

HOMELESSNESS AND SURVIVAL-SEX AS PREDICTORS OF THE PREVALENCE OF SEXUALLY TRANSMITTED DISEASES AMONG YOUNG ADULTS IN OWERRI, IMO STATE, NIGERIA.

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ABSTRACT

Sexually transmitted diseases have been repeatedly identified as a major social menace that threatens the health and development of youths across the globe. Recent incidents of destruction of homes and workplaces in Owerri city has led to increased level of homelessness and joblessness in the city making survival more difficult. This study examined Homelessness and Survival sex as predictors of the prevalence of Sexually Transmitted Diseases (STDs) among young adults in Owerri. Participants were two hundred and fifty (250) (148 males and 102 females) adults sampled from Owerri, Imo State using the convenience sampling technique. Participants were within the ages of 18 and 35 years with a mean age of 24.79 years and Standard Deviation of 3.73. Four hypotheses were tested. Three instruments; Homelessness Questionnaire (HQ), Survival Sex Questionnaire (SSQ) and Prevalence of Sexually Transmitted Diseases Questionnaire (PSQ) were used for data collection. Data were analyzed with SPSS Version 20 using Percentages, Frequencies, Chi-Square and Multiple Regression. The result of the study showed a significantly low prevalence of STDs among young adults in Owerri. Homelessness and survival sex were significant predictors of the prevalence of STDs among young adults in Owerri. The study concluded that there is significant occurrence of STDs among homeless and survival-sex-practicing young adults in Owerri. A major recommendation is that the government of Imo State should desist from activities that render people resident in Owerri homeless and jobless so as to reduce the incidence of homelessness and survival sex among the youth of Owerri.

KEYWORDS: Homelessness, Owerri, Sexually Transmitted Diseases, Survival sex, Young Adults

INTRODUCTION Sexually Transmitted Diseases (STDs) also referred to as sexually transmitted infections (STIs) and/or Venereal Diseases (VD) are a group of infectious or communicable diseases with sexual contact as their primary mode of transmission (especially vaginal intercourse, anal sex and oral sex) (Gilson & Mindel, 2001). Most STDs do not

cause symptoms at the early stage, symptoms may appear months or years after infection and this window period increases the risk of passing the diseases on to others (Murray, Rosenthal & Pfaller, 2013). However, the common symptoms and signs may include vaginal discharge, penile discharge, ulcers on or around the genitals, pelvic pain, pains during sex

and/or while urinating, itches, rashes and offensive odour.

STDs are classified according to the type of organism causing the infection; bacterial, viral or fungi origin (World Health Organization, 2006). Bacterial STDs are caused by bacteria passed from person to person during sexual activity; they can be treated with antibiotics. The treatment process involves consultation with health care provider, medical examination, drug administration and adopting necessary healthy lifestyle practices. In other words, the individual victim would consult a health care provider, gets tested and treated, follows through on all the medications, avoids sexual contact until cured, and makes sure his/her sexual partner(s) gets tested and treated as well. Viral STDs are caused by viruses passed from person-to-person during sexual activity, from an infected mother to infant during pregnancy, birth, or breastfeeding, blood transfusions or sharing of intra-venous drug equipments and in some instances, from towels, straws, or other objects that come in contact with an infected individual. Viral STDs, (especially herpes, hepatitis B and C, and HIV infections), usually persist for life, others are allowed to run their course, at which point, the body will have developed antibodies to fight the infection and reduce or completely eliminate symptoms. Antiviral drugs can be used to control but not cure all of these infections, except hepatitis C, which can be cured in some people after prolonged treatment. The last category which is the Parasitic STDs are caused by parasites passed from person-to-person during sexual activity or non-sexual contact with another infected individual. Parasitic infections are parasites (tiny bugs) that live inside and/or outside of the body. They can be cured with the right treatment; antibiotics or topical creams/lotions.

