

“HIV RISK PERCEPTION AND SEXUAL BEHAVIOUR AMONG YOUNG PEOPLE: TRIANGULATION OF QUALITATIVE, QUANTITATIVE AND BIOLOGICAL MARKERS DATA”¹

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“He looks very clean all the time... he is very neat, very tidy, and I always have the impression that he is a very clean person and cannot have that type of problems (a STI)...” (Woman, E21)

“Well, one notices who takes care and who doesn't. I always noticed she takes very good care of herself. I know it because of her disposition, her nature, the way in which she behaves, ... she is very modest, decorous, or blushes of things, ..., I pay a lot of attention to those things....No I am not worried of a STI because I know her very well, we had chatted before starting the relationship and she takes good care of herself, ... the possibility of an infection is discarded that I infect her of something? No? or that she infects me for the same reasons ...” (Man, E33)

1. INTRODUCTION

More than two decades of research on HIV/AIDS and strategies to confront this disease has not yet stopped the upwards trend in HIV infections among young heterosexuals. In Mexico, as in most of the less developed countries, the government has increased its actions to prevent AIDS in recent years. Various studies, however, have shown that young people are far from systematically using condoms in their sexual relationships. Even if in each sexual intercourse there is the possibility of transmission of a sexually transmitted infection or of acquiring an infection if not protected, this risk is not always taken into account by young people. To be able to understand the gap between policies efforts and the use of condom, it is important to consider the cultural factors that may be preventing the use of condom. Gender relations that prevail in a society may generate myths and gender stereotypes that results in strategies of protections based on this imaginary –ideation concept- and not in the real risk of STI

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(sexually transmitted infection). These cultural aspects are usually missing in the design of prevention policies of HIV/AIDS and acts as an obstacle for AIDS prevention. Identifying the circumstances that facilitate or prevent the use of condom is important to accelerate the adoption of safer sexual practices.

Another limitation to policy guidance is the lack of data on young people's sexual behaviors. Research into the factors associated to safe sex is hindered by it. But the problem is even more severe when one attempts to study the influence of culture and gender constructions on safe or unsafe sexual practices. In order to detect the association between culture, sexual behavior and infection, we have designed a project that specially collected quantitative and qualitative data from young people to investigate the interlinkage between medical, behavioral, social-demographic and cultural factors that influence safe or unsafe sexual practices. This paper presents findings from the three types of information collected. Particular attention is given to the myths socially constructed of risk of contagion of an STI, which are strongly related to gender relations in the society.

2. THE CONTEXT OF MEXICO

Reproductive health and availability of condoms

Mexico compared to other Latin America countries initiated its fertility decline later. The high population growth rate of 3.5% per year pushed the government adopt a strong family planning program in 1975. Since 1975 until present, the government provides contraceptives (for family planning reasons)-including condoms- to all the population free of charge and are available all over the country even to the most remote areas.

Due to the AIDS pandemic, the Mexican government created the National Committee for AIDS (CONASIDA) in 1986². The first activities developed by this institution were oriented to control HIV infection through blood transfusion, and to establish cooperation with the sex workers to promote a systematic condom use (Del Rio and Sepulveda, 2002). Later on, policies for the promotion of condom use for the general population were introduced through the mass media. The diffusion of laboratory tests to detect HIV in a free and voluntary fashion, and access to the information through a hot line service were some of the strategies developed by CONASIDA. With respect to the health care of disease, in the past only treatment to pregnant women and to their child was provided. At present, it is

² The first AIDS case register in Mexico was in 1983 (Magis-Rodríguez et al.,2000).

regulated to guarantee the treatment for all persons with HIV/AIDS, for both sexes and under any circumstances. The proposed policy by the present administration aims at channeling its actions to those more affected by the epidemic: men who have sex with men. Mass campaign has been conducted to deliver condoms freely, through NGOs and in different community forums. In addition, authorities of health have published a guide for health centers to offer a HIV test to all women attending prenatal care. However, recent investigations have demonstrated that the health centers continue with the idea to offer the test only when the medical doctor believes the woman fall into the category of population at risk.

Since the 1990's, the concern of sexual health for young people has been a priority. In 1993, sex education contents were incorporated compulsory in all primary and secondary schools³ public and private, in particular knowledge about STI/AIDS. In 1994, special modules for the needs of sexual and reproductive health were created for young people. Moreover, most of the phone calls received in the Hot Line of CONASIDA have been from young people (80%) (Juarez and Gayet, 2003).

In December 1990, 11,012 cases of AIDS have been accumulated, and in December 2000 the figure rose to 52,298 cases. The epidemic continues being "nuclear", and mainly affects men who have sex with men (Del Rio and Sepulveda, 2002). However, there is a recent concern by the diffusion of the epidemic among intravenous drug users, mainly in the border cities with USA (Rodriguez, 2002), and the emerge of cases in the rural areas, which have less health care resources (Magis et al., 1995). Other focal point of surveillance since the beginning of the epidemic, of growing importance because of the possibility of concentration of the epidemic toward a heterosexual pattern, is the migratory movements from Central America and the return migration from USA, regions that have higher prevalence than those of Mexico (Bronfman et al., 1998).

Other sources of supply of condoms are drugs stores, shops or NGOs. Access to condoms with respect to distance is not a problem because in a city, a young person could obtain (buy) a condom within 1 or 2 street distance of their home, school or workplace. Many shops (like supermarkets, department stores, etc.) have the condoms on the shelves in a self-service fashion. Drug stores are all over the city. Access to condoms with respect to cost might be a limitation for some young people, but as mentioned earlier the government provides them free and NGOs with a small donation (no profit, at a cost of \$0.20 US

³ School level equivalent to Junior High.

dollars). For those who want to pay the condom, the price ranges from \$0.55 or \$0.93 US dollars (depending on the brand). This might be an excessive price to pay, if the young person has frequent sexual activity and do not earn a salary as it happens with most students.

