

Vulnerability and sexual risks: *Vagos* and *vaguitas* in a low income town in Perú

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Abstract

Young people constitute a priority for sexual health research, policy and planning. Many studies, however, regard youth as a homogeneous group defined by developmental stages and their problems as inherent rather than factors resulting from structural vulnerability. Ethnographic data from this study provided strong evidence of the inappropriateness, in prevention interventions, of the concept of 'young people' as a group defined only by age and gender. When incorporating social resources and support into the analysis, specific segments of youth with diverse sexual practices and health seeking behaviours emerge. Thus, although most young people in urban areas show a similar level of HIV/STI knowledge, their exposure to risk varies according to their living conditions. Two population segments – "street guys" and "fast girls" – identified as vulnerable for sexual risk, are characterized. Both groups hang out on the streets, and most are involved in using alcohol and drugs, and/or practicing transactional sex. This study provided evidence for the need of various approaches according to level of poverty and social vulnerability in order to develop more effective HIV/AIDS and STI prevention programs to meet the needs of young men and women in low-income areas.

Résumé

Les jeunes représentent une priorité pour la recherche, les politiques et la planification en santé sexuelle. Cependant beaucoup d'études considèrent les jeunes comme un groupe homogène défini par étapes développementales, et leurs problèmes comme inhérents à leur âge, plutôt que comme des facteurs résultant d'une vulnérabilité structurelle.

Les données ethnographiques provenant de cette étude ont fourni les preuves de l'inadaptation, dans les interventions de prévention, du concept de «jeunes» en tant que groupe défini seulement par l'âge et le genre. Lorsque les ressources sociales et le soutien social sont incorporés dans l'analyse, des segments spécifiques de jeunes qui ont des pratiques sexuelles et des comportements en matière de recours aux soins divers, émergent. Ainsi, bien que la plupart des jeunes vivant dans des zones urbaines aient un niveau équivalent de connaissance sur les IST et le VIH, leur exposition aux risques varie en fonction de leurs conditions de vie.

Deux segments de population, les «mecs de la rue» et les «filles faciles», identifiés comme vulnérables par rapport aux risques sexuels, sont caractérisés. Ces deux groupes traînent dans la rue, et la plupart des individus qui les composent sont concernés par des consommations d'alcool et de drogues, et le commerce du sexe.

Cette étude a fourni la preuve que pour l'élaboration de campagnes de prévention plus efficaces, permettant de répondre aux besoins des jeunes hommes et des jeunes femmes des milieux défavorisés,

il faut diversifier les approches qui prennent en compte leurs niveaux de pauvreté et de vulnérabilité sociale.

Resumen

Los jóvenes representan una prioridad para la investigación, política y planificación de la salud sexual. No obstante, en muchos estudios se considera a los jóvenes un grupo homogéneo definido por diferentes etapas de desarrollo y sus problemas son tratados como algo inherente en lugar de factores que causan vulnerabilidad estructural. Los datos etnográficos de este estudio demostraron pruebas claras de lo inapropiado que es clasificar en las intervenciones de prevención a la gente joven” como un grupo definido sólo por edad y sexo. Cuando en los análisis se incluyen recursos sociales y apoyo, aparecen los segmentos específicos de la juventud con distintas prácticas sexuales y diferentes formas de actuar para obtener ayuda en materia sexual. Por consiguiente, aunque la mayoría de los jóvenes en áreas urbanas muestran un nivel similar de conocimientos sobre infecciones de transmisión sexual y HIV, el contacto con diferentes riesgos varía en función de sus condiciones de vida. Se hace una clasificación de dos segmentos de la población: los “chicos de la calle” y las “chicas fáciles”, identificados como grupos vulnerables con respecto a riesgos sexuales. Ambos grupos andan siempre por las calles y la mayoría está relacionada con el uso de alcohol y drogas o relaciones sexuales de transacción. En este estudio se demuestra que es necesario adoptar varios enfoques según el nivel de pobreza y vulnerabilidad social para poder desarrollar más programas eficaces de prevención de VIH/sida e infecciones de transmisión sexual a fin de responder a las necesidades de jóvenes de ambos sexos en zonas con bajos ingresos.