According to World Health Organization (2001), Adolescents and young adults within the ages of 15 to 24 years are more at risk for STIs than older adults. This is because this age group is the sexually active group and at a high risk of being behaviorally more vulnerable to STI acquisition as they generally have higher number of sexual partners, often engage in unprotected sex, trans-generational and transactional sex, have more concurrent partnerships and change partners more often than the older age groups (Wellings, Nanchahal, Macdowall, McManus & Mercer, 2001). WHO (2001) also estimates that 20% of persons living with HIV/AIDS are in their 20s and one out of twenty adolescents' contract an STI each year. World Health Organization (2001) postulates that approximately 340 million new cases of the four main curable STIs; gonorrhoea, Chlamydia infection, syphilis and trichomoniasis occur every year, 75-85% of them in developing countries. Nigeria is not left out as available data show that STIs constitutes great medical, social, psychological and economic problems in the country (Ogunbanjo, 1998). In Nigeria, STDs are so rampant that traditional herbal doctors chant them like songs along the streets for victims to come forth for treatment. Even among young people, these STDs are nicknamed "Gono", "Scrochy", "Oko-T- Junction" etc and are even used by people for jokes and fun. In fact, in 1963, WHO found Lagos to have the highest gonorrhoea rate in the world (Ogunbanjo, 1998). Okonko, Akinpelu & Okerentugba (2012) reported that most of the STD cases occurred in the 21-30 years age group because this age group is sexually active. Ogunbanjo (1998) cited in his work on "sexually transmitted diseases in Nigeria; A review of the present situation" that Penicillinase producing *Neisseria gonorrhoea*

prevalence varies from 44.4% in Zaria to 80% in Ibadan. He also reported that another prevalent STD is syphilis, yet many people with the infection are asymptomatic. For the purpose of this study, Gonorrhoea, Chlamydia and Herpes are of interest. Gonorrhoea is a sexually transmitted infection that is caused by the bacterium *Neisseria gonorrhoeae*. It can also be called the clap, gonococcal infection, gonococcal urethritis and/or gonorrhoea (World Health Organization, 2011). Other nicknames for it are the drip or morning drip (named after the dripping discharge commonly associated with the infection), the Dose (this is because it can be cured with a single dose of antibiotic if diagnosed early enough) (Kristena, 2015). Chlamydia infection is another common STD in humans caused by a bacterium known as *Chlamydia trachomatis*. It is also known as The Clam, Goopy Stuff or The Silent Killer (World Health Organization, 2011). Herpes simplex is another common viral STD caused by the herpes simplex virus (Center Disease Control, 2014). It is commonly called fever blisters/cold sores because recurrences are often triggered by a febrile illness such as a cold.

Research has it that most people often cultivate risk behaviors that may be detrimental to their health in order to satisfy their basic physiological needs. These risk behaviors include drug use and abuse, survival sex, keeping multiple sex partners and having unprotected promiscuous sex etc. Shelter, is one unit of the environment that has profound influence on the health, efficiency, social behavior, satisfaction, productivity and general wellbeing of the individual and the entire community (Jiboye, 2011). It is also one of man's basic needs and a significant component for human survival and satisfaction. In developing countries where there is rapid

urbanization, the problem of inadequate housing for the people (especially among the low-income group) constitutes one of the major challenges to economic development, health and the welfare of the citizens. Considering the severity of inadequate housing and its consequences on the poor, the issue of homelessness has not attracted as much official attention as needed in Nigeria. The condition of homelessness may increase the rate of STD contraction, because homeless victims are prone to behaving in ways that put them at high risk of getting STDs in bids to survive in the society. Therefore, by posing the case of the homeless in Owerri, Imo State, Nigeria, this study looks into homelessness as a predictor of the prevalence of STDs among young adults. The United States Department of Housing and Urban Development (2010) defined homelessness as "the condition and social category of people without a regular house or dwelling because they cannot afford, do not desire or are otherwise unable to maintain regular, safe and adequate housing or lack fixed, regular and adequate night time residence". The term "homelessness" may also include people whose primary night residence is in a homeless shelter, in an institution that provides a temporary residence for individuals intended to be institutionalized, or in a public or private place not designed for use as a regular, sleeping accommodation for human beings. The actual legal definition of homelessness varies from country to country, or among different entities or institutions in the same country or region. Attempts have also been made to address homelessness in some parts of the world but much has not been done in Nigeria to address this problem and its consequences. Thus, the outcome of this study serves as a feedback for the formulation of an

appropriate policy towards ensuring adequate housing to the entire citizenry.

Survival sex as the name implies, is defined as trading sex or sex acts (including prostitution, stripping, pornography etc) to meet the basic needs of survival (i.e. food, shelter, clothing etc). This is mostly done by individuals over the age of 18 and without the overt force, fraud or coercion of a trafficker. Thus they engage in this kind of sex because they feel that their circumstances leave little or no other option (Forst, 1994). The danger inherent in survival sex practice makes it among the most damaging repercussions of homelessness among young adults (Greenblatt & Robertson, 1993). The aim of this study is to find out if homelessness and survival sex will predict the prevalence rate of STDs among young adults in Owerri, Imo State, Nigeria.

