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The Predisposing, Precipitating, Perpetuating and Protective (4Ps) Factors of Sexually Transmitted Infection in the Young: A Single Case Study

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ABSTRACT

This research is a single case study of a 17-year-old male diagnosed twice with sexually transmitted infection (STI) as an outpatient at the health facility. Objectives: The study analyzed the circumstances of a young adolescent diagnosed with STI using the Predisposing, Precipitating, Perpetuating, and Protective Factor (4Ps) Model in case formulation. Methods: The qualitative research design of a descriptive single case study was used. The content analysis using the (4Ps) Model in case formulation was the framework and guide for the data analysis in the study. Results: The situations that led to the acquisition of the sexually transmitted infection (STI) of the participant constitute the predisposing factors such as age and poverty. Precipitating factors include the influence of peers, persuasion of older male acquaintances, unprotected sexual intercourse, and intoxication of alcohol. Perpetuating factors were also identified, such as a series of multiple unprotected sexual intercourses, lack of cognition and awareness of the infection, fear of being scolded, and stigmatization. Protective factors include medical consultation, diagnosis, treatment, counseling, getting away with peers, fear of death, dream of having a better future, and mother's support. Conclusion: The study highlights biological, psychological, and social factors of a young adolescent that ~~is~~ are being linked to the 4Ps factors (predisposing, precipitating, perpetuating, and protective) as the precursors in acquiring the sexually transmitted infection. Hence, the study posits the following recommendations: (1) The Philippine Government through the Department of Health (DOH) should improve the reporting and efficiency of social safety and protection of both young boys and girls; (2) The advancement and enactment of plans, programs, projects, and activities in response to STIs, HIV/AIDs should be strengthened by the local government; (3) A family intervention specifically aimed at empowering parents and enhancing the need for family interaction by the Department of Social Welfare and Development (DSWD); (4) The study may aid in the design of project proposals to mainstream and support the advocacy of the Center for Gender and Development (GAD) of academic institutions for a gendered activity and the need for gender-informed interventions that cater to prevent risky sexual behaviors and child welfare.

Keywords: *Gender issues, Public awareness, Qualitative single case study, Sexually transmitted infection, Young male*

INTRODUCTION

Sexually transmitted infections (STIs) are among the most communal conditions afflicting menfolk and womenfolk in diverse parts of the world. The sexually transmitted infection is transferred mainly by close sexual contact from one individual to the other, such as vaginal and anal sexual activity, oral sex action, genital touching, and the use of sex toys. The disease may have mild or no signs and symptoms at all. Some may lead to cancer,

sterility, pregnancy difficulties, generalized infections, or even death. Prompt treatment of many STIs ensures and prevention of serious complications. Also, some STIs increase a person's vulnerability to HIV/AIDS infection. One problem with STIs is that they can occur without symptoms and can thus be transmitted unknowingly during unprotected sexual intercourse.

In general, and in adolescents, sexually transmitted infections (STIs) are a top concern to people working on expanding the health standing of the population. The highest reported rates of STIs worldwide are found among individuals between 15 and 24 years; up to 60% of the novel infections and partial of all people living with HIV worldwide are in this group. The risk is high in the said age group because young adolescents have a shared understanding and awareness of the dangers and risks related to their sexual behaviors. Moreover, early sexual engagements to sexual intercourse are possible reasons for the increase in the number of young adolescents diagnosed with sexually transmitted infections (Visalli et al., 2019).

According to recent studies in Ethiopia, nearly half of all new STIs occur among youth aged 15-24.3. Half of new HIV infections occur among youth aged 15-24. Teens aged 15-19 who have had sex have the highest STI rates of any age group. The highest rates of gonorrhea and chlamydia are among females aged 15-19. The United States has the highest STI rate among developed countries. The Institute of Medicine has considered STIs an epidemic among teens, although it is hard to determine how many youths are affected (Sigel, 2016). Moreover, according to the World Health Organization-Western Pacific Regional Office (WHO-WPRO), as cited in Tenaka et al. (2015), the mean age of first sexual intercourse for Filipinos is 14-15 years old, 34% of Filipino adolescents have multiple sexual partners. It was also found that Filipino young adolescents' awareness of the risks of STIs is low, pushing them to engage in risky sexual behaviors and contributing to the increase in the prevalence rate of STIs in the Philippines.

