

LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE



Theodore, FL; Gutierrez, JP; Torres, P; Luna, G (2004) [Compensated sex: a practice at the heart of young Mexican women's vulnerabilities (STI/HIV/AIDS)]. *Salud publica de Mexico*, 46 (2). pp. 104-12. ISSN 0036-3634

Downloaded from: <http://researchonline.lshtm.ac.uk/8835/>

DOI:

Usage Guidelines

Please refer to usage guidelines at <http://researchonline.lshtm.ac.uk/policies.html> or alternatively contact researchonline@lshtm.ac.uk.

Available under license: <http://creativecommons.org/licenses/by-nc-nd/2.5/>

Compensated sex: A practice at the heart of young Mexican women's vulnerabilities

Florence Lise Théodore, PhD, Soc,⁽¹⁾ Juan Pablo Gutiérrez, MS Heal Econ,⁽¹⁾
Pilar Torres, BS Anthropol,⁽¹⁾ Gabriela Luna, BS Econ.⁽¹⁾

Please cite this paper as follows:

Théodore FL, Gutiérrez JP, Torres P, Luna G. El sexo recompensado: una práctica en el centro de las vulnerabilidades (ITS/VIH/SIDA) de las jóvenes mexicanas. *Salud Publica Mex* 2004;46:104-112.

Abstract

Objective. To discuss the risks for Mexican young women who engage in sexual relations in exchange for social or economic benefits, also known as compensated sex (CS), with the objective of exploring its possible public health implications. **Material and Methods.** This is a qualitative study conducted in youths 15 to 25 years of age in Cuernavaca, Morelos, Mexico, between September 2001 and December 2002. The theoretical framework included sociology of knowledge, post-structuralism, and gender studies. Research methods consisted of six focal groups and eight interviews with young subjects identified or self-declared as having practiced CS. **Results.** To conceal their CS practices as a way to obtain social or economic benefits, young girls disguise it as "courtship" and subject themselves to rules and behaviors that restrain them in terms of condom use and expose them to sexually transmitted infections (STI). **Conclusions.** Although CS itself may not necessarily constitute a risky practice, the courtship context in which young women tend to develop these practices exposes them to a greater risk of STIs.

Key words: compensated sex; female youths; vulnerability; courtship; Mexico

In view of the growing incidence of sexually transmitted infections, of the human immunodeficiency virus and the acquired immunodeficiency syndrome (STI/HIV/AIDS), among young people between ages 15 and 25* (in the

national and global spheres), scientific efforts have been multiplied to better understand the contexts and social mechanisms of transmission, among young people and those in other age groups. Thus, we now have a better understanding of factors linked to the non-use of condoms –the main method used to prevent the transmission of STI's– which are not limited to a lack of financial resources or information, but are also related to the social construction of sexuality¹ and to the risk existing for young people.² These constructions are added to the risk conditions due to the vulnerability³ of those

* The World Health Organization estimates that every year, at least one out of each 20 adolescents acquires a curable STI, not including viral infections (WHO/GPA, 1997). WHO/AIDS has estimated that in 1999, more than half of the new HIV infections in the world and in Mexico, occurred in the 15-24 age group, with a tendency towards a decrease in the average age of contagion.

Florence Théodore's participation in this project was made possible by the temporary financial support of the Fondation pour la Recherche Médicale (FRM). France.

(1) Dirección de Economía y Políticas de la Salud. Instituto Nacional de Salud Pública, Cuernavaca, Morelos, México.

Received on: March 7, 2003 • Accepted on: January 20, 2004

Address reprint requests to: Dra. Florence Théodore. Dirección de Economía y Políticas de Salud, Instituto Nacional de Salud Pública. Avenida Universidad 655, colonia Santa María Ahuacatitlán, 62508, Cuernavaca, Morelos, México.
E-mail: ftheodor@correo.insp.mx

groups or individuals who have been made fragile by the cultural and social system, such as women,⁴ migrants⁵ and young people^{6,7} who are vulnerable to HIV/AIDS.

Although the prevalence of HIV/AIDS reported in Mexico for the general population is relatively low, there is evidence suggesting that the country could be on the verge of an epidemic: population studies have shown a considerable prevalence of STI's^{8,9,*} among youth, and these data confirm the fact of reduced condom use.