The family and Gender roles

Despite the modern looks of Mexico and the nearness to USA, it is a very traditional society where family still plays a very important role as a gatekeeper of the sexuality/virginity/masculinity of young people. Young people live with their parents until they marry. Only under special conditions will the parents consent that the young person live in a different place, for example, to go to study in another city because the school/university was not available in their hometown and because of a more recognized school somewhere else. Only a small minority will live alone, independent of the control of their parents.

Gender roles are very marked in the Mexican society. Men play the strong, dominant and aggressive role and women the weak, passive and obedient. Men are under pressure to perform a typical masculine model of food provider, decision making, knowledgeable of sexual matters. And the opposite pressure is exerted on women. These roles are learned and reinforced all along the individuals live.

The group of ideas about the sexual difference between the “feminine” and “masculine” characteristics of each sex prevail through what the society fabricates of the idea of what is a man and a woman (Lamas, 1998) and which affects everything even the construct of STIs. Under these gender roles, STIs are conceived to be transmitted by “bad” women, a trend of “feminization” of the sexually transmitted diseases that come from a long West tradition (Spongberg, 1997).

Lack of Data to guide policies

Finally, we would like to mention that there are limitations in the data available of STI and AIDS of Mexico. The General Epidemiology Department keeps a data base for the AIDS cases reported in the country. Unfortunately, there is an underreporting of the total cases and of the various information collected in the register forms. There is no information respect of HIV infection. For this reason, with the information available, the pattern of recent infection can not be drawn. With respect to the other STIs, data does not reflect the real situation for the open population (very low level of reporting and no differentiation by sex). This lack of data does not help in the development of policies. This are designed in a general fashion, with lack of specificity because of deficient knowledge of the pattern of

infection. Furthermore, there is also a lack of information on the impact of culture as a barrier to protection of STI/AIDS.

3. OBJECTIVES

The objectives of the main study are to investigate:

- a) the prevalence of infection of the *Treponema pallidum*, the Herpes Virus Simplex-2, and the Human Papillomavirus among young people;
- b) the association of these infections agents with the socio-economic characteristics and the sexual conduct of the participants;
- c) the construction of the “I” and the “sexual partner” as subjects of risk among young people and the construct of myths in the decision-taking process of the use of condom; and
- d) the gender stereotypes in the history of policies and scientific research of sexually transmitted diseases in the 20th century in Mexico.

Due to time limitations only some of the findings of the main project will be presented. The objectives of this paper are the following.

- a) To describe the profile of the sexually active young people and the level of STI infection. Here, socio-economic factors, and partner and aspects related to the partner will be explored.
- b) To highlight the influence of culture on the exploration of the “I” and the “sexual partner” as subjects of risk. In this section, it will be analyzed the use of myths socially constructed that may facilitate or serve as barrier in the decision-taking process of use of condom. Of particular interest is the gender stereotyping that may act as an obstacle for HIV/AIDS prevention, along with other gender/cultural issues that may be key to protection.
- c) To present the association between acquisition of an infection of STI and the perception of self as possibility of being infected, highlighting the difference between young males and females. Focusing on those cases that tested positive, we will be able to depict the link between real risk and perceived risk of infection of STIs.

4. DATA AND METHODOLOGY

Data collection is a joint effort of the National Institute of Public Health of Cuernavaca, the Center of Demographic Studies and Urban Planning (CEDDU) of El Colegio de Mexico (currently CEDUA) and

the National Center for AIDS Prevention (CENSIDA). As one of the aims of the project was to estimate the prevalence of STI among young people in open population and to investigate their sexual behavior, university students complied with this condition. In addition, we considered university students as the optimal population to study, because compared to other young people, they are more knowledgeable of STIs and its prevention, thus allowing to isolate the effect of the stereotypes (myths) respect to lack of knowledge. The students, males and females, from the Autonomous University of Morelos in Cuernavaca were chosen for the study. The selection of this University was for convenience of distance because the Institute of Public health is located there. However, this group of students is representative of other university students in urban areas. Autonomous University of Morelos, is a state university located in Cuernavaca, the capital of the State of Morelos, an urban cite with all the facilities of a large city ⁴.

This investigation collected three types of data: quantitative data, qualitative data and laboratory test. The target population of the project was university students, men and women. 913 students were surveyed in total. Additional information about sexual issues was obtained from 6 focus groups discussion and 46 in-depth interviews about the risk perception of acquiring a sexually transmitted infection and negotiations about the use of protection. Those students that agree to answer the quantitative study were also invited to participate in the laboratory test for detection of STIs.

Laboratory tests included those for detection of Herpes Simplex Virus-2 (HSV-2), measure widely used as biological markers of sexual activity and risk, the *Treponema Pallidum* (Syphilis) and the Human Papillomavirus. The technique used for the detection of antibodies against HSV-2 was the Western Blot. And for the *T. Pallidum*, the methodology used for the laboratory diagnosis was the VDRL-Latex Pasteur to detect for antibodies no treponemics and the confirmatory test of antibodies treponemics FTA-Abs. And HPV was detected utilizing a method to capture hybrids (Digene HPV Test). 502 students agreed to participate in the blood test for detection of *T. Pallidum*, however, none of the students tested positive. For the 502 students who gave blood to test for antibodies of the HSV-2, the global seroprevalence was of 4.8% (24/502). Among those that reported to be sexually active, the seroprevalence was of 5.9% (20/341). Of the 913 university students of the study, 233 gave genital

⁴ Cuernavaca city is at 45 minutes from Mexico City, and has 338,706 inhabitants.

samples. However, only 194 of them have ever been sexually active. The prevalence of HPV in the sexually active population is 14.4% (28/194) ⁵.

For purpose of this paper, we will only focus on the students who are ever been sexually active, males and females, aged 18-26 years who declared to be heterosexual. Only a small minority are mature students, and also a small percentage declared to be not heterosexual. Limitation to these ages and to heterosexuals is due to the fact that perception of risk and reasons of protection may differ between heterosexual and homosexuals. For example, heterosexuals may worry about the prevention of pregnancies but not the other groups. Mature students lie outside the scope of our interest as our interest is to investigate young people risk perception and behavior. From a total of 843 students aged 18-26 years, 437 are sexually active (51.8%). These 437 students will be the population of study in this paper ⁶. Data collection and laboratory tests were obtained in 2001 and 2002.