In addition to the abovementioned data in the Philippines, STIs in the young are growing in number. Health professionals are confronted with all ages, but the alarming increase in the number of adolescents makes the problem more severe as this implies that early engagement in sex is rapidly becoming the trend. The declining age of first intercourse was proffered as one possible explanation for increased STIs. Early sexual debut predisposes to an increase in the probability of having numerous sexual partners in one's whole lifetime. Because of their youth, adolescents may have limited knowledge of the risks they could face when they engage early in sex, resulting in STIs (ABS-CBN News, 2018). Moreover, Gunchi et al. (2018) also posited that the increasing number of young individuals afflicted with STI in the Philippines is associated with poverty, religion, insufficient sexual education, and enabling laws to prevent STIs in the youth.

In Ilocos Sur, the Philippines, the reported new HIV cases in 2017 were 45 and 53 in 2018, 50 were males, and 3 were females. From 1984 to February 2019, 227 cases and 22 deaths were reported (Rivero, 2019).

Research Gap

Understanding the views and behaviors of young adolescents afflicted with STI may enable us to tailor sexual health programs and interventions to STI in the young. Many research studies have focused on STIs in the adult population, while STIs in the young population remains less researched. Moreover, fewer studies have focused on the factors and circumstances that are likely to instigate acquiring of the symptoms of the infection in the younger population.

In light of those, as mentioned above that, the researchers undertook a study on STIs in the young. This study aims to give more attention to STIs, not just as a medical issue but an issue that needs the concerted and unified effort of all stakeholders—clients, health providers, teachers, and families. Also, this could serve as the basis for health providers, counselors, and significant others to address the adolescents' concerns more effectively. Finally, the enhancement of services may reduce the incidence of STIs in the young.

Significance of the study

For the respondent, this study serves to expand his knowledge on STIs and reinforce his realization of the consequences of the behavior that affected his personhood on regaining his self-worth, self-love, and determination to dream.

For academic institutions, the study result serves as an impetus to strengthen awareness programs on STI/HIV/AIDS through education, information, and communication activities emphasizing peer education as a valuable strategy. Members of the academe should also be encouraged to extend appropriate educational interventions to young adolescents, including Out-of-School Youth.

The study results lead to a better assessment of STI risks among the young and improve strategies to reduce such risks, to address their concerns.

For the stakeholders and healthcare professionals, it helps them formulate appropriate screening measures for STIs and provides suitable counseling approaches to address adolescents' sexuality concerns. It becomes a basis for coming up with adolescent-friendly STI facilities and reproductive health programs. Lastly, this paves the way for reevaluating health-related programs to lead to more effective surveillance, management, and STIs treatment.

Aims of the Study

The study analyzed the circumstances of a young adolescent diagnosed with STI using the Predisposing, Precipitating, Perpetuating, and Protective Factor (4Ps) Model in case formulation.

Specific Objectives

1. To determine the factors and circumstances that might put the respondent at risk of developing Sexually Transmitted Infections, including life events and temperaments (Predisposing Factors).
2. To acknowledge the possible specific events or triggers to the onset of the existing problem of Sexually Transmitted Infection (Precipitating Factors).

3. To recognize the potential factors that maintained the problem in the life of the respondent (Perpetuating Factors).
4. To know the present factors operating during the event when the respondent was suffering from STI (Protective Factors).

