Young women and their vulnerability to HIV/AIDS

In the north east of India, HIV transmission chiefly because of behavioral aspect and is concentrated chiefly among drug injectors and their sexual partners (some of which also buy or sell sex), especially in the states of Manipur, Mizoram and Nagaland, all of which lie adjacent to the drug trafficking 'Golden Triangle" zone.

This paper, based on qualitative and quantitative data collected from young unmarried girls (15-24 yrs) from Dimapur, Nagaland, explores the young girl's risk-taking behavior and examine their vulnerabilities to HIV/AIDS, by their ways of engaging in alcohol, drug use, risky sexual behavior, their knowledge about HIV/AIDS and will also explore contextual/situational factors that puts them at risk for HIV/AIDS.

Based on the result, meaningful interventions may be designed to enhance the characteristics that are not favorable to untimely and risk-taking behavior and risky sexual activities among young women.

Keyword: Risk-taking behaviors, contextual factors, vulnerabilities to HIV/AIDS

INTRODUCTION

Though AIDS responses have grown and improved considerably over the past decade, they still do not match the pace of a steadily worsening epidemic. In the north east of India, HIV transmission chiefly because of behavioral aspect and is concentrated chiefly among drug injectors and their sexual partners (some of which also buy or sell sex), especially in the states of Manipur, Mizoram and Nagaland, all of which lie adjacent to the drug trafficking 'Golden Triangle"zone.Bringing AIDS under control will require tackling with greater resolve the underlying factors that fuel this epidemic- including behavioral aspects, societal inequalities, human rights violations and injustices.

In the last two decades HIV/AIDS has become a major concern for the entire world including Nagaland. Nagaland sharing its border with golden triangle has easy access to illegal drugs and it was in the year 1990 that the first case of HIV case was detected in Nagaland among the Injecting Drug users (IDU). In the early phase of the epidemic, Nagas perceived of HIV/AIDS as an alien disease, a disease among the foreigners-particularly rampant among the westerners. Today, the disease has spread to the general population and Nagaland is rated as one of the six highest HIV/AIDS prevalent states in the country. NSACS[*] report reveals the existence of a high level of awareness in the state but this in itself has not been a deterrent to people engaging in High Risk Behaviors. The latest NSACS report reveals increased teenage pregnancy, increased incidence of abortions, sexual exposure at early age, high incidence of multiple partners, early initiation of substance use and that most substance users are school dropouts and those unemployed. Mapping studies has shed light on the fact that HIV/AIDS in no longer a disease peculiar to injecting drugs, sex workers and truck drivers, as almost all new HIV cases are occurring through sexual transmission. Since the infection is transmitted as a consequence of behavioral pattern, search and understanding for what interwoven factors or situational factors influence engagement in risky sexual behavior is essential.

Studies have also shown that alcohol use is widely associated with sexual risks, STDs and social harm [Ericksen, K.P.1994[1]; Graves and Leigh 1995[2]; Kumar 1999[3]]. Another crucial component of risk is the use of alcohol and other drugs which are associated with increased rates of sexual intercourse, having multiple sexual partners and lower rates of condom use-high-risk sexual behavior [Bailey SL et al.1999[4], Lowry R, et al.1994[5]]. It also shows that alcohol plays a role in enhancing sexual self-efficacy, reducing fears of performing inadequacy, reducing inhibitions regarding seeking sexual services, heightening expectancies about the right to sexual experience and increasing the potential for sexual violence (Velrma and Schensul 2004[6]]. There is however, a dearth of research on the association between alcohol and sexuality, and the ways alcohol and drug use facilitates increased exposure to risky sexual behavior among unmarried young people.

The AIDS epidemic makes concerns even more urgent and highlights the need to examine the relationship between risk-taking behaviors and risky sexual behaviors. The tendencies toward

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[*] Nagaland State AIDS control Society

[1] Ericksen, K.P. and K.F. Trocki, Sex, Alcohol and Sexually-Transmitted Diseases- a National Survey. Family Planning Perspective, 1994.26(6):pp 257-263.

