

# Sexual behavior pattern in the young attending sexually transmitted infection clinic in a tertiary health-care center

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## Abstract

**Introduction:** Half of all new HIV infections occur in young people(15-24years). Unfortunately, the study on the sexual behaviour pattern in these age group is lacking. **Materials and methods:** It is retrospective, cross sectional study assessing adolescent and youth between 10 to 24 years presenting to STD clinic in a tertiary health care centre as a part of their risk assessment. **Results:** Adolescent and youth were a total of 17.13%(165) amongst 963 STD clinic attendees. The male to female ratio was 84:81. The mean age for male $\pm$ 1SD was 21.17 $\pm$ 2.26 years and for female $\pm$ 1SD was 20.54 $\pm$ 2.37 years. Around 47.27% (78) were students at various levels of education. Earliest onset of sexual activity was at 14 years. Risky sexual behaviour was reported in 75.75% clients. Onset of sexual activity was earlier in females with 24.6% having sex before the age of 18 years as compared to 15.4% in males. Condom use was poor. Around 63% had heard of HIV or AIDS. **Conclusion:** The young being a vulnerable age group, education on safe sex, condom use and other protective measures should be strengthened.

**Key words:** Sexual behavior, sexually transmitted infection clinic, young

## INTRODUCTION

India has the 3<sup>rd</sup> highest human immunodeficiency virus (HIV)-affected population in the world with nearly 35% of all acquired immunodeficiency syndrome (AIDS) cases reported in young people in the age group of 15–24 years. The research on the sexual behavior in this age group is meagre. In India, the total number of people living with HIV is estimated at 21.17 lakhs (17.11–26.49 lakhs) in 2015.<sup>[1]</sup> India is estimated to have around 86,000 (56–129) new HIV infections in 2015. The prevalence of HIV in Indian adults is 0.26% (0.22%–0.32%) in 2015. The prevalence of HIV in Manipur in adults is 1.15%.<sup>[1]</sup>

## MATERIALS AND METHODS

This study aims to analyze the sexual behavior pattern

of young people aged 10–24 years attending sexually transmitted infection (STI) clinic in a tertiary health-care center over a 5-year period.

It is a retrospective cross-sectional study assessing adolescents and youth between 10 and 24 years presenting to STI clinic as a part of their risk assessment in the department of dermatology in a tertiary health-care center. All clients attending the sexually transmitted disease (STD) clinic over the period of 5 years from January 2012 to December 2016 were included in the study. The sociodemographic profile of the clinic attendees was noted. The clients were subjected to a pretested open-ended, semi-structured questionnaire to assess his

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or her sexual behavior. Patient profiles as age at the first sexual exposure, present partner, number of sexual partners, use of condom, exposure to commercial sex workers (CSWs), use of alcohol and drugs, one-night stand, knowledge of HIV or AIDS were noted. Relevant clinical examination and laboratory test were done. Counseling was done for all patients. Only descriptive evaluation using percentage, mean, and standard deviation was used.

## RESULTS

Adolescents and youth comprised a total of 17.13% (165) among 963 STI clinic attendees. The male-to-female ratio was 84:81. The mean  $\pm$  standard deviation (SD) age at initiation of sex was  $19.87 \pm 2.42$  years and the mean  $\pm$  SD age at presentation to STI clinic was  $20.61 \pm 2.29$  years, age range was 14–24 years. Around 47.27% (78) were students at various levels of education [Table 1]. Among the attendees, 64.24% (106) were single and 35.75% (59) were married [Table 1]. Three females were married and below 18 years of age. Vaginal intercourse was reported in all except 14 male attendees and one female attendee who had anal sex. The onset of sexual activity was as earliest as 14 years. Risky sexual behavior was reported in 75.75% of clients. Four female injecting drug users were present in our study group. One-night stand was seen in a male client. Around 33.33% (28) of males were exposed to CSWs [Table 2]. There were gender-based differences in sexual activity with greater number of girls initiating sex before 18 years of age. There was a gradual increase in the number of young people engaging in sexual activity with peak at 19–24 years [Table 1]. The onset of sexual activity was earlier in females with 24.6% having sex before the age of 18 years as compared to 15.4% in males. Vaginal intercourse was reported in all except 14 male attendees and one females who had anal sex [Table 3]. The average number of sex partners was more in males. Condom use was higher in males. Forced sexual relation was seen in six STD clinic attendees [Table 4]. Around 63% have heard of HIV or AIDS and its transmission through unprotected sex. HIV at first diagnosis was seen in one STI clinic attendee.

## DISCUSSION

The transition from adolescent to adulthood is a stage characterized by profound biological changes in the body which leads to onset of sexual impulse. Early sex leads to greater number of sexual partners and a risk of contracting STIs. Half of all new HIV infections occur in young people. Hence, identification of the associated factors will help designing effective intervention measures.

