



A Survey Study on the Vulnerability of the Young Population Attending Saint Jean De Dieu Hospital in Afagnan, Togo

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Abstract

Objectives: To study the vulnerability of the young population attending Saint Jean de Dieu Hospital in Afagnan.

Materials and Methods: This was a cross-sectional descriptive and analytical study that took place from July 04th, 2016 to August 4th, 2017, study duration of 13 months in Saint Jean de Dieu Hospital of Afagnan. The study population was youth seen in consultation during the study period. Through a series of questions, the knowledge of HIV/AIDS, the acceptability of the HIV test, and the risks to sexuality were assessed.

Results: The overall series consisted of 1505 patients including 854 (57.7%) men and 651 (43.7%) women. Of the study participants, 99.3% were single. In relation to social life, 6.6% of patients reported having gone to a nightclub in the last 12 months with a statistically significant difference ($p < 0.001$) on the one hand and 3.5% of patients reported very often watching movies pornographic in the last 12 months. The average age at first report was 17.9 years. Of the 694 (47.7%) sexually active youth, 72.9% reported using a condom during their last sexual encounter.

Conclusion: The hypotheses set out at the beginning of our study have been verified. In fact, young people attending the Saint Jean de Tanguieta Hospital in Benin have a weak knowledge of HIV/AIDS and the acceptability of the HIV test is mediocre.

Keywords: HIV/AIDS; Afagnan; Vulnerability

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Introduction

The development of sub-Saharan Africa and the well-being of young people are closely linked. Young people represent an opportunity to accelerate growth and reduce poverty. They represent a large future workforce, which can have a positive socio-economic impact on households and on a larger scale on countries [1]. Unfortunately, these young people are socially vulnerable because of their precariousness, poverty, isolation, poor attendance and other health addictions due to poor lifestyle, risky sexual behaviors with the consequent sexual infections and unwanted pregnancies and abortions on the other [2]. It is therefore necessary to invest in the health and education of young people in order to enable them to maintain good health and thus break the vicious cycle of poverty [3]. Hence the present study in which the authors undertook to study the vulnerability of the young population attending The Hospital of Saint John of God of Afagnan with hypotheses:

- A large proportion of the young population attending St. John of God's Hospital in Afagnan engages in risky behaviors, whether related to sexuality or alcohol consumption
- Tobacco and drug use among the young population attending St. John of God's Hospital in Afagnan is low
- Knowledge about HIV/AIDS is low in this population, as well as for the acceptability of HIV testing

Materials and Methods

It was a cross-sectional study with a descriptive and analytical objective that took place from

July 04th, 2016 to August 04th, 2017, a study period of 13 months in the hospital Saint John of God of Afagnan. The study population was the youth seen in consultation during the study period. Recruitment was carried out by considering the World Youth Health Organization's definition as persons aged 15 to 24 [2].

Each participant was given a standardized paper questionnaire (Tables 1-3) on the use of addictive substances, knowledge and practices in social health and reproduction. Given the sensitive issues and level of study, this questionnaire was self-administered by physicians with or without a translator for out-of-school patients. The questionnaire was tested with twenty people to verify the correct wording of the questions.

To assess in-depth knowledge about HIV/AIDS, another questionnaire (Table 4) was conducted to measure factors related to HIV/AIDS prevention. It measures the percentage of respondents following five questions:

- Correctly identify the two main means of HIV prevention (condom use and limiting sexual intercourse to a single faithful, non-infected partner);
- Reject two common misconceptions about HIV transmission (HIV can be transmitted by mosquitoes and HIV can be transmitted by sharing a meal with an HIV-infected person);
- Who know that a seemingly healthy person can be infected with HIV?

One point is awarded for each correct answer. The minimum score is 0 and the maximum score is 5. Two groups are then defined: People with in-depth knowledge of HIV/AIDS and people without in-depth knowledge of HIV/AIDS.

An information leaflet and an informed consent form were provided to each participant to explain the interest of the study and obtain their participation agreement. The return of the signed informed consent card allowed the delivery of the self-administered paper questionnaire.

The inclusion criteria were therefore:

- The consultation at St John of God's Hospital in Afagnan during the study period
- Have an age between 15 and 24 years
- The return of the signed informed consent card.

The exclusion criteria were: the absence of one of the inclusion criteria.

At the end of the collection, all the data was stored in a database designed under Microsoft Office Access 2007. The statistical analysis was carried out with the software R version 3.3.0. The statistical tests used were the Pearson Chi-two test or the fisher exact test for qualitative variables and the Mann Whitney/Wilcoxon test for quantitative variables. The significance threshold has been set at 0.05.

Results

The overall series consisted of 1,505 patients, 854 of whom (57.7%) men and 651 (43.7%) women, a ratio of 1.3. The most represented age group was 18 to 20 years in 49.8% regardless of gender. Depending on the background, 18.3% of patients were from urban areas and 61.2% from rural areas. Of the study participants, 99.3% were single.