[2] Graves K.L. and B.C. Leigh, The relationship of substance use to sexual activity among young adults in the Unites States. Family Planning Perspective, 195.27(1):P.18-22.

[3] Kumar,S., 1999. India has the largest number of people infected with HIV. Lancet, 1999. 353(9146):p.48.

[4] Bailey SL, Pollock NK, Martin CS, Lynch KG. Risky sexual behaviors, among adolescents with alcohol use disorders. Journal of Adolescent Health, 1999.25:pp179-181.

[5] Lowry R, Holtzman D, Truman BI, et al. Substance use and HIV-related sexual behaviors among U.S. High school students: Are they related?American journal of pulic health, 1994.84:pp1116-20.

[6] Verma, R.K. and SL Schensul, Male Sexual Health problems in Mumbai:Cultural constructs that persent opportunities for HIV/AIDS risk eduction, sexuality in times of AIDS in India: Contempory Perspective from communities, R.K. Verma, et al., Editors. Sage Publishers, New Delhi, 2004.

risky sexual activities, often accompanied by alcohol use, drug use etc is not limited to young people which make them vulnerable to STI/HIV/AIDS.

OBJECTIVE

The present study would be an attempt to understand what individual characteristic influences young women's risk-taking behaviors and also explore the vulnerabilities of young women to STI/HIV/AIDS.

The specific objectives are as follows:

1. To understand the individual characteristics of risk-taking behaviors.
2. To examine the relationship between risk-taking behaviors (substance use) and risky sexual behavior.
3. To understand the vulnerabilities of youth towards STI/HIV/AIDS.

METHODOLOGY

Study Area: The study is conducted in Nagaland State of India. The State shares proximity with the 'Golden Triangle'. Dimapur town of Nagaland is considered purposively for the study, being the gateway to Nagaland and Manipur. It is the focal point round which the economic and development activities of the state are centered. The place with its advantage of availability and accessibility to varied things opens vistas to lead different lifestyles some of which may have a negative outcome.

The data used for the present study is part of the data collected from 300 youth through stratified random sampling of secular colleges and localities in Dimapur town, Nagaland. Both quantitative and qualitative research approaches were used.

In the qualitative component, 28 in-depth interviews were conducted. Respondents who reported indulgence in risky behaviors were selected.

Study Group: For the present paper, data is analyzed only for young women aged 15-24 yrs. It includes 100 college going young women and 50 out of college young women

QUALITATIVE METHODS

The undertaking of each mode of qualitative data collection is briefly outlined below:-

1. **Walk through/Mapping:** Walk through inside the target community to meet, build rapport with and informally interview youth that meet the target age, to become familiar with social context of alcohol risk taking activities, youth hang-outs, and environmental factors affecting youth, to observe the target group in daily activities as well as in contexts in which they engage in potentially risky practices.
2. **Key Informant Interview**: Interviews with informants who had direct/indirect access to the target population (youth aged 15-24 yrs). The key informants were NGOs working in the area of Substance abuse and HIV/AIDS; Church leaders, Youth leaders, and those youth who know the community well.
3. **Observation**: Observing settings/locations where behaviors and activities relevant to understanding the context of the study may occur. Observations were conducted at the sites/places where young people gathered. These places were mostly street corners, pan shops, restaurants, booze houses, youth hangouts, concerts, community meetings/ritual events.
4. **Semi-Structured in-depth interviews/ narratives**: In-depth interviews with regard to personal history of alcohol use, sex etc. Respondents were identified initially randomly through acquaintances or those who admitted engaging in risk-taking behavior (alcohol use, drug use, risky sexual behavior) and also by the 'snowballing' technique. A total of 16 in-depth interviews were conducted among youth aged (15-24 years).

Analytical Approach: For the purpose of this present paper, by risk-taking behaviors it means indulging in smoking, alcohol, drugs, and sexual intercourse. Sexual risk-taking/Risky sexual behavior has been conceptualized in various ways; premarital sex; number of partners, type or partner or length of relationship, frequency of intercourse, consistency of condom use and use of other methods of birth control.

