respondents who were unemployed.

Socio demographic characteristics of the participants.

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue VIII August 2025

Table 4.1 shows the socio-demographic characteristics of the study population.

Name of the variable	Frequency	Percentage
Age of the participants		
15-16 years	70	70%
17-19 years	30	30%
Sex of the participants		
Males	18	18%
Females	82	82%
Marital status of the participant		
Single	81	81%
Married	12	12%
Separated	3	3%
Divorced	4	4%
Religion		
Christianity	88	88%
Non-Christianity	8	8%
Muslim	4	4%
Employment status		
Employed	5	5%
Unemployed	15	15%
Students	80	80%
TOTAL	100	100%

Out of the hundred (100) participants (70%) were aged between 15-16 years and the remaining (30%) were between 17-19 years old. Over half of the participants (82%) were females whilst (18 %) were males. Of the interviewed participants (81%) were single, (3%) separated, (4%) divorced, and (12%) were married. On religious views, (4%) were Muslims, (88%) were Christians, and (8%) non-Christians. More than half, (80%) of the participants were students, (5%) employed and (15%) unemployed.

Table 4.2 Predisposing factors to STIs

Variable	Agree	Disagree	Don't Know
Do you know (STI) sexually transmitted signs & symptoms?	90%	2%	8%
Do you ever go to clubs or parties where young people entertain themselves?	84%	8%	8%

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue VIII August 2025

Have you had unprotected sex	95%	5%	0
Have you used one condom more than once?	32%	64%	4%
Have you travelled a long distance to get condoms from the clinic?	59%	41%	0
Do you know that STIs symptoms cannot be seen in some cases?	20%	80%	0
Do you know that being drunk can lead to unprotected sex?	40%	60%	0
Do you know that peer pressure from friends to have sex	75%	25%	0
Lack of sexual reproductive health knowledge	45%	55%	0
Early sexual debut by adolescents	60%	40%	0
Have you pay or paid for sex	56%	44%	0
Were you treated for STIs	85%	15%	0

The above table showed the predisposing factors to STIs in Masvingo District. The results showed that (90%) of the participants agreed that they know the signs and symptoms of sexually transmitted infections whilst (2%) of the participants they disagree that they know the signs and symptoms of sexually transmitted infections. Lastly, (8%) of the participants they indicated that they don't know the signs and symptoms of sexually transmitted infections. On whether the participants ever go to clubs or parties, the results showed that (84%) of the participants agreed that they go to clubs or parties. It was followed by (8%) of the participants who disagreed that they go for clubs or parties. Lastly, (8%) of the participants do not know whether they go to clubs and parties or not.

