Working with Adolescence, Sexuality and HIV

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Editiorial Note

This paper explores human sexuality, sexual behaviour and the human immunodeficiency virus (HIV). It specifically highlights the importance and relevance of the adolescent community and their risk perception and feelings of self-efficacy that help develop protective behaviours. The author emphasises how failing to recognise the important role of sexuality and its potential contribution to risky sexual behaviour may result in the transmission of HIV. Addressing the need for prevention, he has included some strategies that may help in acquiring and maintaining protective barriers against HIV infection. Before discussing the relationship between adolescence, human sexuality and HIV, sexuality needs to be defined. When talking about sexual relations, people think of vaginal or anal penetration. However, the ways in which people live and express their sexuality are as varied and different as the numerous definitions for sexuality.

Although sexuality does involve the genitals, it does not mean that it is the same thing as sexuality. That is, sexuality is not purely related to the satisfaction of a human physiological need. Rather, it describes the different ways individuals think, act and feel about the world. In this position, sexuality refers to how each person lives their status as a person, relative to others. That is, it refers to the set of conventions, assigned roles and behaviours related to culture, which involve expressions of sexual desire, emotions and power relationship.

This dimension of personality is learned as a way of behaving and accompanies people from birth to death, manifesting in every person differently (Bancroft, 2009). The ways of living sexuality are therefore different in everyone, changes over time, and need not coincide with an established standard. This is critical to understanding sexuality in countries with diverse cultures, since this too influences how people think, behave and feel.

The idea that there is a way "as it should be" or an "ideal" of sexuality is false. Nevertheless, expressions of sexuality include three essential components: biological, psychological, and social. These interact throughout life and have an impact on the various stages of our life cycle.

The importance of adolescence in the fight against HIV is informed by the latest research, which states that approximately 1,7 million new infections occured in people between 10 and 19 years. 88% of these adolescents lived in sub-Saharan Africa, with the remain mostly based in Asia and Latin America. To carry out effective preventive interventions, it may be necessary to understand the known sexual variables which originate and maintain adolescent risk behaviours.

Adolescence is regarded as a time of transition where the young person presents with many social, psychological and physical changes, which are integrated into the personality and allow to develop their identity. During this phase, it is normal for a teenager to show increasing interest in their sexuality as well as concerns about their relationship with their peer group

Therefore, young people require honest and open discussion on these issues to achieve a proper handling of situations that they face daily, including sexual ones, and that could help develop responsible behaviour regarding their sexuality.

Adolescent sexuality becomes a search for meaning, generating an experience of autonomy, sense of identity and self-worth.

Critical to HIV-prevention is that during adolescence the young person usually experiences an increased interest in sex and experiences their first sexual relations. On average, an estimated 55% of adolescents in the USA experienced their first sexual contact before the age of 18. The HIV prevalence among adolescents aged 10 and 19 is about 1,7 million, with approximately 460,000 new infections amongst this population group in 2019 alone.

This data suggest that to address the issue of sexuality and HIV in adolescents, it may be important¬¬ to understand the contextual influences and determinants of an adolescent's sexuality. Described below then are three aspects characterising sexuality and influencing HIV transmission during adolescence, namely: sexual orientation, views of sexual behaviour, and knowledge of HIV.

Sexual orientation is the continuing or ongoing sexual, emotional, or romantic attraction to another person or persons. It exists along a continuum, with heterosexuality on the one end and homosexuality on the other During the teenage years, children tend to realise that they have sexual thoughts and sexual attractions. For some, these feelings and thoughts might be intense, and perhaps seem confusing. That may be especially true in the case of people who have sexual or romantic thoughts about someone of the same sex. Because adolescence represents a period of exploration and experimentation, many teenagers experience a varied sample of sexual behaviour that incorporates their process of sexual identity. This may make this population vulnerable to sexually transmitted diseases, including HIV.

Three main categories of sexual behaviour amongst youth are identified herein: masturbation, oral sex, and penetrative sex. Masturbation – either self-stimulation or between couples – is a widespread practice among teenagers. Approximately 80% of adolescents masturbate before the age of 17 and is often associated with numerous partnered sexual behaviours. While masturbation has many myths and taboos, for HIV prevention, masturbation should be seen as part of healthy sexual development. It might also be a safe-sex alternative to sexual intercourse, which, in turn, may complement other preventative strategies.