RATIONALE FOR FOCUSING ON YOUNG WOMAN

The present study focuses on young women, because adolescents and young adults are at higher risk than other age-groups for sexually transmitted diseases (STDs) that increases the risk for HIV infection[7]. It is also found that although HIV/AIDS affects both men and women, women are more vulnerable due to biological, social, cultural and economic factors. Inequality between sexes limits women access to care and services, reducing opportunity to acquire knowledge about safer sexual practices and to develop skills to protect themselves from HIV/AIDS. Young women are particularly vulnerable because they are subjected more often to coercion in sexual relations. In addition, the consequences of unprotected sexual activity in young age are more onerous for young women than for their male peers. For e.g. young girls are more likely to interrupt their education due to early childbearing. Social norms and the double standard nature of the society which expects women to be timid; discourage discussion of sexuality in common/open leaves young women to be more confused without proper/right knowledge, sometimes even robbing of their rights to bear difficulties/pain/violence in silence; inability to negotiate safe sex or refuse sex.

RESULTS/FINDINGS

RISK-TAKING BEHAVIORS

Risk-taking behaviors are those behaviors, undertaken volitionally, whose outcomes remain uncertain with the possibility of an identifiable negative health outcome (Irwin, 1990[8]). Risk-taking is the most serious threats to young people's health and well-being. In addition, once these behaviors are established during adolescence and young adulthood they often remain as major contributors to the health problems of health. Negative potential consequences of these behaviors include unwanted pregnancies, sexually transmitted diseases, severe disability, death etc.

Early initiation of smoking and drinking are well known to have both immediate and long-term adverse health and social consequences (Gruber and others, 1996[9]; WHO, 1997[10]).

For these reasons, substance use and premarital sex during adolescence or young age are regarded as risk-taking behavior.

PREVALANCE OF RISK-TAKING BEHAVIORS

The prevalence of risk-taking behaviors by the proportion of youth who ever used is high for smoking and drinking. Around 47.3 percent had ever tried smoking and more than half of young women had ever tired alcohol. Ever use of drugs and ever engaged in premarital sex is comparatively low. Around 11.3 percent had ever tasted any form of drugs and around 16 percent had ever engaged in premarital sex. The mean and median age for initiating cigarette/tobacco is 14.6 and 15 yrs; for alcohol is 16.1 and 16 yrs and for sexual intercourse it is 18.7 and 18.5 yrs.

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[7] Anderson RM, Transmission Dynamics of Sexually transmitted infection, in: Holmes KK et al.,eds.,Sexually Transmitted Diseases, Third ed., New York:McGraw-Hill,1999.

[8] Irwin, C.E.,Jr.(1990). The theoretical concept of at-risk adolescents. Adolescent Medicine:State of the Art Review, 1, 1-14.

[9] Gruber, E., R.J.Clemente, N.M.Anderson and M.Lodico (1996) "Early drinking onset and its association with alcohol use and problem behavior in late adolescence", Preventive Medicine, No.25,pp.293-300.

[10] World Health Organization (WHO) (1997). Tobacco or Health, A Global Status Report, Geneva: WHO.

Currently smoking is 12 percent, 29.3 currently drinking, 8 percent currently engaging in any form of drugs and 10.3 percent currently involved in premarital sex. Current engagement in risk-taking behavior is comparatively lower than the ever users. Initiating into cigarette/drug use at an early time

Individual Characteristics of Risk-taking behaviors

Bivariate analyses show that age is developmentally linked. Older young women (20-24) reported more involvement in risk-taking behaviors compared to younger women (15-19).By living arrangement, young women who are living in private/rented house alone shows more involvement in risk-taking behaviors except for use of drugs, followed by those living with single parent. Current use of drug though involvement is more for those belonging to high standard of living index. Media exposure has a negative influence in both lifetime/ever and current involvement in risk-taking behaviors. With increase in media exposure, there is decrease in involvement in risk-taking behaviors. Young girls exposed to high media, reported less involvement in risk-taking behaviors compared to others. It is also found that with increase in religiosity, self efficacy and self esteem, the proportion of reporting engagement in risky-taking behaviors decreases for both lifetime engagement and current engagement in risk-taking behaviors.