In this context, in Mexico we need to increase the number of studies analyzing modalities around the exercise of sexuality in young people, particularly going deeper into the practices involving an exchange of sexual favors for social or material benefits, which we will here call compensated sex (CS).[‡] These practices, of which there are no systematic studies, could have a role in the dissemination of STI's. The situations involving an exchange of sex for benefits exist in diverse sociocultural contexts; however, this transaction may have a very different sense and meaning in each one.¹⁰

In Mexico, there are academic references that document the practices which could be identified as CS, in studies done in Veracruz^{11,12} and Guadalajara.² In the first case, these refer to women in rural areas, married and with children, who exchange sexual favors for money, food or basic goods, to support their family. In the case of the study carried out in Guadalajara, the following situations of CS were reported in a population of young people: "homosexuality for gifts", "unpaid prostitutes", or else, young women willing to have sex in exchange for a dose of a drug.

These examples show different situations where a transaction is carried out involving sex for benefits. Nevertheless, these interactions are not considered/identified as CS by the researchers nor by the population, since they occur under pre-established categories, such as, for example, sexual commerce. However, from a public health perspective, it is

important to study, within the CS concept, the different possibilities for sexual practices exchanged for benefits, considering the hypothesis that this type of practice increases the difficulty in negotiating protected sex (which could be translated as a non-use of condoms), and thus increases exposure to STI's/HIV/AIDS.

Thus, we assume that the different forms of vulnerability (linked to the possible unbalances between the two people participating in CS: in age, socioeconomic status, differences related to power and gender) surrounding and feeding these practices, are added to the vulnerabilities inherent in young women (economic, biological, social and gender related) in the face of STI/HIV/AIDS and have a negative impact on the negotiation for protected sex. Like this, CS is characterized by differences that could accumulate in a potential manner: in income, power, gender or age.

The objective of this article is to focus on the women and discuss the potential risks of CS for young women in Cuernavaca, in order to debate the possible implications in terms of public health. We also wish to open new research lines that could contribute to a general understanding of the exercise of sexuality in young Mexican women. This article is organized in three parts: a) exposition of the study's material and methods, based on the presentation of the theoretical and methodological frameworks, b) presentation of the most relevant research findings, c) implications of this practice in the public health sphere.

The theoretical framework

The analysis of data presented in this article has been based on several sociological theories, such as phenomenology,¹³ post-structuralism¹⁴ and gender studies.¹⁵⁻¹⁷

From the first theory, we adopt the idea that sexual practices are defined from the sense and significance that young people attach to their sexuality (consumption, their vision of the future, risk construction, perception of their poverty, etc.) and that they are produced within a context and by a social group. From Foucault's work, we take the notion of "power" and insert it in this analysis, in order to approach the way relationships between men and women are structured. We understand as power a process where a social group, through the production of norms, ideologies, knowledge and values, generates a situation where other groups are dominated. Finally, we make reference to gender

* Lazcano E. Un modelo integral de salud en la mujer adolescente de Morelos. Cuernavaca, Morelos, México: Instituto Nacional de Salud Pública; 2002. Datos no publicados.

‡ It is true that relationships developed in the context of sexual commerce (SC), rest on the same base as compensated sex (CS) (exchange of sex for benefits); nevertheless, these are two practices that are inserted in different social contexts and structures. Although there may be an intersection between SC and CS, this is not the objective of this study.

studies that analyze the social process where men and women are differentiated through the diverse allocations of function and norms in society and how these create inequities and relationships of power and domination between one sex and the other.¹⁸

Material and Methods

This exploratory study with a qualitative methodology was focused on a young population (between ages 15 and 25) residing in the city of Cuernavaca, Morelos. The fieldwork was done between September, 2001 and December, 2002 and was designed in two stages. In the first stage, we approached non-governmental organizations and institutions working with young people. Six sessions with focus groups were carried out, including young people from different socioeconomic strata, in order to find out about their perception of practice and to capture the collective discourse on various topics (the future, sexuality, consumption). The hypothesis is that there are representations or discourses that may act as a brake or, on the contrary, as a catalyzer for participating in CS (Table I).

In a second stage, we performed in-depth interviews with eight individuals, identified by the researchers or by the subjects themselves, who had experience with CS. Nevertheless, one of the participants (n°8), said he had never participated in CS and did not provide elements that would allow us to think he had CS-type relationships. But since this subject had similar characteristics in several aspects, to those of the interviewees with CS experiences (an environment of family and social vulnerability, offers to participate in a CS practice), we decided to take the interview into account and study it as a counter-example to participation in CS (Table II).