Keywords: *Youth, vulnerability, social exclusion, poverty, sexual risk, HIV/AIDS, STI*

Introduction

Youth is a multidimensional phenomenon (Cortázar 2001), comprised of many characteristics including age and dependence on the family, that also varies with access to educational opportunities. According to Feixas (1998), class and ethnicity are “structural factors” that contribute to young people’s identity. Additionally, Erikson (1983) and Bourdieu (1990) have considered youth as a stage of social moratorium in which young people have the flexibility to act in ways that are unacceptable for adults. The length, ritualization and normalization of this stage vary with socio-cultural context. Santos (2002) states that young people living in Perú’s low-income areas are divided between the world of adult responsibilities (needs for work, childcare, and family obligations), and the world of fun, entertainment, mass media, music, aesthetics and materialism.

In Latin America, the concept and condition of “youth” came with modernization. Cortázar (2001) confirms that this dynamic occurs in parallel with times of change and social, economic, or cultural differentiation. Little by little, this process excludes social sectors of the population from the benefits of development. In this paradox of modernization, young people are stimulated to develop great expectations while at the same time they are excluded from opportunities, a process which is vital in understanding the practices and attitudes of young people today. However, these practices and attitudes cannot be automatically explained by the social or economic realities of youth; rather, their significance should be interpreted by taking into account the characteristics of their social, economic, and cultural environment (Cortázar 2001).

The theoretical concepts of social exclusion and social vulnerability are a useful tool for understanding the persistence of risk behaviours for STIs and HIV among Peruvian youth. The vicious circle that encompasses vulnerability, discrimination, lack of opportunity and poverty is reproduced and passed on by each generation. At the same time, however, poverty does not guarantee vulnerability and community members of the same generation may differ substantially in life-trajectories.

Rapid migration to urban areas and the subsequent poverty that has emerged have resulted in structural violence, which is the intersection between poverty, unemployment, and social exclusion.¹ Social exclusion also is understood as a more dynamic approximation to the diversity of situations faced by those who suffer deprivation. In this view, large sectors of society are not offered the opportunity of access to the social and symbolic assets conducive to human development and wellbeing (Muñoz *et al.* 2003).²

Castells (1998: 98) defines social exclusion as “the process by which certain individuals and groups are systematically impeded from accessing positions which otherwise would enable them to experience an autonomous subsistence within the social levels determined by institutions and values in a given context”. For him, social exclusion is not a given condition, but a process subject to changes related to time, space, education, demography, ideology and public policy. Many paths may lead to exclusion, which not only impedes access to basic needs, but rather “...the process of social exclusion and insufficiency in policies of reparation lead to perverse integration, which is defined by the incorporation of marginalized groups into criminal economy”.

Understanding social exclusion implies taking into account: (1) its dynamic character, mainly referred to as inter-generational transmission; (2) the involvement of various social actors; and (3) the functioning of society as a whole, rather than individual trajectories. Castel (1995) also identified two axes related to social exclusion: (1) unemployment, which is the reproduction of an individual’s existence at the economic level and (2) a rupture within the social/family milieu, which determines an individual’s existence in social and emotional realms.

Processes of exclusion imply the existence of a framework for exercising the rights and duties of citizenship. The disintegration of the social environment in a context of poverty and symbolic violence represents a key element of social exclusion.³ According to Muñoz *et al.* (2003: 3), symbolic violence is “a process through which symbolic systems (such as words, images, and practices) promote the interests of dominant groups while simultaneously deepening hierarchical differences and legitimating the domination of groups with greater power able to ‘persuade’ the dominated through processes of hegemony”.