The questionnaire and guidelines (quantitative and qualitative data) obtained some relevant information about the respondent's socio-economic and demographic background, past and current sexual relationships if any; information on sex education, condoms and contraceptives use; and attitudes relevant to the use of condoms and other contraceptives. Qualitative data collected similar information but focused more on factors that may be influencing safe sexual practices, such as gender and sexual culture.

5. THEORETICAL FRAMEWORK

The analysis will use a sexual interaction framework (Van Campenhoudt et al., 1997; Ingham et al., 1997) that emphasizes the interactions between individuals during sexual contact and focuses on the immediate context and interactional processes involved in sexual conduct. The type of relationship in which sexual activity occurs has a pivotal effect on behavior. For example, the same individual may act very differently with a casual partner compared to a long-term romantic partner in terms of protection and risk perceptions of infection with that partner. An interactional theory approach allows us to investigate the wider context and background variables against which sexual interaction takes place (Ingham et al., 1997; Juarez, 2002). It also considers the role of the social dimension.

⁵ For further information about the prevalence of ITS estimated by this investigation refer to Sanchez, M.; F. Uribe and C. Conde González (2002) "La infección por el virus del papiloma humano, un posible marcador biológico de comportamiento sexual en estudiantes universitarios", *Salud Pública de México*, Vol. 44, n° 5, September-October, pp 442-447.

⁶ From the sexually active students, 2.4% of men declared to have sexual relations with men and 1.1% of women to have had sexual relations with women.

Use of protection or not, so as the risk perception of an STI is influenced by the type of relationship the individual has with the partner. The different ways of perceiving risk and adapting to risk appears to be affected by the involvement of the relationship (Bastard et al., 1997). The characteristics and dynamics of the relationship between partners play a key role in safe sex (Bastard et al., 1997)⁷.

This reminds us to the complex topic of “social construct” of the sexuality, as stated by Weeks (1998). It involves multiple and intricate ways in which the emotions, the desires and the relations are configured by each society (Gayet et al., 2001). In our analysis, we consider that when an individual makes reference to a type of partner, its behavior toward that partner including safe sex, the “partner-relationship” needs to be interpreted as a symbolic representation of culture belonging to the ideational domain. Partner or relationship is an ideational concept, which for most cultures is strongly linked to the ideation of gender relations in the society.

Another important element in relationships and of the social construct of partner is the circumstances in which the relationship is initiated and the emotions attached to the person, which in turn results in a labeling of a type of partner.

We conceptualize that a partner’s involvement in the relationship and the balance of power affect sexual behavioral, risk perception and safe sex. By type of involvement we mean to whom individuals relate to and the expectations partners have of them. In a committed relationship it may be desired to discuss sexual risks with the partner and the use condoms, but may find it difficult to do so for fear that such request might be taken the wrong way. Another person, less strongly committed to the relationship might have less difficulty in bringing up the issue of AIDS, because they might be less afraid of upsetting the relationship.

As stated by Bastard et al. (1997), the ties that bind two partners can be categorized in terms of relationships in fusion or in association. A fusion relationship highlights togetherness and is based on the durability of a relationship. It puts emphasis on the interdependence of individuals and on adhering to family values and beliefs such as fidelity and mutual commitment. An associative relationship is characterized by individuals who define the area of exchange in a relationship, i.e. there is not a total

⁷ This concept of relationship is a modification of that proposed by Bastard et al. (1997).

involvement and the relationship does not include all aspects of life. The binding and fusion relationship is usually associated to the degree of commitment of the relationship. The binding relationship among young people is usually referred to by them as partners where love and/or commitment is involved, usually refer to as “novia/novio” (girlfriend/boyfriend).

6. GENERAL CHARACTERISTICS OF THE SEXUALLY ACTIVE POPULATION

TABLE 1

Of the 843 students interviewed aged 18-26 years, 66.7% are women and 33.3% men. About half the students are sexually active (51.8%). The proportion of sexual activity students varies by sex. 44% of the women reported to have been ever sexually active while the proportion rises to 67% for young men. The analysis we will be presenting refers only to the young population ever sexually active. Table 1 presents the general characteristics of the studied population of this paper. Most of them lie within the ages 20-23 years (67%). Reaching university level is a selective process partly related to academic performance but more strongly associated belonging to a higher social-economic stratum. As shown in Table 1, the majority of university students belong to a middle or high income level (90%) and their fathers are highly educated, 43% of them have university studies. As mentioned earlier, in Mexico, usually single people live at their parent's home, and only leave their parents home for good reasons like continuing their studies. In the studied population around 16% of boys and girls live outside the parents or relative home. Most students (94%) are single. There is a clear gender difference in the area of specialty chosen for their first degree. Law appears to be a profession preferred by young men, and Psychology and Education by young females. The ever drug use among university students reaches 15%, but it is three times greater the prevalence for men (23%) than for women (8%).

TABLE 2

Of the sexually active university students, more than half of them used protection at first sex (57.7%). And the type of protection mostly used condoms (96%). The proportion of young women reporting protection at first intercourse is slightly higher than for men, but when considering the use of condoms, the prevalence of condoms at first intercourse is the same for young men and young females. The pattern changes for the last sexual intercourse, a larger proportion of young students used protection (65%). But in the most recent sexual relation, there is a marked difference between female and males students. Boys tend to rely more on condoms than girls (91.7% and 78% respectively), resulting in a

lower prevalence of condom use at last intercourse for females. The proportion of women using condom at last sex is smaller than the proportion using condom at first sex.

TABLE 3

One could argue that those using contraception are concerned with preventing a pregnancy, however, one would expect that young people using condoms are interested in preventing STI/AIDS. Despite the efforts of the government to prevent HIV infection, still a large proportion of students that use condoms mentioned that the reason for using a condom in the first intercourse is “only” to prevent a pregnancy - around one in every four students. Women tend to be even more concerned with pregnancy prevention, 29% of women as compared to 15% of young men mentioned that the reason for using condom at sexual debut was to prevent a pregnancy.