Table I
THE FOCUS GROUPS. QUALITATIVE STUDY OF SEXUAL PRACTICES EXCHANGED FOR SOCIAL AND MATERIAL BENEFITS. CUERNAVACA, MORELOS, MEXICO, 2001-2002

Focus group	Occupation	Socioeconomic condition	Gender
1	Students	High	Men
2	Students	High	Women
3	Students	Medium	Men
4	Students	Medium	Women
5	Workers	Medium	Men
6	On the street	Low	Men

To facilitate recruitment of young people for an in-depth interview, we developed diverse support techniques (posters with summons placed in bars and discothèques, participation in radio programs for youth, workshops to sensitize high-school students on topics related to sexuality and a theatre group; in all of these, a screening questionnaire was applied).

Results

Young women's experiences with compensated sex in relationships with boyfriends

Beyond heterogeneity in practice (socioeconomic profiles of young people and the compensator, reason for the transaction, sexual orientation of individuals), it is interesting to see how CS practices among young women appear within the framework of relationships they say to have with "boyfriends". They define the relationship as one that has "commitment" (Interview 07) towards the other, that endures through time, but which does not necessarily include love or physical attraction towards the person, only affection or gratitude:

I believe that from living together, more than because of him, because I didn't like him at all, but really not at all – of course not- since he isn't a handsome man, not by far, not even from a plane. He is a person with many particularities, when you see him from the outside; you know, I went along a lot because of gratitude; he was the first person who really trusted me when I got to Cuernavaca, the first person who gave me work.....(Interview 02).

Although in this relationship defined by the interviewee, there is an exchange of sex for material or social benefits, we can see among the young women different levels of making this exchange explicit, from the clearest to the most confusing:

"From the beginning, he knew I was going to give him, well.....love, company, sex and everything, and he was going to help me economically, he was going to protect me at work". (Interview 07).

"...because they told me that I was with him for convenience, with R, and the last thing I would do in my life is be with someone for convenience, the last thing". vs "then, more than anything, up to a certain point, we could call it convenience, that I said: no!, it's that I can't ask my mother for any more money,

Table II
THE IN-DEPTH INTERVIEWS. QUALITATIVE STUDY OF SEXUAL PRACTICES EXCHANGED FOR SOCIAL AND MATERIAL BENEFITS. CUERNAVACA, MORELOS, MEXICO, 2001-2002

Ref	Gender/age/social class of family of compensated person	Compensator	Type of relationship	Protected sex	Perception of a sexual practice in exchange for benefits
01	M* / 24 / low	Several (M y W)	Occasional	Yes, always	Yes
02	W** / 25 / medium	M older	Girlfriend boyfriend	No	Yes, but she admits it has been a posteriori, not during the relationship
03	M / 20 / medium-low	M attractive	Ambiguous	Occasional	He doesn't admit having had sex for benefits No obstante, hay en su entrevista varias contradicciones que hacen pensar que ha tenido prácticas de sexo recompensado
04	M / 25/ low/ migration	W young	Girlfriend boyfriend	Yes, always	Yes
05	M / 17 / ex_high	W 6 years older	Girlfriend boyfriend	Yes / No	Yes
06	W/ 20 / medium	M young	Girlfriend boyfriend	No	Yes and No. She started denying compensated sex-type relationships but during the course of the interview she acknowledged the young man's economic role
07	W/ 19 / low	M (57 and 37 years old)	Girlfriend boyfriend	No	Yes
08	M/ 17/ low	Older man	Protector	States not having had sex with his protector	At the time of the interview he was living in this man's house because he had fled from his home. The protector offered to have a compensated sex-type relationship

'cause I know she doesn't have it. So that's what worried me the most". (Interview 06).