According to Olayinka, adolescents and youth in the age group of 10–24 years constituted 30% of the patients

**Table 1: Sociodemographic profile of young people attending sexually transmitted infection clinic**

	Male (n=84) (%)	Female (n=81) (%)	Total (n=165) (%)
Age (years)			
10-12			
13-15	4 (4.76)	2 (2.46)	6 (3.63)
16-18	15 (17.85)	20 (24.69)	35 (21.21)
19-21	35 (41.66)	25 (30.86)	60 (36.36)
22-24	30 (35.71)	34 (41.97)	64 (38.78)
Occupation			
Students	51 (60.71)	27 (33.33)	78 (47.27)
Artisans		15 (18.51)	15 (9.09)
Traders	23 (27.38)	4 (4.93)	27 (16.36)
Drivers	4 (4.76)		4 (2.42)
Civil servants	4 (4.76)		4 (2.42)
Other	2 (2.38)	4 (4.938)	6 (3.63)
Homemaker		31 (38.27)	31 (18.78)
Marital status			
Married	17 (20.23)	42 (51.85)	59 (35.75)
Single	67 (79.76)	39 (48.14)	106 (64.24)

**Table 2: Sexual behavior characteristics in young people attending sexually transmitted infection clinic**

	Male (n=84) (%)	Female (n=81) (%)
Onset of sex <18 years of age	13 (15.4)	20 (24.6)
Average number of sex partners	4	1 or more
Consistent condom use	None	None
Condom use	39 (46.42)	4 (7.4)
Sex with CSWs	28 (33.33)	None
Single partner	28 (33.33)	66 (81.48)
Multiple partner	56 (66.66)	15 (18.51)

CSWs=Commercial sex workers

**Table 3: Partner characteristics of sexually transmitted infection clinic attendees**

	Partner characteristics of male attendees (n=84) (%)	Partner characteristics of female attendees (n=81) (%)
Casual acquaintance	38 (45.23)	42 (51.85)
Married partner	3 (3.57)	38 (46.91)
MSM	14 (16.66)	1 (1.23)
FIDU	1 (1.19)	None
CSW	28 (33.33)	None

MSM=Men who have sex with men; FIDU=Female injecting drug user; CSW=Commercial sex worker

attending STD clinic in Ile Ife, Nigeria. Ninety-six were single, while 4% were married and 72% were students.<sup>[2]</sup> Age at initiation of sexual activity was 10–20 years, 85% practiced risky sexual behavior, 6.5% males were exposed to CSWs, condom use was poor, and number of sexual partners varied between 1 and 5.<sup>[2]</sup> In our study, 17.13%

**Table 4: Forced sex seen in young people attending sexually transmitted infection clinic**

Age (years)	Sex	Forced sex by	Route
19	Female	Casual acquaintance	Vaginal
17	Female	Casual acquaintance	Vaginal
23	Female	Casual acquaintance	Vaginal
15	Female	Casual acquaintance	Vaginal
15	Male	Male bullies	Anal
14	Male	MSM	Anal

MSM=Men who have sex with men

were in the age group of 10–24 years attending STD clinic, 64.24% were single, 35.75% were married, and 47.27% were students. The earliest age of onset of sexual activity was 14 years. In our STD attendees, 33.33% of males were exposed to CSWs. The number of sexual partners was higher in males which ranged from 1 to 5. More than one sexual partner in the last 12 months was seen in 66.66% of males and 18.51% of females. Condom use was seen in 46.42% of males and 7.4% of females in our study. A study in Kibaha District, Tanzania, by Lema *et al.* pertaining to sexual behavior among 322 youth between the age of 15 and 24 years of which 65.2% were males, found that 69% had sex at least once in their lifetime.<sup>[3]</sup> Condom use was 32.3% in the first and 36.3% in the last act.<sup>[3]</sup> Around 21.7% of the respondents acknowledged having more than one sexual partner in the last 12 months.<sup>[3]</sup> The majority (98.4%) of the respondents have heard of HIV/AIDS. Though 65.2% mentioned condom as the method to prevent its transmission, only 36.3% actually used it.<sup>[3]</sup> In a study by Nkya *et al.*, though the knowledge on AIDS as a disease and its prevention was high, there was a gap on the linkage of knowledge on the modes of transmission and preventive measures.<sup>[4]</sup> A considerable proportion of adolescent males attending national STI clinic in Singapore reported inconsistent condom use with female sex workers in a study by Ng and Wong.<sup>[5]</sup> In our study, forced sex was seen in 7.4% females and two male STD clinic attendees. Between 2% and 20% of adolescent and young women were subjected to forced sexual relations over the course of their lifetime.<sup>[6]</sup> The problem of forced sex must be attended to in this vulnerable group of people as the problem is usually underreported. About 63% of our clients have heard about HIV/AIDS. However, risky sexual behavior was seen in 75.75% of the total attendees. According to Mutakar and Hemant in India, Indian adolescents, particularly males, are sexually active and likely to indulge in unsafe sex.<sup>[7]</sup> It is, therefore, important that sex education is given to these vulnerable youth.

One of the limitations of the study was that it was not a population-based study. Furthermore, self-reported sexual behavior is difficult to evaluate at times.

## CONCLUSION

With easy access to internet, television, mobiles younger generations are easily lured into market of unlimited sexual information. Due to this, there is increased sexual exposure and risks of transmission of STDs (sexually transmitted disease). The reproductive needs of the youth must be attended to. It is therefore important that sex education is given to these vulnerable youth. Youth education on safer sex, condom use and other protective measures needs to be strengthened. Information about various STDs and HIV needs to be propagated to these young people to prevent this epidemic of HIV infection.

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## Conflicts of interest

There are no conflicts of interest.

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