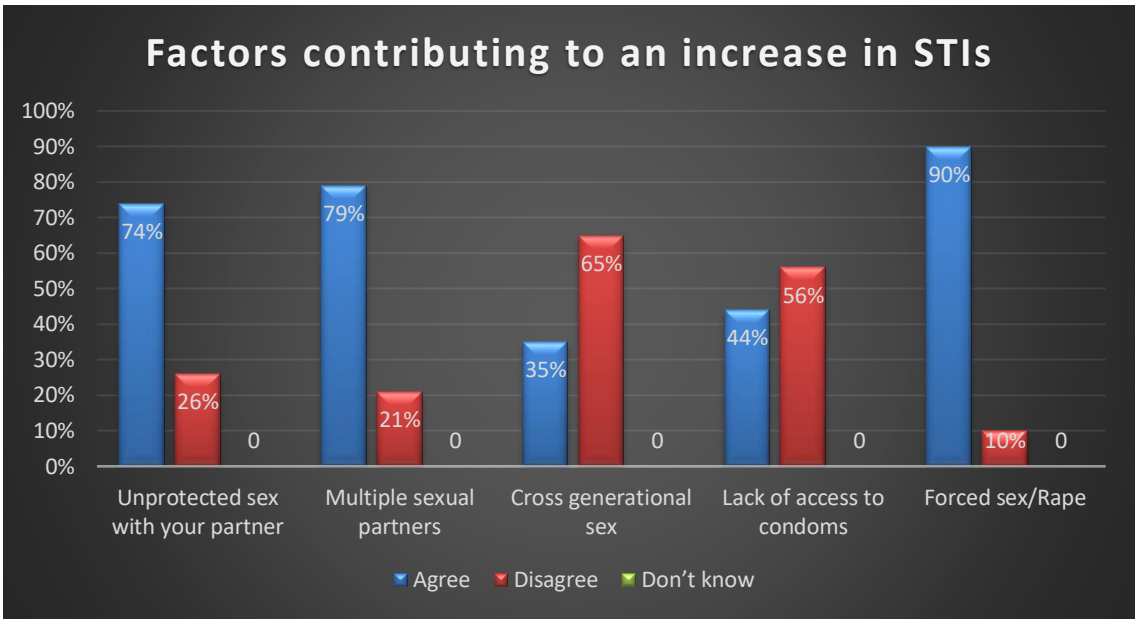
On whether the participants have had unprotected sex, the results showed that (95%) of the participants agreed that they had unprotected sex, it was followed by (5%) of the participants who disagreed that they had unprotected sex. On whether the participants had used one condom more than once, the results showed that (32%) of the participants agreed that they used one condom for more than once, then (64%) of the participants denied that they used one condom more than once. Lastly, (4%) of the participants indicated that they don't not know. On, whether the participants had travelled a long distance to get condoms from the clinic, the results showed that (59%) of the participants agreed that they travelled a distance to get the condoms, and (41%) of the participants disagreed that they travel long distance to get condoms.

On, whether the participants know that STIs symptoms cannot be seen in some cases, the results showed that (20%) of the participants agreed that at times symptoms cannot be seen whilst (80%) of the participants disagreed that symptoms of STIs are always seen. On, whether the participants know that being drunk can lead to unprotected sex, the results showed that (40%) of the participants agreed with the statement that being drunk can lead to unprotected sex whilst (60%) of the participants disagreed that being drunk can lead to unprotected sex. On whether peer pressure from friends leads to sex, the results showed that (75%) agreed that peer pressure leads to sex whilst (25%) of the participants denied that peer pressure leads to sex. On, whether lack of sexual reproductive health knowledge led to an increase in STIs, the results showed that (45%) of the participants agreed that lack of sexual reproductive health knowledge leads to STI increase whilst (25%) of the participants denied that lack of knowledge exposes one to STIs. On, early sexual debut by adolescents, the results showed that (60%) of the participants agreed that early sexual debut predisposes adolescents to STIs whilst (40%) of the participants denied that early sexual debuts predispose adolescents to STIs. On whether the participants have paid for sex at any time or point in their adolescence, the results showed that (56%) of the participants agreed that they had paid for sex whilst (44%) denied ever pay for sexual services. On whether the participants were treated for STIs, the results showed that (85%) agreed that they were treated for STIs whilst (15%) of the participants denied that they were treated for STIs.

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue VIII August 2025

Factors contributing to an increase of STIs in Masvingo District.

