

Perception of Adolescents in the Commune of Bandalungwa on Practices to Prevent Sexually Transmitted Infections

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Abstract

Background and Objective: Adolescence is a period of transition, physical maturation, identity formation and the acquisition of social roles. During this period, sexuality is perceived with a great deal of ambiguity in most parts of the world. While it is accepted that adolescents can have a sexual life, it is often considered problematic because of the risks involved: sexually transmitted infections (STIS), unwanted pregnancies and the social prohibitions imposed on adults.

Method: For this, we opted for the phenomenological survey method, followed by the semi-structured interview technique using in-depth face-to-face interviews and rounded off by a data collection instrument consisting essentially of an interview guide with a Smartphone recorder. **Results:** After analysis and discussion, the following emerges: the adolescents interviewed represent sexually transmitted infections in several ways, as being a disease transmitted by sexual intercourse or an incident of sexual intercourse. They felt that certain practices such as fidelity, abstinence, screening and the use of condoms could help prevent STIS. However, they said that certain factors can hinder the use of these preventive measures, including lack of awareness, shame about buying condoms and lack of financial resources. **Conclusion:** Considering the quintessence of this scourge of STIS that plagues teenagers, the conclusion of this study proposes solutions linked to the use of condoms and also fidelity and/or abstinence.

Keywords: Adolescent, Prevention, Sexually transmitted infection.

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INTRODUCTION

Since the Cairo International Conference on Population and Development (1994), adolescents' access to reproductive health services has been high on the international agenda. Adolescence is a period of transition, physical maturation, identity formation and the acquisition of social roles, associated with the emergence of an awareness of sexuality and the desire to experiment with it (Dehne and Riedner, 2009).

In addition, at this stage of their lives, young people are particularly sensitive to peer pressure and can make irrational judgements about the advantages and disadvantages of certain behaviours and take life-threatening decisions. Yet sexuality is perceived with great ambiguity in most parts of the world. While it is accepted that adolescents can have a sexual life, it is often considered problematic because of the risks involved: sexually transmitted infections (STIs), unwanted pregnancies, and the social prohibitions imposed on adults. However, by emphasising the risks,

which have been reinforced by the HIV/AIDS epidemic, the very experience of sexuality is overlooked: experimentation with the emergence of desire, strategies for managing and controlling it, and the negotiation of sexual relationships (Cameron, K. et al., 2005).

Changing sexual partners frequently increases the risk of developing STIs, because having more than one sexual partner again increases the possibility of contracting STIs/HIV. In addition, having sex with 'one-night stands', sex workers or their clients. Having recently or frequently changed sexual partners, having several sexual partners or having sex with sex workers or their clients increases the likelihood of contact with a person suffering from an STI. Having unprotected penetrative sex when one of the two partners has an infection and having contracted an STI in the past year exposes the person to a number of consequences. For example, people who have contracted an STI in the past year are at risk of being re-infected if they fail to change their sexual behaviour or the very situation that led to the first infection (WHO, 1999).

A national survey of behavioural surveillance and the prevalence of HIV and STIs carried out by the DRC's Ministry of Planning (MINIP, 2007) showed that in 2005 and 2006 only 5% of young people aged 15-24 had sufficient knowledge about HIV prevention, and that barely 20% used condoms during occasional sexual intercourse. In the last 12 months, 18% of teenagers had had sex before the age of 15 (median age at first sexual intercourse).

UNESCO, (2009). Amplifies that in the DRC, between 2005-2006, only 5% of young people aged 15-24 had full knowledge of hiv prevention and barely 20% had used a condom during occasional sexual intercourse in the previous 12 months.

The Demographic and Health Survey (DHS) conducted in 2007 revealed that among adolescent girls, the same proportion (18%) of girls and boys of the same age had had sexual intercourse before the age of 15 (median age at first sexual intercourse is 16.8 for girls and 18.1 for boys) (DHS, 2007).