METHODOLOGY

The qualitative research design of a descriptive single case study was used. A case study is the best method for this research because the object of the study is specific and unique. It concerns the issues of ontology, epistemology, and methodology, which, according to Willis (2019), are considered central to the principles of single case study research. The study was conducted from August to November 2020 in Ilocos Sur, Philippines. The participant was selected based on the following inclusion criteria: 1) Resident of Ilocos Sur, 2) Male or female, 3) Must be below 18 years old, 4) Must have been diagnosed with Sexually Transmitted Infection by a licensed physician with completed treatment. The researcher wrote a letter of permission to the concerned Mayor and the Health Officer before the study's conduct. The participant was informed about the study, including the benefits and risks. The researchers gained informed consent from the participant and permission to use the audio-recording throughout the talk and interview. The participant was assured of his privacy, confidentiality, and anonymity. Psychological briefing before the interview and debriefing was guaranteed after the interview. The investigators obliged as the data gathering instrument because they noted all the data that the respondent shared. The respondent was visited in his home and was subjected to an interview. Specific techniques such as informal conversation, semi-structured individual in-depth interviews, active and good listening skills, patience, non-judgmental attitude, openness, and flexibility were used during the conduct of the study. The researcher thanked the participant when the interview was over. The conversation was audio-recorded and transcribed verbatim. The data gathering was sustained till data satiety, and saturation was seen, which meant until the time when there was no more new information extracted from the interview. After collecting and filling in the necessary data, a soft copy of the file and a hard copy was secured to classify the data. The content analysis using the (4Ps) Model in case formulation was the framework and guide for the data analysis in the study. The four "Ps" of case construction (predisposing, precipitating, perpetuating, and protective factors) offered a valuable context for establishing the aspects and factors that contributed to acquiring STI for the young participant. The researchers were guided using the following for analysis.

First, predisposing factors were identified, including all the circumstances that might put the respondents at risk of developing STIs. These may include life events and temperaments. Second, precipitating factors were acknowledged. These are the possible specific events or triggers to the onset of the current problem of STI. Third, perpetuating factors were recognized, including all the potential factors that maintained the problem once established in the respondents' lives. Lastly, the researchers documented the protective and present factors operating during the event when the participant suffered

from STI. This also includes the participants strengths or factors that reduced the severity of the Infection that contributed to promoting healthy and adaptive functioning.

Ethical Considerations

Ethical considerations were observed before the conduct of the study. The proposal was subjected to the University of Northern Philippines Ethics Review Board with application number 496, and the Board approved approval number 483 of the study on July 9, 2020. The principles of ethics that were observed in the study included the principles of privacy, concealment and confidentiality, the code of informed consent, assent, the value of vulnerability, recruitment, benefits, reward or compensation, and community considerations.

Case Presentation: Denudding (not his real name)

Denudding was diagnosed twice with Gonococcal urethritis (GU), a Sexually Transmitted Infection. The first diagnosis was when he was 12 years old, and the second when he was 14.

The Case

At the interview time, the participant was a 17-year-old male diagnosed with a Sexually Transmitted Infection as an outpatient in Health Facility. He came from an economically challenged sector. He is presently an out-of-school youth and the eldest among six children. His father is a daily wage earner with unstable work, and her mother is a homemaker who earns income by accepting services as a laundrywoman. He completed his first year of high school but stopped schooling because of poverty and lack of finances, confidence, and willpower to pursue further education resulting from his past health condition. As an out-of-school youth, he was engaged in child labor to earn for the family. Being the eldest, the burden of helping his siblings was on his shoulder, leading to a series of multiple unprotected sexual intercourses with older male acquaintances starting at the age of 12.

The narratives of his first exposure

The multiple unprotected sexual intercourses with older males

The respondent claimed that he had his first sexual engagement with multiple older males when he was 12. The participant exclaimed that he was like a vagabond child at a young age and got influenced by a group of friends who were also young boys like him. It was a routine for them to be on the streets from midnight to dawn and wait for adult males to pick them up on motorcycles for sexual favors, being roomed-in by two or more older males. Together with his peers, the respondent called this act "*agbakla*," which means having sex with customers of the same sex. Denudding, in his dialect, said, "*Ubing nak payla idi ma'am dose anyos nak, wara-wara ak ngamin, mga parbangon idi i-song-song dak...isong-song dak met ngamin dagidiay barkadak mam mga apan kami agbakla isu dediy.*" (I was young at the age of 12, and I was a vagabond in the streets. It was midnight

when my peers invited me to have sex with older males.) *Denudding* described that his customers were between 20 to 30 years old.