The notion of social vulnerability can also be used as an analytical tool to study social events in contexts of exclusion and poverty. Moser (1997) postulates that the concept of vulnerability has often been used synonymously with poverty, but asserts that they should be understood as complementary but distinct concepts. She views poverty as a somewhat static concept, while vulnerability is dynamic in that it captures the multi-dimensional effects of socioeconomic changes on a specific social group. As with social exclusion, vulnerability is not only ascribed to the individual, but to family and community levels as well.

Vulnerability implies a disadvantage in the ability to confront specific problems. It exposes affected groups to situations which challenge their wellbeing and their rights, as well as to processes of decomposition of the social fabric that wastes social capital, described by Bourdieu as “the sum of real or virtual resources accumulated in an individual or group by virtue of a long-term network of more or less institutionalized relations of mutual acquaintance” (Richards and Roberts 1992).

Moser (1996) has identified five variables that explain the degree of social vulnerability: employment, human capital, production of goods, family relations, and social capital. However, she asserts that an analysis of vulnerability should involve the ability to confront or cope with the negative effects of socioeconomic change. Within this context, a consideration of the protective factors that enable people to recover and take advantage of the usually limited opportunities available is needed. An improved understanding of how

support networks and structures function and how they can be strengthened is also useful in explaining social vulnerability.

Toro-Alfonso (1997) suggests that social vulnerability results from perceptions of isolation, lack of support and the non-existence of political organization and social empowerment, more than from individual fragility. The present study brings us to a similar conclusion, where the inability to confront health problems at the local level, particularly the disintegration of families and the decay of community initiatives, affect the construction of social capital in urban areas, which is correlated with high rates of violence and trauma, thereby creating a public health problem (Restrepo 2000).

Models of education for health promotion and disease prevention (including HIV/STIs) through behavioural change frequently presume that an individual: considers health as a value to protect, despite its abstract and non-immediate nature; decides upon his/her sexual conduct; and has full control over such decisions.⁴ Increasing evidence, however, supports the view that conditions of social exclusion and vulnerability strongly limit personal agency (UNAIDS 1999). The divergence between the ideal target of traditional HIV/STI prevention and the reality experienced by significant numbers of people helps explain the limitations of individually-focused interventions and calls for a broader array of approaches to health promotion which operate at diverse levels of disease causation, including communities and social structures (Waldo and Coates 2000, Sweat and Denison 1995). More research is needed to explore these structural determinants of disease. In particular, more work is required to explore the connections between broader social vulnerability and actual risk for HIV/STIs.

STUDY CONTEXT

Drawing on broadly ethnographic data, this paper examines the social determinants of vulnerability for HIV and STIs among two segments of youth: “street guys” and “fast girls” in a town near Chiclayo, in Perú. The study was conducted as part of formative research for the NIMH multi-site Collaborative HIV/STI Prevention Trial, designed to test a community-level prevention intervention training Community-Popular Opinion Leaders (C-POLs) to talk to their peers about HIV/STI prevention in five countries (China, India, Perú, Russia and Zimbabwe).⁵

In Perú, the NIMH trial is currently underway in three cities: Lima, Chiclayo and Trujillo. Prior to its initiation, an ethnographic study was conducted in each of these cities to identify the population segments for the subsequent trial; then to characterize their knowledge, beliefs, attitudes and behaviours about HIV/STIs; and guide the development of the study intervention. In this ethnographic study, we looked at individual, interpersonal, group and community levels to examine the diversity of young people’s experiences in order to better understand individual responses to specific social conditions, how these conditions influence risk for HIV/STIs, and the prevention needs both at individual and collective levels.

This paper draws on findings from research conducted in one of the above sites, Chiclayo. The focus is on the experiences and circumstances of young men who do not have a steady job nor study (*vagos* or “jobless guys”), and women who do not work or study/and who do not stay at home (*vaguitas* or “jobless girls”, or *movidas* or “loose girls”). Our working hypothesis was that such groups may be more vulnerable to HIV/STIs due to their life contexts.