Statement of the Problem

A number of reasons including hunger, anxiety, lack of social support, and peer pressure have been given to explain the dramatic increase in STDs. Aside the problems posed by natural disasters and man-made disasters which has left many people (old and young) homeless. Homelessness could also be as result of low standard of living, unemployment, economic recession, demolition of houses and workplaces by the government in power, etc. which has seen many young adults away from their homes and sources of livelihood and forced them into immature economic self-dependent in Owerri. Thus, the need to survive is on the increase with no certainty about the next day. Observation has shown that offering sex in exchange for money, food, clothing, shelter, toiletries or even jobs has become a common occurrence among young adults. Knowing that scientific research

outcomes have exposure to multiple sex partners, unprotected sexual intercourse, trans-generational and transactional sex increases a person's chances to STDs contraction, It is therefore, important to investigate and understand the correlation between homelessness, survival sex and the prevalence of STDs in our society. As the findings of this study will help Clinical Psychologists identify victims of these factors (Homelessness and survival sex) and plan suitable and best treatments/counseling to administer with the aim of achieving a positive result (reducing the prevalence of STDs) especially among young adults. Thus the need for this study.

Purpose of the Study

The general objective of this study is an attempt to ascertain if homelessness and survival sex will significantly predict the prevalence rate of STDs.

Literature Review

Individuals unable to satisfy the lower physiological and safety need, are not disposed to the higher order needs. Hence, issues of self esteem, social status and social acceptance are not important to them, the possibility of satisfying the need for food or shelter is their pre-occupation. Hence, they would do whatever they deem necessary (e.g. begging, stealing, survival sex) to survive. In many cases, issues relating to infections and diseases might only arise as an afterthought, after the deed has been done. Following Maslow's hierarchy of needs theory (1954), it is most likely that environmental and natural circumstances of the homeless make them potential victims of STDs via survival sex. In other words, it is likely that to these individuals, survival sex is not just a matter of give and take

but central to their continuous existence. This threat to existence or living could also explain the possibility that a homeless person may continue to indulge in survival sex after repeated incidence of STD. hence, the danger of being infected pales when compared to the possibility of starvation and insecurity. Kelly (1955) personal construct theory posits that people perceive and organize their world of experiences the same way scientists do; by formulating hypothesis about the environment and testing them against the reality of life. This is a cognitive theory which assumes that individuals observe the happenings in their world and interprets them in a way that they see fit. Hence, people make constructs of the events in their lives and upon these; they make sense of their world. Therefore, different or several people can have the same experience but their perceptions and interpretations would differ due to the different personal constructs they hold. This theory explores the map an individual form in order to cope with the psychological stresses of their lives. In the case of the homeless, It provides a good explanation of the differing involvements of the homeless in survival sex, and the possibility of some people actively partaking in behaviors that would prevent getting infected while others do the opposite, and the likelihood of prevalent STDs among homeless and those indulging in survival sex despite the many warnings and awareness programmes relating to the conditions of acquiring STDs and the dangers they pose. Thus, people who see life as survival of the fittest would do anything (including adopting unhealthy lifestyles like survival sex) in order to survive in the case of a homeless; have a roof over his/her head damming the consequences and vice versa.

Social Disorganization Theory by Bursik and Grasmick, (1993) which grew out of the study of Shaw and McKay in 1942 is another theory that tries to explain causes of deviant/unhealthy behaviors. The theory states that a person's physical and social environments are primarily responsible for the behavioral choices that person makes. At the core of this theory, location matters when it comes to predicting risky behavioral activities. Social disorganization theory suggests that a person's residential location is more significant than the person's characteristics when predicting deviant as well as unhealthy lifestyle (Sheidow, Gorman-Smith, Tolan & Henry. 2001). This theory supports that unhealthy lifestyles are normal responses by normal individuals to abnormal conditions and also that poverty as well as homelessness (stressors) are motivators of risky or delinquent behaviors among homeless youths.