The relationship with the boyfriend is, then, the main framework within which the young women experience CS, while they may also develop this practice within occasional relationships, where they can more openly recognize the exchange. The Mexican literature on reproductive health gives us analytical tools to study this phenomenon. Thanks to these studies, we know that the social norms defined by the exercise of sexuality in Mexican women have been constructed historically around the Judeo-Christian culture. These norms regulate and control the exercise of female sexuality which is limited to a reproductive role within the marital relationship.^{19,20}

Nevertheless, we must remember the hybrid character of Mexican culture, which has a strong indigenous influence,²¹ as well as the new currents close to the medical discourse on sexuality (developed mainly through the family planning programs). Like this, behavioral norms with respect to female sexuality have survived through time and are still present in young men and women's discourse, although they have become more flexible. In the discourse of young people, there is an acceptance of the exercise of female sexuality in

boyfriend-girlfriend relationships; it also proposes a connection between sex/love – romanticism/ formalization of a stable couple.

In this cultural context, it is quite complicated for young women to accept they had sexual relations outside of this normative framework, and even more difficult to acknowledge even to themselves, that they had sex for convenience, since they risk being socially stigmatized as being governed by self-interest, or as being "whores", words used by some young people in the focus groups. This stigmatization process may be understood as a form of punishment for dissidents and as a way to reproduce the norms of the dominant group,²² a situation which leads young women to develop diverse strategies in order to keep this practice secret.²³

With respect to the characteristics of female CS in Cuernavaca and to its being focused on relationships with young boyfriends, we propose the hypothesis that these relationships represent the main framework within which they can have CS without being the object of social rejection and stigmatization. Thus, we could suppose that this cultural framework for female sexuality could favor the young women's search for CS within a relationship with a boyfriend. Also, the confusion

and mixture of CS and a relationship is still greater, since it is socially expected and accepted for a boyfriend to give gifts and invite the young woman to go out (to restaurants, etc.).

Young women and their relationships with boyfriends: An institution producing vulnerability to STI's?

Although within a CS practice a situation is established of economic and/or social dependence of the young person (male or female) on the compensator, we propose that the repercussions (in terms of risk of acquiring STI's) are very different for men and women. In this study, it is possible to distinguish between two subpopulations with CS practices: the first one, constituted exclusively by males (homosexual and heterosexual relationships), where the declared use of condoms is greater.*

"I was fifteen and she was twenty one; she was my best friend's sister...[Did you use condoms?] Yes, most of the time, all the time....The truth is that doing it without a condom is a wonderful thing, it's very different, but it's not worth the fright" (Interview 5, male).

The second, mainly formulated by women, with less declared condom use:

[negotiating condom use with her sexual partner] I accepted the conditions as they were stated, and yes, at times we commented..."No, no, no, wait, I don't dig it and I don't like it", and well, that's how far it got (Interview 2).

In a certain way, any young woman's incapacity to negotiate safe sex within a CS practice is closely linked to the construction of gender.

We can also emphasize the strong presence of risk of acquiring STI's, particularly HIV/AIDS, during the interviews:

"Here, there's no percentage (risk of contracting HIV/AIDS); you have the probability that you are a

virgin and you slept with him and, whom! I believe in this sense there is no percentage. If I feel to be more at risk because of the sexual life I lead, or because of how I am exposed, leaving a bar at 4 A.M and being at risk of being raped or things like that, I believe I'm more exposed to dangers, but in terms of AIDS, there's no percentage". (interview 07).

"...sure I was terrified of thinking (about the risk of acquiring HIV/AIDS); actually, once we had a confrontation because of a person who was infected with AIDS and apparently was a carrier of the AIDS virus, because this was someone who had been with him before he was with me (ex partner of her sexual partner). "I go around and everything....I'm a carrier".

Yes, no, forget it; we had a good scare....Well, actually, you know that the virus does not develop immediately, although it can already be detected. We went to have some studies done immediately – "negative"; six months later, we had the studies done again: "negative"; a year later, "negative"; to date, I haven't done any more studies, I don't know about him.....but it was a good scare". (Interview 02).

Although we found in the interviews that the young people have already constructed a notion of risk associated with HIV/AIDS,²⁴ which is adequate to the medical norms, the young women involved in a CS situation with the "title" of a girlfriend-boyfriend relationship, continue to be incapable of negotiating condom use.

Several explanatory factors (values-behaviors) which are related to a social construction of relationships between men and women within a girlfriend-boyfriend relationship are mentioned by these young women. Thus, these values and the submissive role assigned to women in the relationship, limit the scope of negotiation, which would allow them to practice a protected sexuality.

