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Psychoactive Substance Uses and Risky Sexual Behaviors among Street-Connected Children in Kinshasa, Democratic Republic of Congo: Prevalence and the Associated Factors

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ABSTRACT

Background: The street-connected children in Kinshasa endure very precarious living conditions and are exposed to a very high risk of violence, substance use, and risky sexual behaviors. In this population, the use of psychoactive substances (PAS) is a key determining vulnerability to HIV and other sexually transmitted infections.

Aims: This study sought to ascertain the prevalence of psychoactive substance use and identify the associated factors related with risky sexual behaviors among street-connected children aged 10-24 years in Kinshasa. The dependent variables encompassed risky sexual practices, including the ingestion of psychoactive substances (PAS). Substance use disorders, age, gender, education level, and exercise performed are among the independent variables.

Methods: An analytical cross-sectional study was executed from June and December 2024 with 425 street-connected children selected using snowball sampling. Data were gathered through a standardized questionnaire. We used descriptive statistics, chi-square tests, and logistic regression analysis to find factors that were related ($p < 0.2$).

Results: An extremely high percentage of people used drugs, alcohol, and tobacco: 85.9 % for tobacco, 79.9 % for alcohol, and 32.5 % for drugs. The average age at which people started drinking alcohol was 11 ± 3 years, and the average age at which they started smoking tobacco was 12 ± 3 years. The average age at which girls and boys first had sex was 14 ± 4 years and 13 ± 2 years, respectively. Almost all of the people who took part (98 %) said they had more than one sexual relationship, and 83.7 % said they didn't always use condoms. In multivariate analysis, risky sexual behavior was significantly associated with being under 20 years of age (10-14 years: OR = 4.11; 95 % CI [1.72 - 9.87]; p = 0.002 and 15-19 years: OR = 2.05; 95 % CI [1.05 - 4.04]; p = 0.037), male sex (OR= 1.78; CI [0.98 - 3.22]; p= 0.055); inactivity (OR= 3.63; 95 % CI [1.66 - 7.94]; p= 0.001) and alcohol consumption (OR= 3.96; 95 % CI [1.27 - 12.38]; p= 0.018). The duration of street life and peer influence were the primary factors related with psychoactive substance usage.

Conclusion: Substance use and high-risky sexual behaviors are very common among street-connected youngsters in Kinshasa. These findings underscore the pressing necessity for integrated and multisectoral interventions aimed at substance use prevention, sexual health education, and the social reintegration of street-connected children.

Keywords: *Psychoactive substances; Risky sexual behavior; Street-connected children; HIV risk; Democratic Republic of Congo.*
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1. Introduction

The consumption of psychoactive substances is acknowledged as a significant contributor to high-risk sexual behavior (WHO, 2022; Kalungi et al., 2024). These drugs include alcohol, tobacco, cannabis, solvents (like glue and gasoline), and a number of pharmaceuticals that were not used as they were meant to be (such tramadol, valium, dolaren, and etc.) and other illegal narcotics. Psychoactive substance use among adolescents is generally linked to several dangers, including mental and physical health issues, social isolation, hazardous behaviors, and criminal activity (Garanet et al., 2016; Embleton et al., 2013; Congolese Press Agency, 2024). For street children, the lack of family structure, living on the street, peer pressure, and harsh living conditions make it easier for them to get and use drugs (Mwaka et al., 2024; Bora et al., 2021). About 400 million people around the world have substance use problems, which kill more than 3 million people each year (PAHO, 2024). The WHO says that 2.3 billion people drink alcohol regularly, which causes 5.3 % of deaths worldwide and 132 million disability-adjusted life years (DALYs) (WHO, 2022; Hammer et al., 2018) Substance use is often more common among young people and men (WHO) who start using drugs early, which raises the risk of addiction (UNODC, 2024; Traoré et al, 2025).