Risk-taking behavior (substance use) and risky-sexual behavior

To examine the relationship between substance involvement and risky sexual behaviors, cross tabulation was conducted. Risky sexual behavior in the present study is computed by taking into variables like No protection during last sex; unstable relationship; more than one partner; causal relationship and drank alcohol/used drugs during the last sex. Out of 150 young unmarried women, only 4 percent used birth control methods/condoms before sex, around 12 percent used substance before sex; around 3.3 percent were in unstable relationship.

The finding reflects different patterns of substance use, risky and variation in the frequency of engaging in risky sexual behaviors or proportions of respondents reporting risky sexual behavior. All Patterns of substance use, be it single substance use; combination of two substance or combination of three substance all shows highly significant association at ($p<0.001$) with risky sexual behavior. Looking at the single substance use, compared to those currently smoking and currently taking alcohol, those who are currently taking drugs (66.7 percent) reported more in any risky sexual behavior. Similarly for combination of substance use, increased combination of substance e.g. currently smoking, drinking and taking drugs reported more involvement in risky sexual behavior.

Vulnerabilities to STI/STD/ HIV/AIDS

Young women's vulnerability to STI/HIV/AIDS is influence by wide range of underlying factors including personal and societal factors like Sexual history; Ability to protect oneself and Others; Knowledge about treatment and support programs; Skills to access and use them, cultural Norms, Laws, Social Practices and Health and healthcare beliefs.

For the present study, vulnerability to STI/HIV/AIDS was first examined by ways of young women's engagement in substance use, sexual behavior, their knowledge about STI/HIV; Knowledge about treatment and support programs.

Among the study group of unmarried young girls aged 15-24, though more than half of young women (60 percent) have high knowledge about modes of transmission of HIV/AIDS, it is found that only 8.0 percent knew fully about all modes of transmission of STI/STDs. The study clearly brings out the fact that, there is substantial proportion of young women still ignorant about basic issues concerning sexually transmitted diseases and infections although it may seem that they have more aware of HIV/AIDS issues. It also highlights that fact more than half of young girls are not aware of access to treatment and support programs despite the high positive response to

get tested if they though they were at risk . Out of the total 150 young women, 5.3 percent got ever pregnant and all the 5.3 percent had gone for abortion. Though abortion may seem to be less in the quantitative study group, abortions among young unmarried female is predominant in Dimapur. This abortion makes them vulnerable to infections. Private nursing homes are the most popular place for obtaining abortion services for these girls. However, it is found during the in-depth interviews that the young girls first consulted with their family friends, relatives and partner before making the decisions to terminate their unintended pregnancy. More than half (62.5 percent) of the sexually active in the last 3 months unmarried young girls perceived that they were not at risk of getting STD/HIV; 31.2 percent perceived 'a small chance' and 6.3 percent perceived as having 'medium chance'. Despite their current engagement in sex, the perception that they are not at risk for STD/HIV makes them more vulnerable to infections. Some authors have suggested that perceived risk may not only be based on a person's own behavior, or that of his or her partner, but also on the level of AIDS related morbidity and mortality within the wider community (Cleland, 1995[11]; Prohaska et al., 1990[12]).Thus, knowing of someone who has died from AIDS or experiencing an AIDS-related death in the family might increase people's fears and uncertainties. Perception of HIV risk is not static but may also vary with context and over-time. Individuals may perceive different levels of risk at different stages in their lives and with different sexual partners, even where their actual level of risk remains constant.