Dangers of values related to relationships with boyfriends, as described by interviewees:

Participating in CS puts these young women in a "difficult" situation, given the values related to trust and faithfulness around which they say they organize this kind of relationship.

Although we found in the interviews a construction of risk associated with HIV/AIDS that was adequate to scientific knowledge (an element described by the literature as a factor that favors protected sex practices), the young women involved in a CS situation within a relationship describe their

* We cannot ignore the rhetorical dimension associated with condom use among young males, which is socially acceptable and even valued. In all cases, although there may be a distance between discourse and practice, we need to highlight the fact that condom use has a space of its own in the sexual life of males, which does not exist in the lives of young women.

incapacity to negotiate it: they manifest how it is impossible for them to question their partner's health or sexual behavior, since this could be interpreted as a lack of trust. One interviewee explained this, talking about her perception of trust in her relationship with her boyfriend:

"...if we suppose two people are girlfriend and boyfriend, there must be trust; the moment you tell him to use a condom, that's the end of trust. It is proof that he is seeing other people, it is a risk you take..." (Interview 07).

Faithfulness, another strong value in relationships, also limits the possibility of negotiating condom use, according to the interviewed young women. This would mean that she has to recognize the existence of a sexual life outside the relationship and thus, a departure from the socially authorized framework of her sexuality, as well as suspicion of unfaithfulness in her partner. In other words, the inability to tell the truth, has strong implications for the possibility of negotiating condom use:

"Supposedly, if he's your boyfriend, there's trust and respect. Supposedly, a global word like marriage means a commitment that you have with this person; given this commitment, you don't use a condom because supposedly, you don't have other partners and, of course, you're never going to tell your boyfriend or your wife; that's why you don't use a condom". (Interview 07).

Even when there's evidence of infidelity in the couple, in CS this is overlooked in order to keep the benefits of the relationship; condom use is not negotiated, since it would make the infidelity evident. Thus, the young woman cannot negotiate condom use due to the values present in the relationship, although she may be aware of the risk of STI's which her partner could bring due to his sexual activity outside of the relationship. This was explained by several interviewees.

The fact that young people don't have to adhere to a principle of faithfulness, may explain the greater ease in approaching condom use, although they might be in a situation of economic and/or social dependency with the partner providing compensation.

We must clarify that the potential dangers of values associated with the girlfriend-boyfriend relationship are the same existing in marriage and may represent a source of vulnerability to STI's for

women who, also in Mexico, are infected with HIV/AIDS by their husbands.²⁵

The dangers of women's subordination

Beyond the emotional and sentimental values attached to girlfriend-boyfriend relationships, we must understand that, in general terms, these involve a structuring of relationships of power and domination between men and women;* just as in marriage, both institutions have allowed the dissemination and perpetuation of male domination.^{26,27}

The domination of women may be translated as their having less access to cultural, social and economic resources, which may have implications in terms of their sexuality.²⁸ Several forms of subordination have been identified in young women with a CS experience in relationships with boyfriends. An extreme manifestation is the total control by the boyfriend of the different facets of her life (work-family-personal-sexual) or symbolically,²⁸ generated by a feeling of property:

"...he would say, "What are you doing?" and I, say, would arrive early on Saturday and when I was getting there the phone was ringing and, "What are you doing and what are you wearing and what are you going to eat?", that is and everything, I wasn't aware of all that, you see?" (Interview 06).

This subordination is made worse in a society where the main virtues of women are obedience^{29,†} passivity,³⁰ for which it is difficult for them to negotiate and impose a point of view or adopt safe sexual behaviors, even deciding when to have sex:

"...he never wanted us to use any kind of contraceptive; I did suggest it more than once, mainly because I knew about his level of promiscuity. I did know how many he slept with and how often and how many he had before me...But I accepted the conditions as they arrived and if we ever commented on this [he said] "no, no, no, wait

* We are not denying the existence of this kind of relationship ("girlfriends" or "boyfriends") in a gay couple, but are only pointing to the social format of this relationship, in reference to the heterosexual couple.

† In Mexico there is a popular expression that illustrates women's feelings: "when you're quiet you look prettier".

I don't dig it and I don't like it", and well, that's how far it got..."* (Interview 02).

CS at the heart of a chain of vulnerability?

