

# Health Services Uptake among female youth in Zimbabwe: A Latent Class Analysis

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## Unemployed, slightly older mothers are at the *highest risk of HIV and STIs* yet show poor uptake of HIV testing and STI health services.

### BACKGROUND

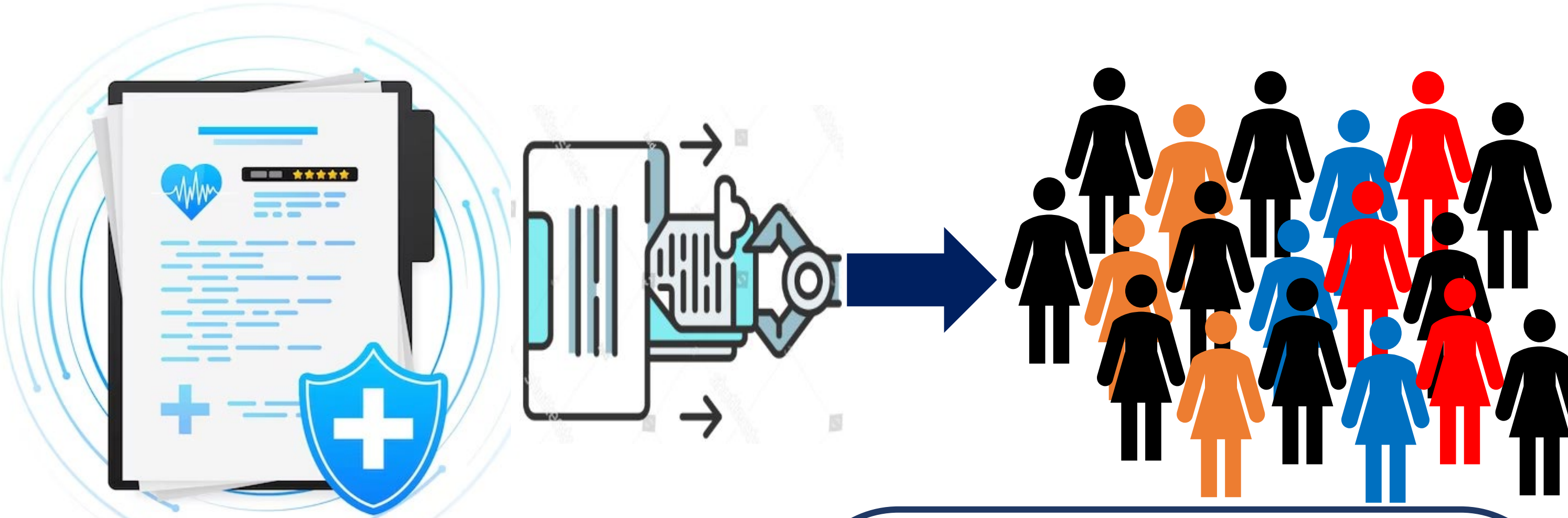
- Effective strategies to engage youth in health services are needed.
- It has been observed that youth have poorer HIV-related outcomes compared to other age-groups.
- In Zimbabwe, a cluster randomized trial, known as CHIEDZA, implemented community-based youth friendly integrated HIV & sexual and reproductive health services for 16-24 years old to evaluate the effectiveness of the interventions on HIV outcome.
- Outcomes were ascertained through a population-based survey of 18-24-year-olds.

### Objective:

- To identify and describe groups of young women with similar healthcare-seeking behaviour from the intervention arm.

### METHODS

#### Step 1: Data Extraction



Female participants data from Harare & Bulawayo provinces were extracted from CHIEDZA Service database between 1 Jan 2021 and 20 Sept 2021.

- 4667/5830 (80%) were eligible**
- Condoms
  - HIV testing
  - Menstrual hygiene products
  - Text message information service
  - STI testing
  - Family planning
  - Menstrual pain management
  - General counselling
  - STI counselling

There is heterogeneity – Participants utilised different services.

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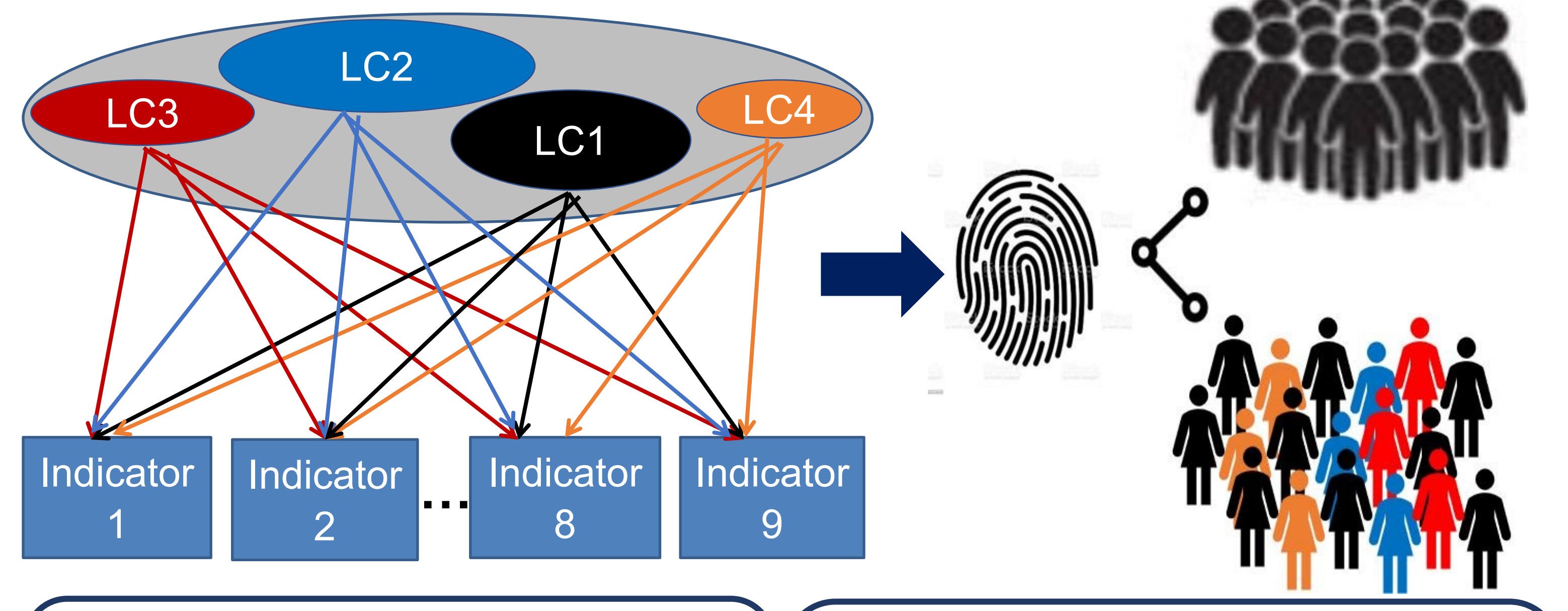
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#### Step 2: Latent Class analysis (LCA) Step 3: LCs linked to survey