The case of Ana and Pablo summarizes the stories of many students when asked about their perception of risk of pregnancy or a STI. Most students are worried about becoming pregnant or making someone pregnant, this concern is greater among women, while the possibility of infection of STI is dismissed.

“No, I worry about pregnancy, never about a STI ... Always condom is the contraceptive method I use, never the pill. Besides I know that the jellies and all those things are not effective, No? and what I don't want is to get pregnant. In that moment I do not think of an STI. I, in that moment only, never thought of a sexually transmitted disease, that is, I thought of getting pregnant” (Woman, E2)

“The [ST] diseases with the group of friend I have are not, well, there is not risk. I have seen that there are groups of risk, but there is not much going around and I will not get infected. But the main concern is prevention of pregnancy, no? the “chavas” (girls) we know, we don't think they have [a STI], though one never knows.” (Man, E1)

For boys and girls more sexually experienced, the worry of making pregnant a woman increases. A larger proportion of young girls and young men reported to use the condom at last sex to protect themselves against a pregnancy, 34.4% of girls and 22.7% of boys. This is surprising as one would expect that the more experienced the individual is on sexual issues the greater the awareness of risk of infection of STI or HIV, but this is not the case of these university students.

The lack of risk awareness of an STI and possibly the lack of proficiency in the knowledge of prevention might be playing a part in the inconsistent use of condom and the concern of prevention of a pregnancy even in more sexually experienced students. Andrés combines condoms and withdrawal, but his only concern is the prevention of a pregnancy and never of an STI.

“I don’t worry about STI, but I do want to prevent a pregnancy. Do you know what I do? I always used a condom when we have not seen each other often. Well, I do not know how frequent is frequent, but well when we did not have [sexual] relations in two weeks, I used a condom the first time, the first mmm time we had relations and then as my potency reduced, then in the second and thirds [ejaculation] I do not used condoms because I know I could control myself and there will not be problems”. (Man, E11)

7. WHO IS THE PARTNER?

Young university people form a classification of types of partners based on two criterions: by the degree of commitment involved and by the type of sexual practices performed.

With respect to the degree of commitment, relationships appear to be of different types, the “girlfriend”, the “frikie”, the “friend with rights”, the “friend”, the “prostitute”. Based on the type of sexual practices performed they identify other occasional partners like the “faje”, where there is no sexual intercourse. Also the “Faje” is defined as a type of sexual activity that may occur with other types of partners, for example: I had a “faje” with my boyfriend, activity that refers to kisses, intense caresses without reaching sexual intercourse.

With the “boyfriend/girlfriend” there is a relationship of commitment, it does not matter the duration they have known each other before initiating the relationship. What matters are the expectations they have of each other and the evaluation of the other person (young men mentioned that their “girlfriend” were girls that were considered as “good”, even if they have known them for a short time and if they had been going out with them for a short period. However, girlfriends could not be those that they had sex the same day they met. Young women refer to “boyfriends” the boys they felt a commitment and they had the expectation that the relationship would last long.

The “frikie” is the occasional partner where there is a sexual intercourse. He/she could be someone they met in different sites, e.g. in holidays, knows her/him for a short time and there is no expectation of having a relationship with commitment. Both, men and women, could have “frikies”. There is not a characteristic that will define who could be a “frikie” (its is not necessary to be a “bad” girl to belong to this category, it depends on the type of commitment wanted)

A “friend with rights” is a friend with whom there is intercourse but there is no commitment. There are no demands, no complains, no jealousy. This relationship compare to the ‘frikie’ is more stable and

marked with a friendship. Usually, this relationship last for a long period, and see each other in places like the school or the neighborhood. This relationship involves only kisses, hugs or it may even involve intercourse.

With “friends” there could be sexual encounters. Usually, it occurs only once, but if the sexual activity repeats, then they moved to the category “friend with rights”.

“Prostitute”, as they refer to sexual workers, is the only relationship where sex is in exchange for Money. Only men reported to have had this type of partner.

The same young boy or women may have different types of partners during their life. With some they may have sex, and with other not. And even if they are sexually active the following partner might not be a sexual relationship. Despite the variety of types of partners, they could be grouped in broad categories. The quantitative data captured some of the most common categories of partners. Table 4 presents some of the main difference by gender observed related to the choice of sexual partner and sexual activity. The mean age at first intercourse is older for women than for men, and for both, male and female students their first partner is older. At sexual debut, 89% of women report that the partner was the “boyfriend”, the one they love and are committed to, and only 3% reported the he was a “friend”. In contrast, 57.2% of boys had the first intercourse with the “girlfriend” and 30% with a “friend”. Similar gender differences are observed by type of partner at last intercourse. Men tend to have more partners than women, around half of them have had 4 or more sexual partners in their lives, while only 10% of women reported 4 ore more sexual partners. Multiple partners in 1 month are more prevalent among men, and women believe they have less risk of acquiring a STI.

8. WHEN DO YOU FEEL AT RISK?

Sexual activity goes beyond the biological component, it is socially and historically determined. In a similarly way, perception of risk is also socially embedded. The social construct of sexuality and of perceived risk of transmission of an STI/HIV is inevitably linked to the cultural concepts of gender, of what is femininity and masculinity which are expressed as sexual norms and ideologies (Dixon-Mueller, 1993). These norms take a double sexual standard, in which men initiate sexual life earlier than women, are allowed to enjoy sex, can have more sexual partners when single or when married. These believes and attitudes coexist with the views of men respect to how protect themselves, such as

avoiding sex or using condom with certain type of women (Gogna & Ramos, 2000) –“street women”, the “dirty”. In contrast, women accept that most men are unfaithful, but do not use efficient methods of protection, partly because of the feminine stereotype of passivity and vulnerability that prevents them or makes it difficult for them to negotiate safe sex or to bring a condom with them.

