

Iniciación sexual y prevención del VIH en la adolescencia temprana

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HIV/AIDS estimates ages 15-24

Ages 15-24 fastest growing HIV/AIDS rates in most countries; females faster & earlier than males

- Africa: males lowest <1%, highest 10-17% (4 DHS countries); females lowest <1%, highest 10-38% (12 DHS countries)
- North Africa, Middle East, S/SE Asia <1% both sexes except Cambodia (1%M, 2%F)
- Latin America, Caribbean: males lowest <1%, highest 4% Haiti; females lowest <1%, highest 5% Haiti

QUESTIONS:

Are young adolescent males and females (under age 15) engaging in sexual behavior that puts them at risk of acquiring or transmitting HIV (and other STIs)?

General populations; high-risk sub-groups

Who are the partners of young adolescents?

Starting Young:

Sexual initiation and HIV
prevention in early adolescence

Young adolescents ages 10-14 are an understudied age group

- HIV/AIDS estimates are generally reported for 15-24-year-olds
- Knowledge, attitudes, practices—sex and contraception/condoms—are generally reported for 15-19-year-olds
- Yet, by age 15, many boys and girls in some countries have had sexual intercourse
- Young adolescents are a critically important age group for global HIV prevention efforts

Why are 10-14-year-olds important?

- Rapid development of sexual bodies and sexual interests in puberty;
- Intense gender role socialization;
- Acquisition of unhealthy or risky behaviors, including sexual activities (voluntary or coerced);
- Potential for change at critical stage of cognitive and social development





Problem: sexual intercourse at 14 and younger is more likely to be:

- Unwanted or coerced, especially for girls (43% “forced” at first intercourse <15 in Tanzania, 41% Peru, 36% Bangladesh, 20% Thailand)
- Unprotected from pregnancy/STIs/HIV
- Sexually immature girls are highly vulnerable to STIs/HIV (vaginal abrasion, tearing, especially if forced);

We need accurate information about sexual behaviors before age 15, but there are problems:

- Opposition by parents, teachers, others
- Sexual terms sometimes not understood (oral sex, anal sex, masturbation)
- Under-reporting of shameful or taboo behaviors, especially by girls
- Over-reporting of sexual experiences by some boys

Sample sexuality questionnaires for male and female adolescents

World Health Organization WHO/OMS

(Cleland et al. 2003);

Pan American Health Organization PAHO

(Lundgren 2000)(for males only)

Comprehensive questions on heterosexual intercourse, relationships, knowledge, etc.;

Not on other penetrative sexual activities.

Evidence from DHS: heterosexual intercourse 14 and younger

% respondents aged 20-24 who said they had intercourse before age 15:

- Africa: boys lowest 0-2% (Ethiopia, Eritrea); highest 31-48% (Namibia, Kenya, Zambia, Gabon);
- Africa: girls lowest 3-5% (Zimbabwe, Rwanda), highest 24-30% (Niger, Mali, Gabon, Congo, Central African Republic--often due to early arranged marriage)

% reporting intercourse <15

- North Africa and Middle East: low for boys and girls;
- South Asia high for girls in Bangladesh (26%), India (14%)(in marriage), low for boys except Nepal
- Southeast Asia low for girls and boys
- Latin America and Caribbean
Boys highest 34-35% Brazil, Nicaragua, higher in Jamaica (not DHS); lowest 15% Bolivia, Peru
Girls 5-12% across countries (under-reported?)





Context of early sexual initiation for girls

- Early arranged marriages: 10% or more of girls were married at 14 or younger in Guinea, Mali, Niger, Nigeria, Central African Rep. Cameroon, Chad, Mozambique, Ethiopia PLUS Bangladesh, India, Nepal
- Early cohabitation: 10% or more of girls <15 were in unions in Nicaragua, Dominican Rep.
- Non-marital early sexual initiation: common throughout much of sub-Saharan Africa and Latin America and the Caribbean; rare elsewhere

Environment of HIV risks

- Young adolescents (esp. girls) may acquire STIs/HIV as soon as they become sexually active, where HIV epidemic is generalized among potential partners (15-24 and older)
- Girls are more vulnerable physiologically to STIs/HIV than boys; female infection rates at 15-24 are much higher for females than males, especially in sub-Saharan Africa

Is early marriage “safe” for girls?

Assumptions: early marriage protects girls from HIV

- Evidence: young married girls in sub-Saharan Africa are at HIGHER risk than sexually active unmarried girls the same age. WHY?
- Marital intercourse more frequent, almost always unprotected (no condom use within marriage)
- Husbands often 10-20 years or more older than young brides, often polygamous, extensive sexual histories
- Marital partners are MORE LIKELY to be HIV+ than are non-marital partners where HIV is generalized because of the age gap (Clark 2004)



Other risky sexual behaviors?

What counts as “having sex”?