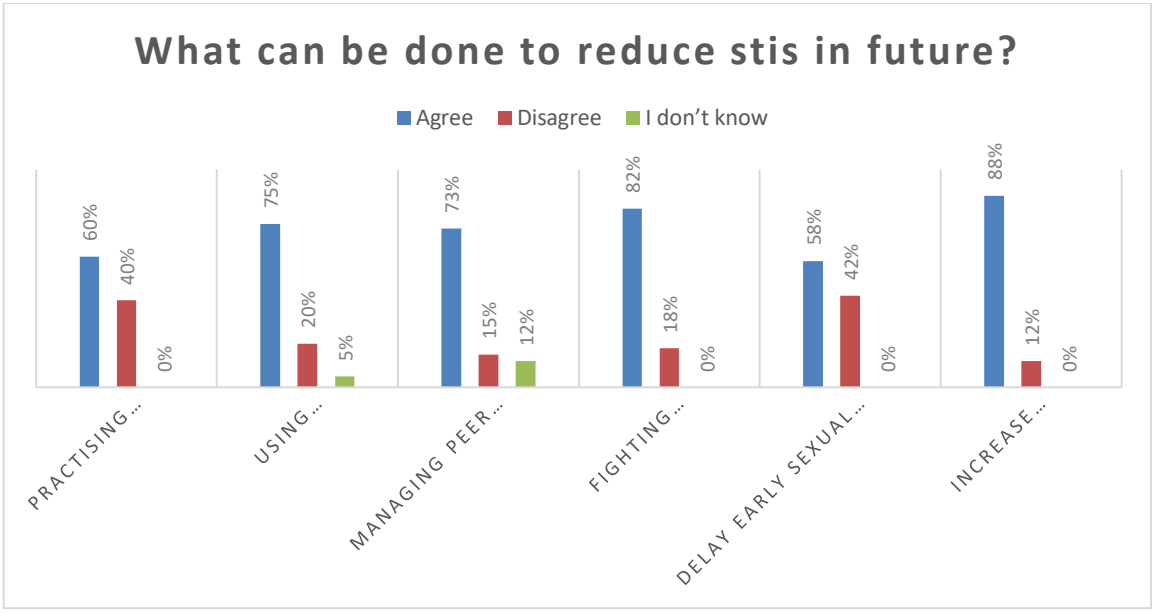
Figure 4.3 Factors contributing to an increase of STIs in Masvingo District.



The figure above indicated factors leading to an increase in sexual transmitted infections. On unprotected sex with your partner, the results showed that (74%) of the participants have agreed that they had unprotected sex whilst (26%) of the participants denied ever having unprotected sex with a partner. On multiple sexual partners, the results showed that (79%) of the participants agreed to multiple sexual partners whilst (21%) of the participants denied having multiple sexual partners. On cross generational sex, the results showed that (35%) of the participants agreed to cross generational sex whilst (65%) of the participants denied any involvement in cross generational sex. On lack of access to condoms, the results showed that (44%) of the participants agreed that condoms were inaccessible which predisposes to sexually transmitted infections whilst (56%) of the participants indicated that condoms were accessible. Lastly, on forced sex/rape, the results showed that (90%) of the participants agreed to forced sex whilst (10%) of the participants denied forced sex/rape encounters.

What can be done to reduce STIs in the future?

Figure 4.4 What can be done to reduce STIs in the future?



ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue VIII August 2025

The figure above indicated what measures can be done to reduce sexually transmitted infections among adolescence. On practicing abstinence, the results showed that (60%) of the participants agreed practicing abstinence which reduces sexually transmitted infections whilst (20%) of the participants disagreed that abstinence reduces sexually transmitted infections.

On using protection such as condoms, contraception and family planning methods, the results showed that (75%) of the participants agreed that protection can be used to reduce sexually transmitted infections, it was followed by (20%) of the participants disagreed that protection can be used a solution to reduce STIs. Lastly, (5%) of the participants they do not know any solutions to reduce STIs. On managing peer influence, the results showed that (73%) of the participants agreed that managing peer influence can be used as a measure to reduce STIs, it was followed by (15%) of the participants who disagreed that managing peer influence can be used as a solution to STIs. Lastly, (12%) of the participants they don't know any measures to reduce the spread of STIs.

On fighting alcohol, drug and substance abuse, the results (82%) of the participants agreed that fighting alcohol, drug, substance abuse can be a solution to the increase in STIs. It was followed by (18%) of the participants who disagreed that fighting alcohol, drug and substance abuse cannot be a solution to STIs increase. On delay early sexual debut, the results showed that (58%) of the participants agreed that delaying sexual debut as a solution to STI increase. It was followed by (42%) of the participants who disagreed that delaying sexual debut will not help to reduce STI increase. On increase in education and awareness of the risk of getting STIs, the results showed that (88%) of the participants agreed that by increasing education and awareness on STIs might reduce the increase of STIs whilst (12%) of the participants disagreed that education and awareness on STIs reduces the risk of getting STIs.

DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

Discussion

The incidence of sexually transmitted infections (STIs) in Masvingo District, particularly among adolescents, is rising alarmingly due to high incidence of unprotected sex, multiple partners, and early sexual debut, coupled with significant experiences of coercion, underscores the urgent need for targeted interventions. The findings highlighted a multifaceted approach is needed to address the increasing rates of STIs in Masvingo. The combination of knowledge gaps, high-risk behaviors, and socio-cultural factors indicates a pressing need for comprehensive educational programs and accessible healthcare resources (Ngwenya et al., 2022). This study analyzes data from 100 young participants (adolescents), focusing on their experiences and perceptions related to STIs.

The study sample consisted of 100 participants from four wards in Masvingo, predominantly females (82%). Ages ranged from 15 to 16, with (70%) aged between 17-19 years. This demographic factor may contribute to vulnerabilities in sexual health knowledge and behavior. The findings of the age group mainly affected by STIs were supported by Zheng et al., (2022) who found out that adolescents and young people aged 10–19 years are at high risk of HIV and STIs. The findings of this study were further supported by (Francis et al., 2018) who found out high rates of STIs among young people in sub-Saharan Africa. Most participants were single (81%), and a significant proportion were students (80%), highlighting the youth demographics' predominant involvement in educational pursuits. The high rate of single participants may correlate with the increasing incidence of STIs among adolescents, as studies indicate that casual sexual encounters often lead to higher transmission rates (Fisher et al., 2014).

Sixty (60%) of participants were unemployed, highlighting a potential socioeconomic vulnerability that could contribute to higher STI rates UNICEF (2019). The predominance of Christians (88%) may influence sexual behavior and attitudes towards STIs. While religious teachings may promote abstinence, they can also create barriers to discussing sexual health openly, leading to underreporting or lack of treatment (Gusmano & Weisz 2010; Ali et al., 2020).

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue VIII August 2025

Despite (90%) of participants reporting awareness and knowledge of STI symptoms, there remains a gap in understanding that symptoms may not always be visible. This misconception can lead to untreated infections and increased transmission rates. However, (80%) disagreed that symptoms are not always visible, suggesting a misconception that could lead to untreated infections. This aligns with findings by (McCormack, Feeney and Beck 2020), indicating that a lack of understanding of asymptomatic STIs can contribute to transmission and leading to untreated infections (WHO ,2021).

Additionally, (40%) recognized the link between intoxication and unprotected sex, indicating a need for better education regarding the risks associated with substance use. The low awareness regarding asymptomatic STIs is concerning as (20%) of the participants agreed that symptoms and signs might not be visible. Many STIs, such as chlamydia and gonorrhea, can be asymptomatic, leading to increased transmission rates if individuals are unaware (CDC, 2017). Further, literature indicates that a lack of awareness can lead to delayed treatment and increased risk of complications.

Seventy-five (75%) agreed that peer pressure leads to sex, this acknowledgment of peer pressure as a contributing factor aligns with literature indicating that social influences significantly affect adolescent sexual behavior (Borsari & Carey, 2001). Peer dynamics can create an environment where risky sexual behaviors are normalized, leading to higher STI rates. Literature indicates that adolescents and young adults are particularly vulnerable to STIs due to factors like peer influence, lack of comprehensive sexual education, and limited access to healthcare services (Hoffman et al., 2016).

Out of (100%), (45%) agreed that lack of knowledge leads to STI increase among adolescents. This highlights a significant gap in sexual health education. Comprehensive sexual education has been shown to reduce risky behaviors and improve knowledge about STIs (Kirby, 2007). The findings suggest that addressing educational gaps could be critical in reducing STI incidence.