In the strategies of protection, most men believe they can distinguish between each type of women, the “clean”, the “dirty”, those that do not that transmitted STI/HIV and those that do infect (Wight, 1993). Attribute of cleanliness or dirtiness depends on the emotional commitment to the woman (the type of partner) of the women. Gender rules make young girls have relations with boys they love and who are viewed as not “risky”. Even knowing that the partner is unfaithful, they would believe that with the “other” they will use protection. This dual gender stereotype of the Mexican society results in strategies of protection and perception of risk of an STI that have a logical rationality for the individual. However, this logical rational ideation does not reflect the “real” risk of infection of an STI/HIV in unprotected sex.

TABLE 5 & 6

To explore how gender stereotype affects the perception of a possible transmission of an STI, three factors are considered: the socio-economic, those related to the partner and the evidence of STI (self-report or through a laboratory test). Table 5 and 6 presents the distribution of the perception of risk of a STI, measured by the possibility of acquiring an infection. Answers are grouped in three categories: not possible at all, somewhat possible and very possible⁸.

The aim is not to present an exhausting analysis of these tables but to highlight the influence of gender stereotypes to risk perception. Only the category “not possible at all” of being infected with a STI is examined.

Not all students use condom to protect against an STI, and those who use not always do it consistently. It would be an unawareness of the risk of infection if they report that it is “not possible at all” to acquire an STI. Most of the factors associated with risk perception are statistically significant. For some of the variables analyzed statistical test could not be calculated because the small number of cases in some of the cells.

⁸ Students who reported they did not know if they were at risk were not considered in the Table.

Social class

Among female university students sexually active, a clear pattern is observed associated to social class. The lowest social group is more unawareness of risk of infection of an STI than those in the highest socio-economic level (22.7% and 17.2% respectively). Similarly, education of father - also an indicator of social status -, presents the same trend: 17.6% of females students with a father with university studies are more perceptive of risks of STIs.

The opposite trend is observed for male university students. Men in the highest social groups perceive less the risk of an infection, a greater proportion of them reported that it was not possible they acquire a STI.

The partner

As mentioned earlier, risk perception of infection of a STI is influenced by the type of relationship the individual has with the partner. The different ways of risk perception and of adapting to risk appears to be affected by the involvement of the relationship (and type of partner). The characteristics and dynamics of the relationship between partners play a key role in safe sex. In table 5 and 6, three variables related to the first sexual partner and three variables related to the last sexual partner as linked to the perception of risk of infection of a STI. Female students perceived no risk with partners that they have a commitment or an emotional involvement, for example 30.8% mentioned that there is no possibility of risk of transmission of an STI with the “husband”, 19.6% with the “boyfriend”, but 11.1% with the “friend”. Also male students perceived less risk with partners they have an emotional attachment (e.g. 14.6% felt no risk with a “girlfriend” and 10.6% felt no risk with a “friend”).

Men have a very clear division in their mind of the types of partner. He divides women in the “good” and the “fox”. The views of the male participants are portrait is the following quote:

“ The females “fox” have sex with everyone, without any remorse, and always using condom, mm... and the other are like saints, they don’t know things because they are stupid, well, I mean, they don’t know it and make it (have intercourse) without a condom.” (Man, E15)

Rosa on the other hand, felt she is very careful.

“I take good care of myself, and took great care with whom I have sexual relations. I am sure there is no way I could have (a STI), my boyfriend is a very clean "chavo" (boy), studious, and is not in the “destrampre” that goes to parties or to those female workers of the street...” (Woman, E44)

Those students who used a condom at sexual debut were more aware of a possible risk of infection, but this awareness as seen in the quantitative and qualitative data is greater among men than women.

Among those who used a condom at sexual debut, the reasons given for protection were to prevent a pregnancy, to prevent a STI/AIDS or to prevent of both, a pregnancy and a STI. Women who were “only” concern with prevention of a pregnancy were the least aware of the risk of transmission of a STI. 30.6% of them stated that it was “not possible at all” to acquire an infection, compared to 9.7% of those who were using a condom to prevent themselves both, against a pregnancy and a STI. In contrast, men who used condom as protection at sexual debut had a more accurate perception of the risk. 9% of them who reported using the condom for prevention of a pregnancy felt they were not at risk at all, more awareness of risk was perceived for those who were using it for protection of both, a pregnancy and STI (14.3%), and the more conscious of the risk of infection of all the boys were those that were using the condom to protect themselves against STIs.

When discussing why they are concern about a pregnancy and not about a STI, Aurora’s views represent many of young people views.

“No, I read that the infections only occur with prostitutes, the sex workers, people like this that they have sex constantly. What I am only concern of a pregnancy with my partner”. (Woman, E12)

Ricardo represents most of the male students views:

“... Well, one knows if the partner has the possibility to infecting me. With girlfriends the possibility of infection [of a STI] reduces. To know, well, what kind of life the “chava” (girl) has, with whom she had sex before, ... even to know how well they gets along with her parent, what kind of life the women has, if she goes to school, ...” (Man, E32)

The pattern of perception of risk of infection for the last sexual partner is similar to that of the first partner: less risk is perceived in emotional and more stable relationships; non condoms users feel less at risk; and women who used condoms in the last sexual relation to protect themselves against a pregnancy were least aware of the risks of possible of becoming infected by a STI. Male students present a similar pattern of risk perception of a STI in the last sexual relation by type of partner. However, men who used condoms at last intercourse compared to women are more conscious of STI/AIDS infections that female students.

There is a general pattern of unawareness of risk in particular for those who use less protection or have a behavior that expose them to a higher probability of risk infection. In particular, women are less conscious of the possibility of being infected.

The case of Francisca summarizes this idea. She denies the possibility of risk of an STI and defends that the boyfriend clean and with no possibility of infecting her, even if he had multiple simultaneous relations with other girls as long as they are not “destrampadas” or “dirty”.

“He has had two “chavas” (girls) before, but the way he describe them, that they were daughters of families, and that they were good and took care with them, I did not feel at risk.” (Woman, E23)

They mentioned the trust and the love toward their partner as a warranty that they will not be infected.

