

Explore the Data Behind the StoryMap

This brief guide, **Explore the Data Behind the StoryMap**, provides a glimpse into the data fueling the stories and experiences of the women captured in these sub-Saharan African countries.

The following data demonstrate the burden of sexually transmitted infections (STIs), human immunodeficiency virus (HIV), and need for contraceptives in **South Africa, Zimbabwe, and Uganda**. Including data from secondary analyses of ECHO⁵ and VOICE⁴ trials, as well as the REACH⁶ study, estimates from the Guttmacher Institute³ and country-level reports,⁷⁻¹⁰ this data contains the most pertinent and recent reports on STIs, HIV, and contraceptive need in these countries.

Despite comprising the leading research, the data from these studies tell an incomplete story of sexual and reproductive health in sub-Saharan Africa. Generally speaking, large sample sizes and regional data are largely absent, particularly in Uganda and Zimbabwe. Without comprehensive data, it is impossible to truly grasp the full burden of STIs, HIV, and unintended pregnancy in the region. Necessary to the advancement of effective sexual and reproductive health advocacy and research is greater surveillance of STIs.¹¹ Due to infrastructural barriers and limited availability of diagnostic testing, innovative approaches to obtaining data in sub-Saharan Africa are critical for developing and implementing prevention interventions, and monitoring evidence of program impact.¹²

The following tables reflect currently available data on the prevalence of STIs, HIV, and contraceptive need in **South Africa** (Tables 1-4), **Zimbabwe** (Tables 5-7), and **Uganda** (Tables 8-10). The source of each dataset is referenced in tables and listed in the bibliography at the end of this guide.

Tables 1 – 4: Prevalence of STIs, HIV, and Contraceptive Need in South Africa

Table 1. Prevalence of HIV ¹ , Chlamydia ⁵ , and Gonorrhea ⁵ in South Africa, by region			
Region	Indication		
	HIV	Chlamydia	Gonorrhea
Eastern Cape	25.20%	22% (n=7829)	6% (n=7829)
Guateng	17.60%	20% (n=7829)	5% (n=7829)
Kwa-Zulu Natal ²	36.3% (n=9812)	7.1% (n=9778)	5% (n=7829)
North West	22.70%	20% (n=7829)	4% (n=7829)
Western Cape	12.6%	28% (n=7829)	9% (n=7829)
Cape Town	No data	No data	No data
Johannesburg	No data	No data	No data

Explore the Data Behind the StoryMap

January 2022

Table 2. STIs in Kwa-Zulu Natal, South Africa²			
Indication:	Total Prevalence:	Males:	Females:
Chlamydia	7.1% (n=9778)	5.1% (n=3529)	9.0% (n=6249)
Gonorrhoea	2.8% (n=9778)	1.8% (n=3529)	3.7% (n=6249)
Trichomoniasis	9.0% (n=9777)	3.9% (n=3528)	13.8% (n=6249)
Syphilis	1.6% (n=9808)	1.5% (n=3547)	1.7% (n=6261)
HSV-2	57.8% (n=9786)	46.1% (n=3533)	68.8% (n=6253)
Mycoplasma genitalium	5.5% (n=9778)	5.7% (n=3529)	5.2% (n=6249)

Table 3. STIs in South Africa⁴	
Indication:	Prevalence:
Chlamydia	14.8% (n=2,739)
Gonorrhoea	3.5% (n=2,739)
Trichomoniasis	5.4% (n=2,692)
Syphilis	1.2% (n=1,560)
HSV-2	46.5% (n=634)

Table 4. Contraceptive Need Among Women Aged 15-49 in South Africa³	
Percent who want to avoid pregnancy	61
Number who want to avoid pregnancy	9,700,000
Percent who want to avoid pregnancy & have an unmet need for contraception	19

Tables 5 – 7: Prevalence of STIs, HIV, and Contraceptive Need in Zimbabwe

Table 5. STIs in Harare, Zimbabwe ⁶	
25% (n=60); prevalence not stratified by indication*	

Table 6. Contraceptive Need Among Women Aged 15-49 in Zimbabwe ³	
Percent who want to avoid pregnancy	57
Number who want to avoid pregnancy	2,200,000
Percent who want to avoid pregnancy & have an unmet need for contraception	15

Table 7. HIV in Zimbabwe ^{7,8}	
Region:	Prevalence:
Harare	13.70%
Mashonaland- Central	13.00%
Mashonaland- West	12.30%
Mashonaland- East	13.50%
Manicaland	11%
Masvingo	14.50%
Midlands	13.50%
Matabeleland North	19.40%
Matabeleland South	21.70%
Bulawayo	17.90%

Tables 8 – 10: Prevalence of STIs, HIV, and Contraceptive Need in Uganda

Table 8. STIs in Kampala, Uganda ⁶	
>30% (n=60), prevalence not stratified by indication*	

Table 9. Contraceptive Need Among Women Aged 15-49 in Uganda ³	
Percent who want to avoid pregnancy	53
Number who want to avoid pregnancy	5,600,000
Percent who want to avoid pregnancy & have an unmet need for contraception	43

Table 10. HIV in Uganda ^{9, 10}	
Region:	Prevalence:
Kampala	6.90%
East-Central	4.70%
Mid-East	5.10%
North-East	4%
West Nile	3.10%
Mid-North	7.20%
Mid-West	5.70%
South-West	7.90%

*The REACH Study observed 247 participants across the four study sites of Cape Town, Johannesburg, Uganda and Harare. Of these 247 participants, 60 were from Harare (24%) and 60 were from Kampala, Uganda (24%). STIs observed included *Chlamydia trachomatis*, *Neisseria gonorrhoeae*, *Trichomonas vaginalis*, and *Treponema pallidum* (commonly known as syphilis).

Want to learn more? The IMPT's new StoryMap builds off our existing *Target Population Identification Mapping Tool*¹³

If you are interested in learning more about this topic, the IMPT Secretariat produced a related tool in 2019 that depicts HIV prevalence and the market for contraception in sub-Saharan Africa. Our [Target Population Identification Mapping Tool](#) is an interactive map that shows the overlap in HIV prevalence in women and the total addressable market for contraception (women using contraception as well as those who plan to use contraception in the future) to illustrate 'hot spots' where MPTs that combine HIV prevention and contraception might have the greatest impact. This complementary tool focuses on sub-Saharan African women aged 15 to 49, and contains important data related to HIV prevalence and the market for contraception in the region. Explore the tool, and the data behind it, by clicking [here](#).

Sources:

- ¹HSRC. (2018). [The Fifth South African National HIV Prevalence, Incidence, Behavior, and Communication Survey \(SABSSM V1\)](#). *Human Sciences Research Council*.
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- ⁷ICAP. (2016). [Zimbabwe Population-Based HIV Impact Assessment](#).
- ⁸UNAIDS. (2020). [Zimbabwe](#). *UNAIDS*.

Explore the Data Behind the StoryMap

January 2022



⁹ICAP. (2017). [Uganda Population-Based HIV Impact Assessment](#).

¹⁰UNAIDS. (2020). [Uganda](#). *UNAIDS*.

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¹²World Health Organization. (2016). [Global health sector strategy on sexually transmitted infections 2016–2021: towards ending STIs](#). *Geneva: World Health Organization*.

¹³IMPT. (2019). [Target Population Identification Mapping Tool](#).