Eamon (2001) conducted a research on the influence of parenting practices, environmental influences and poverty on anti-social behavior and result supported the fact that economic deprivation could lead to social disorganization, which in turn can lead to youth risky sexual behaviors that makes them at a high risk of contracting STDs. Tyler, Whitbeck, Chen and Johnson (2007) studied the role of gender in sexually transmitted infection (STI) rates among homeless youth in USA being treated for substance abuse issues and the result showed that 21% of the homeless reported having contracted an STI. Given the benefits of housing stability, Roy, Haley, Leclerc, Sochanski, Boudreau and Boivin (2011) undertook a study in Montreal to examine homelessness and the risky behaviors associated with it and the result found that residential stability is associated with less daily

alcohol consumption, drug abuse, drug injection, sex exchange, and multiple sex partners. Weir, Bard, O'Brien, Casciato and Stark (2007), examined the relationship between residential instability and four STI risk behaviors (Hard drug use, needle sharing, sex exchange and unprotected sex) among women at-risk for STIs and the result showed that each risk behavior was significantly associated with unstable housing. Tyler and Johnson (2006) carried out a research work to find out about homeless youths in Iowa, Kansas, Missouri and Nebraska and their involvement in survival sex and they found out that 18% had direct experience with sex trade and 10% had been propositioned. Goldblatt et al (2015) researched on the Prevalence and Correlates of HIV Infection among Street Boys in Kisumu, Kenya, 79% of participants reported lifetime vaginal sex, 6% reported lifetime insertive anal sex and 8% reported lifetime receptive anal sex. All had been on the street for at least one year and all had engaged in vaginal sex. Marshall, Kerr, Shoveller, Patterson, Buxton and Wood S (2009) researched on Homelessness and unstable housing associated with an increase risk of STI transmission among street-involved youth in Vancouver, Canada. The objective of the study was to determine whether environmental conditions, independent of established socio-demographic and individual-level factors, are associated with sexual risk behavior and the result showed that homelessness was inversely associated with consistent condom use, while unstable housing was positively associated with greater numbers of sex partners.

Hypothesis

1. There will be a significant prevalence rate of STDs among young adults in Owerri

2. Homelessness will significantly predict the prevalence of STDs among young adults in Owerri
3. Survival sex will significantly predict the prevalence of STDs among young adults in Owerri
4. Homelessness and Survival sex will significantly predict the prevalence of STDs among young adults in Owerri.

Participants:

The participants were 250 homeless young adults, 148 males and 102 females within the age range of 18 and 35 years (with a mean age of 24.79) and a Std. Deviation of 3.73 selected through Convenience sampling technique from Owerri Municipal, Owerri North and Owerri West Local Government Areas in Imo State.

Instruments:

Three structured questionnaires were used for data collection; Homelessness Questionnaire (HQ), Survival Sex Questionnaire (SSQ) and Prevalence of Sexually Transmitted Diseases (STDs) Questionnaire (PSQ). Homelessness questionnaire (HQ) is a 5 item instrument developed by the researchers to measure conditions of living. It is a nominal scale; items 1 and 2 are scored in reversed order while items 3, 4 and 5 are scored directly. The instrument has an internal consistency reliability of .69, a divergent validity coefficient of $r = -.08$ when correlated with the Survival sex questionnaire was obtained. The norm for the questionnaire is 3.51, Scores higher than the norm indicates homelessness while scores lower than the norm indicates no homelessness. Survival Sex Questionnaire (SSQ) is a 9 item instrument developed by the researchers to measure the act of selling sex to meet subsistence needs such as

food, shelter, clothing, drugs, toiletries or employment and the rate at which this act is done. This scale is in likert form and all items in this questionnaire are directly scored. Acronbach alpha reliability coefficient of .80 was obtained, a concurrent validity of .04 was obtained when correlated with Prevalence of STDs questionnaire and a norm of 36.87 was also reported. The higher the score, the higher the survival sex practice or engagement while the lower the score, the lower the survival sex practice or engagement. Prevalence of STDs Questionnaire (PSQ) is a 13 item instrument, with two sections; one for female and one for male and has 3 components each. It was developed by the researchers to measure the symptoms of three (3) STDs (Gonorrhoea, Chlamydia and Herpes) and the rate at which it occurs. This scale is in likert form and all items are directly scored. The instrument has an internal consistency reliability of .69 for component 1, .60 for component 2 and .65 for component 3 for females and for males; the reliability was estimated at internal consistency reliability of .66 for component 1, .63 for component 2 and .68 for component 3 using the cronbach alpha analysis. It was correlated with the Homelessness questionnaire and a concurrent validity of .15 was obtained. The norm for the 13 item questionnaire is 29.19; the higher the score, the higher the prevalence rate of STDs while the lower the score, the lower the prevalence rate of STDs.