Denudding also shared an experience wherein he was invited by his friends, most of them young boys like him. Indulging in alcohol and cigarette smoking at a young age, they went out for a light drink. Unknowingly, his peers had a plan of offering him to have sex with older men in exchange for money. He felt set up; thus, he was exposed again to 2 older males in one night. It happened in a subsequent episode with a 1-hour interval. It happened not only to him but also to his peers. He said, "*Idi Maysa Nga aldaw nga napasamak kaniak manen daydiay mam ket duwa dan mam nga nanggaraw kaniak, nagsaruno da mam, manga alas Nueve day Maysa Santo dikuan simmaronu man diay Maysa Nga baklan mam idi nalpas iti Maysa nga oras. Duw-duwa kami ken diay Maysa Nga bakla mam ayan ti kwarto Santo simmaruno manen day Maysa Nga bakla mam. Idi ngamin ti rabii nalpas nak nga nangan, inayaban dak dagidiay barkadak ta apan kami agpasyar pasyar, dikuan adda metten kadua mi nga sabalin, isu daydiay napasamaken.*" (It happened again in another day, where two men had a sexual contact with me, it happened in two episodes at around 9 o'clock in the evening followed by another contact after an hour. This situation happened after my peers invited me to roam around the city and in a spur of a moment, we had companions that were stranger to me, and so, the incident happened.) He also verbalized that he was hesitant but helpless and had no choice but to have sex because he had no way out. "*Kasla Awan lattan mam it naaramidakon, kasdiay lattan mam, bahala lattan isunan iti bahala nu Ania iti aramiden na kaniakon. Diak Koma Kayat mam ngem awanen, Awan metten, awan pay dagidiay barkadak kon mam idin, agi-iinom dan, tas nasipnget payday napanan mi, diak ammo nu sadinno nga parte kami idin. Ngem kunana day bakla, la ketdi ta ubraen ta lattan. Basta pinilit nak lattan mam*". (I feel so helpless, I said to myself that whatever happen will just happen since I can no longer withstand the situation. I told myself that they can just do whatever they wanted to do in my body. I thought of escaping but I was so lost because no one was there, even my peers are gone. I do not have the chance to resist but to do the sexual favor of the gay). He also described that the older males were adults, the first was a male that looked like a girl, and the other was big and fat and looked like a man. "*Bale dadakkel ti bag-bagi da mam, diay Maysa mam ket kasla Babai, diay Maysa met ket kasla lalaki lattan nga nalukmeg ken dakkel ti bagi na.*" He claimed that he was not the only one who engaged in sex with the male customers but also his peers. "*Bale amin kami mam pati dagidiay barkadak mam ket ginaraw dakami amin*". He claimed that they were all six boys aged 16, 17, and 18, and they offered sex to three older male customers. Thus, one male had sex with two boys. "*Bale innem (6) kami nga agbabarkada mam tallo nga bakla day kadua mi, pinagbibingayan dakami, sig du-dua da*".

He also said they all received money from the older male customers claiming that one older male customer gave them P500 per session. Thus, that night, *Denudding* received P1000. "*Amin kami mam ket nabayadan, bale 500 pesos ti Maysa nga bakla, bale dua kaniak mam idi.*"

The appearance of the signs and symptoms of the Infection for the first exposure ***Seeking treatment***

One morning, *Denudding* woke up with painful genitalia, and the pain worsened when he initiated urination. He claimed that the pain is seven on a gauge of 1 to 10. There were yellowish urethral discharges. He immediately told his symptoms to his mother and was immediately brought to a Health Facility. He was treated on an outpatient basis. He had a urinalysis and was diagnosed with "tulo." He was given antibiotics for one week as part of the treatment regimen. The patient claimed that he got better after one week of continuous medication.

(The narratives of his second exposure)

The girlfriend with multiple sexual engagements

Then came Gina (not her real name), her previous girlfriend. *Denudding* decided to follow a path leading to a heterosexual relationship to get rid of homosexuals. He thought that this would be a chance for him to change his heart but to no avail. It even made his life worse as this became the cause of his second exposure to STI. He said, "*Nag sardengak kon ma'am nga ag baklan idi nanobyak Akon mam*". (He claimed that the reason for his second exposure to the Infection was his girlfriend Gina, with whom he had a relationship when he was 14 years old).

Denudding claimed that Gina had multiple partners, including a "*Sugar Daddy*," whom she had frequented dates with motels in the nearby province. He claimed that he was unaware of the affairs of his girlfriend Gina until he was told by his *tropas* or his "*barkadas*" that they often spotted her not only with her *Sugar Daddy* but with other males who picked her up with motorcycles. Thus, when his friends told him about it, he confronted her, but she would not admit it. According to *Denudding*, she always denied the allegation until one day, *Denudding* began manifesting the infection's symptoms. This was the reason for his breakup with Gina.