Every year, there are 448 million new curable sexually transmitted infections (STIs) (syphilis, gonorrhoea, chlamydia and trichomoniasis).

Some sexually transmitted infections are asymptomatic. However, in pregnant women, untreated early syphilis can lead to 25% of stillbirths and 14% of neonatal deaths. STIs are the main preventable cause of infertility, particularly in women. The WHO therefore recommends a syndromic approach to the diagnosis and management of STIs (WHO, 2010).

There are various reasons for the reluctance to seek treatment for STIs, including ignorance, shame and guilt (Freeman *et al.*, 2006). Ignorance or misinformation: these powerful disincentives are found in all age groups and population categories. They particularly affect adolescents and young people, the groups most likely to be sexually active and most at risk. In addition to sexual practices that are deeply rooted in the daily lives of individuals and communities, there is a preference for consulting practitioners of alternative medicine, such as traditional healers, and a reluctance to practise safe sex, for a variety of reasons including: a lack of knowledge about safe sex, an aversion to condoms, and the frequent social stigmatisation of people with STIs, which can lead sufferers to hide what they think is a shameful stigma and not consult a doctor.

MATERIALS AND METHODS

Study Framework

This study is being carried out in the Bandalungwa commune, which has a population of 134,774 over an area of 6.28 km², from all the country's provinces (Annual Report). The population is predominantly very young and has a density of 15,277

inhabitants per km², compared with 3,228 per km² in 1960.

Bandalungwa is one of Kinshasa's entertainment capitals, and has also made a name for itself thanks to the artists and musicians who hail from the area, including Fally Ipupa, the directors of Wenger musika BCBG and others. Its northern part is occupied by the Colonel Kokolo military camp. Before independence, the commune of Bandalungwa was inhabited by Congolese civil servants and teachers.

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This study opted for a descriptive specification of observable facts in the qualitative approach of the phenomenological type to study the perception of adolescents in the Bandalungwa commune on the practices of prevention of sexually transmitted infections.

Target Population and Sampling

Our target population is all adolescents in the Bandalungwa commune.

To carry out this study, we used the non-probability sampling method of the purposive and occasional type.

Thanks to saturation and the use of negative cases, our sample was fixed at 9 adolescents. After 6 subjects, we noticed that the new elements in the interviewees' discourse became rarer. We continued anyway to see to what extent this would evolve, but after 9 adolescents we stopped.

The 9 subjects were likely to provide us with the necessary information.

Data Collection Method, Technique and Instrument

To carry out this study, we used the phenomenological method. In this study, we used the semi-structured interview technique based on in-depth face-to-face interviews.

The semi-structured interview is a collection technique that aims to gather data (information, feelings, narratives, testimonies) called materials (Mukandu and Mangbala, 2018).

The interview guide is the tool we used to collect data from the stakeholders. This interview guide is structured in two parts, apart from the explanatory statement.

The questions that made up our semi-structured interview guide were drawn up on the basis of the objectives, the initial questions and the preliminary study of the literature.

Data Processing and Analysis

The data is analysed using a systematic method, known as phenomenological reduction, which aims to bring out the hidden meanings inherent in the descriptions that the subjects surveyed gave of the phenomenon under study, which is the holding of educational documents. The chosen unit of analysis is syntax, i.e. ideas.

We have adopted the following procedure:

- Listen to the full audio cassette;
- Transcribe the interviews in verbatim form;
- Read each description carefully to develop a "feel" for it;
- Identify the data underneath the statements and the significant expressions relating to;

- Formulate meanings for each of the statements or expressions selected;
- Eliminate repetitive statements and formulate the theme and sub-themes;
- Group all the meanings into a central theme;
- Analyse the central theme in relation to the specific research objectives;
- Integrate the results of the analysis into a comprehensive description;
- Corroborate the results with theoretical elements from the literature review.

RESULTS

The results of the data from the respondents in the form of themes which are subdivided into sub-themes supported by categories corresponding to each question in the interview guide.

