

Vulnerable Street Youth – Sexual practices and STI awareness

Introduction

High sexually transmitted infection (STI) prevalence has been documented among youth globally.(1,2) Street youth in particular have a greater risk of STIs due to their increased likelihood of risk behavior such as substance use, high migration rates and engagement with multiple sexual partners including trading sexual favours for food or shelter.(3,4) Other factors include peer pressure, socioeconomic deprivation and lack of parental guidance.(5) They are also known to have more difficulty accessing healthcare services either due to lack of awareness of the disease or the availability of such services or potential for being stigmatized.(6) Living and working on the streets often results from a need for improved livelihood particularly in the context of rural-urban migration where migrants find the promise of a better life to be unreal and are faced with the realities of day-to-day living. Such migrants are usually youth with no other means of livelihood than the street life where their participation in the street culture often increases their vulnerability to sexual health problems including STIs among other possibilities.(7,8)

Health care facility utilization for STI management in Nigeria accounts for about 10% of all health care facility utilization. Clinic based prevalence of STIs range from 1.0% for genital warts to 18% for gonorrhoea.(4) These infections are commoner in some specific groups of people due to factors that lead to high vulnerability such as high migration levels and instability, features which can also be found among street youth(4). The highest prevalence is recorded among the 15 – 24 year age group (2,9) and this has been associated with the higher probability of sexual risk behaviours.(2) Previous studies among adolescents in Ibadan metropolis have shown high occurrence of sexual risk behavior with multiple sexual partnership being prominent.(10)

Determining the factors associated with STI risk and experience among street youth is germane for proposing modalities for combating the high prevalence among this population. Moreover, complications may arise as a result of poor health seeking behavior. This study was therefore conducted among street youth aged 15-24 years in Ibadan, Nigeria. The goal was to determine the awareness of STIs, available treatment options among vulnerable street youth and their access to sexual and reproductive healthcare services.

Methodology

This study was carried out within Ibadan metropolis in southwest Nigeria. Ibadan is the capital of Oyo state and has a population of 6,393,927 as at 2011, 23.3% of whom are youth(11). Using a multi-stage cluster sampling technique, youth from four areas high in commercial and transportation activities were selected. These were street youth found in employment as street hawkers, drivers, goods loaders etc.(12) The youth were selected from group clusters such as those involved in cart pushing, garbage scavengers and artisans. Interviewer-administered semi-structured questionnaires were used to obtain information about sexual practices and healthcare seeking behaviour among 827 street youth in the selected areas. Analysis was done on SPSS version 22 including descriptive statistics and bivariate analysis using Chi square test at 5% level of significance.

Results

The mean age of the respondents was 19.65 ± 2.80 years, 45.2% of whom were adolescents aged 15-19 years with 68.8% males, 67.8% Muslim and 82.3% of Yoruba origin. About 77% had secondary education and most (91%) were single. Half of the study population were found in the low class areas of the metropolis.

Table 1 Sociodemographic Characteristics

Socio-demographic characteristic		Frequency (%)
Age	15-19 years	374 (45.2)
	20-24 years	453 (54.8)
<i>Mean age 19.7 ± 2.8 years</i>		
Sex	Male	569 (68.8)
	Female	258 (31.2)
Religion	Christianity	271 (32.8)
	Islam	556 (67.2)
Ethnic group	Yoruba	681 (82.3)
	Hausa	87 (10.5)
	Igbo	52 (6.3)
	Others	7 (0.8)
Highest level of Education Completed	No formal education	10 (1.2)
	Primary education	121 (14.6)
	Secondary education	636 (76.9)
	Tertiary education	60 (7.3)
Marital status	Single (without a partner)	327 (39.5)
	Single (with a partner)	423 (51.1)
	Separated	3 (0.4)
	Married (monogamous)	55 (6.7)
	Married (polygamous)	19 (2.3)

Sexual experience

Most of the participants experienced first sex as adolescents with more than half (55.4%) of the males and 44% of the females having their first sexual encounter while below 15 years. Some (17.2%) of the respondents had patronized commercial sex workers at some time in the past while 3.1% had their most recent sexual encounter with commercial sex workers and 14.4% had casual sexual contact. A little more than one-third (35.9%) had only one sexual partner in the past year while 44.5% reported having two or more partners within the year. Of the 619 respondents who responded to a question about the faithfulness of their spouse/sexual partners, only about half (54.3%) felt their partners were faithful; others either gave a definite negative response (40.2%) or did not know (5.5%). Over 60% of the respondents reported previous experience of unwanted touching with 10% having occurred in the six months preceding the study with about 17% having been victims of attempted rape in the same period. Substance use in the past was reported by 37.4% while 31.3% were still using substances.