STI infection

As mentioned before, the prevalence of HVS-2 is estimated as 5.9%, and the prevalence of HPV is 14.4% in this population. The problem of infection exists among the students. However, the perception of risk is not in accordance with this reality.

The clearest illustration of the ideation of the construct of the perception of risk is seen in the link of STI as self reported by the student or in the positive detection of HSV-2 and HPV through laboratory tests. Female students that reported to have ever had an STI were less aware of the risk of infection than females who reported they have never had a STI. 37% of women who tested positive for HSV-2 felt it was “not possible at all” to be at risk of a STI, while women who tested negative only 19.8% felt is was “not possible at all” to be at risk of an STI. Similar pattern of risk awareness was observed among women who tested positive for the Human Papillomavirus.

Male students present a very different pattern to the one of women. Those who reported to ever have had a STI were more conscious of the risk of an infection. Similarly, men who tested positive for HSV-2 or HPV also were more attentive to the possibility of infected with a STI. Despite the gender stereotype that affects both men and women, in the evaluation of the other, men have a more accurate perception of the risk of infection of a STI.

If we outline the ideas that of the in-depth interviews, the underlying logic, both in men and women discussions is that only certain type of women transmit ITS –the “destrampadas”, the “easy”, the

“loose”, the “prostitutes” -, and not the “good men” nor the “good women”. This derives in a general lack of awareness of women respect to the possibility of acquiring a STI in sexual encounters with men. They can not even think of themselves as transmitters as they do not belong to the “other” type of women. Men only think of infections if the relations are of certain type, and do not perceive themselves as transmitters. This is the case of a student of biology, who knew he had a ITS, and in his discourse he mentions in a repeated fashion that maybe he had not transmitted his infection to his two sexual partners:

“... I will advise them that it is not of gravity but to check, it may be that I did not transmit it to them.” (Man, E39).

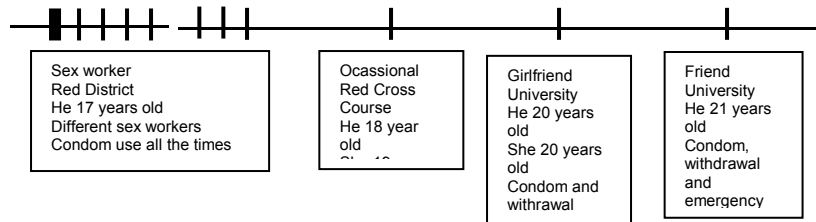
9. WHY DO YOU USE A CONDOM?

A key factor in the reasons of condom use is the type of partner. Table 7 presents an illustration of the concerns of sexual health of young people. This example refers to the reasons for use of condom at first intercourse by type of partner. For the emotional and stable relationship (“Wife/Husband”, “Girlfriend/Boyfriend”) the concern is prevention of pregnancy. When the partner is a “friend”, they worry more of preventing STI/AIDS, but if the partner is a “Prostitutes” or the “Unknown” person (grouped in the category “other”), then it is when they are more concern to protect with condom to prevent only a STI/AIDS. The association between reason of protection by type of partner was statistical significant.

In most cases, the protection and awareness of risk among young people continues the stereotype conceptions. The sexual history Gustavo, exemplifies the variety of circumstances in which condoms are used and when are not. In the figure, the horizontal line represents the life history. The vertical lines correspond to the sexual partners in chronological order. Sexual debut is marked with a thicker line. The boxes include information about the type of partner, the place where they met, his age and his partner’s age, and the protection used.

Gustavo is a male student of biology, aged 22 years old. He tested positive for HSV-2. Sexual debut was with a sex worker, and continue for a few months going to the red district. In all these occasions he used a condom. With an occasional friend he used Condom (and she also used an IUD). Then he committed to a stable and loving relationship in which he used sometimes condoms and other withdrawal as a way of protecting of pregnancy. The last partner was a friend. With this partner, he

used several methods (condom, withdrawal and emergency contraception). Even if he could have been infected with the partners when condoms were absent, he attributes his infection to the first sexual encounters with sex workers despite that in those occasions he used a condom systematically. This history highlight us the stereotype perception of risk.



10. SOME POLICY CONSIDERATIONS

The group of believes, specially the evaluation of the other, make young people not to feel the need to prevent a STI with all its partners. They work as obstacle for prevention the false ideas that a STI may occur because of lack of hygiene, or only if they have simultaneous partners. Also the wrong idea that it is possible to evaluate someone because of the clean look/appearance, or by the presumption of a conduct. It is also a barrier for the use of condom to consider that the STI occur only with a specific type of women.

What can we do to transform in the everyday life these erroneous concepts?

In policy programs, we must eliminate references to groups of high risk. In the medical practice, doctors should avoid asking patients if he/she belong to a group of high risk.

What is the key to eradicate in the discourse the linkage of STI with high risk? We must convince ourselves and promote the idea that anyone can transmit a STI or be infected, even if the sexual conduct is not perceived as of risk. We could emphasize the difference between hygiene and STI, and underline that STI cannot be seen in the appearance/looks of the other person.

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Table 1: Selected background characteristics of the studied population. University students 18-26 years. Mexico 2001-2002.