There was no statistically significant difference ($p=0.54$) when it came to marital status. Eleven (0.7%) patients reported having at least one child. According to the head of the household's education level, 70.3% of patients had a head of household with a primary or secondary education level. This proportion was the same among men (69.8%) and women (71.0%). Related to social life, 6.6% of patients reported going to nightclubs in the past 12 months with a statistically significant difference ($p<0.001$) on the one hand and 3.5% of patients reported watching pornographic films very often in the past 12 months. This proportion was 5.4% for men vs. 1% for women with a statistically significant difference ($p<0.001$). In terms of addictive substance use, 2.4% of patients reported being smokers. This proportion was 3.7% for men and 0.6% for women. In the past 12 months 47.6% of patients admitted to drinking alcohol. This proportion was 51.8% for men compared to 41.9% for women with a statistically significant difference ($p<0.001$). Compared to drug use, 11 patients reported drug use in the past 12 months. On the assessment of knowledge about HIV/AIDS 66.6% of patients knew that the risk of HIV/AIDS transmission could be reduced by having sex with a single, loyal, non-infected partner, 76.0% knew that the risk of HIV/AIDS transmission could be reduced by using condoms, 80.3% of patients knew that a seemingly healthy person could be infected with HIV/AIDS, 75.4% of patients knew that HIV/AIDS could not be caught through mosquito bites and 88.5% of patients knew that you can't get HIV/AIDS by sharing a meal with an HIV-infected person. In our study, 47.7% of patients reported having had sex before. This proportion was 47.6% for men and 47.7% for women. There was no statistically significant difference ($p=0.99$). The average age at the first report was 17.9 years. In addition, 89.2% of patients reported having had a report before the age of 21.

Of the 694 (47.7%) sexually active youth, 72.9% reported using a condom during their last sexual encounter. This proportion was 72.3% for men and 73.7% for women without any statistically significant difference ($p=0.69$). During the last sexual intercourse, in most cases, it was sexual intercourse with a regular partner in 87.7% of cases. This proportion was 97.8% for men versus 80.1% for women with a difference that was statistically significant ($p<0.001$). Over the past 12 months, 73.0% reported having had sex. The proportion of men was 81.5% for 66.1% of women. This difference was statically significant ($p<0.001$). Over the past 12 months, 73.0% reported having had sex. The proportion of men was 81.5% for 66.1% of women. This difference was statically significant ($p<0.001$). In terms of the number of sexual partners, 8.3% reported having had more than 3 partners in the past 12 months. This proportion was 12.0% for men and 4.8% for women. The difference was statistically significant ($p<0.001$). Of the patients who reported having had sex in the past 12 months (n=694), only 46.4% reported using a condom every time they had sex. This proportion was 12.0% for men and 4.8% for women. The difference was statistically significant ($p<0.001$). Of the patients who reported having had sex in the past 12 months (n=694), only 46.4% reported using a condom every time they had sex. This proportion was 0.7% for women compared to 12.4% for men. The difference was not statistically significant ($p=0.09$).

Among sexually active girls (n=299), 33 (12.4%) had already had a pregnancy, of which 23 (69.7%) had voluntary termination of pregnancy and 8 (25.0%) leads to completion.

In our sample, 35.2% of patients reported having had a screening test. This proportion was 39.1% for women and 32.2% for men. The

Table 1: Presentation and lifestyle.

S. No.	Questionnaire
1	You are: I_ man/ I_ woman/
2	How old are you: I_/I_/years old
3	How many children do you have: I_/I_/
4	What is your marital status: Married I_/ Free Union I_/ Single I_/ Divorced I_/ Separated I_/ Widowed (Vev) I_/
5	Where do you live: In university accommodation I_/ With your biological parents I_/ Only I_/ With a I_ tutor/ With friends I_/
6	Before your 12 th birthday, live in the community: Urban I_/ Rural I_/
7	What is the highest school attended by your head of the household: Primary I_/ Secondary I_/ Superior I_/ He didn't go to school I_/ I don't know I_/
8	Financially you will say: I am comfortable I_/ My income is sufficient I_/ I am poor I_/ I am very poor I_/
9	Compared to people your age, you would say that your health is: Not at all satisfactory I_/ Unsatisfactory I_/ Rather satisfactory I_/ Very satisfying I_/
10	In the last 12 months, you had smoked cigarettes: Every day I_/ Several times a week I_/ Several times a month I_/ Rarely I_/ Never I_/
11	In the past 12 months, you had been drinking alcohol: Every day I_/ Several times a week I_/ Several times a month I_/ Rarely I_/ Never I_/
12	In the past 12 months, you have used drugs: Every day I_/ Several times a week I_/ Several times a month I_/ Rarely I_/ Never I_/
13	In the last 12 months, you've been out in a nightclub: Very often I_/ Often I_/ Rarely I_/ Never I_/
14	In the last 12 months, you've watched a pornographic movie: Very often I_/ Often I_/ Rarely I_/ Never I_/

Table 2: Sexual experiences and related behaviour.