Insights from Qualitative Findings

Key Substance use-related patterns of STI/HIV risks

Presents the key patterns that emerged from the analysis of the qualitative data regarding the risks that substance use posed for STI/HIV infection is that "drinking is an indispensable part of social life" among young people, occurring at places (booze house, restaurants, picnics, parties, concerts etc). Drinking alcohol connotes fun and enjoyment among many young people-without which parties or get-togethers are bland. Social gatherings at times also constituted an excuse to drink. The findings shows that drinking starts early as reflected in the finding that "Young girls experience pressure form peers to drink "and when and in settings like parties, picnics where pressure to drink could be expected. Heavy drinkers (particularly those women who visit booze house) spend much of their leisure time drinking and in some instances even drinking more than their male counterparts.

Sex behavior –related pattern of STI/HIV risk

The key patterns in respect of the risks that sexual behavior posed for STI/HIV infections as identified from the analysis of qualitative data are poor understanding of the transmission of STI/HIV, a need for immediate sexual gratification, sexual violence against women, unsafe sex without condoms, Risky sexual orientation, engagement in multi-partner over time, belief that women are expected to please men sexually and tolerate their sexual needs and behavior, the view that stable partners should insist on mutual trust rather than on the use of condoms, inability of young women to negotiate safe sex, a tendency to prefer material gain or sexual pleasure with older rich men, opportunities to participate in casual sex in public places of entertainment (e.g., in toilets, dark corners, bushy/isolated areas, concerts, parties etc), engaging in sex because of the fear of jeopardizing the relationships, lack of free/affordable condoms at places of entertainments or unavailability of condoms when in need increases vulnerability to STI/HIV.

Sexual compliance and coercion

Very often women are sexually "compliant" in that they consciously put their boyfriend's sexual desires ahead of their own and willing to engage in unwanted sex. Young women who were

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[11] Cleland, J. (1995) Risk perception and behavioral change. In: Sexual Behavior and AIDS in the Developing World, pp.157-192. Edited by J.Cleland & B.Ferry. Taylor and Francis, London.

[12] Prohaska, T.R. et al.(1990). Determinants of self-perceived risk for AIDS . Journal Health Social Behavior 31,384-394.

interviewed described how they had felt worried that their boyfriend would waver in their affection if they did not have sex. They described how sexual intercourse was a sign of their love, of another level of maturity that their relationship had reached and as a kind of insurance to keep their boyfriends. They seemed to think that their relationship would be solidified once they had sexual intercourse with their boyfriends.

A few of the young women reported that they had been more forcibly coerced into sexual intercourse, that is, their boyfriends had used pressure to convince or force them into having sexual contact against their will.

Contraceptive Use

Discussion with the various focus groups confirmed that sex education courses offered in school clearly do not fill the information void. Given the dearth of accurate information on safe sex practices, it is not surprising that only few women interviewed reported the regular use of contraceptives/condoms. Many of the women interviewed were not concerned about contracting an STI/STD from their partners. Awareness of safe sex practices seemed to be superficial and misinformation regarding the risk and consequences of unsafe sex. Some common misconceptions included the notion that women cannot get pregnant the first time she has sex and that certain contraceptives cause diseases causing freckling or weight gain also contributed to low contraceptive use.

The lack of preparation and inability to negotiate sexual activity and contraceptive use, situational constraints are notable barriers to contraceptive use.

Consequences of unsafe sexual activity

As a result of unsafe sexual practices, young women not only got pregnant and had induced abortions but many also developed symptoms of RTIs such as pelvic and vaginal infection. Over half of the women described symptoms of RTIs, including foul smelling, sticky discharge, lower abdominal pain and vaginal itching; some of these symptoms may have developed as a result of unsafe sexual practices. However many of the symptoms went unchecked and untreated, by silently bearing the pain because of shyness, poor communication on sexual issues with parents to express their needs

Key patterns of the interaction between substance use and sexual behavior that pose risk for STI/HIV

The tradition has lost its grip causing alcohol to be used in other settings, including where people engage in sex. Findings from qualitative data show that not only did alcohol use, drug use and sexual behavior separately pose risks for STI/HIV infection, but also collectively. In a number of ways alcohol use and sexual behavior and beliefs actively supported one another, with alcohol use and beliefs acting as both precursors and outcomes of sexual behavior. Further more the key patterns of risky alcohol use-sex interaction that emerged in the course of the analyses related to the following matters alcohol, drug use were facilitator of sexual encounters, and/or an enhancer of the sexual experience, and/or excuse for irresponsible behavior such as risky sex; the use of alcohol-serving venues as contact places for sexual encounters, Alcohol use was the most frequent reasons for girls to have sex the first time. There are also conceptions that alcohol not only diminishes social inhibitions but also used to diminish sexual inhibitions, wanting to novel sexual experience.