Chiclayo, located in the northern coast of Perú, is a bustling commercial town of approximately 400,000 inhabitants. Its illiteracy rate was 8% in 2000. In some of its

shantytowns, public services and facilities are scarce, and police presence is limited. Young men between 14 and 30 years-old and a smaller number of women between 13 and 20 years-old hang out on the streets and often consume alcohol and drugs. Significantly, young men in this study call themselves *vagos*, a somewhat derogatory term applied to people who are not involved in anything productive and, moreover, are usually involved in petty theft or crime. Young women also refer to themselves as *vagas*, a term that suggests social marginality, lack of suitability for marriage, homelessness and involvement in transactional sex.

Methods

The study employed mixed methodologies (Denzin 1990) combining in-depth interviews, focus groups and participant observation to obtain a perspective of the knowledge, beliefs, practices and attitudes of young people regarding sexuality and sexual behaviors.

When the interviewer is successful in generating adequate rapport, in-depth interviews can generate data on an individual's behaviour that would normally remain silenced or distorted in a group encounter. In this study, in-depth interviews were used when the aim was to find out about sensitive issues; they were carried out once the team had already established trust in the community. The use of focus groups on the other hand makes it possible to access normative and shared information. In this study, focus groups with the young people were useful to address issues such as sexual practices, beliefs and attitudes regarding sexuality and HIV/STI, and health-seeking behaviors.

Participant observation was used to assess the different types of interaction within the groups themselves, relevant to their views on sexuality, gender, sexual risks, and preventive behaviours. Participant observation implies interaction with social groups, and in this case, interaction with young people, to create more valid and detailed descriptions and analyses of their activities in different spaces (e.g., within and outside the neighborhood, in leisure contexts and so on). Study participants were 18 to 30 years-old and residents of Simon Bolivar, a shantytown chosen for the ethnographic study.⁶ Participant characteristics are shown in the table below.

During a 6-month initial phase of the ethnography, we explored the area, built rapport with the population and carried out participant observation. As a result, we were able to gather detailed information on the ways in which young people interact. During a subsequent phase, interviews and focus group discussions were conducted in accordance with ethical criteria approved by the Institutional Review Boards of Cayetano Heredia University and the University of California, San Francisco. Participants in the interviews and focus groups agreed to take part in the study and provided signed informed consent. Consent included permission for the tape-recording of individual interviews and focus group discussions, as well as a confidentiality commitment.

The ethnographic team spent a year and a half with this population gaining their trust and developing a relationship with them to make it easier for them to openly share their experiences. Individuals were invited to participate while the ethnographers were in the neighbourhoods talking with young people. In-depth interviews were conducted in places guaranteeing privacy, and no reimbursement was offered to participants. Focus groups were conducted in the project office; participants were recruited in their communities with verbal informed consent and then transported to the location of the discussion. At the end of the discussion, participants were reimbursed for the cost of transportation and given a symbolic present to express gratitude. In Chiclayo, a total of 50 young people (30 men and 20 women) participated in the study.

Table I. Characteristics of the population in Simon Bolivar, Chiclayo

N=50		
<i>Sex</i>		
Men	n=23	46%
Women	n=27	54%
<i>Age</i>		
Mean	22.3	
Median	21	
Range	18–35	
<i>Educational level</i>		
Primary	n=6	11.9%
Secondary	n=32	64.3%
Higher	n=12	23.8%
<i>Occupation</i>		
Employed	n=19	38%
Studying	n=16	32%
Unemployed*	n=15	30%

* The unemployed population represents the *vagos* and *vaguitas* in this study, 30% of the overall population studied.

Information from the interviews and focus groups was transcribed *verbatim* following transcription guidelines to guarantee fidelity of the testimony. Data analysis was conducted with *Atlas-ti* software for qualitative analysis. Data were coded according to thematic areas and required elements (knowledge, meanings, practices, etc.), with the flexibility to use new codes for areas/issues that had not been previously considered. The analysis included the contextualization of themes; the analysis of typologies, behaviour patterns and language in each key thematic area; and the generation of ideas about each of the typologies or analysed patterns.