Procedure:

The researcher used purposive sampling technique to select locations in Owerri Municipal, North and West Local Government Areas. The researcher also used a convenient sampling technique to select the participants; on arrival at each of the locations that was used, the researchers formed rapport and debriefed the participant(s) and requested for their co-operation to participate in the study. The instruments were administered to those who were willing to participate by staying back. After the instruments were completed, the researcher collected them, thanked the participants and proceeded to organize and analyze the data collected.

Design and Statistics

The design of the study is a cross-sectional survey due to the fact that data were collected across a population of both males and females, from different locations and in different LGA and participants were also of different age brackets and marital status. Chi-square statistics was employed to test for hypothesis 1 in order to find out if there is a significant prevalence rate of STDs among young adults in Owerri while multiple linear regression was used to test hypothesis 2, 3 and 4, because the researcher wanted to predict the criterion variable (prevalence of STDs) using the predictor variable (homelessness and survival

Result

Table I: Summary Table of Chi -Square Analysis Showing the Prevalence Rate of STDs among Participants

Prevalence of STDs	Observed N	Expected N	Residual	df	X ²	Sig.
High rate of STDs	96	125.0	-29.0	1	13.46	.000
Low rate of STDs	154	125.0	29.0			
Total	250					

X²(1) = 13.46, p ? .01

From table 1 above, the Chi-square result (X²(1) = 13.46, p ? .01) is significant for prevalence of STDs. However, the frequency score reflects a

significant low prevalence rate of STDs. Therefore, the alternate hypothesis that there will be a significant prevalence rate is accepted.

Table II: Summary of Standard Multiple Regression Analysis Showing Homelessness and Survival Sex as Predictors of Sexually Transmitted Diseases

Model	Beta	R	R ²	R ² Change	T	Sig.
Homelessness	.47	.65	.42	.42	7.48	.000
Survival sex	.25				3.93	.000

[F(2,247) = 90.02, p ? .01]

Following the result presented in table II above, homelessness, [B = .47, t (2,247) = 7.48, p ? .01] is a significant predictor of the prevalence of STDs as the higher the homelessness condition, the higher the prevalence rate of STDs and also for every unit of increase in homelessness, there

would be a .47 increase in the unit of prevalence rate of STDs. Therefore, the alternate hypothesis that homelessness will predict the prevalence rate of STDs is accepted.

Similarly, Survival sex, [B = .25, t (2,247) = 3.93, p ? .01] significantly predicted

the prevalence rate of STDs as the higher the involvement or engagement in survival sex, the higher the prevalence rate of STDs and also for every unit of increase in survival sex, there would be a .25 increase in the unit of prevalence rate of STDs. Thus, the alternate hypothesis of significant prediction is hereby accepted.

The model's overall fit as indicated by R^2 value in the table above, shows that 42% of the variance in the prevalence of STDs is accounted for by the predictor variables. Generally, this result showed that Homelessness and Survival sex explained a significant proportion of the variation in prevalence rate of STDs [$R^2 = .42$ $F(2,247) = 90.02$, $p < .01$]. Therefore, the alternate hypothesis that homelessness and survival sex will significantly predict the prevalence of STDs is accepted.

Discussion:

This work studied homelessness and survival sex as predictors of the prevalence of STDs among young adults in Owerri. The study had two independent variables (homelessness and survival sex) and a dependent variable, prevalence of STDs. Four hypotheses guided this work.

The result of this study showed that the prevalence rate of STDs among young adults in Owerri was significant. The result also showed that prevalence rate is low. This supports the finding of Tyler, Whitbeck, Chen and Johnson (2007) study that reported low STIs contraction among homeless youths in USA. This finding could be because homeless young adults like their well housed counterparts in Owerri are aware of and enlightened about STDs, its symptoms, and the consequences especially if not treated as soon as possible; the degree of awareness is possible considering the different

channels (e.g. radio jingles, TV adverts/programmes, wall stickers and posters, health product marketers on the streets and markets and other public places) used to spread or disseminate information relating to STDs in the city. In other words, information about STDs is readily available and free in Owerri city. Therefore, it is likely that young adults in the city could protect themselves using different methods, which may include; use of contraceptives and regular medical checkups. Some of these young adults who do not have the finance to go for regular medical checkups may fall back on herbal medicines once they notice any unusual symptoms in their bodies and this may be working for them. Some of them who are not properly enlightened about STDs but are aware (may be through mediums such as T.V and/or radio programmes, newspapers, magazines, friends etc) that it can be contracted through sexual intercourse with an infected partner and could lead to death, may prefer to abstain from sexual intercourse (as it is a primary way of contracting STDs). Those who cannot practice abstinence may avoid keeping multiple sex partners and/or try as much as possible to know the health status of their sex partner (s). The result of the second analysis showed that homelessness was significant in predicting the prevalence of STDs among young adults in Owerri. This is in line with most of the previous studies that found that homelessness predicts the prevalence of STDs. Some of these studies include; Roy, Haley, Leclerc, Sochanski, Boudreau & Boivin (2011) who found that residential stability is associated with less sex exchange and multiple sex partners that can put an individual at a high risk of STD contraction, and Weir, Bard, O'Brien, Casciato and Stark (2007) who found that sexual risk behaviors as well as prevalence rate