Four LC were selected based Bayesian information criteria (BIC) & Akaike Information Criteria (AIC) indices.

Service data were linked (using biometric matching) to a population level survey conducted between October 2021- June 2022.

### RESULTS

- 341 out of 4667 (7.3%) were successfully matched to the survey data.

Table 1: Distribution of clients across classes for the main data and the matched dataset

|                   | N    | Class 1 | Class 2 | Class 3 | Class 4 |
|-------------------|------|---------|---------|---------|---------|
| Service clients   | 4667 | 14%     | 39%     | 11%     | 37%     |
| Matched to survey | 341  | 10%     | 38%     | 10%     | 42%     |

Table 2: Characteristics of participants belonging to the four latent classes

|                                  |                                  | Class 1                                     | Class 2        | Class 3          | Class 4         |
|----------------------------------|----------------------------------|---|----------------|------------------|-----------------|
| Health services                  | Condoms                          | 8.8%  | 0%             | 50.0%            | 95.0%           |
|                                  | HIV testing                      | 61.8%                                       | 96.9%          | 35.3%            | 88.7%           |
|                                  | Menstrual hygiene products       | 85.3%                                       | 90.1%          | 17.7%            | 73.2%           |
|                                  | Text message information service | 17.7%                                       | 62.6%          | 73.5%            | 78.9%           |
|                                  | STI testing                      | 8.8%  | 100%           | 41.2%            | 95.0%           |
|                                  | Family planning                  | 2.9%  | 26.7%          | 85.3%            | 47.2%           |
|                                  | Menstrual pain management        | 79.4%                                       | 75.6%          | 52.9%            | 81.7%           |
|                                  | General counselling              | 5.9%  | 0.8%           | 0%               | 9.2%            |
|                                  | STI counselling                  | 0%  | 9.9%           | 2.9%             | 31.0%           |
|                                  | Sexually transmitted infections  | Chlamydia, gonorrhoea and/or trichomoniasis | 5.9 (0.8, 32)  | 14.8 (7.8, 26)   | 31.6 (14.8, 55) |
| HIV prevalence                   |                                  | 2.9 (0.4, 18.2)                             | 3.8 (1.6, 8.9) | 11.8 (4.5, 27.5) | 4.9 (2.4, 10.1) |
| Sociodemographic characteristics |                                  | %   | %              | %                | %               |
| Age                              | 18-20                            | 61.8  | 60.3           | 41.2             | 50              |
|                                  | 21-24                            | 38.2  | 39.7           | 58.8             | 50              |
| Education level                  | Primary                          | 14.7  | 6.1            | 5.9              | 4.9             |
|                                  | Secondary                        | 82.4  | 87             | 94.1             | 86.6            |
| Marital status                   | Post secondary                   | 2.9   | 6.9            | 0                | 8.5             |
|                                  | Never married                    | 88.2  | 64.1           | 38.2             | 75.4            |
|                                  | Married or living as married     | 8.8   | 30.5           | 52.9             | 21.1            |
|                                  | Divorced, widowed or separated   | 2.9   | 5.3            | 8.8              | 3.5             |
| Employment                       | In school                        | 50.0  | 23.7           | 8.8              | 21.8            |
|                                  | Employment                       | 8.8   | 16.0           | 29.4             | 16.2            |
|                                  | Unemployed                       | 41.2  | 60.3           | 61.8             | 62.0            |
|                                  | Ever been pregnant, yes          | 19.4  | 33.6           | 82.4             | 46.7            |

- LC1 are young women concerned with menstrual health.
- LC2 are unmarried young women at risk of various vulnerabilities and are aware of their sexual health concerns.
- LC3 are unemployed, older mothers primarily concerned with reproductive health & at highest risk of HIV and STIs but had poor uptake of these services.

### CONCLUSIONS

- Distinct groups of young women in Zimbabwe have different health service needs.
- One critical group: unemployed, slightly older mothers at the highest risk of HIV and STIs yet shows poor uptake of STI & HIV testing services.
- Urgent need for targeted interventions to improve access and service uptake for this vulnerable population.



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