Theme I: Socio-demographic characteristics of adolescents

Variable	Age	Gender	Marital status	Level of education	Code
Respondent 1	18 years old	F	single	6th	P1
Respondent 2	16 years old	F	Single	6th	P2
Respondent 3	21 years old	M	Single	L1	P3
Respondent 4	23 years old	F	Single	L2	P4
Respondent 5	17 years old	M	Single	6th	P5
Respondent 6	20 years old	M	Single	6th	P6
Respondent 7	16 years old	F	Single	5th	P7
Respondent 8	20 years	M	Single	L1	P8
Respondent 9	19 years old	F	Single	6 years old	P9

The study population consisted of nine teenagers whom we met. Of the nine teenagers, five were finalists in the humanities, two were first-year undergraduates, one was a second-year undergraduate and one was a fifth-year undergraduate in the humanities. This small sample can be explained by the fact that the responses from our teenagers were saturated and others

did not want to express themselves on the theme, they thought that talking about the risks associated with wearing condoms and the demonstration of using them. Of the teenagers we met, five were female and four were male; the average age of respondents was between 16 and 23. All were single.

Theme II: Representation of Ist Prevention Practices

Sub-theme	Categories	Verbatim
Teenagers' understanding of STIs	Disease transmitted by sexual intercourse	R1: "For me, STIs are diseases that occur after unprotected sex". R2/5: "Well, I think that STIs are diseases caused by someone having sex." R3/6: "I would say that STIs are diseases caused by unprotected sex with an infected partner." R7/9: "I understand that these are diseases that can be caught during sexual intercourse."
	Incident of sexual intercourse	R4: "Hummm, I can say that the incidences are aimed at sexual health and can reproduce several other diseases."
STIs known to teenagers	Several STIs	R1.../4: "Well, as far as I'm concerned, there are several STIs that you can be exposed to during unprotected sex. For example, we can mention STIs such as HIV, hepatitis, gonorrhoea, etc." R3 .../7: "For me, there are STIs such as HIV, gonorrhoea and hepatitis".
Teenagers' perception of STIs	bad sexual habits	R1/5: "When you catch STIs, it's a consequence of bad sexual habits." R3/6: "STIs are diseases that can be transmitted through sexual intercourse and are life-threatening for both men and women."
	Dangers of unprotected sex	R2/7: "For me, STIs represent the permanent dangers that people face when they have unprotected sex."

As this box indicates, the theme deals with teenagers' perceptions of sexually transmitted infections. According to their knowledge, respondents perceived this representation in different ways, divided into three sub-themes and five categories as follows:

1^{er} Sub-theme: understanding of sexually transmitted infections, which includes the following categories:

- Disease transmitted by sexual intercourse
- Incident of sexual intercourse

- Several STIs

2^{eme} sub-theme: Sexually transmitted infections known to adolescents, which falls into one category:

- Several STIs

3^{eme} sub-theme: Representation of sexually transmitted infections with the following categories:

- Bad sexual habits
- Dangers of unprotected sex

Theme III: Teenagers' Perceptions of Ist Prevention Practices

Sub/Topic	Categories	Verbatim
Factors influencing STI prevention practices	Lack of awareness	R1/8: "It is obvious to say here that the lack of awareness among young people is at the root of certain obstacles observed in the implementation of measures or strategies to prevent sexually transmitted infections. R3: "We often find that our health decision-makers are negligent. Adolescents should be made aware of STI prevention strategies. Many of them are now interested in their own political affairs..."
	Ashamed to buy a condom	R2/5: "Yes, I know that one of the measures put in place to prevent sexually transmitted infections is the use of condoms, but often, if I need them, I find it hard to get them from chemists... " ... I think that condoms used to be distributed free of charge, but that's not the case now. I'm often ashamed to buy condoms in chemists.
	Lack of financial resources	R4/7: "There are times when I want to have sex and I don't have the money to buy condoms, and then I have to have sex without using protection". R6/9: "Lack of money can also prevent us from buying a condom to protect ourselves..."
Teenagers' behaviour regarding STI prevention practices	Dangerously	R1/5: "I think that teenagers today behave in a dangerous way because they confide in each other without taking into account their own health and the health of their partner". R3/7: "You can never trust someone if you don't know their HIV status. That's why it's important to practise safe sex to prevent sexually transmitted infections, but unfortunately young people don't take this into account at the moment.
	In an uncontrolled way	R2/6: "For me, when we talk about STI prevention practices, it's as if teenagers are behaving in an uncontrolled way because of the influence of others.