FINDINGS

We start by discussing typical family histories, and follow with an analysis of gender vulnerability and attitudes in relation to sexuality. We conclude with a focus on risk behaviours and contexts.

Stories of life and family

Many male and female interviewees came from fragmented families and their stories were often set in contexts of domestic and family violence.

I had to run away because I couldn't go out, not even to dance ... my parents would come and take me out of the party; when I got home they would beat me; so, I got pregnant and finally I could leave home. (Marina, 23)

When I was 13, I had a boyfriend, who lived on my block. I was hanging-out with him and my brother saw us; my brother had already warned me: "If I see you with him, I will kick you". (Zoraida, 21)

My father was always overwhelmed by his problems, and sometimes it felt like the problem is me, he vents his problems on me. (Miguel Angel, 24)

Young women were urged by their families to become an instrument of survival by establishing a formal bond with a man who will ensure a future for them. In general, a husband is seen as more “cost-effective” than a lover who, in economic terms, may provide “nothing at all”.

[To get married] that’s what my parents wanted ... they didn’t want me to have a boyfriend—“get a husband!”—they told me. (Ana, 21)

Since the future is always uncertain, and opportunities for progress are almost non-existent, they feel that nobody cares for them. It is at this point that individuals may complete their own social exclusion through self-exclusion, taking on the identity of a *vagueta*.

I may be a *vagueta*, yes, but that has helped me learn many things. (Zoraida, 21)

A man’s life is about a daily struggle to survive.⁷ The absence of the mother, and more frequently of the father, allows them to spend large amounts of time in the streets. Boys can also become victims of their parents’ frustrations and of a resulting inner violence.

I used to sleep in the streets ... my mother was not with me, my father used to hit me a lot, so I ran away. (Luis, 20)

Life in the streets familiarizes them with drugs and violence, in addition to the lack of other alternatives.

I was raised in a world of drugs ... and I started smoking pasta [cocaine base]. (Luis, 20)

Gender and vulnerability

In general, women in these communities start their sexual lives at an early age. They hope to find somebody who, by marrying them and taking them away, can take them out of poverty. Many young women we interviewed left their home to live with the first man that offered them this kind of freedom.

I was in love. For me, he was the only one there was nobody else. I felt ... if I lost him, I would lose myself as well. I did not want to go to school, and wanted my friends to forget me! (Zoraida, 21)

When we were lovers, it was nicer. But when we became a couple and started to live together, everything got screwed up. The problems started, he tried to hit me, and he cheated on me too, then he left me. [It was] worse when the babies came, he cheated on me again. Later he cheated on me with my sister. I was destroyed; [the relationship] was over. (Marina, 23)

Usually, dreams of romantic love reinforced by “love words” later turn to abandonment and social marginalization followed by, frustration, “failure” and self-exclusion.

I have felt [like a failure]! I tell you! My first relationship failed. (Marina, 23)

During that time, my husband left me. I felt ashamed. I felt that people looked at me because I had no husband. What will people think of you? I tell myself, “I don’t feel ashamed”, but actually, I do feel ashamed for being alone ... I feel awful! (Susana, 25)

Such young women feel that they do not deserve to have a family of their own. They may have a “spouse”, but they can share little with him and feel a deep loneliness. Since their male partner is typically a jobless *vago*, young women become the providers for their families, with or without success. Frequently their partners feel they have the right to ask them for money, which may cause domestic violence.

When a woman loves her husband, she will let him do anything, even humiliate herself on the street. (Omar, 23)

They [men] compel you and if you don't want [to have sex] they beat you, they pull you, it's ugly, we feel very bad! (Ana, 21)

At 14 or 15 years of age, *vagos* often have their first sexual experiences as a result of peer pressure, be it with an older woman in the neighbourhood or with a feminized homosexual men.