VARIABLES	Females %	Females No. of Cases	Males %	Males No. of Cases	Total %	Total No. of Cases
<u>Ever sexually active</u>						
Yes	44.1	248	67.3	189	51.8	437
No	55.9	314	32.7	92	48.2	406
	(100%)	562	(100%)	281	(100%)	843
<u>Age</u>						
18-19	16.9	42	14.3	27	15.8	69
20-21	31.0	77	37.0	70	33.6	147
22-23	37.5	93	28.6	54	33.6	147
24-25	14.5	36	20.1	38	16.9	74
	(100%)	248	(100%)	189	(100%)	437
<u>Socio-Econ Level</u>						
Low	11.1	27	10.6	20	10.9	47
Medium	25.8	63	24.3	46	25.2	109
High	63.1	154	65.1	123	64.0	277
	(100%)	244	(100%)	189	(100%)	433
<u>Father Education</u>						
Less than University Level	62.1	154	51.3	97	57.4	251
University Studies	37.9	94	48.7	92	42.6	186
	(100%)	248	(100%)	189	(100%)	437
<u>Lives with whom?</u>						
Other	15.7	39	16.4	31	16.0	70
With Parents or Partner	78.6	195	73.5	139	76.4	334
With Relatives	5.6	14	10.1	19	7.6	33
	(100%)	248	(100%)	189	(100%)	437
<u>Marital Status</u>						
Single	93.2	524	96.4	271	94.3	795
Ever in Union	6.8	38	3.6	10	5.7	48
	(100%)	562	(100%)	281	(100%)	843
<u>Area of Specialty</u>						
Science	21.0	52	23.8	45	22.2	97
Law	27.0	67	43.9	83	34.3	150
Admin and Inform	19.0	47	19.6	37	19.2	84
Psych&Educ&Other	33.1	82	12.7	24	24.3	106
	(100%)	248	(100%)	189	(100%)	437
<u>DRUGS</u>						
No	91.9	228	76.7	145	85.4	373
Yes	8.1	20	23.3	44	14.6	64
	(100%)	248	(100%)	189	(100%)	437

Table 2.- Type of protection at first and last intercourse. University Students 18-26 years. Mexico 2001-2002.

VARIABLES	Females %	Females No. of Cases	Males %	Males No. of Cases	Total %	Total No. of Cases
<u>1st sex protected</u>						
Yes	58.5	145	56.6	107	57.7	252
No	41.5	103	43.4	82	42.3	185
	(100%)	248	(100%)	189	(100%)	437
<u>Type of protection at 1st sex</u>						
Condoms	94.5	137	97.2	104	95.6	241
Modern Contrac	5.5	8	2.8	3	4.4	11
	(100%)	145	(100%)	107	(100%)	252
<u>Condom Use at 1st sex</u>						
Yes	55.2	137	55.0	104	55.1	241
No	44.8	111	45.0	85	44.9	196
	(100%)	248	(100%)	189	(100%)	437
<u>Last sex protected</u>						
Yes	66.1	164	63.5	120	65.0	284
No	33.9	84	36.5	69	35.0	153
	(100%)	248	100%	189	(100%)	437
<u>Type of protection at Last sex</u>						
Condoms	78.0	128	91.7	110	83.8	238
Modern Contrac	22.0	36	8.3	10	16.2	46
	(100%)	164	(100%)	120	(100%)	284
<u>Condom Use at Last sex</u>						
Yes	51.6	128	58.2	110	54.5	238
No	48.4	120	41.8	79	45.5	199
	(100%)	248	(100%)	189	(100%)	437

Table 3.- Reasons for use of protection at 1st and last intercourse. University students 18-26 years. Mexico 2001-2002.

VARIABLES	Females %	Females No. of Cases	Males %	Males No. of Cases	Total %	Total No. of Cases
<u>Condom at 1st Sex</u>						
<u>Reasons for use of Protection</u>						
Prevention Pregnancy	28.7	39	15.4	16	22.9	55
Prevention STI/AIDS	2.9	4	15.4	16	8.3	20
Prevention Preg. & STI/AIDs	68.4	93	69.2	72	68.8	165
		136		104		240
<u>Condom at Last Sex</u>						
<u>Reasons for use of Protection</u>						
Prevention Pregnancy	34.4	44	22.7	25	29.0	69
Prevention STI/AIDS	2.3	3	12.7	14	7.1	17
Prevention Preg. & STI/AIDs	63.3	81	64.5	71	63.9	152
		128		110		238

Table 4.- Distribution of variables related to the partner and sexual activity. University students 18-26 years. Mexico 2001-2002.

VARIABLES	Females %	Females No. of Cases	Males %	Males No. of Cases
<u>Respondent Age at 1st</u>				
<u>Intercourse</u>				
Median	18.0	(244)	17.0	185
<u>Partner's Age at 1st</u>				
<u>Intercourse</u>				
Median	20.0	(244)	18.0	185
<u>Type of partner at 1st</u>				
<u>Intercourse</u>				
Husband/Wife	6.6	16	1.6	3
Boyfriend/Girlfriend	88.9	217	57.2	107
Friend	3.7	9	31.6	59
Other	0.8	10	9.6	18
	(100%)	244	(100%)	187
<u>Type of partner at Last</u>				
<u>Intercourse</u>				
Husband/Wife	14.5	35	4.3	8
Boyfriend/Girlfriend	79.8	193	63.6	117
Friend	5.4	13	27.2	50
Other	0.4	1	4.9	9
	(100%)	242	(100%)	184
<u>No of partner in Life</u>				
1	54.7	134	24.0	43
2	22.4	55	19.6	35
3	12.7	31	13.4	24
4+	10.1	25	43.0	77
	(100%)	248	(100%)	179
<u>Perception of risk</u>				
Not possible	15.5	37	10.8	19
Somewhat possible	45.0	107	46.0	81
Very possible	17.6	42	26.7	47
Don't know	21.8	52	16.5	29
	(100%)	238	(100%)	176
<u>Multiple Partners 1 mth</u>				
No	92.7	230	77.8	147
Yes	7.3	18	22.2	42
	(100%)	248	(100%)	189

Table 5.- Relevant factors associated to risk perception of possible infection of STI for women. University students 18-26 years. Mexico 2001-2002.