The participants (60%) agreed that early sexual debut predisposes to STIs, by recognizing this link that is consistent with research indicating that early sexual activity increases the likelihood of STIs due to a combination of biological susceptibility and lack of knowledge and experience (Lammers et al.,2011). Therefore, targeted interventions for younger adolescents could help mitigate these risks. The findings in this study showed that (56%) many participants have paid for sex. This finding points to a significant engagement in transactional sex, which is a known risk factor for STIs (Shannon et al., 2015). Additionally, the findings of this study showed that (85%) of adolescents were treated for STIs, this indicates some level of access to healthcare services, which is positive. However, the fact that 15% have not been treated suggests barriers to healthcare access, stigma, and lack of knowledge about seeking treatment (Morris et al., 2013). Multiple health system factors such as vertical programmes and lack of age-appropriate services, compounded by sociocultural factors resulting in stigmatization, impede young people's access to and engagement with sexual and reproductive health (SRH) services available through existing health facilities (Newton-Levinson et al., 2016).

An alarming (95%) of participants reported engaging in unprotected sex, indicating significant non-compliance with safe sex practices. This trend is supported by previous studies that found high rates of unprotected sex among adolescents, often influenced by peer dynamics (CDC, 2020). Additionally, Kohler et al., (2015), found out that many studies conducted in Africa related to sexuality revealed that sexually active youth have been reluctant to use condoms due to cultural norms and religious beliefs. For example, using condoms is seen as an obstacle to expressing love and trust, as some believe when people are in a committed relationship, there should not be a need for condoms (Drummond et al., 2011). In Sub-Saharan Africa, condom use is limited because of the desire for large families and gender-specific roles in decision-making on contraception and sexual intercourse (Kabagenyi et al., 2014).

Many participants admitted to having multiple sexual partners, significantly increasing STI risk (CDC, 2020, WHO, 2021). Multiple sexual concurrencies were associated with STI episodes in this study; similarly, multiple sexual partner concurrencies were correlated to alcohol and drug abuse in a study by (Senn et al.,2009). Men engaging in multiple concurrent sexual relationships place their own and their partners sexual health at risk (Callands et al.,2013; Drummond et al.,2011; Larsman et al.,2012; Napper et al.,2012; WHO,

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue VIII August 2025

2014). This reflects existing literature that emphasizes the role of social factors in risky sexual behavior which was supported by (Ngwenya et al., 2022).

A few participants recognized that being intoxicated could lead to unprotected sex, indicating a gap in understanding the risks associated with alcohol and drug use (WHO, 2020). Alcohol consumption and hanging out at bars were strong associations for STIs. Young people who drank alcohol were likely to become violent; engage prostitutes or in unprotected sex. This was similar to the findings by (Seth,2011;Endalew & Bedada,2014) who highlighted that alcohol use was associated with risky sexual behaviour and STIs. Drinking venues (bars) were found to be risk factors for contracting STIs in this study. This was supported by Singh et al., (2010) and Kapiga (2002) who found out that young people who spent their free time at bars were more likely to report an STI episode.

Many participants agreed that early sexual activity predisposes adolescents to STIs, reinforcing the need for educational interventions targeting young people, which is supported by existing literature (UNICEF, 2019). Transactional sex in females was noted to have an association with acquisition of STIs. Rositch (2012) echoed the same sentiments. Hwang et al., (2000) in a study among drug users found out the same and Susanna et al., (2014) also highlighted that transactional sex was associated with HIV seropositivity as negotiating power for safer sex is removed once the sexual act involves an exchange of gifts or money.

Many participants reported traveling long distances to access condoms, suggesting that logistical barriers may hinder safe sex practices. This lack of access is consistent with findings from other studies indicating that geographical and socioeconomic barriers significantly impact STI rates (Nanda et al., 2019). This logistical barrier, combined with a lack of knowledge, exacerbates the situation. Furthermore, other participants acknowledged experiences of forced sex, which poses significant mental health and physical health risks, further complicating the landscape of STI transmission, indicating a severe risk factor for STIs that intersects with issues of consent and sexual violence (WHO, 2020; Amnesty International, 2021).

