



## Sexual health seeking behaviours of young people in the Gambia

KEVIN MILES, MATTHEW SHAW, KATIE PAINE, GRAHAM J. HART  
AND SAIHOU CEESAY

In the Gambia, sexually transmitted infections (STIs) and their complications are a major health problem and although the prevalence of HIV-1 in the Gambia is currently low, it is increasing. Relatively little is known about the sexual health treatment-seeking behaviours of young people in West Africa. This information is vital to target resources appropriately. To investigate this concept, twelve single-sex focus group discussions (FGDs), within three rural villages, elicited the views, opinions, attitudes and experiences of 49 young men (mean age 17.4 years; range 15–21) and 48 young women (mean age 18.2 years; range 15–25). The participants talked openly about sexual activity within their peer communities. Six major themes were identified from the FGDs: (1) groups perceived to be at risk of acquiring STIs; (2) STI transmission and classification; (3) treatment-seeking behaviours; (4) barriers to treatment; (5) consequences of non-treatment; and (6) problem resolution strategies. The study concludes that whilst there may be barriers to improving sexual and reproductive health, young people in rural West Africa have enthusiasm for and commitment to finding solutions to the problems that local communities face.

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### Introduction

International surveillance data indicate that 70 per cent of persons with Sexually Transmitted Infections (STIs) are aged 15–24 years (Adler *et al.*, 1998) and the World Health Organization (WHO) estimates that 1 in 20 “teenagers” contract an STI each year (WHO, 1998). STIs are recognised as important co-factors for the transmission and acquisition of HIV (Wasserheit, 1992; Laga, 1993), and it has been established that the treatment of STIs is an effective strategy for prevention of HIV (Grosskurth, *et al.*, 1995). STIs are also a serious health problem in themselves. The World Bank in 1993 estimated that for those aged 15–44 years, STIs were the second cause of healthy life years lost in women, after maternal morbidity and mortality (World Bank, 1993). It is clearly a priority to introduce programmes that are effective in reducing the transmission, and preventing the development, complications and sequelae, of STIs. Central to such programmes must be the encouragement of appropriate health care seeking behaviours among those who may know they are infected, but who may delay or avoid seeking treatment (Adler, 1996; WHO/ASD, 1997).

In the Gambia, sexually transmitted infections (STIs) and their complications are a major health problem (O'Donovan, 1995) and although the prevalence of HIV-1 in the Gambia is currently low, it is increasing. The only available data on STI prevalence in adolescents in the Gambia comes from a national survey of ante-natal attendees (O'Donovan, 1996). This study did not indicate any difference in the frequency of positive syphilis or HIV-1 serology

Reprint requests and correspondence should be addressed to: Kevin Miles, Department of Sexually Transmitted Diseases, Royal Free and University College Medical School Mortimer Market Centre, off Capper St, London WC1E 6AU (E-mail: [kmiles@gum.ucl.ac.uk](mailto:kmiles@gum.ucl.ac.uk)).

between the under 20s and other age groups. This suggests a rapid rise to adult levels of infection following sexual debut.

With the threat of HIV and the serious sequelae of untreated STIs, such as chlamydia, it is important that interventions aimed at reducing these problems are developed and implemented for Gambian youth. This paper provides the basis for a more complete understanding of the social processes that inform young people's sexual health seeking behaviour in a rural area of the Gambia with high rates of STIs, focusing on the influences on decision making in relation to seeking advice and treatment for STIs.

## Method

The main method employed in the study was focus group discussions (FGDs) with young men and women. The benefits of focus groups are well recognized, in particular the opportunity they afford to the researcher to observe group participants interacting and recounting specific views, opinions, attitudes and experiences (Berg, 1998). Unlike some survey methods, focus groups do not discriminate against those who are illiterate. They also encourage participation from people reluctant to be interviewed on their own or who feel they have nothing to say (Kitzinger, 1995). Focus groups can also generate large amounts of data in relatively short periods of time, and so are appropriate when researching pressing areas of policy concern.

Three different villages were chosen for this study to gain a variety of representations from participants living in a roadside village with a primary health care (PHC) centre, a small off-road village with no PHC facilities, and a small roadside town with a "minor" health care centre. These sites were located in the Foni region of the Gambia, a rural area approximately 150 kilometres inland from the capital city, Banjul. Key informants assisted in village sensitisation to the issues under investigation, and in the selection and recruitment of participants. The participants from each site were selected by the key informants using purposive sampling methods that aimed to identify young people in each of the three villages studied.

Men and women in the Gambia are socialized and participate in a mainly homosocial environment. Indigenous, FGD-trained, male and female field workers therefore facilitated same-sex focus group discussions using the local language. The question guideline was based on topics that were selected from recommendations made by Ward and colleagues (1997). These included systems of lay knowledge which inform the interpretation of particular symptoms, the perceived threat of disease, the availability of treatment resources, physical proximity, psychological and monetary costs of taking action, and beliefs in the efficiency of recommended health care. The FGD facilitators were trained to elicit topics starting from general questions to the more sensitive ones. Treatment seeking strategies were also "mapped" on paper by the participants during the FGDs. The FGDs were tape recorded, translated and transcribed into English, then subjected to qualitative analysis by the principal researcher (KM). An approach based on the general principles of Grounded Theory (Glaser and Strauss, 1967) generated categories or "themes" inductively derived from the data.

Translation was carried out by a field worker fluent in English and the Jola and Mandinka languages. A second translator cross-checked a random selection of transcripts for accuracy. Although there were some minor variations, substantive interpretations were highly consistent. To ensure further reliability, one of the social scientist co-investigators (KP) performed coding of a random selection of transcripts to compare with codes developed by

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