In Africa, particularly West Africa, the use of psychoactive substances, previously restricted to transit, has evolved into a substantial consumer market (OFDTA, 2025), with an anticipated 83 million users by 2030, indicating a 38 % rise from current figures (UNODC, 2024). For street kids, using PAS is often a way to stay alive: it helps them deal with hunger, pain, fear, and cold (Bora et al., 2021). Using drugs or alcohol before or during sex makes it two to three times more likely that you will have unprotected, transactional, or sex with more than one person (Bello et al., 2017; UNAIDS, 2023; Verma et al., 2010). In sub-Saharan Africa, young women are still three times more likely to have HIV than young men because they are sexually exploited and are in a bad economic situation (UNAIDS, 2020; Kettani, 2017; Cho & Yang, 2023; Zenebe et al., 2023).

In the DRC, the use of psychotropic drugs like cannabis (diamba), tramadol (mbuma), diazepam, and Bombé[1] has gotten out of hand, affecting more than 80% of street kids (Mwaka et al., 2024; Bora et al., 2021; Lori et al., 2013). These drugs make their already bad situation worse and put them in even more danger, including risky behaviors. This addiction is not some isolated phenomena; it is closely associated with hazardous sexual behaviors (Garanet et al., 2016). The DRC's Ministry of Gender, Family, and Children has reported an increase in sexual assault related to psychotropic drug usage from 2012 and 2021 (Lusasi et al., 2024). In Kinshasa, the HIV rate is about 1.6 % but it is greater among street children because they have sex without protection and don't get medical care (Cumber et al., 2015; PNMLS, 2022). Kinshasa, a megacity with an expected population of over 17 million in 2024, is seeing a rise in the number of children living on the streets (UN, 2024). More than 20.000 kids live on the streets because of poverty, family problems, dropping out of school, and too many people living in cities. These causes undermine families and the social fabric, rendering youngsters vulnerable to marginalization and progressively steering them into the streets (Sodi et al., 2024). Consequently, in a setting where substance use among street children is little documented in the DRC, this study sought to ascertain the prevalence and to identify the characteristics related with substance use among street children aged 10 to 24 in Kinshasa.

2. Methods

Study Site

Kinshasa, the capital of the DRC, is a metropolis that is 9,965 km² big and is expected to have more than 17 million people living there by 2024 (UN, 2024). The city has a lot of problem to deal with, such as health, social, economic, political, and educational ones.

[1] Bombé is a mixture of cannabis, tramadol, valium, and high-proof alcohol (whiskey). This mixture is a strong stimulant that induces a state of euphoria.

Study Design

This analytical cross-sectional study was conducted with 425 street children (both females and men) in Kinshasa, aged 10 and 24 years at the time of the survey, between June and December 2024, who provided informed consent. The minors who were under 18 years old were considered emancipated because they were no longer under the control of their parents. Informed consent was always acquired.

The sample size was determined to be 425 street youths, computed using the following formula:

$$n \geq z^2_{1-\frac{\alpha}{2}} \frac{(pq)}{d^2} = (1.96)^2 \frac{(0.5 \times 0.5)}{(0.05)^2} = 385$$

Where *p* is the proportion of the street kids between the ages of 10 and 24 who use drugs. Since this percentage was not known, it was presumed to be 50 %. *q* is the proportion of the street kids who don't utilize drugs (*q*= 0.50). the 95 % confidence coefficient is *z* (*z*= 1.96), the significance level is *α* (set at 5%), and the precision level is *d* (set at 5 %). So, the smallest number of street children needed was 385. The final sample size was raised to 425 street children after taking into consideration a 10 % non-response rate.

Sampling

We employed a non-probability "snowball" sampling method. We started with one person who had the desired trait and were able to find about twenty gang leaders. Through these individuals, other children who fulfilled the same criteria were gradually added until the desired sample size was attained. This strategy worked especially effectively in the community context and with the hard-to-reach demographic that was targeted. A snowball sampling method was used to find people to take part. This strategy may add selection bias, but it is nevertheless an appropriate and commonly acknowledged way to reach hard-to-reach group, like street-connected youngsters for whom traditional sample frames are mostly not available. We used SPSS 25.1 software to examine the data we got from a structured questionnaire.