The appearance of the signs and symptoms for the second time

(Painful urination (dysuria) and yellowish to greenish urethral discharges.)

One early morning upon waking up, *Denudding* experienced very painful urination. He noticed that there was a greenish discharge coming out from his penis. He experiences this every day from the start of the appearance of the signs and symptoms until it gets worse. He hid the infection symptoms for three weeks due to mixed feelings of anxiety, shame, guilt, and fear of being bullied by friends, and fear of being reprimanded again by her mother, because this was the second time him he got infected. "*Induldulin ko paylang ngamin diay marikrinak mam iti three weeks, kasi mabuteng nak ken mabainnak Kenni Nanang ko, mekapaminduwa ngaminen daytoy yen, ken Baka ibully dak dagita barkadak, saka ko la imbaga idi talga nga Haan kon nga kaya diay Sakit a mam.*" Until one early dawn at around 2 a.m., he felt a severe and sharp excruciating pain in his genitals. He narrated, "*It parbangon ket agulgulagol nak gapu iti nagkaro nga Sakit na ma'am.*" That was the time he admitted his illness to her mother. He claimed that the pain got severe at night, but the more excruciating and unbearable pain was felt during the dawn and early morning. He claimed that the second appearance of signs and symptoms was far worse than what he had previously experienced, as his discharges were already greenish "*Mas nakarkaro ti Sakit na*

diay naudi mam ngem diay immune-una, tas adda agruar nga yellow ken green ayan ti mabag-bagik."

Seeking medical consultation for the second time

The intolerable pain in Denudding's genitals led him to divulge his condition to his mother, who again brought him to the City Health Office. He again tested positive for gonorrhoeal Infection. He underwent consultation with a doctor who prescribed an antibiotic. He claimed to have relief after one week of medical treatment. "*Bale idi Napan kami diay RHU day center, inala-an dak iti isbu, examine da, Santo 1-week nak nga nagtumar iti agas, idi nalpas sen ket simmayaat met it riknakon ma'am. Binagbagaan dak pay idi Napan nak diay center ket kayat kon iti agbalbaliw.*" He was advised to avoid his usual activities leading to the Infection, and he claimed that he wanted to change for the better. Counseling was also done for the respondent.

He decided to avoid his peers

After experiencing the symptoms of the Infection, Denudding decided to avoid his peers claiming that they were a bad influence. His mother also reinforced. He also manifested remorse and regret and decided to change his ways. "*Kayat kon iti agbalbaliw mam. Diak kayaten iti sumurot kadagidiay barkadak. Diak kaya titi kumadua kaniadan mam, madik Kayat iti mai-rubon ma'am.*"

Fear of Death

The respondent also claimed of fear of death, that he decided not to indulge in offering sex to older males again since it could endanger his life and even cause his death if he is frequently exposed to unprotected sex. "*Mabutengnak nga matay mam, Kasi mabalin nak nga matay nu adda kasdiay nga impeksiyon ko. Kasi ubing nak pau laeng, nakapkasot iti bagik isu nga mabalin nak nga matay mam.*"

Dream of having a better future

Denudding decided to stop engaging in any sexual act and concentrated on his work of earning a living. He also had plans to finish his studies, and he dreams of graduating in the future. He is hopeful of having a bright future, owning a house, and having a stable family of his own. He is eager to gain a degree and is looking forward to a scholarship to finance his studies in college. "*Haannak nga agaramid ti kasdiay yen mam, Kayat konto Koma met nga maka graduar nak, addan to met it sarilik nga Balay, ken nasayaat ng pamilya. Bareng addan to it maalak nga scholar ko nga makatulong kaniak nga agbasa ma'am.*"

RESULTS AND DISCUSSION

Based on the case at hand, the 4Ps were identified and presented in the figure below:

Discussion

The study analyzed the circumstances of a young adolescent diagnosed with STI using the Predisposing, Precipitating, Perpetuating, and Protective Factor (4Ps) Model in case formulation. The following paragraphs will discuss the key findings based on the case of Denudding, a young adolescent diagnosed with STI. The discussion section identified the 4Ps factors and the implications of the findings of the study.