With regards to oral sex, studies indicate that 55% of young males and 54% of young females experiment with it between the ages of 15 and 19 (Song, Bonnie, & Halpern-Felsher, 2011). While oral sex is considered a less risky type of sexual activity, a person can still get infected with HIV by having oral sex with a person who is HIV-positive (Centers for Disease Control and Prevention, 2012). This highlights the possible importance of educating youth on condom use during oral sex.

Approximately 40% of young people aged 15 and 19 have had intercourse with vaginal penetration (Lindberg & Mueller, 2018). Anal intercourse - the practice that has the greater risk of HIV transmission - has a varied frequency. Lindberg and Mueller (2018) point out that 9% of teenagers experienced anal sex before they were 19. This was associated with frequently changing sexual partners (Lindberg & Mueller, 2018), which may increase the likelihood of contracting HIV (Kerrigan & Weiss, 2000). reported a higher occurrence of anal sex, with 19% of teenagers reporting having engaged in anal intercourse.

Knowledge of HIV Amongst Adolescents

In population-based surveys by UNAIDS (2016), two-thirds of young people correct and adequate knowledge of HIV and AIDS. Africa is the most impacted continent lacking sufficient information empowering young people to make informed decisions regarding this sexual health; in eastern and southern Africa, only 36% of young females and 30% of young men had sufficient knowledge about HIV (UNAIDS, 2016). This number drops to 24% in West and Central Africa (UNAIDS, 2016). In Brazil, among adolescents aged 11 years, 17% of participants lacked correct information related to the transmission of HIV among the heterosexual population This number increased to 44% for homosexual infections. Among young African Americans who participated a study by Swenson, 50% lack correct HIV knowledge. Finally, across the United States, only 43% of high schools and 18% of middle teach key topics about HIV prevention (Brener, 2017)).

Acquisition and Maintenance of Protective Behaviours

According to the socio-cognitive model developed by Bandura (2002, 2006) human behaviour is explained from three interrelated elements: personal determinants (cognitive, affective and biological) The person's behaviour, and The environment. From this point of view, an effective preventive action could act on these three factors and might include the following components as they relate to sexuality: information, in order to increase their knowledge about the risks associated with unprotected sex the development of social skills and self-control, necessary to ensure that the acquired knowledge is translated into specific behaviours enhancing self-efficacy so that the teenager can practice and improve their skills in high risk situations, and social support, fostering interpersonal support.

The model of the reasoned action (Ajzen, 2005) postulates that people tend to behave on the basis of two factors: the assessment of the consequences of their behaviour and expectations of the outcome. These two elements may make up a behavioural intention, which can subsequently lead to preventative behaviour. If this scheme were applied to the adoption of protective measures against HIV as it relates to sexual intercourse, first the teenager should positively evaluate the use of condoms and have favourable expectations about the benefits that their use could bring. Also, if the person considers that friends and peers positively value its use and at the same time use it, the teenager will tend to likely use condoms in their sexual relations.

Behavioural Variables That Explain Risk Behaviour

Risk behaviours, such as the consumption of alcohol and drugs, may need to be considered when working with sexuality, HIV and adolescents. Drug use, as one example, can cause a decrease in the perception of risk and a sense of invulnerability. Some studies found that up to 86% of the subjects had unprotected sex under the influence of alcohol About the use of other substances, numerous studies have concluded that marijuana increased the risk of unprotected sexual intercourse Also, there is a positive relationship between the risk of becoming infected with HIV and the number of sexual partners. However, limiting the number of sexual partners, or having only one, does not guarantee protection against HIV, unless at the beginning of the relationship both test negative and remain faithful. Both conditions must be met to ensure that there is no possibility of getting HIV. Serial monogamy, or the maintenance of several stable and faithful relationships, does not imply any guarantee of protection against HIV.

The correct use of condoms determines their effectiveness as a barrier to HIV. The reduced margin of this contraceptive method failing is mainly due to its improper use. The ability to use the latex condom correctly can be quickly learned. It may be useful to work with the teenager through watching and practising demonstrations using a prosthesis.

Conclusion

During recent years, research has been published to help improve knowledge about HIV in general. However, the fact that HIV has become a chronic condition highlights the importance of working with all age groups to help prevent transmission. This paper has mentioned some determinants of risky sexual behaviour relevant to sexuality amongst adolescents, a key population group. Sexuality is a phenomenon that involves aspects of major importance to youth. This paper highlights that the ambiguity of sexuality during adolescence can result in a frustrating and mischievous phase of experimentation, desire and pleasure that might lead to HIV-infection, especially if accompanied by risk behaviour. Actively working with HIV in the context of youth and their sexuality may, therefore, be an important intervention strategy.

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