Situational factors such as the promotion of alcohol consumption at venues of drinking and sex-related demonstrations “strengthened” the active contribution of alcohol use to risky sexual behavior. For example, at booze house, where some loose girls leech around and drink with those who buys drink, it is found that they also go to the extent of exchanging sex. Similarly those women who are addicted to drug they go to the extent of doing anything to get a strip or a small dose. It also shows that substance use was usual and an essential part of sexual relations. At concert, picnics, party’s alcohol was much more consumed and some women flirted around even

after knowing that the boy is seeing someone or have a girl friend, sometimes for some young girls, just being around and flirting with handsome or popular guys was like a status symbol with some young girls.

Summary & Conclusion

The study shows high prevalence of risk-taking behaviors among young women, though the Naga society prohibits alcohol consumption, condemns premarital sex and attempts to keep aloof from sexual issues. The study reveals that large numbers of young women were engaging in risk-taking behavior and there are differences in the risk-taking behavior by age group. Older women reported more participation in risk-taking behavior. Age at first sex encounter is one of the important measures to visualize the reproductive health of women. In India, general initiation of sex for most of the women happens after marriage, however in the present Naga setting/context where age at marriage has increased; free intermixing nature of young people, with the penchant to seek fun has its negative impact as well. It makes youngsters more vulnerable to engage in risk-taking behaviors.

The individual background measures included in our study seem to show clearer effects on risk-taking behaviors. Based on the result, meaningful interventions may be designed to enhance the characteristics that are not favorable to untimely and risk-taking behavior and risky sexual activities among young women. Findings of this study of young women suggest that HIV/AIDS prevention and the problems of unwanted pregnancies and unsafe abortions must be addressed together. Moreover premarital sexual relationship is increasingly imagined as a courtship strategy that leads to marriage places young women in a position where contraceptive use is particularly difficult to negotiate. Some of the interventions on the basis of our result may involve effective educational programs including those outside the formal educational system. E.g. Self esteem may be raised through training programs or youth activities. On the social and legal front, programs may aim at limiting youth access to substances. Sex education courses must address issues of coercion and other pressure tactics that lead young women to engage in sexual intercourse against their will. The success of HIV/AIDS prevention may lay in addressing differences that inhibit women's role in sexual decision-making and negotiation safe sex (UNAIDS 2000[13]).

Limitations

Like most studies of HIV-risk behaviors, this study relied on young unmarried girls self-report and may result in underreporting of risk behaviors. It is possible that some young girls may have denied the presence of risky behaviors. The measure of risky sexual behavior in the last 12 months used in this study has some limitations. The actual risk of exposure to STI/HIV/AIDS for an individual depends on a combination of factors. These include an individual's number and type of lifetime sexual partners, a partners past or current sexual behavior, consistency of condom use with each partner, the STI/HIV status of the sexual partner and indirectly the level of HIV/AIDS prevalence in the population. Individuals reporting more than one sexual partner in the last 12 months may not necessarily have an elevated risk behavior if they used condoms consistently. Alternatively, an individual not reporting risky behavior may be at high risk because of a partner whose behavior is risky. Despite the limitations, this analysis is important because it examines the risk-taking behaviors among young women that have significant implication for HIV prevention strategies.

Caution must be exercised in making generalization from the study since the research draws on a small sample. This study does not attempt to determine precise population prevalence of risk-taking behavior but rather it attempted to probe into some depth of behavioral issues concerning young people.

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[13] UNAIDS (2000) Report on the Global HIV/AIDS epidemic. Joint United Nations Programme on HIV/AIDS. UNAIDS, Geneva.