When you're having sex it's like a dream, it's your first time and you're happy. Then you come here and you brag to all the guys. (Felipe, 21)

She studied in the afternoon, so in the morning we went [up] to the hill ... we were like, kissing and kissing. My friends had already brainwashed me: “Go now, buddy, go and get it”. (Luis, 20)

How can I tell you, it is curiosity, you experience something you have never done. The first time you do it, you cannot believe what you have done, you cannot believe you have had the courage to do it! (César, 22)

Young men try to enact a hegemonic form of being a man in which the exercise of violence and exposure to risk are essential. They classify women into two types: the quiet ones and the *vaguitas*.

If she is a *vaguita*, you can do what you want. With your girlfriend, it's not the same thing. There it is love, you love her. (César, 22)

There are the women that you should take care of, and then there are women who live a fast life. (Omar, 23)

Things that your wife, that your girlfriend cannot give you, you can find with other women. (Miguel Angel, 24)

However, many of the interviewees were partners of self-called *vagas*, which reflects something of a paradox given their typology of women.

Meanings of sexual activity

The female interviewees claimed that they did not care about what people thought of them. They adopted a supposedly system-defiant attitude which in reality is a self-destructive attitude, perhaps as a way to cope with the sentiment of being outsiders. They perceive that they can handle the weaknesses of men and believe they have control over any situation. They see their duty as one of satisfying men while keeping control over them.

Yes, I am a *palomilla*, [fast girl] and if a man tells me “I want to be with you”, I say yes, because I like it. What else can I do? Be with him, and tomorrow ... who cares? (Zoraida, 21)

I say: this is my guy, and I get him. (Marina, 23)

Many of these young women who started their sexual activity in their teens are now in their early twenties. They maintain relationships with men who offer them a certain symbolic stability, but also have casual partners, giving them a form of “power” over men.

If the guy pays attention to her, she sleeps with him. She likes him because of his tennis shoes. Next day [though] another one comes, and she goes to bed with him. She doesn't care. (Doris, 19)

Men's sexuality is thought of in its most instinctive form, in which sex is simple “relief”, its purpose is ejaculation, signifying pleasure. Discourses on sex centre on having penetrative sex, illustrating a sexual culture based not on comprehensive and voluntary sex, but on focused and instinctual pleasure.

Men can be very weak sometimes. They do not act with moderation, they let themselves be overcome by desire and they do it anywhere. (Felipe, 21)

When a man needs sex, he can mistreat a woman, beat her ... a man wants sex and if the woman doesn't want it, he won't let her go, he beats her. (Omar, 23)

This emphasis focused on pleasure and on penetration as forms of domination determines a pursuit of satisfaction less often directed to regular partners than to casual ones, including women and feminized homosexual men.

Queers do better things than women. (Luis, 20)

These men, as compared to women, function as an object of relief. This involves the exercise of power over someone who is weaker, a quasi-woman, with whom one can do things that are not possible with steady partners. Compensated sex is another strategy for survival.⁸ This form of sexual transaction seems to be part of a set of new (or perhaps newly recognized) values rooted in the local culture and illustrated by the colloquial expression *por la plata todo se da* [“people do anything for money”].

The queers say—“be my husband. I'll treat you, I'll buy you clothes, running shoes, give you money”. They give you everything ... you only have to have sex. (César, 22)

Risk experiences

Two practices are directly linked to sexual intercourse without protection: substance use (including alcohol and drugs) and compensated sex with feminized homosexual men in the community. Drug use is frequent, and is frequently followed by sexual activity. There is a clear need to “experience a fantasy” and get away from life's everyday problems.