Many participants agreed that increasing education about STIs could reduce incidence rates. Education has been shown to significantly influence safer sexual practices (Omar et al., 2021). In this study, knowledge levels about STIs did not seem to be a protective factor against the adolescents as supported by a study by (Chadambuka et al., 2007). Evidence-based sexual health education has been shown to improve knowledge and reduce risky behaviors (Kirby, 2007; Hoffmann et al., 2016). Apart from that, the majority of the participants supported condom use as a preventative measure, aligning with recommendations from health organizations (CDC, 2020). This strong agreement underscores the recognition of condoms and contraceptive methods as vital tools for STI prevention. Studies show that condom use significantly reduces the risk of STIs, including HIV (CDC, 2016).

Additionally, managing peer pressure could help mitigate STI risks. This suggests the potential for peer-led interventions to foster healthier behaviors (Ngwenya et al., 2022). Acknowledgment of the role of peer influence is crucial, as peers significantly affect adolescence sexual behavior (Borsari & Carey, 2001). The majority agreement suggests a readiness to engage in interventions that empower adolescents to resist negative peer pressure. Moreso, many participants believed that delaying sexual initiation could reduce STIs, a perspective supported by research linking early sexual debut to higher STI rates (UNICEF, 2019). Research has shown that early sexual debut is associated with increased STI rates due to factors such as lower condom uses and higher numbers of sexual partners (Lammers et al., 2011). Other participants recognized the importance of addressing alcohol and drug abuse as part of STI prevention efforts. Implementing substance abuse prevention programs alongside sexual health education is essential for reducing STI risks (Duncan et al., 2015).

The majority agreed that abstinence can be used as a solution to reduce STIs increase in Masvingo District. The use of abstinence as a preventive measure is notable, indicating some awareness of its potential benefits in reducing STIs. Literature supports this perspective, emphasizing that abstinence can effectively eliminate the risk of STIs when practiced consistently (Guttmacher Institute, 2009). Therefore, comprehensive sexual health education that includes information about safe practices, such as condom use, is essential (Guttmacher Institute, 2009).

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue VIII August 2025

Conclusions

The analysis of survey results highlights several critical measures for reducing STI incidence among adolescents in Masvingo District. The recognition of the importance of education, peer influence management, protection, and addressing substance abuse indicates a solid foundation for future public health interventions. The survey results indicate a strong recognition of various measures to reduce STI incidence among adolescents in Masvingo District. While there is considerable support for abstinence, protection, peer influence management, and increased education, there are also gaps in knowledge that need to be addressed. Comprehensive sexual health education, combined with community outreach and engagement, is essential for equipping adolescents with the knowledge and skills necessary to make informed choices regarding their sexual health. Addressing these issues holistically will significantly contribute to reducing STI rates in this vulnerable population. Therefore, it is possible to significantly reduce STI rates in this vulnerable population in Masvingo District.

Recommendations

-Enhanced sexual education- Implement comprehensive sexual health education programs in schools and community centers focusing on the risks associated with STIs, unprotected sex, and the importance of consent.

-Improved access to condoms-increase the availability of condoms through local clinics and community initiatives to reduce travel barriers. Condom use was a protective factor which insignificant in this study as compared to other studies. The results for condom use and forced sex might have been inconclusive because of the sample size of this study.

-Peer education programs-develop peer-led initiatives to address the influence of peer pressure and promote healthy sexual practices.

-Substance abuse programs-integrate education about the risks of alcohol and drug use into sexual health programs to address its role in increasing STI risk. Integrate discussions on the risks of substance use into sexual health education to better inform adolescents about its impact on sexual behavior.

-Comprehensive sexual Education-Implement programs in schools and communities to enhance understanding of STIs, including the risks of asymptomatic infections and the importance of consent. These recommendations from all the stakeholders can make significant progress in reducing STI incidence among adolescents in Masvingo District.

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