Data Collection

Interviews were used to collect data, and a structured questionnaire was sent out through Google Forms. It took an average of 30 minutes to complete. This questionnaire has parts about sociodemographic information, drug usage, sexual behavior (attitudes), and what people knew about HIV and condoms. Regarding the survey environment, we worked in 34 intersections across 12 municipalities of Kinshasa, areas regularly frequented by street children, and collaborated with over 20 cartel leaders.

Data Analysis

We used SPSS 25.1 software to process the data we collected. Chi-2 tests were conducted to see whether there was a link between using PAS and risky sexual activities. Bivariate and multivariate logistic regression were utilized to see if the factors were linked to risky sexual behaviors with $p < 0.2$. Variables having a p-value < 0.20 were later incorporated into a multivariable logistic regression model to ascertain the independent characteristics related with PAS use. This liberal criteria was deliberately chosen to reduce the danger of omitting potentially significant variables at the initial phase of research.

Ethical Clearance

The Kinshasa School of Public Health's ethical committee gave the study the go-ahead with reference number ESP/CE/138/2024. It was done in full accordance with ethical standards, such as informed consent, anonymity, and data privacy. It was free and up to the participants whether or not they wanted to join. Prior to data collection, each participant was apprised of the study's aims and provided verbal consent. For minors (under 18), permission from the cartel leader was needed beforehand. Children with cognitive disabilities or those unable to engage in the interview were excluded.

Operational definitions

For this study, the primary variables were distinctly delineated to guarantee a uniform interpretation of the findings and to aid in the examination of the correlations between psychoactive substance use and high-risky sexual behaviors among street-connected youth in Kinshasa. Consequently, the subsequent operational definitions were employed:

- The dependent variables included *risky sexual behaviors*: early sexual intercourse (sexual initiation before age 16), non-use of a condom during the last sexual encounter, and multiple sexual partners (having had sexual intercourse with several partners, i.e., two or more partners in the 12 months preceding the survey). The dependent variables encompassed the use *of psychoactive substances* (PAS), specifically defined as alcohol, tobacco, and other substances, quantified as delineated in the independent variables.
- The independent variables include substance use disorders (this variable also becomes independent when you look at them in relation to risky sexual behaviors), they also become independent. We measure how much alcohol someone has drunk in the past year (12 months), by how often they drink (occasional, regular, or daily) and how much they drink each day (1 drink = 150 ml). The scale we use is: Occasional*:* irregular consumption, at specific events (less than once a month); *Regular*: weekly consumption (1 to 5 times per week, or even every two weeks); *Daily*: daily or almost daily consumption. As with alcohol usage, the frequency of tobacco use (cigarettes or any other form), is monitored in the same way. But quantity means how many cigarettes you smoke each day, whether they are store-bought or created at home.
- Age: any child between the age of 10 and 24 who lives on the streets.
- Gender: Male and Female.
- Education level: no education, incomplete primary and secondary education.
- Activity done: no activity done, by little trade, by begging, by prostitution, by stealing, by odd jobs.

Criteria for Inclusion and Exclusion

The research concentrated on 425 street youth, encompassing a more extensive definition than merely a youngster aged 10 to 24 residing in Kinshasa who had provided informed permission. Since they were no longer parental jurisdiction, minors under 18 were said to be "emancipated". We didn't include kids who had cognitive problem or who couldn't take part in the interview.