On Predisposing Factors

Poverty and young age are the preexisting and long-term conditions that lead to the acquisition of STIs. The factors identified does not necessarily cause the acquisition of the infection but the scarcity of economic resources and his innocence makes the participant susceptible and vulnerable to acquiring the disease.

The vulnerability of the male child as presented in the case predisposes him to acquire the infection at a young age. Young adolescents like *Denudding* tend to engage in early sexual activities to manifest their curiosity. Moreover, young males are more aggressive in experimentation because of traditional gender socialization.

Figure 1
Summary figure of the case results



Moreover, the young innocence of the participant makes him vulnerable to acquiring the infection since he was only 12 years old when he indulged into sexual activity. According to Tao et al. (2020), young people are susceptible to acquiring STIs because they tend to engage in exploring sexual partners, and multiple relationship engagement and they have risky behaviors. Hence, they bear the highest burden of infection. Moreover, Woodhead et al. (2009) emphasize that ages 13 and younger are the ones who incurred STIs because of their risky sexual activity. In addition, the Centers for Disease Control and Prevention Youth Risk

Behavior Survey showed that 16.3% of younger adolescents have sex before 13 years of age (28.2% of boys and 6.9% of girls) compared to older adolescents. The common infection in the said group is *Neisseriae gonorrhoeae* (NG), *Chlamydia trachomatis* (CT), and *Trichomonas vaginalis* (CDC, 2007 as cited in Woodhead, et al. 2009).

According to Visalli et al. (2019), the most at-risk and vulnerable age groups to acquiring Sexually Transmitted Infections are the young adolescents, as they represent half of the newly acquired STIs cases. In Italy, 19.5% of all new cases of old STIs are diagnosed in young people (15-24 years old). Moreover, they emphasized that the risk is high in this age group because young people have a low awareness of the risks related to their sexual behavior. In addition, young adolescents who begin sexual activity before the age of 16 are more likely to take risks as most of these sexual encounters are not adequately protected by condoms. Also, young people have their first sexual experience at a very early age (15.6 +/- 1.6 years old), often without protection against STIs. Furthermore, a large percentage have multiple partners.

According to da Costa et al. (2020), Early initiation of sexual activity, having multiple partners, not using condoms, low level of education, low socioeconomic status, and the search for pleasure together with the discovery of new things are situations that make adolescents susceptible to STIs/HIV/aids, especially male adolescents. In this study, 212 (73.9%) adolescents were considered vulnerable to STIs/HIV/aids, of which 137 (64.6%) were male and between 15 and 16 years old.

On the other hand, poverty is also a culprit in acquiring the disease since the respondent is born in a family where resources are scarce. The case of *Dedudding* shows that poverty pushes him and his peers to indulge in commercial sex, putting his life at stake. Being a male and the oldest child in the family, it was effortless for him to submit himself to sex for money to gain economic independence. Male children, especially those from low socioeconomic status who are out of school, are susceptible to engaging in sexual activities to earn their living. This could result from societal pressure on male children (productive role). The traditional gender role expects that the males in the family should assume productive roles like earning, working for a living, producers of goods, or providers for their family.

According to da Costa et al. (2020), poverty and social inequalities are vulnerabilities that enhance other exposures, especially in adolescence, and affect the situations in acquiring STIs. The susceptibility of boys to STIs/HIV/AIDS is associated with exposure to risk factors that are common at this phase, such as drug and alcohol use, smoking, illicit drugs, and involvement in night parties at an increasingly early age. The surroundings and living conditions of the individual are other factors that can make them vulnerable to STIs/HIV/aids, as demonstrated in their study which found that adolescents living in an owned house and with a family income ($p=0.037$) of less than one minimum wage ($<1MW$) were more vulnerable. In addition, Figueroa et al. (2015), presented that low socioeconomic status leading to social vulnerability are contributory factors to acquiring STIs.

On the other hand, young males offering sex to male homosexuals move towards victimhood imagery as they are inherently and biologically fragile. Since they are vulnerable, young men are frequently victims of manipulative behaviors, and their sexual innocence

makes them victims of sexual abuse by older men. In addition, da Costa et al. (2020) said that people with low socioeconomic status or persons in situations of poverty show greater susceptibility to STIs and low resilience, especially among young women who have sex with men (MSM) and people already infected with HIV.