When I am going to be with my girlfriend, I smoke marijuana; in order to go to work I smoke marijuana, in order to be at home before dinner, I smoke marijuana. So it is a habit. (César, 22)

To me the drug is more than God, more than your consciousness, [more] than your own thoughts. (Miguel Angel, 24)

I have friends who smoke marijuana all the time to feel good. It makes them forget things, laugh, be happy. (Miguel, 23)

Alcohol use mostly takes place in clubs and bars, or before having compensated sex, which is often related to economic need. Both young men and women engage in compensated sex

although their reasons differ according to gender. Among men, it normally takes place with gay men and transvestites in the *barrio*. These practices do not challenge the norm of heterosexuality, when and if the youth is assumed to be in the “active” role.

Because, if you are going to be with a homosexual you know he is going to pay you, right? Sometimes, for the sake of need or money you just stick it [the penis] in. (César, 22)

And sometimes they do it more, because they need it, for money. There are guys who, correctly, go home and tell their mothers: “Mum, here you are”. They give the money to their mothers; otherwise, they starve. (Luis, 20)

Among men, compensated sex can also provide the opportunity to obtain clothes or food:

And most guys go for it, since the queers give you money, they dress you, and you stick it in. If you are spoiled and are used to getting everything from others, that’s it. (Luis, 20)

If they want money for Saturday night and don’t have any, because they don’t work, they can look for a queer to get some cash. (Felipe, 21)

Among women, compensated sex partners are men who are seen as an option of support for their children after another partner abandons them.

When C was gone for a year and I was staying with my two children at my mother’s house, it occurred to me: “I ought to go with somebody else because I know he will give me money”. You’ve got to think over it very well. (Zoraida, 21)

[In a relationship] you can fail, but such failure is an experience. Then, after that experience, if I want, I can have another person, an adult, that is, an older man who will help me as much as he can. (Marina, 23)

In addition to compensated sex, women also experience forced sex. Since they lack opportunities and skills for negotiation, forced sex and general family violence become a frequent experience.

...sometimes he comes [home] drunk and wants to do it, and I say no ... he gets mad, he pulls me... (Doris, 19)

Sure, [men] cannot force you, [my partner] has also told me he’s doing nothing to me that I don’t want, ‘cause we have to ... I have to give my consent. (Zoraida, 21)

Discussion

Sexual risks are an important issue to study when assessing consequences of social exclusion (Toro Alfonso 1997). In socially excluded populations, early expressions of sexuality are frequently associated with sexual risks such as sexually transmitted infections and unplanned pregnancies in young people. In such contexts, early sexual experimentation is assumed to be one of life’s initiation rites.

The findings here suggest that this group of young men and women in Chiclayo are excluded from the opportunity of being insiders, of being citizens (i.e., of feeling that others recognize their right to have rights, to have opportunities for individual progress, to actively participate in their society). From this overwhelmingly adverse context, vulnerability to HIV and STIs is mediated by numerous processes (Richards and Roberts 1992). These

include lack of motivation to protect ones' health as something valuable (especially among women); limited exposure to perspectives challenging traditional gender and sexuality norms; limited condom use; and limited control of their sexual activity as a result of substance use or power imbalance particularly in situations of transactional sex. Consequently, it is not surprising that, contrary to the behavioural prescriptions of many prevention programmes, these excluded young people continue to adopt behaviours that expose themselves to risk.

The study participants come from homes characterized by functional illiteracy, poverty, marginalization, lack of basic services, and unemployment.⁹ This context of extreme vulnerability deteriorates their personal development and social integration, and minimizes the value of maintaining good health as this is a relative (and probably abstract) concept. Understanding the structural causes of this social exclusion is critical to the development of effective enabling strategies which can increase the availability of opportunities for these youth. The reality is that today's youth have not had access to truly democratic and inclusive education. To remedy this, prevention programmes, although unable to resolve the structural dimensions of social exclusion, should include: (1) collective aspects, such as capacity development and active participation in the betterment of the health conditions in these communities, leading to the reconstruction of their social tissue through community participation and (2) individual aspects, such as teaching skills that reinforce self-esteem and increase opportunities of personal development. In this way, the options of integration towards the exercise of citizenship and rights are increased.