3. Results and Discussion

Sociodemographic data indicates that the majority of street children in Kinshasa are male (71.5%) with a median age of 15 ± 4 years. From Table 1, about 47.3 % are between the ages of 10 and 14; 69.6 % are in touch with their families, and 52.5 % have been living on the street for more than five years. Also, 32.9 % have not finished high school. The findings of this study present a concerning depiction of the health status of street children in Kinshasa, characterized by the worrisome coexistence of psychoactive substance use and hazardous sexual conduct. This reality is part of a complex situation that includes being pushed to the edges, being exposed to dangerous places too soon, and not having enough social safety. The prevalence of tobacco (85.9%) and alcohol (79.9%) use in this age range is far higher than predicted (Figure 1). This backs up what the WHO and UNODC have said, which is that up to 90% of street children are exposed to psychoactive substances. The median age of initial use is 12 years for tobacco and 11 years for alcohol (Table 2 & Table 3), signifying exceedingly early commencement at a pivotal phase of neurological, cognitive, and behavioral development (Embleton et al., 2013; Congolese Press Agency, 2024).

Table 1. Sociodemographic characteristics of street children, Kinshasa, December 2024

Variables	(n=425)	%
Sex		
Female	121	28.5
Male	304	71.5
Age Range		
Median (EQ)	15±4	
10-14	201	47.3
15-19	167	39.3
20-24	57	13.4
Length of stay on the street (in years)		
< 1	85	20.0
1-5	223	52.5
6-10	117	27.5
Contact with the family		
NO	129	30.4
YES	296	69.6
Level of education		
Primary	239	56.2
Incomplete secondary education	140	32.9
No instructions	46	10.9

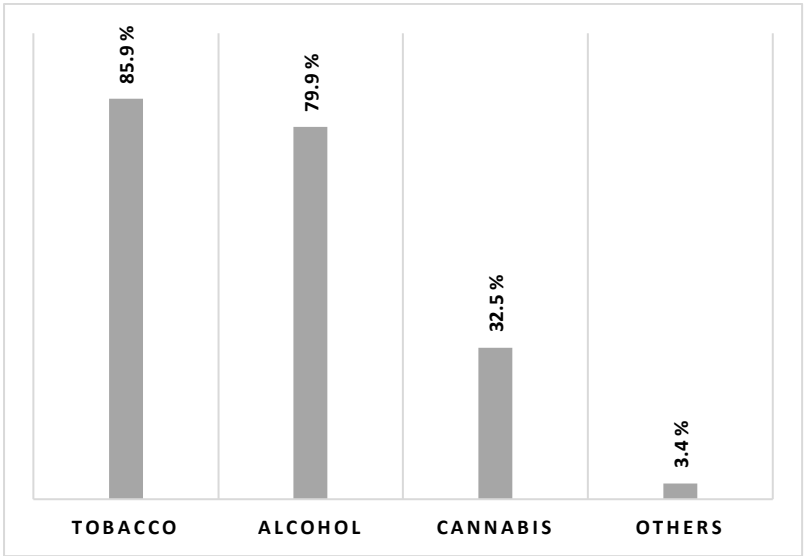

Figure 1. Prevalence of substance abuse among street children aged 10-24, Kinshasa, December 2024

While numerous characteristics were associated with PAS use at the bivariate level, multivariate analysis revealed that the duration of street involvement and peer influence were the sole independently linked factors with PAS use. For street children aged 10 to 24 years in Kinshasa, the probability of engaging in PAS usage significantly escalated with extended exposure to street life. Almost seven out of ten participants who had been on the street for a long time said they had used drugs. Children who had lived on the streets for 1 to 5 years were twice as likely to use PAS (AOR = 2.08; 95% CI [1.11 - 3.89]; p = 0.023), compared to newly street children, while those with 6 to 10 years of exposure showed a risk increase of more than three times (AOR = 3.41; 95% CI [1.59 - 7.31]; p = 0.001) (Tab. 4). Peer influence emerged as a predominant factor in the utilization of PAS (Table 4). Children integrated into peer networks that normalized substance use exhibited a significantly heightened risk of engaging in analogous activities. This robust and statistically significant association underscores the central role of social dynamics, peer pressure, and collective survival strategies in the onset and continuation of substance use among street people. These findings align with the global literature, including Embleton et al.'s systematic review of 50 studies, which identified peer networks and extended street exposure as significant structural determinants of PAS use among street children in various contexts (Embleton et al., 2014).