of STDs are significantly associated with unstable housing. In the researchers' opinion, other reasons for the findings of this study could be attributed to; financial constraint, natural disasters, economic recession etc.

Result of the analysis also showed that survival sex significantly predicts the prevalence of STDs among young adults in Owerri and this is consistent with the finding by Goldblatt et al (2015) study that reported that 79% of the participants reported lifetime vaginal sex, 6% reported lifetime insertive anal sex and 8% reported lifetime receptive anal sex; this suggests that risky sexual behaviors can lead to an increase in the rate of STD contraction. Other reason could be due to ignorance, laziness and impatience, greed, materialism etc

The result of the interaction effect showed that homelessness and survival sex jointly are significant predictors of the prevalence of STDs among young adults in Owerri. The finding is in line with Eamon (2001) study that supports the fact that economic and social deprivation could lead to social disorganization as well as health problems including STD contraction.

In conclusion, for one to survive, he/she must meet the basic physiological needs of which shelter, clothing, feeding, etc are inclusive. When these needs are not satisfied or met, they serve as driving force towards pushing its victim(s) especially young adults into unhealthy lifestyles that place them at a high risk of STD contraction.

With the knowledge of the present findings, individuals are exposed to some of the factors that can lead to high rate of STD contraction; thus, this work creates awareness and enable the public especially young adults acquire more knowledge in the area of STDs.

The findings of this study expose the need for young adults to have a good self-knowledge and insight, and help by creating awareness on their behaviors and how such behaviors can affect their health and general wellbeing either positively or negatively. The results of this study further unveil the importance of supervision, creating of awareness and giving support to homeless young adults; and hence will help liberate them from the chains of ignorance and shame as well as death in the long run. Indeed, the results will also help them identify their positive skills, potentials, capabilities, strengths and weaknesses through close supervision, care and love especially among victims of these unhealthy conditions and behaviors. A clear understanding of this study will motivate parents and other significant others into helping victims of homelessness and survival sex in their society by supporting them in any way they can and also by playing role models to them with the aim of bringing a positive change in their lives and the society at large. The findings of this study will help medical practitioners in the health sector level to consider the financial status of poor families when costing as the cost for seeking medical help may scare such individual (s). It will also help them organize periodic seminars and medical missions targeting this group of people in the society. At the government level, the findings of this study will aid the Nigerian government become aware of the impact of some of their policies and understand the consequences of homelessness and survival sex practice on the public especially among young adults in the society and know that it is important to make provisions for this category of people in order to see that they are taken care of.

Conclusion

The study aimed at investigating homelessness and survival sex as predictors of the prevalence of STDs among young adults in Owerri. The study concluded that there is significant prevalence of sexually transmitted diseases among young adults in Owerri, Imo State who are either homeless or practicing survival sex.

Recommendation

1. It is recommended that parents and guardians should inform young adults involved survival sex of the likely negative consequences of this behavior especially as it predisposes them to acquire sexually transmitted diseases and encourage them to seek early medical and psychotherapeutic interventions as precaution.
2. Government and Non-governmental organizations should also help by making free quality health care services accessible to homeless young adults who cannot afford healthcare on their own.
3. It is also recommended that psychological assessment of young adults in Owerri should incorporate questions that would provide information about their living conditions and whether sex is seen as a way to sustain oneself. This is very important when a client in Owerri has comorbid sexually transmitted disease.
4. Policy actors like the Media and other agencies should engage in Advocacy programmes with the aim of challenging and eliminating government activities that inadvertently render people homeless or jobless. Jingles, adverts and promotions that would alert young adults of the prevalence of STDs should become more prominent features of television and radio channels in the State.

5. The government should make efforts to provide good housing and healthcare scheme that would benefit young adults in Owerri and further reduce the prevalence of sexually transmitted diseases in the State.

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