Table 2 Sexual Experience and Risk Behaviour

		Frequency (%)
Ever had sexual intercourse	Yes	649 (78.5)
	No	178 (21.5)
Age at first sex <i>Mean 15.2 ± 3.26</i>	<15 years	243 (37.4)
	15-19 years	347 (53.5)
	20 and above	59 (9.1)
Had sex in the last 12 months	Yes	554 (84.4)
	No	95 (14.6)
No of sexual partners in the last year	None	178 (21.5)
	1	297 (35.9)
	2-5	258 (31.2)
	>5	94 (11.3)
Ever had sex with a commercial sex worker	Yes	117 (17.2)
	No	564 (82.3)
Most recent sexual partner	Boy/girlfriend	370 (57.7)
	Spouse	94 (14.7)
	Casual sexual partner	93 (14.4)
	Fiancé/fiancée	64 (10.0)
	Commercial sex worker	20 (3.1)
Think spouse/partner is faithful	Yes	336 (54.3)
	No	249 (40.2)
	Don't know	34 (5.5)
Ever experienced unwanted touching	Yes	559 (67.6)
	No	268 (32.4)
Experienced unwanted touching in the last 6	Yes	457 (10.3)

months	No	370 (44.7)
Experienced rape attempt in the last 6 months	Yes	85 (16.7)
	No	742 (89.7)
Forced sex by regular partner	Yes	138 (16.7)
	No	689 (83.3)
Ever used substances	Yes	309 (37.4)
	No	518 (62.6)
Current substance use	Yes	259 (31.3)
	No	568 (68.7)

Source of information about STIs

Almost all (95.4%) the respondents had heard about STIs although the source of information was varied (Table 3). Most (86.0%) got their information from media sources followed by family and friends (72.2%). Only 27% got their information on STIs from health workers or in clinic settings. The lowest proportion (9.5%) got their information from their school.

Table 3 Source of information about STIs

		Frequency (%)
Ever heard of STIs	Yes	789 (95.4)
	No	38 (4.6)
Source of information about STIs*	School	75 (9.5)
	Workplace	170 (20.6)
	Health worker/Clinic	227 (27.45)
	Family/Friends	597 (72.19)
	Media	711 (85.97)
Who can be infected?	Males mostly	50 (6.3)
	Females mostly	129 (16.3)
	Both sexes	603 (76.4)
	Don't know	7 (0.9)

* Multiple response

Knowledge of STI symptoms

Although 76.4% of the respondents correctly stated that both males and females can be infected with STIs (Table 3), most were unable to correctly identify symptoms of an infection particularly symptoms among females (Figures 1 & 2).