As this box shows, respondents perceived the practice of preventive measures for sexually transmitted infections in several aspects according to their knowledge, divided into two sub-themes and five categories below:

1^{er} sub-theme: *Factors influencing STI prevention practices, with the following categories emerging*

- Lack of awareness;

- Ashamed to buy a condom;
- Lack of financial resources.

2^{eme} sub-theme: Behaviour of adolescents with regard to STI prevention practices, which includes the following categories:

- In a dangerous way
- In an uncontrolled way

Theme IV: Adolescents' Experiences of Ist Prevention Practices.

Sub/Topic	Categories	Verbatim
teenagers' experiences of STI prevention practices	Avoid exchanging toilet extenders	R1/6: "I can say that in several cases, we have found that girls can get sexually transmitted infections when they exchange their clothes or bath buckets, gloves and even soap". R2/9: "Yes, if each person can use their own toiletries, we can say that we are preventing these infections".
	Availability and accessibility of condoms	R3/5: "When there are more condoms, and also educational messages to help young people understand the harmful effects of these infections, I think we'll be talking about this more".

Sub/Topic	Categories	Verbatim
		<p>R4/8: "To promote STI prevention strategies, it would be better to distribute condoms to young people and even to other groups so that they don't have any...".</p> <p>R6: "The problem is that condoms are not being distributed as they used to be. That's why I'm asking for condoms to be distributed and made available so that we don't talk enough about these infections."</p>
<i>consequences of poor STI prevention practices</i>	Risk of contamination	<p>R1.../5: "I think that if you have sex without warning yourself, you run the risk of contracting STIs and opportunistic diseases, which often lead to complications later on."</p> <p>R4/7: "For me, the consequences can be the appearance of microbes known as STIs, which often cause a number of other illnesses."</p>
	Unwanted pregnancy	R6 "Hummm, well I can say unwanted pregnancy and sexually transmitted diseases."

As highlighted in the box above, the daily experiences of adolescents revolve around two sub-themes, including a number of categories, as follows:

1^{er} sub-theme: *adolescents' experiences of STI prevention practices, with its categories:*

- Avoid exchanging toilet extenders

- Availability and accessibility of condoms

2^{eme} sub-theme: *consequences of poor STI prevention practices*

- Risk of contamination
- Unwanted pregnancy

Theme V: Solutions and Obstacles

Sub/Topic	Categories	Verbatim
<i>Solutions for STI prevention practices</i>	Use of condoms	<p>R1/6: "As a preventive measure against STIs, I think condoms can be used to avoid contamination by these infections".</p> <p>R2: "Normally, it's obvious that we young people will manage to use condoms during sex to prevent sexually transmitted infections, unwanted pregnancies, etc.".</p> <p>A4: "It's imperative that the best preventive measure to avoid sexually transmitted infections is the condom, because it avoids body-to-body contact and therefore prevents sexual contamination."</p>
	Abstinence and fidelity	<p>R5: Yes...hun! I think that if every girl or boy can have just one boyfriend or girlfriend, we can't talk about sexually transmitted infections. We're saying that the only way to protect yourself from these infections is to stay faithful.</p> <p>R7: What I can ask young people like me to do is to abstain from unprotected sex, i.e. to wait until marriage before engaging in this practice."</p>
Obstacles to good STI prevention practices	Lack of communication between parents and teenagers	<p>R8: "For STI prevention measures to be effective, parents need to talk to their children about these infections. The problem is that parents think it's a taboo subject that they can't talk about".</p> <p>R3: "Yes, it's by communicating with parents that we can promote measures to prevent sexually transmitted infections, because parents are the ones who bring up their children".</p>
	Lack of dialogue between partners	R5/ "In my opinion, there needs to be a dialogue between the two partners, as teenagers are often not used to discussing the merits of STI prevention."