Table 2. Distribution of alcohol consumption among street children aged 10-24, Kinshasa, December 2024

Variables	N	%
Has already consumed alcohol (n=425)		
Yes	359	84.5
Never	66	15.5
Current alcohol consumption (n=359)		
Yes	287	79.9
No	72	20.1
Age at first alcohol consumption (n=359)		
Median (EQ)	11±3	
< 10	79	22.0
10-14	221	61.6
15-19	56	15.6
20-24	3	0.8

Table 3. Distribution of tobacco consumption among street children aged 10-24, Kinshasa, December 2024

Variables	n	%
Has already used tobacco (n=425)		
Yes	375	88.2
Never (except for passive smoking)	50	11.8
Current tobacco consumption (n=375)		
Yes	322	85.9
No	53	14.1
Age at first tobacco use (n=375)		
Median (EQ)	12±3	
< 10	69	18.4
10-14	256	68.3
15-19	48	12.8
20-24	2	0.5
Quantity of tobacco consumed in one session (per smoking session) during the last 12 months (n=322)		
Occasional smoker (1 joint)	23	7.1
Regular smoker (2-9 stems)	152	47.2
Smoker dependent (10 and over)	147	45.7

Associated factors with risky sexual behavior: Multivariate analysis identifies significant vulnerability factors: age under 20 years (OR = 4.11; 95% CI [1.72 - 9.87]; p = 0.002) for 10 to 14 years old; OR = 2.05; 95% CI [1.05 - 4.04]; p = 0.037) for 15 to 19 years old; inactivity (OR = 3.63; 95% CI [1.66 - 7.94]; p = 0.001); male sex (OR = 1.78; 95% CI [0.98 - 3.22]; p = 0.055) (UNAIDS, 2023); and alcohol consumption (OR = 3.96; 95% CI [1.27 - 12.38]; p = 0.018) are factors significantly associated with risky sexual behavior (i.e., children aged 10 - 14 years are up to 4.11 times more likely to engage in risky sexual behaviors compared to young adults aged 20 to 24) (Table 5). This age-related risk gradient reflects increased vulnerability as street exposure begins earlier. Alcohol consumers are 3.96 times more at risk. Alcohol consumption quadruples the risk of having unprotected or multiple sexual encounters, confirming the amplifying and pervasive role of psychoactive substances (PAS) in risky sexual behaviors. Consequently, this constitutes a pivotal element for any focused preventive intervention. These results corroborate those found in Pakistan (Verma et al., 2010) and Ethiopia (Zenebe et al., 2023), which highlighted the central role of alcohol in risky sexual behaviors among street youth, and confirm the findings of the meta-analysis that indicated alcohol consumption was significantly associated with early sexual initiation (OR = 1.958; 95% CI [1.635 - 2.346]), inconsistent condom use (OR = 1.228; 95% CI [1.114 - 1.354]), and multiple sexual partners (OR = 1.722; 95% CI [1.525 - 1.945]) (Cho & Yang, 2023; Zenebe et al., 2023). Research in South Africa discovered that consuming alcohol two hours prior to sexual activity quintupled the likelihood of unprotected intercourse (Verma et al., 2010).

Table 4. Identification of associated factors with psychoactive substance (PAS) use among street children aged 10-24 years, Kinshasa, December 2024.