Moreover, according to da Costa et al. (2020), in the South of Mexico, a study carried out with 182 male adolescents who were socially and economically unstable and who started sexual activity before the age of 15 showed that this group had a high risk for STI and low resilience. Therefore, it corroborates the results of this study that adolescents with low socioeconomic status tend to be more susceptible to STIs/HIV/AIDS.

The study of Juma et al. (2013) also presented that poverty was associated with lack of food, housing, school dropout, and engaging in income-generating activities, all of which increase their vulnerability to transactional sex, sexual experimentation, and the eventual consequences of increased risks of STIs.

Moreover, the child's expectation to support the family, particularly during challenging economic and social situations, are the contributing factors. He is expected to contribute to the family's revenue or attend to his/her basic needs with little or no support from his/her parents. The respondent also verbalized the statements above during the interview. Besides, the frail care and sustenance provided by the family result in children whirling to the streets. Because of parental neglect and abuse, they tend to leave their homes. Once on the roads, they become susceptible to drugs and, later on, to prostitution.

On Precipitating Factors

The precipitating factors are the immediate reasons and influences that do not just increase the susceptibility of *Denudding* but contributed directly to the STI of the participant. The enumerated factors are the influence of peers, persuasion of older male acquaintances, unprotected sexual intercourse, stigmatization, and intoxication of alcohol. The latter issues had a direct or immediate impact on the case of STI of the young participant.

Puberty is a period of increased risk-taking behavior, this is when young people experiment with alcohol, smoking, and drugs and take sexual risks with their peers and other social acquaintances. According to Vivancos et al. (2013), young adults commonly engage in multiple risky behaviors and there is an interconnection between peer influence, substance abuse, and unprotected sexual intercourse to acquiring STIs.

The study of Vivancos et al. (2013) also presents that young adult students who reported of having unprotected sexual intercourse had been diagnosed with STIs. They presented in their study that 78 of the 711 (11%) respondents had stated that they had unprotected sexual intercourse 4 weeks before the study's survey with 44 (6.2%) young adults diagnosed with STI. Sales et al. (2012) also showed in their study that the increased use of alcohol is associated with increased sexual risk practices and increased sexual risk-taking leading to STIs.

Moreover, gender abuse such as teen males having sex with older males is a fundamental distal risk factor for STI among young adults. According to Nuttbrock et al. (2013), the dominant behavioral mode by which male-to-female transgender persons' sexual contact including male-to-older males' sexual dealings is a significant factor to in

acquiring STIs. They further added that unprotected receptive anal intercourse with casual or commercial partners are precursors to acquiring STIs. The said persons are also vulnerable to gender abuse and victimization.

In the case at hand, the predisposing and precipitating factors are considered to be the two hits premise in acquiring the infection. This means that the predisposing factors cannot stand to be the sole reasons for acquiring the infection but rather due to the factors under the precipitating.

On Perpetuating Factors

The perpetuating factors are the things that prolonged and kept the infection of the Denudding in place. The series of multiple unprotected sexual intercourses, lack of cognition and awareness of the infection, fear of being scolded, and stigmatization are the factors that inhibits the recovery of the participant. These are also the factors that maintained the condition and prevented the infection to be treated or removed from daily life of Denudding.

According to Morris et al. (2013), stigma and shame is associated with sexually transmitted infections toward prompt treatment of young men in low-income and urban communities. Their study revealed that STI-related stigma was significantly associated with decreased odds of testing, diagnosis, and treatment. Hence, maintaining the infection and prolonging the conditions of young men. Furthermore, Petroll et al. (2009) as cited in Morris et al. (2013) shared their study's results that young men are less likely than women to have contact with health care services thus they tend to wait longer to seek care when they experience the symptoms. Moreover, the stigmatization and shame surrounding STIs are barriers to management and care. It covers issues in the medical, social, and cultural environment that discourages young adults from availing of STI testing and treatment.