As this box shows, the teenagers proposed solutions and raised obstacles in two sub-themes, each with categories arranged as follows:

1^{er} Sub-theme: *Solutions for STI prevention practices*

- Use of condoms
- Abstinence and fidelity

2^{eme} sub-theme: *Obstacles to good STI prevention practices*

- Lack of communication between parents and teenagers
- Lack of dialogue between partners

DISCUSSION

Representation of Sexually Transmitted Infections

Analysis of the results showed us how adolescents represent sexually transmitted infections. For some, sexually transmitted infections are diseases that are transmitted by unprotected sexual intercourse

and/or are incidents of sexual intercourse. Others deduce that these infections are transmitted as a result of the bad sexual habits that we are currently seeing among teenagers. This way of representing sexually transmitted infections by respondents does not depart from what other authors in the literature review were able to highlight.

Thus, by definition, according to UNAIDS (2000), a sexually transmitted infection is one that primarily affects the sexual organs and is acquired through contact with an infected person.

As one teenager put it in R3/6: *"I would say that STIs are diseases caused by unprotected sex with an infected partner."*

What's more, unprotected sex, whether vaginal or anal, without a condom carries a high risk of contamination by the AIDS virus and all other sexually transmitted infections.

In concrete terms, the representation of sexually transmitted infections is seen by respondents as multi-faceted.

It is stated that multiple sexual partners are a predisposing factor for sexually transmitted infections. "The attitudes and behaviour of young people are largely dominated by the subjective notion of conformity to supposed normality. The ways in which sexually transmitted infections are transmitted are actually conveyed by culture and the media and, even more constrainingly, by the peer group. But young people act in ways that ignore these modes of transmission and they end up getting sexually transmitted infections as a result of their bad behaviour.

Teenagers' Perceptions Of Preventive Measures for Sexually Transmitted Infections

In this study, almost half of the respondents perceived that the lack of awareness among teenagers is among the factors predisposing to the implementation of STI prevention measures; and the other respondents saw that they are unable to obtain condoms as one of the means of preventing STIs because of the shame they feel about them; and the others, finally, because of a lack of finance.

As one respondent put it: **R1:** *"It is obvious to say here that the lack of awareness among young people is at the root of some of the obstacles observed in implementing measures or strategies to prevent sexually transmitted infections."*

Furthermore, UNAIDS (2008) reports that the factors blocking preventive measures against STIs include behavioural, socio-economic, cultural and religious factors. The author adds that the refusal to wear a condom prevents people from experiencing the intense

pleasure of direct sexual contact, and the attitude of indifference reflects a hesitation between the need to protect oneself against the consequences of the act and the pleasure of experiencing the intense pleasure (ecstasy) often associated with direct sexual contact without a condom.

In this respect, therefore, we note that the reasons given by our respondents do not differ greatly from those given by the author, since awareness and access to condoms have a positive impact on factors predisposing to the implementation of STI prevention.

Adolescents' Experiences of STI Prevention Practices

As for teenagers' experience of preventing sexually transmitted infections, almost a quarter of the respondents in this study felt that good sexual hygiene can save them from these infections; another quarter felt that they should practise safe sex; others felt that they should avoid blood contact, for example by avoiding touching wounds and used syringes. And some respondents thought they should avoid sharing toiletries.