In an economic context where the labor market is not favorable to young people³¹ (scarce and badly paid jobs, specially for young women) and where publicity incites people to achieve consumption patterns to which they have no access with their own financial resources. Thus, providing sex in exchange for benefits may constitute an option for these young women, which gives them access to goods in the short term. Besides, in order not to be stigmatized, they do not find another solution but to develop these practices within a relationship which is not favorable to condom use. Those who have a notion of contagion with STI's admit that this risk is the price they pay for receiving economic or social benefits which help them maintain and improve their status:

"...another is the fear of ending up with nothing; knowing there aren't many sources of employment, nor good ones, and the few you have you sometimes have to accept between quotes, or ungratefully like this [that is, accepting a CS practice]..." (Interview 02).
 "You're more in fashion, you ride in a car, go to the restaurant; then, that too becomes part of a life's need. If you know it once, then it becomes a need. So then you need that life". (Interview 07).

Like this, these young women which have participated in CS, adopt a behavior we could call, in a figurative sense, a chain of vulnerabilities. This is done in order to have access to goods or status which they may not achieve through their own means, and so they add these new vulnerabilities to their previous ones. Actually, based on these relationships, differences in income have been confirmed between the compensator and the compensated one - a young woman who knows economic difficulties (interviewee 6) or who wishes to have access to a higher level and lifestyle than her own (interviewees 2 and 7). This economic difference between both parties, particularly when developed in a society marked by male domination,

* This fragment is also interesting because of the confusion that exists between protecting herself from STI's and preventing an unwanted pregnancy.

seems to empower these men and give them ascendance over the young women. This paves the way for different kinds of abuse (physical violation, lack of acknowledgment of requests for condom use) towards the women.

Discussion

This study in Cuernavaca has allowed us to highlight the risks of acquiring STI's, in young women participating in CS. To hide this exercise of sexuality as a means to get social or economic goods, they develop CS within a girlfriend-boyfriend relationship, and are thus subjected to rules and behaviors which limit them in the exercise of a protected sexuality and expose them to STI's, as well as to situations of physical and symbolic violence. In other words, although a CS practice in itself may not constitute a risk practice, it becomes risky due to the conditions in which it's developed and the population involved in this practice.

It would be interesting to open this investigation in other parts of the Mexican Republic, to confirm or refute, in this same population, the development of CS within relationships with boyfriends and its implications for the possibility of negotiating protected sex. It would also be relevant to investigate the possible presence of other patterns of CS among women (for example, in the rural and coastal zones), where we may suppose this is not developed within girlfriend-boyfriend relationships. Like this, we could obtain a cartography of female CS in Mexico and its variants. The idea is to relate these forms of CS to the capacity and possibility young women have of adopting protected sex.

Independently of the limitations of this study, which are inherent in qualitative research (non-exhaustive, not statistically representative), we have been able to question the role of certain social and cultural constructions of girlfriend-boyfriend relationships, due to the difficulty that young women have in negotiating protected sex. This type of relationship, around which turns the sexuality of young Mexican women, needs to be studied further to have a better general understanding of the exercise of their sexuality and its contexts for exposure.

Another interesting result to be considered refers to the fact that although the young women have knowledge and awareness of the risk of contagion by HIV/AIDS when not using a condom, some may consider material benefits to be more important than health, in spite of the fact that they are not in a survival situation. Thus, this result

confirms other studies which conclude that the processes of risk construction, when facing infection by HIV/AIDS, cannot be reduced to acquisition of medical knowledge, but are related to a complex social process where each group - in our case, that of young women - constructs its own representation and perception of risk.²⁴ For this reason, this fact has strong implications for possible interventions seeking to create behavioral changes and the adoption of a safe sexuality.

The third point highlighted by this investigation refers to the persistence of a gender power structure which makes it more difficult to exercise a protected sexuality. Unfortunately, it persists and may still be observed among young women: "a lack of power around their lives and their sexuality"³² that was mentioned several years ago.