This study has provided evidence of the need to incorporate a broader view in prevention programmes than simply offering information on how to prevent HIV/AIDS. Prevention efforts should extend their focus to include capacity development, stemming from the youth's reflection on their practices and cultural context. These capacities will reinforce values and provide skills, knowledge and abilities, in their own language (words and themes from their daily life). Despite this key structural perspective, intervention approaches should not, in the end, lose practical focus on prevention. When incorporating elements of prevention models with demonstrated effectiveness, they should always tailor them to the specificities of the target population (class, gender, sexuality, ethnicity).

We believe that programmes for the prevention of HIV/AIDS containing these elements would be more successful than others, as individual capacities and resources of agency, self-awareness, and strong social networks will ensure better skills for effective prevention and reduced vulnerability. This type of prevention work should have a basis in empowerment for the self-transformation of their daily life. Therefore, we propose the fundamental role of communication, understood as caring dialogue and cognitive exchange, in guaranteeing gradual learning processes and comprehension of distinct risk situations.

This intervention concept consists of working with these groups with the best understanding of their health risks and the development of skills to reduce them through effective prevention practices. We are currently evaluating a prevention intervention guided by this approach.

In conclusion, the complexity of roots of social vulnerability and associated risks among young people implies that potential solutions establish a connection between the realms of economic, educational, and health-related public policies, and incorporate the local policy level (i.e., by generating channels of local participation and supporting social capital). While an important goal should be the long-term transformation of the educational system to counteract social exclusion, more immediate responses can be proposed in terms of developing prevention programmes that appeal to these populations in spite of their secular

marginalization. The development of agency and critical reflection regarding individual actions should be a fundamental aspect of prevention work.

Notes

1. Poverty in Perú is associated with migration to urban areas and the subsequent concentration of the population in those areas. For example, eight out of ten people living on Perú's coast live in urban areas (INEI 1999).
2. The HIV/AIDS epidemic is primarily concentrated in large cities; this is also true in Perú where, the capital city, Lima, had the majority (66.5%) of reported AIDS cases in 2004 (OGE 2004).
3. According to Bourdieu (1997), the State exercises symbolic violence as constituent of their "field" of power, understood as the field where the relations of power between agents possessing one of the various kinds of capital (economic or cultural) take place. By virtue of such capital, they are able to dominate their respective fields. In this sense, "symbolic violence" equates to the concept of "ideology".
4. See Bandura 1977, 1986, 1990, 1994, Becker 1974, Rogers 1983, Salovey and Wegener 2000.
5. This is a randomized community intervention trial, testing an intervention based on the Theory of Diffusion of Innovations (Rogers 1983). In the intervention, community opinion leaders (or leaders of community social networks) agree to be trained to promote change in the social norms influencing the sexual behaviour of individuals and groups with the goal of reducing transmission rates of STIs and HIV among young people.
6. Many areas of Chiclayo were visited and evaluated in order to develop a geographic map of the neighborhoods. Interviews were conducted in selected neighbourhoods with: key personnel in primary care establishments; community members (storekeepers, pharmacists, hairdressers, members of mothers' clubs); and groups of young men and women. Additionally, secondary documents were reviewed, including: socio-demographic, epidemiological, anthropological and similar studies, for each of the chosen areas. After this pre-ethnographic work and a detailed evaluation, five communities were selected for in-depth ethnographic work. Criteria were defined as existence of the existence of risk behaviors among young people, similar socio-economic characteristics, and area/population size. Simón Bolívar was randomly selected from the five.
7. Survival is here defined not only in economic terms, but also with regard to the lack of caring and support.
8. Compensated sex is characterized by sex in exchange for clothes, money, or alcohol depending on the environment.
9. According to the National Institute of Statistics in Perú (INEI 2005) 50% of youth between 15 and 29 years-old live in poverty. There are no statistics regarding social exclusion because this is still a theoretical concept. Poor people are socially excluded, but social exclusion is also related to disadvantaged positions with regard to ethnicity, age, gender and sexuality.

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