RISK-TAKING BEHAVIORS ACROSS CULTURES
THAT PLACE WOMEN AT RISK FOR HIV

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PURPOSE
This is an examination of nursing, public health, anthropology and psychology studies completed in the last 16 years along with contemporary theories that explain the role of culture in sexual behavior and risk-taking behavior that place women at risk for HIV/AIDS.

METHOD
Systematic Literature Search

DEFINITION OF HIGH RISK SEXUAL BEHAVIORS
Place people at risk for HIV/STIs and unintended pregnancy:

1. Anal sex
2. Inconsistent or incorrect use of contraceptives
3. Increased number of sex partners
4. Non-adherence to HIV medications
5. Not being tested or treated for STIs

SEXUAL RISK-TAKING BEHAVIORS WORLDWIDE
1. Sub-Saharan Africa: Intravaginal Insertions:
   Several ethnographic, qualitative and quantitative studies demonstrate the following:
   - Rooted in, and sanctioned by culture, handover from mother to daughter
   - Used for:
     - Vaginal washing, douching
     - Enhance sexual experience by producing a dry, hot vagina
     - Men like a dry, hot vagina with minimal lubrication during sex; wetness signifies infidelity
     - Enhance female sexual desirability
   - Materials used for enhancement/tightening: fruit, roots, bark and leaves, animal parts, ground materials such as alum
   - Dry vagina causes abrasions, bruising during sexual activity and increase HIV risk

2. India and Africa: Bridewealth (Lobola, Reora in Africa; Brideprice, Dowry in India) defined as the “exchange of resources between [African] families to finalize a marriage.”
   - Associated with bridewealth:
   - Burdens from poverty lead to risky practices
   - Onerous family responsibilities
   - Sexual practices rooted in religion
   - Withholding of commodities to protect them at risk for rape, violence, identity as sex objects
   - Sex workers use rituals such as dry sex, no condoms to enhance business
   - Encourage nonuse of contraceptives
   - Frequency of intercourse
   - Polygamy in families and cultural traditions
   - Distinct socialization for male and female
   - Lack of family discussions about sex
   - Traditional parturial practices of the Akha tribes in Vietnam, Laos, Cambodia, Thailand and Vietnam: – Welcome Guest
   - Thon Thong (Break Vagina) as female girls have sex with male visitors to welcome them
   - Visitors unfamiliar with rituals exploit the rituals and place young girls at risk via rape
   - Dialects that place chasm between young and generations
   - Economics of female virginity – sold for the highest price
   - Machismo, matrianism
   - Age discordant relationships

Negative Outcomes Associated with Bridewealth
- Control and rights to female reproductive decisions
- Lack of contraceptive use
- Concurrent sexual relationships
- Poverty due to divorce or lack of payment, resulting in women remaining in unsafe relationships
- Obligation to bear children – a cultural expectation
- Physical violence

3. Africa, Asia, North and South America: Fluid Relationships
   - WSIV: BDSM: Sharing sex toys; confirmed cases of WSIV transmitting HIV to partner via sex toys used during menstruation
   - Unprotected use of sex toys (i.e. dental dams) (Africa, Brazil, USA)
   - Having multiple sex partners while WSIV
   - Artificial insemination
   - Men who have sex with both men and women (Brazil, Asia, North and South America)
   - Married men who have sex with both men and women (Brazil, India, USA)
   - Emphasis on genital gratification and penetration lead to pursuit of any type of sex
   - BDST practices such as kissing, anal sex, sox sex (games with faces), bukake (having various men ejaculate on one’s face and body)

5. Worldwide: Anal Sex
   - Unknown in many rural parts of the world
   - Seen as a symbol of power in some cultures (Africa)
   - Practiced to preserve virginity (Puerto Rico)
   - Men who believe they have a right to sex from wives, practice it when their wives are pregnant (India) or when they are menstruating
   - The following quote summarizes the behavior through time: “I was forced to have sex in the back to get the desire out of my nerves,” because his girlfriend was having her period (KwaZulu Natal, Africa)

6. Worldwide: Economic Development
   - Urbanization, tourism, immigration, marginalization e.g. in Asia, Caribbean, South America
   - Under-reporting of STIs (China, Canada, Jamaica)
   - Migrant tribes in India
   - Poverty among street youth – vagabonds in Peru
   - Acculturation

7. Worldwide: Relationship Status
   - Society ascribes more power to men in relationships
   - More control seen in marriage and steady relationships as women forge condom use and safe sex practices once they develop trust, even among sex workers, and place themselves at risk; human need for love and belonging
   - Fear of losing relationships leads to risky sex practices
   - Trust is not a replacement for safe sex practices, even in marriage
   - Solidarity, bartering

REFERENCES
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CONTEMPORARY THEORIES EXPLAINING FINDINGS
- Intersectionality (Hankivsky, 2012)
- Structural Violence
- Theory of Gender and Health (Daterman, 2000)
- Neuroeconomics
- Theory of Social Dominance (SDT)

Researchers need to veer away from behavioral theories to explain sexual behavior because human behavior is not linear; it is multifaceted and unpredictable even when the consequences are clear-cut and dangerous

SUMMARY
- Across cultures, women’s risks for HIV are, generally, the same
- Risks are embedded in culture, religion; societal norms and institutions (gender roles, poverty, politics); economics; and individual factors that continue to place them at risk for HIV
- Interventions must be culture-specific to effectively address the above factors and reduce transmission

FEMALE HIV/AIDS MORBIDITY AND MORTALITY
One in four people living with HIV in the United States is a woman. Half of the people living in the world with HIV are women (WHO, 2016). Gender norms and high risk heterosexual sex account for >80% (CDC, WHO). Women are unaware of their male partners’ risk factors for HIV infection, or lack knowledge regarding HIV and its transmission, and consequence, they have a lower risk of being infected (CDC, WHO, 2013). Relationship dynamics also play a role in female HIV infection. The average lifespan of an HIV infected person is 24.2 years. Costs related to the treatment of HIV/AIDS are significantly high, ranging from about $320,000 to $620,000 from diagnosis to death per person (CDC, 2010).

METHOD: SEARCH STRATEGIES
Secondary Search
1. Reference lists of journal articles and research studies
2. Search conducted of the nursing, public health, psychology, sociology, anthropology, politics, literature
3. Yield: 78 articles; 63 peer reviewed; 41 related to females.

SEARCH TERMS
- 78 articles found; 63 were peer reviewed; 41 related to females
- Less than a third were theory based
- All met search criteria, search terms
- Continents represented in the results: Africa, Asia, the Caribbean, Europe, the Middle East, and North and South America

Databases
1. CINAHL
2. PsychInfo
3. Social Sciences
4. AIDSInfo
5. PubMed/Medline
6. Google Scholar

Websites
2. www.Floridaaids.org
3. www.CDC.gov
4. www.NIH.gov
5. www.avert.org
6. www.mylorida.com
7. World Health Organization
8. Pan American Health Organization
9. United Nations Agency for International Development
10. Florida Department of Health
11. Florida AIDS Network