This persistence is an even greater reason for concern than the results of the present study in Cuernavaca, which refers to a young and educated population (with cultural capital), also urban, which was reached by the prevention programs against STI's and which is, in theory, less vulnerable than its rural counterparts with different social and economic capitals. CS seems to represent, for the young women in Cuernavaca at least, who are immersed in a cultural system which places them in a situation of domination, a position of greater vulnerability which makes it more difficult for them to exercise a protected sexuality.²⁰

Based on these three main research results, possible actions to prevent CS from being a source of vulnerability and exposure to STI's, in Cuernavaca and perhaps in other parts of the Republic, should gather or generate the following conditions:

- Not to lose sight of the objective, that is, we are not seeking to eradicate the practice of CS as such, but to neutralize its negative effects in terms of exposure to STI's.
- CS with less risk for young women supposes that they could practice it outside of the girlfriend-boyfriend relationship, but increasing their negotiating capacity; this situation would require a broader sex education, for young women and men alike. Thus, these two schemes require profound changes in a culture about female sexuality and, in general, a more equitable gender construction, which supposes an education in this sense for the population, adapted to each situation (gender-age).

We cannot deny the profound and structural character of the changes that need to be promoted in

order to reduce young women's vulnerability to STI's. Nevertheless, we are not talking about starting training or educational programs whose objective is to define and put women in another place/situation so they can be less vulnerable in terms of health, work, etc. The country already has several programs like this. The proposal is to strengthen, support and multiply these programs. This article seeks to contribute to this objective pointing to defined problems in a specific population in the area of sexuality.

Acknowledgments

We thank Dr. Stefano Bertozzi for the general support for this investigation, and Cristina Herrera, Dr. Daniel Hernández Rosette and Raquel Abrantes Pego, for their comments and suggestions for the first version.

References

1. Amuchástegui-Herrera A. El significado de la virginidad y la iniciación sexual. Un relato de investigación. En: Szasz I, Lerner S, comp. Para comprender la subjetividad. Investigación cualitativa en salud reproductiva y sexualidad. México, DF: El Colegio de México; 1996: 137-172.
2. Caballero JR. Construcciones sociales sobre el riesgo de transmisión sexual del VIH/SIDA, en adolescentes de tres estratos socioeconómicos de Guadalajara (tesis). Guadalajara: Universidad de Guadalajara; 2001.
3. Delor F, Hubert M. Revisiting the concept of 'vulnerability'. *Soc Sci Med* 2000;50:1557-1570.
4. Herrera C, Campero L. La vulnerabilidad y la invisibilidad de las mujeres ante el VIH/SIDA. *Salud Publica Mex* 2002;44(6):554-564.
5. Bronfman M, Uribe P, Halperin D, Herrera C. Mujeres al borde... Vulnerabilidad a la infección por VIH en la frontera sur de México. En: Tuñón E, ed. *Mujeres en las fronteras: trabajo, salud y migración* (Belice, Guatemala, Estados Unidos y México). México, DF: El Colegio de la Frontera Norte/El Colegio de la Frontera Sur/El Colegio de Sonora/Plaza y Valdés Editores; 2001:15-31.
6. Weiss E, Whelan D, Roa-Gupta G. Vulnerabilidad y oportunidad. Los adolescentes y el VIH/SIDA en el mundo en desarrollo. Washington, DC: International Center for Research on Women; 1996.
7. Boyer CHB, Kegeles SM. Aids risk & prevention among adolescents. *Soc Sci Med* 1991;33:11-23.
8. Sánchez-Alemán MA, Uribe-Salas F, Conde-González CJ. La infección por el virus del papiloma humano, un posible marcador biológico del comportamiento sexual en estudiantes universitarios. *Salud Publica Mex* 2002;44:442-447.
9. Uribe-Salas F, Hernández-Girón C, Conde-González C, Cruz-Valdez A, Juárez-Figueroa L, Hernández-Ávila M. Características relacionadas con ETS/VIH de hombres que trabajan en bares de la ciudad de México