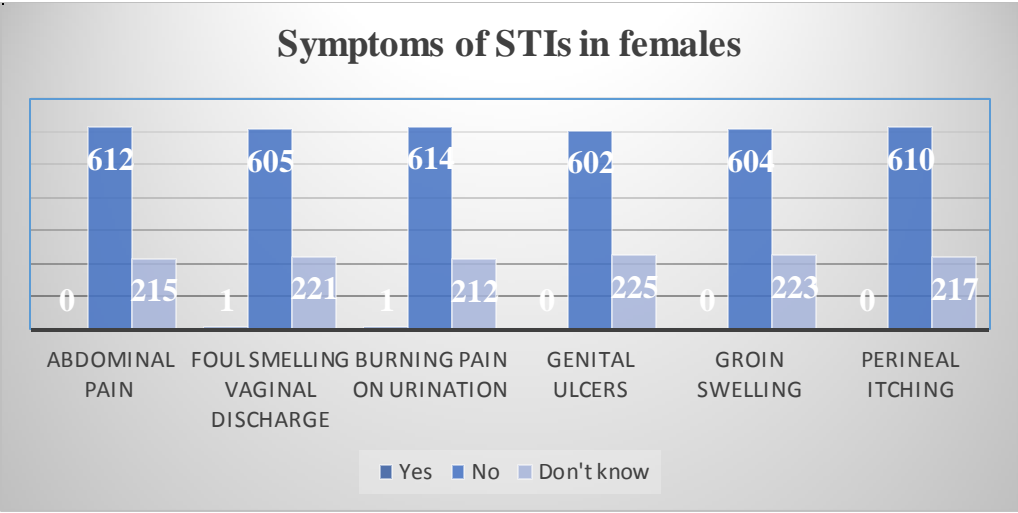


Figure 1 Symptoms of STIs identified by participants

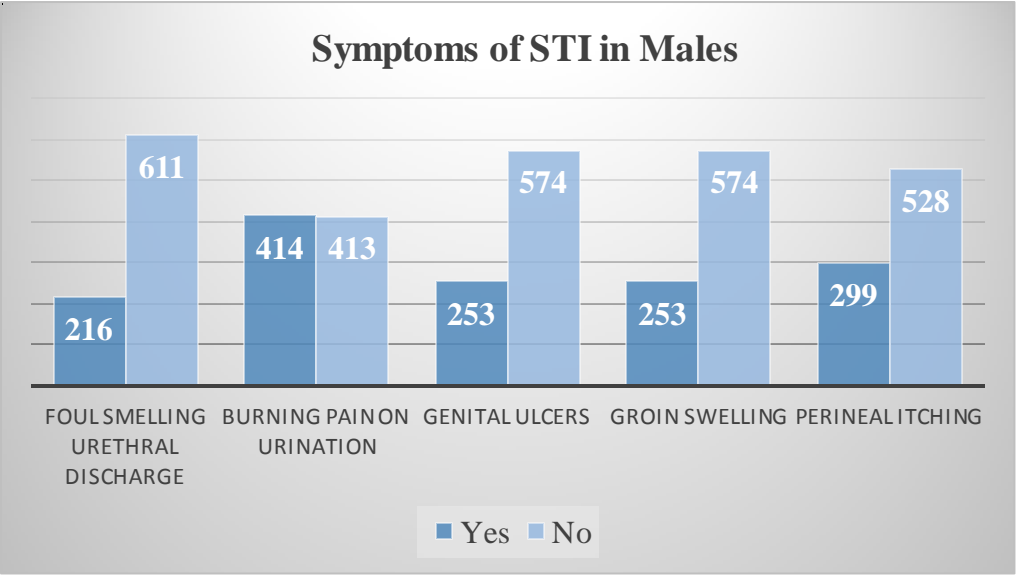


Figure 2 Symptoms of STIs identified by participants

Experience of STIs

Less than 10% of the study participants reported experiencing symptoms of STIs of whom almost half sought care from orthodox healthcare providers (Table 5). Only one of those who had symptoms suggestive of STIs discontinued sexual intercourse when symptoms were noticed and six disclosed their suspicion to their partners.

Table 4 Experience of STIs

		Frequency (%)
Ever experienced STI symptoms	Yes	68 (8.22)
	No	759 (91.78)
Action taken following symptoms*	Self-medication	3(4.41)
	Used traditional medicine	11 (16.18)
	Sought orthodox health care	31 (45.59)
	Used condoms during sexual intercourse	1 (1.47)
	Disclosed to partner about symptoms	6 (8.82)
	Stopped having sex	10 (14.71)

* Multiple responses

Factors associated with the experience of STIs

Experience of STIs was less commonly reported among the married respondents but was more common with the use of substances. Age at first sexual intercourse was not significantly associated with the respondents' experience of STIs.

Table 5 Factors associated with experience of STIs

	Experience of STIs			χ^2	P value
	Yes	No	Total		
Marital status					
Single	66 (8.76)	687 (91.24)	753 (100)	3.281	0.044*
Married	2 (2.70)	72 (92.30)	74 (100)		
Age last birthday					
15-19 years	31	343	374	0.004	0.524
≥20 years	37	416	453		
Ever used substances					
Yes	38	272	310	10.702	0.001*
No	30	487	517		
Current substance use					
Yes	32	227	259	8.535	0.003*
No	36	532	568		
Age at first sex					
<15 years	39	299	338	3.243	0.198
15-19 years	18	232	250		
≥20 years	5	55	60		

Discussion

A large proportion of the study participants were sexually active even though most were unmarried at the time of the study. This is consistent with previous study findings in Nigeria and other parts of Africa.(3,6) Vulnerability to STIs was high as shown by the early age of sexual debut which has been associated with increased risk for STIs.(2) Early sexual debut has been shown to increase the probability of developing STIs especially in the context of multiple sexual

partnerships which also occurred among this group of youth with a large proportion having two or more sexual partners within a 12-month period.(2) Just about half of the study population believed their partners to be faithful and this may be responsible for their own propensity towards having more than one partner.

Other factors increasing the chances for STIs were the use of substances where about a third were currently using substances, a factor that reduces social inhibition and thus increases the likelihood for other risk factors being present. Unwanted touching and rape attempts were reported and also constitute risk factors for infection which may be untreated due to the associated stigma resulting from being violated.

Almost all the participants had heard of STIs and most correctly stated that both males and females could be infected. However, most of the respondents had poor knowledge of the associated symptoms. The low level of knowledge about symptoms of STIs among a population with a high risk of infection increases the probability of complications developing before treatment is obtained. It is unlikely that they will seek healthcare being unaware of the implication of the symptoms even when it is noticed. Most of the respondents got their information about STIs either from media sources or family and friends. The chances of wrong information is therefore higher as their family and friends are also likely to have similar knowledge levels and exposure as the respondents themselves.

Less than half of the study population sought orthodox healthcare when they experienced STI symptoms with some preferring self-medication or traditional medicine. This has been reported in other studies to be associated with the belief that traditional medicine was preferable and the economic inability to afford the needed care.(6)

Conclusions

Street youth have a high vulnerability to sexually transmitted infections. Unfortunately, the level of knowledge of the symptoms is low and the utilization of healthcare services when symptoms occur is low. The use of media which is the preferred source of information to provide appropriate prevention and health messages to improve the knowledge level is needful. Targeted health education programs for street youth and their families and friends is also important.

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