Variables	P.A.S	Bivariate analysis		Multivariate analysis	
		OR (95% CI)	P	OR (95% CI)	P
Children's ages in years					
20-24 (n=57)	41(71.9)	1		1	
15-19 (n=167)	117(70.1)	0.91(0.47-1.78)	0.789	0.65(0.26-1.64)	0.364
10-14 (n=201)	107(53.2)	0.44(0.23-0.84)	0.013	1.02(0.45-2.27)	0.970
Sex of children					
Female (n=121)	67(55.4)	1		1	
Male (n=304)	198(65.1)	1.51(0.98-2.31)	0.062	1.10(0.62-1.94)	0.745
Educational level					
Incomplete second (n=140)	99(70.7)	1		1	
Primary (n=239)	141(58.9)	0.60(0.38-0.93)	0.023	0.90(0.37-2.22)	0.822
No formal (n=46)	25(54.4)	0.49(0.25-0.98)	0.043	0.98(0.53-1.79)	0.944
Activities performed					
<1 (n=85)	29(34.1)	1		1	
1-5 (n=223)	143(64.1)	3.45(2.04-5.84)	0.001	2.08(1.11-3.89)	0.023
6-10 (n=117)	93(79.5)	7.48(3.97-14.11)	0.001	3.41(1.59-7.31)	0.002
Peer influence					
No (n=98)	16(16.33)	1		1	
Yes (n=327)	249(76.2)	16.36(9.04-29.60	0.001	12.20(6.56-22.68)	0.001

Table 5. Identification of associated factors with risky sexual behavior among street children aged 10-24 years, Kinshasa, December 2024.

Variables	Risky sexual behavior	Bivariate analysis		Multivariate analysis	
		OR (95% CI)	P	OR (95% CI)	P
Children's ages in years					
20-24 (n=54)	27(50.0)	1		1	
15-19 (n=134)	92(68.7)	2.20(1.04-4.63)	0.038	2.05(1.05-4.04)	0.037
10-14 (n=64)	53(82.8)	4.82(2.08-11.17)	< 0.0001	4.11(1.72-9.87)	0.002
Sex of children					
Female (n=94)	53(56.4)	1		1	
Male (n=158)	119(75.3)	2.36(1.37-4.07)	0.002	1.78(0.98-3.22)	0.055
Activities performed					
Yes (n=154)	90(58.4)	1		1	
No (n=98)	82(83.7)	3.64(1.95-6.80)	< 0.0001	3.63(1.66-7.94)	0.001
Alcohol consumption					
No (n=19)	6(31.5)	1		1	
Yes (n=233)	166(71.2)	5.37(1.96-14.71)	0.001	3.96(1.27-12.38)	0.018
Tobacco consumption					
No (n=23)	10(43.4)	1		1	
Yes (n=229)	162(70.7)	3.14(1.31 – 7.52)	0.010	1.17(0.40-3.41)	0.778

Strengths and limitations of the study

This study identified the sociodemographic variables and prevalence of substance use among street children and analyzed its association with risky sexual behaviors. Multivariate analysis identified significant vulnerability factors. When this work is published, it will be a reference for other investigations. This study addresses substantial deficiencies with information bias, recall bias, and difficulties of representativeness.

Conclusion

This research has underscored a concerning predicament for street children in Kinshasa. A lot of people use psychoactive substances (including alcohol, tobacco, and narcotics) too much and too soon, and this is closely linked to taking sexual risks. These kids, who are typically very young, on the outside of society, and without family or social protection, are at risk of two types of harm: toxicological and sexual. They are very likely to have sexually transmitted infections (HIV/AIDS) because they start using psychoactive drugs at a young age, don't have enough information about sexual health, don't have easy access to health services, engage in prostitution to survive, and don't have good support programs. Alcohol, especially, is a big part of what makes people lose their inhibitions and make bad decisions about sex without protection. The outcomes of our study validate and strengthen the conclusions of recent research that necessitates immediate, cross-sectoral, and customized mobilization to safeguard street children, enhance their general health, and disrupt the detrimental loop of vulnerability, addiction, and sexual risks.

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Conflict of Interest

The authors declare that they have no conflict of interest.

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