- donde se ejerce la prostitución femenina. *Salud Publica Mex* 1995;37(5): 385-393.
10. Wojcicki JM. She drank his money: Survival sex and the problem of violence in taverns in Gauteng Province, South Africa. *Med Anthropol* Q 2002;16(3):267-293.
11. Ponce-Jiménez P. Sexualidades costeñas. *Desacatos. Sexualidades* 2001;(6):111-136.
12. Córdova-Plaza R. Sexualidad y relaciones familiares en una comunidad veracruzana. En: Bazán-Levy L *et al.* *Espacios familiares: ámbitos de sobrevivencia y solidaridad*. Premio 1996. México, DF: DIF; 1997:11-51.
13. Berger T, Luckmann T. *La construcción social de la realidad*. Buenos Aires: Amorrortu Editores; 1968.
14. Foucault M. *Histoire de la sexualité. La volonté de savoir*. Paris: Gallimard; 1976; vol.1.
15. Lamas M. Sexualidad y género: la voluntad de saber feminista. En: Szasz I, Lerner S, comp. *Sexualidades en México. Algunas aproximaciones desde la perspectiva de las ciencias sociales*. México, DF: El Colegio de México; 1998:49-67.
16. Barbieri T. Sobre la categoría de género: una introducción teórico metodológica. *Rev Interam Sociol* 1992;147-177.
17. Scott J. El género: una categoría útil para el análisis histórico. En: Lamas M, comp. *La construcción cultural de la diferencia sexual*. México, DF: Editorial Porrúa, 1996:265-302.
18. Weeks J. La construcción cultural de las sexualidades. ¿Qué queremos decir cuando hablamos de cuerpo y sexualidad. En: Szasz I y Lerner S, comp. *Sexualidades en México. Algunas aproximaciones desde la perspectiva de las ciencias sociales*. México, DF: El Colegio de México; 1998:175-197.
19. Amuchástegui-Herrera A. Saber o no saber sobre sexo: los dilemas de la actividad sexual femenina para jóvenes mexicanos. En: Szasz I y Lerner S, comp. *Sexualidades en México. Algunas aproximaciones desde la perspectiva de las ciencias sociales*. México, DF: El Colegio de México; 1998:107-135.
20. Szasz I. Género, cultura y prevención entre los jóvenes mexicanos. 8° Congreso nacional sobre VIH/SIDA e infecciones de transmisión sexual; 2002 diciembre 4-6; Boca del Río, Veracruz, México.
21. Castañeda X, Castañeda I, Brindis C. El círculo de lo sagrado y lo profano: regulación de la sexualidad en adolescentes de áreas rurales. En: Stern C, García E, ed. *Documentos de trabajo. Sexualidad, salud y reproducción*. Programa Salud Reproductiva y Sociedad. México, DF: El Colegio de México; 2001;vol.6:73-88.
22. Aggleton P, Parker R. Estigma y discriminación relacionados con el VIH/SIDA: un marco conceptual e implicaciones para la acción. *Documentos de trabajo. Sexualidad, salud y reproducción*. Programa Salud Reproductiva y Sociedad. México, DF: El Colegio de México; 2002; 9:39.
23. Goffman E. *Stigmaté. Les usages sociaux des handicaps*. Paris: Les Editions de Minuit; 1975.
24. Douglas M, Calvez M. The self as a risk taker: A cultural theory of contagion in relation to AIDS. *Sociol Rev* 1990;38(3): 629-638.
25. Chávez E. Domestic violence and HIV/AIDS in México. En: Foreman M. *AIDS and men. Taking risks or taking responsibility?* London: Panos/Zed; 1999:51-63.
26. Bourdieu P. *La domination masculine*. Paris: Seuil, Collection Points; 1998.
27. Melhuus M. Configuring gender: Male and female in Mexican heterosexual and homosexual relations. *Ethnos* 1998;63(3):353-382.
28. Panebianco-Labbé S. VIH-SIDA y negociación Sexual. En: Figueroa JG, coord. *Elementos para un análisis ético de la reproducción*. México, DF: Editorial Porrúa; 2002:179-190.
29. Hierro G. De la domesticación a la educación de las mexicanas. 4ª edición. México, DF: Torres Asociados; 1998.
30. Paz O. *El laberinto de la soledad*. Postdata. Vuelta a El laberinto de la soledad. 2a edición. México, DF: Fondo de Cultura Económica; 1993.
31. Stern C, Reartes D. *Programas de salud reproductiva para adolescentes en el Distrito Federal. Estudio de dos servicios de atención*. Documentos de trabajo. Sexualidad, salud y reproducción. Programa Salud Reproductiva y Sociedad. México, DF: El Colegio de México; 2001;vol.5:69.
32. Liguori AL. Relaciones de género y apoderamiento femenino. En: Hernández Ávila M, Vandale Toney S, Liguori AL, ed. *Enfoques de investigación sobre VIH/SIDA en salud reproductiva*. Cuernavaca, Morelos, México: Instituto Nacional de Salud Pública; 1995:81-95. (Serie Perspectivas en Salud Pública, núm. 19).