Relevant Factors	Perception of possible transmission of STI			N	Statistical Significance
	Not possible at all	Somewhat possible	Very possible		
<u>Background Respondent</u>					
<u>Socio-Economic Level</u>					
1 Low	22.7	31.8	45.5	22	.02
2 Medium	26.7	51.1	22.2	45	
3 High	17.2	63.8	19.0	116	
				183	
<u>Father Education</u>					
Less than University Level	21.4	51.8	26.8	112	(*)
University Studies	17.6	66.2	16.2	74	
				186	
<u>The Partner</u>					
<u>Type of partner, 1st sex</u>					
Wife/Husband	30.8	53.8	15.4	13	(.15)
Girlfriend/Boyfriend	19.6	58.9	21.5	163	
Friend	11.1	33.3	55.6	9	
				185	
<u>Condom Use at 1st sex</u>					
Yes	18.6	61.1	20.4	113	(*)
No	21.9	52.1	26.0	73	
				186	
<u>Reasons for use of Condom at 1st intercourse</u>					
Prevention Pregnancy	30.6	44.4	25.0	36	.00
Prevention STI/AIDS	75.0	-	25.0	4	
Prevention Preg. & STI/AIDS	9.7	73.6	16.7	72	
				112	
<u>Type of partner, at Last sex</u>					
Wife/Husband	22.7	63.6	13.6	22	.02
Girlfriend/Boyfriend	19.3	59.3	21.3	150	
Friend	9.1	27.3	63.6	11	
				183	
<u>Condom Use at Last sex</u>					
Yes	16.0	63.0	21.0	100	(*)
No	24.4	51.2	24.4	86	
				186	
<u>Reasons for use of Condom at Last intercourse</u>					
Prevention Pregnancy	19.4	61.1	19.4	36	(*)
Prevention STI/AIDS	100.0	-	-	1	
Prevention Preg. & STI/AIDS	12.7	65.1	22.2	63	
				100	
<u>Multiple Partners 1 mth</u>					
No	20.3	59.3	20.3	172	.03
Yes	14.3	35.7	50.0	14	
				186	

Cont. Table 5.- Relevant factors associated to risk perception of possible infection of STI for women. University students 18-26 years. Mexico 2001-2002.

Relevant Factors	Perception of possible transmission of STI				Statistical Significance
	Not possible at all	Somewhat possible	Very possible	N	
<u>STIs Information</u>					
<u>Ever had STI</u>					
1.00 Yes	14.3	28.6	57.1	7	<u>.00</u>
2.00 No	10.8	48.6	40.5	37	
3.00 Don't know	22.7	61.0	16.3	141	
				185	
<u>Tested positive for STIs</u>					
<u>Herpes</u>					
1 Positive	37.5	37.5	25.0	8	(*)
2 Negative	19.8	55.0	25.2	131	
				139	
<u>VPH</u>					
1 Positive	20.0	26.7	53.3	15	<u>.03</u>
2 Negative	17.9	59.7	22.4	67	
				82	

(*) Few cases.

Table 6- Relevant factors associated to risk perception of possible infection of STI for men. University students 18-26 years. Mexico 2001-2002.

Relevant Factors	Perception of possible transmission of STI			N	Statistical Significance
	Not possible at all	Somewhat possible	Very possible		
Background Respondent					
<u>Socio-Economic Level</u>					
1 Low	-	61.5	38.5	13	.06
2 Medium	8.3	61.1	30.6	36	
3 High	16.3	52.0	31.6	98	
				147	
<u>Father Education</u>					
Less than University Level	5.4	60.8	33.8	74	.02
University Studies	20.5	49.3	30.1	73	
				147	
The Partner					
<u>Type of partner, 1st sex</u>					
Wife/Husband	50.0	-	50.0	2	(*)
Girlfriend/Boyfriend	14.6	53.7	31.7	82	
Friend	10.6	63.8	25.5	47	
Other	6.7	40.0	53.3	15	
<u>Condom Use at 1st sex</u>					
Yes	11.3	61.3	27.5	80	(*)
No	14.9	47.8	37.3	67	
				147	
<u>Reasons for use of Condom at 1st intercourse</u>					
Prevention Pregnancy	9.1	63.6	27.3	11	(*)
Prevention STI/AIDS	-	69.2	30.8	13	
Prevention Preg. & STI/AIDS	14.3	58.9	26.8	56	
				80	
<u>Type of partner, at Last sex</u>					
Wife/Husband	20.0	80.0	-		.08
Girlfriend/Boyfriend	17.0	52.3	30.7	5	
Friend	7.0	60.5	32.6	88	
Other	-	62.5	37.5	43	
				8	
				144	
<u>Condom Use at Last sex</u>					
Yes	14.1	58.8	27.1	85	(*)
No	11.3	50.0	38.7	62	
				147	
<u>Reasons for use of Condom at Last intercourse</u>					
Prevention Pregnancy	5.9	70.6	23.5	17	(*)
Prevention STI/AIDS	-	72.7	27.3	11	
Prevention Preg. & STI/AIDS	19.3	52.6	28.1	57	
				85	
<u>Multiple Partners 1 mth</u>					
No	14.8	55.7	29.6	115	(*)
Yes	6.3	53.1	40.6	32	
				147	

Cont. Table 6- Relevant factors associated to risk perception of possible infection of STI for men. University students 18-26 years. Mexico 2001-2002.

Relevant Factors	Perception of possible transmission of STI				Statistical Significance
	Not possible at all	Somewhat possible	Very possible	N	
<u>STIs Information</u>					
<u>Ever had STIs</u>					<u>.03</u>
Yes	-	100.0	-	3	
No	-	50.0	50.0	28	
Don't know	16.5	54.8	28.7	115	
				146	
<u>Tested positive for STIs</u>					
<u>Herpes</u>					(*)
Positive	-	66.7	33.3	3	
Negative	5.8	57.0	37.2	86	
				89	
<u>VPH</u>					
Positive	-	50.0	50.0	2	(*)
Negative	4.5	54.5	40.9	44	
				46	

(*) Few cases.

Table 7. Reasons for condom use at 1st intercourse by type of partner. University students 18-26 years. Mexico 2001-2002.

Type of partner	Reasons for condom use at 1 st intercourse Males & Females				N Total cases	Statistical Significance
	Prevention Pregnancy	Prevention STI/AIDS	Prevention Preg. & STI/AIDs	Total %		
<u>Type of partner at 1st Intercourse</u>						.00
Husband/Wife	55.6	-	44.4	(100%)	9	
Boyfriend/Girlfriend	23.1	4.9	72.0	(100%)	182	
Friend	13.9	19.4	66.7	(100%)	36	
Other	-	44.4	55.6	(100%)	9	
					236	