On the other hand, the young age of the participant makes him innocent and lack awareness of his condition which is also another culprit in prolonging the infection. According to Levinson et al. (2016), the youths are lacking knowledge about STIs and services addressing the infection hence, they experienced barriers related to service availability and lack of integration services. The confidentiality concerns, experiences of shame, and stigma were also additional barriers to seeking care and treatment for the infection. Moreover, the poor economic condition of the participant is also a factor leading to the lack of awareness of the infection due to the limited access to health information.

In addition, according to Harling et al. (2013), STI in young adolescents is associated with low socioeconomic income because of less access to preventive information and healthcare. Furthermore, poor economic condition is also linked to continuous unprotected sexual intercourses not only on the issue of accessing protective sexual health but also as a way for young adolescents to use sex for economic purposes and as a psychological coping mechanism. Moreover, Cheng et al. (2016) also mentioned in their study that frequent unprotected sex is prevalent among street-involved youth and is independently associated with a wide range of substance abuse. Their study also highlighted that STI is higher among street-involved youth aged 15-24 who are considered to be vulnerable and experienced negative health outcomes and barriers to protected sex like using condoms. Thus, risky

sexual behaviors of young adults are also a major reason for their multiple sexual engagements and lower rates of condom use.

Adding to the perpetuating circumstances of the participant is the fear of being scolded by his parents. The fear has led to a lack of parental guidance making it a big reason for the lack of immediate treatment for the infection. According to Fongkaew et al. (2012), parents of teens were often not aware of their risky sexual behaviors because teens often are keeping their sexual stories secret from their parents and guardians due to fear of being scolded, blamed, and punished. Sridawruang et al. (2010) as cited in Fongkaew et al. (2012) also said that young adolescents are less likely to share and confide to their parents about sexual engagements and STI acquisitions due to the traditional viewpoints of their parents regarding sexuality and reproductive health awareness. Moreover, barriers to parent-child communication about sex and acquiring STIs also include parents' lack of confidence in discussing sexual matters, parental concerns due to many preoccupations, and the belief of parents that kids are still too young for sexual education. The parents of teens are also very reluctant to talk about sexual concerns much more with infections with their children especially those of the opposite sex (Kaewkamol, 1996 as cited in Fongkaew et al., 2012).

Thus, based on the case at hand, it is apparent that the perpetuating factors identified could be the predisposing factors or precipitating factors that are continuing and unaddressed, hence, they become the perpetuating factors after the onset of the infection causing the participant's powerlessness to recover.

Protective Factors

The protective factors are the ways toward a turning point in the life of the young participant which then helps him prevent the occurrence and another reoccurrence of the infection. The medical consultation, diagnosis, treatment, counseling, getting away with peers, the fear of death, dream of having a better future, and strong mother's support are the factors that helped the participant get rid of the infection, reduce the risk of another exposure to the disease and eventually a road to the recovery process.

CONCLUSIONS

The study highlights biological, psychological, and social factors of a young adolescent which link to the 4Ps factors (predisposing, precipitating, perpetuating, and protective). The factors identified are the precursors to acquiring the sexually transmitted infection. Hence, the study posits the following recommendations: (1) The Philippine Government through the Department of Health (DOH) should improve the reporting and efficiency of social safety and protection of both young boys and girls; (2) The advancement and enactment of plans, programs, and activities in response to STIs, HIV/AIDs should be strengthened by the local government; (3) A family intervention specifically aimed at empowering parents and the need of enhancing family interaction by the Department of Social Welfare and Development (DSDW); (4) The study may aid in the design of project proposals to mainstream and support the advocacy of the Center for Gender and

Development (GAD) in academic institutions for a gendered activity and the need for gender-informed interventions that cater to prevent risky sexual behaviors and child welfare.

Strengths and Limitations of the study

The qualitative interview allowed the researchers to obtain a comprehensive insight into the participant's physical, social and psychological insights and aspects of STI. However, the transferability of the study's results may be limited due to sample size and geographical limitations. Nevertheless, results from this study could guide policymakers to improve the scope and efficiency of social protection for the youths.

ETHICAL STATEMENT

This study was reviewed and approved by the University of Northern Philippines Ethics Review Committee. Ethical principles observed in the study include the conflict of interest, principle of informed consent, principle of privacy and confidentiality, principle of vulnerability, recruitment, benefits, compensation, and community considerations.

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