S. No.	Questionnaire
15	Has had sex before: No I_/ Yes I_/ If not, go directly to the next section
16	At what age did you first have sex: I_/I_/
17	Have you ever got pregnant: Yes I_/ No I_/ Not concerned I_/, If so, how many times I_/I_/
18	Had you ever had an abortion: Yes I_/ No I_/ Not concerned I_/, If Yes, How much I_/I_/
19	Had you had children born alive: Yes I_/ No I_/ Not concerned I_/, If yes, how much I_/I_/
20	In the last 12 months, had you had sex: Yes I_/ No I_/
21	In the past 12 months, how many sexual partners have you known: I_/I_/
22	In the past 12 months, had you used condoms during sex: No I_/ Yes I_/
23	In the last 12 months, had you had sex with a sex worker: Yes I_/No I_/
24	In the last 12 months had you had sex in exchange for property: Yes I_/ No I_/

difference was significant (p<0.001). Of this 35.2%, the test would be positive in 1.4%.

Of the patients, 56.2% reported that they did not have a vaccination record. This proportion was 52.8% for women and 58.8% for men. The difference was statistically significant (p<0.025). Only 14.7% of patients reported being up to date with their vaccinations and almost 3/4 could not answer the question 40 "Do you know if you are up to date with your vaccinations?"

Of the desire to test for HIV/AIDS, 35% of patients were in favor

compared to 65%.

Discussion

First, let us agree on the term the vulnerability of youth. For us social vulnerability can be perceived as all social situations, living conditions, financial support of parents and the social environment that could impact the daily life of young people. Defined in this way, there is a clear perception of the impact that could have on the social health of young people, their background, their place of housing and the level of education of parents [4,5]. The level of knowledge about

Table 3: Risk perception and screening.

S. No.	Questionnaire
25	Have you ever been tested for HIV AIDS: Yes I_/ No I_/ If yes, how long ago I_/
26	Did you get the test result: Yes I_/ No I_/ If yes, what was the result: Positive I_/ Negative I_/ I do not wish to answer I_/
27	Compared to the risk of getting HIV AIDS, you think: I have no risk I_/ I have little risk I_/ I have a lot of risk I_/ I don't know I_/
28	During the last sexual intercourse, were you aware of your partner's HIV-related HIV status: Yes I_/ No I_/
29	During the last sexual intercourse, had you used the condom: Yes I_/ No I_/
30	What was the relationship between you and the latter: boyfriend I_/ Fiance (e) I_/ Husbands I_/ Casual Partner I_/
31	Do you have a vaccination record: Yes I_/ No I_/
32	Do you know if you are up to date with your vaccinations: Yes I_/ No I_/ I don't know I_/

Table 4: Knowledge about HIV/AIDS.

S. No.	Questionnaire
33	Can the risk of HIV/AIDS transmission be reduced by having sex with a single faithful, non-infected partner:
	Yes I_/ No I_/ I don't know I_/
34	Can the risk of HIV/AIDS transmission be reduced by using condoms during sex:
	Yes I_/ No I_/ I don't know I_/
35	Can a person who appears to be healthy be infected with HIV AIDS:
	Yes I_/ No I_/ I don't know I_/
36	Can a person get HIV AIDS from mosquito bites:
	Yes I_/ No I_/ I don't know I_/
37	Can a person get HIV AIDS by sharing a meal with an HIV-infected person:
	Yes I_/ No I_/ I don't know I_/

HIV was generally satisfactory in our study with a proportion of good responses ranging from 66.9% to 88.5%. However, there is still a lack of information in the young population on HIV/AIDS issues. This lack of information on HIV/AIDS among young people was reported in a study conducted in South Africa in 2004 [6]. In our study, the average age of first sexual intercourse was estimated at 17.9 years. In literature, this period of life is based on several factors such as sex and the middle of life [7-9]. This means that sex life begins earlier in young people and all means must be available to avoid STIs and unwanted pregnancies. In our study, 35.5% of students reported being tested for HIV/AIDS. This rate is lower than that found by Toure et al. in Abidjan which was 73.4% [10]. In terms of the use of preventive methods, the frequency of condom use in the last 12 months was 72.9% in our study. In addition, as found in the literature, irregular condom use was mentioned by the majority of respondents who were engaged in sexual activity [11]. A 2001 World Health Organization (WHO) report on sexual activity and condom use in Benin found that 3% of women and 22% of men with more than 2 partners in the last 12 months had found a proportion of 3% [12]. In this regard, our study shows a reduction in the risks faced by our patients, most of whom have had sex with a regular partner in the past 12 months regardless of gender. Our questions also focused on the occurrence of pregnancy and its outcome in sexually active women. For example, 12.4% of women had at least one pregnancy with 69.7% voluntary termination of pregnancy. This high rate demonstrates either a lack of knowledge or lack of contraceptive use as found by other authors [13,14]. Regarding the vaccination situation, only 43.8% had a vaccination record. These observed results are worrisome when the importance of vaccination is known.

Conclusion

Our study therefore confirms the hypothesis that a large

proportion of the young population attending the Saint Jeande Dieu Hospital in Afagnan adopts risky behaviors, that tobacco and drug use among the young population attending this hospital is low than knowledge about HIV/AIDS and the acceptability of HIV/AIDS testing is low in this population.

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