According to Dehne *et al.*, (2001). STIs, including HIV infection, are preventable. There are two types of prevention: 1. primary and secondary. This involves practising risk-free sex and choosing only the least risky sexual practices. Safe sex means:

- Abstinence from all sexual acts;
- Delaying sexual debut;
- Loyalty for life for both partners;
- Penetration only with a condom (male or female) - penetration can be vaginal, oral or anal.

Secondary prevention: this consists of treating and caring for infected people to prevent them from infecting others. For the author, several approaches are possible:

- Encourage people to seek medical treatment by various means,
- Launch public information campaigns,
- Eliminating stigma and discrimination in health centres,
- Offering quality STI care,
- Ensuring constant distribution of condoms
- Educate target population groups who may be at risk, including sex workers, young people, lorry drivers, people in uniform and young people in and out of school, and investigate and treat cases.

In terms of prevention, the National Plan to Combat HIV/AIDS and STIs (2010) reminds us that the prevention of HIV infection and STIs is based first and foremost on condom use. General and targeted information and education must remain a priority in order to maintain the level of information on HIV/AIDS and raise awareness of STIs.

This perspective, compared with that of the teenage respondents in this study, leads us to think of the importance of condom use, information and sex education as effective means of preventing STIs, because the teenagers in this study believe that the consequences of poor STI prevention practices can lead to a risk of being contaminated or catching an unwanted pregnancy in teenage girls.

Solutions and Obstacles to STI Prevention

To this question, the solutions proposed by teenagers opted for the use of condoms and also fidelity between partners.

The male condom protects against STI/HIV/AIDS, but its use is not self-evident and depends not only on its cost but also on the image and representation it conveys among the population (Bond and Dover, 1997).

The acceptance and use of "foreign bodies" depend on this perspective and representation. In more unions, the requirement to wear a condom is a source of accusation and suspicion of one of the partners. However, the man who wears the condom indirectly suspects his partner of leading an undisciplined sex life; the same applies to the woman who demands that her partner use a condom. The condom has thus become synonymous with mistrust.

In addition, changing sexual partners frequently increases the risk of developing STIs, as having relations with more than one sexual partner again increases the possibility of contracting STIs/HIV. In addition, having sex with 'one-night stands', sex professionals or their clients. Having changed sexual partners recently or frequently, having several sexual partners or having sex with sex workers or their clients increases the likelihood of contact with a person suffering from an STI. In other words, having unprotected penetrative sex when one of the two partners has an infection and having contracted an STI in the past year exposes the person to a number of consequences. People who have contracted an STI in the past year are at risk of being re-infected if they fail to change their sexual behaviour or the very situation that led to the first infection (WHO, 1998).

CONCLUSION

This study, which focused on adolescents' perceptions of STI prevention practices, was carried out in the Bandalungwa Commune on a sample of 7 adolescents obtained using the saturation effect. The aim of the study was to understand adolescents' perceptions of STI prevention practices. The design used in this study was descriptive-phenomenological.

For this study, we opted for the phenomenological survey method, followed by the semi-structured interview technique using in-depth face-to-face interviews and rounded off by a data collection

instrument consisting essentially of an interview guide with a Smartphone recorder.

After analysis and discussion, the following emerges: the adolescents interviewed represent sexually transmitted infections in several ways, as being a disease transmitted by sexual intercourse or an incident of sexual intercourse.

They felt that certain practices, such as fidelity, abstinence, screening and the use of condoms, could help prevent STIs. However, they said that certain factors can hinder the use of these preventive measures, including lack of awareness, shame about buying condoms and lack of financial resources.

Considering the quintessential nature of the scourge of STIs, the teenagers propose solutions involving the use of condoms, fidelity and abstinence.

Ethical Approach

Before making contact with the subject of our study, we took care to explain to them what we wanted to do. In short, informed consent helped us to collect data from the subjects while ensuring their confidentiality and anonymity. Certain moral and ethical values were taken into account with our population.

Declaration of Interests: The authors declare that they have no links of interest.

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