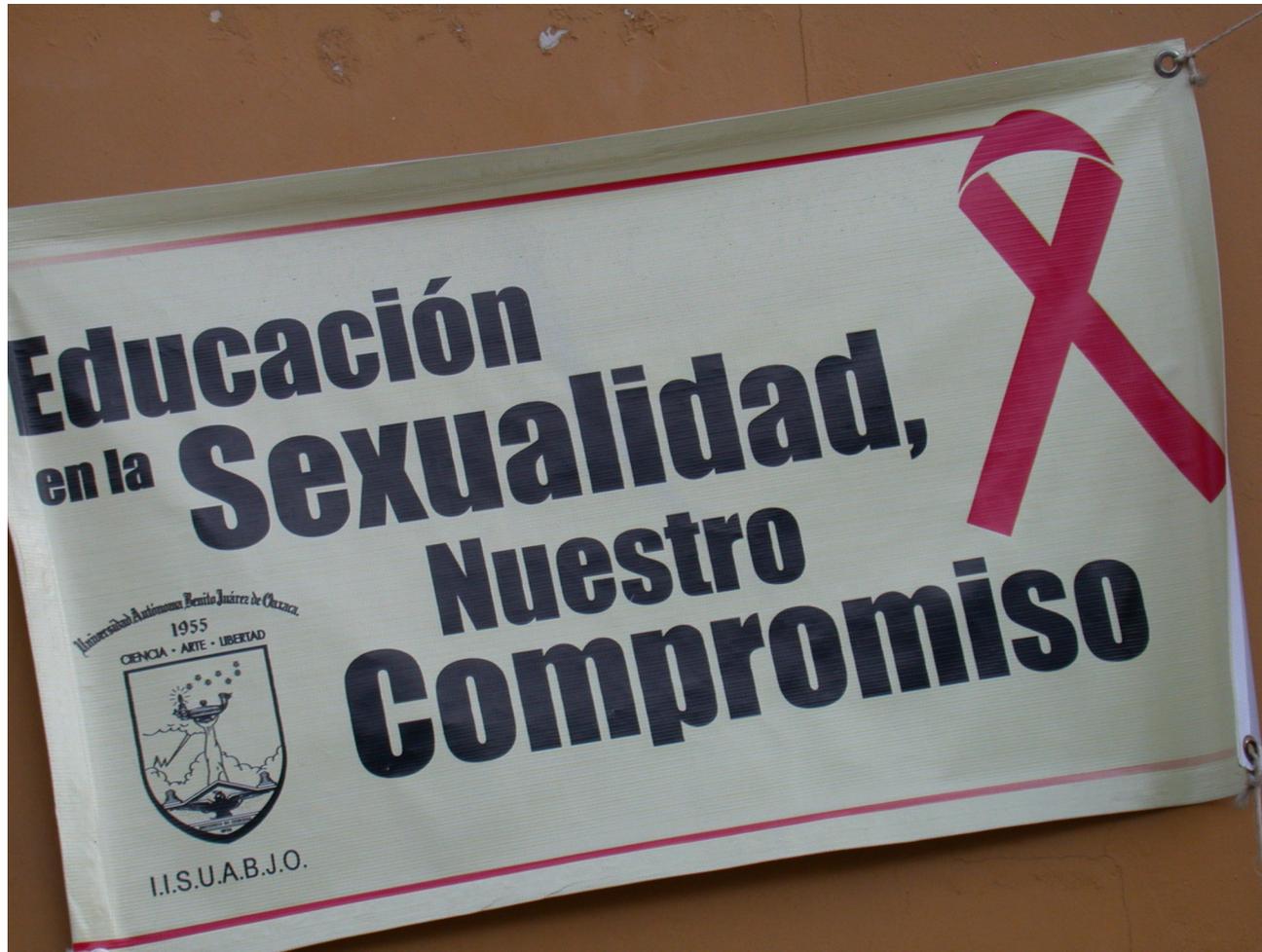
- Questions about boys’ experiences with male-male oral or anal sex rarely asked (“insertive” or “receptive”) So, not reported
- Yet, anal sex common among street boys (Tanzania, India, other?): coerced by older boys and men; coercive (group rape of younger boys), consensual with friends
- Anal sex very high risk for receptive partner, especially for young boys; condoms not used

- Girls 14 and younger may also have anal sex, often coerced (including rape)
- Study of sexually active primary school students ages 12+ in Tanzania: 50% of boys and girls said first intercourse was vaginal; 40% oral; 10% anal (no M-F differences)
- Heterosexual anal sex common in Latin America to protect girls' virginity? Where is the evidence?

HIV prevention in early adolescence: priority actions

- ALL 10-14-year-olds are vulnerable. START prevention BEFORE onset of sexual activity
- Fill the knowledge gap: young adolescents know very little about sexual and reproductive health, STIs/HIV, pregnancy prevention, etc. Comprehensive, practical sexuality education is needed in schools and communities, beginning in primary grades. Controversies.

Wall poster in Oaxaca, Mexico



- Fill the service gap: contraceptive advice and supplies; condom distribution, STI/HIV diagnosis and treatment; treatment of sexual violence and abuse; ELIMINATE minimum age requirements, make services user-friendly for girls and boys
- Teach young adolescents about sexual rights and responsibilities as they experience puberty
- Confront ideologies of male risk-taking and sexual entitlement; empower girls to assert their rights. Challenge: how to do this?



Más detalle sobre esta investigación se puede encontrar en “Starting young: Sexuality and HIV prevention in early adolescence. 2008 AIDS & Behavior. (Aceptado para publicación).

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<http://www.springerlink.com/content/104828/>