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Socio-Cultural, Religious Factors and the Sexual Behavior of Adolescent and Young Women: A Comparative Study between North Africa and Sub-Saharan Africa

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ABSTRACT

Since the last century, humanity has been ravaged by the HIV epidemic, with a higher incidence in adolescent and young women, thus presenting itself as a challenge to sexual health and as a barrier to the human development of this social layer, especially on the African continent. This study analyses sociocultural and religious elements that influence the sexual behaviour of adolescent and young women from a perspective between North Africa and Sub-Saharan Africa. Through a bibliographic survey in the databases of UNUSIDA, UNESCO, the World Bank, and periodic and scientific magazines that deal with the incidence of HIV in young women and adolescents (15–24 years old) in Africa, the study found that in North Africa, dominant culture and religion have a strong impact on influencing women to abstain and comply with norms prohibiting sex before marriage. On the contrary, in Sub-Saharan Africa, there are traditional uses and customs that are dangerous in terms of the risk of HIV contamination, such as early marriage and other sexual norms. The study concludes that society, culture, and religion must be perceived as factors that can create protection and promote the creation of interpersonal networks capable of increasing the dissemination of information related to HIV, as well as the use of condoms by women.

Keywords: Adolescents; North Africa; Sub-Saharan Africa; HIV-AIDS.

INTRODUCTION

The issue of the sexual behaviour of adolescent and young women is a topic that deserves attention nowadays, since HIV/AIDS is an epidemic that has devastated humanity in the last century with a higher incidence in adolescent and young women, representing a challenge to the sexual health of this layer (Dowsett, et al., 1998). Furthermore, the study of sexual behavior in African societies is also important due to the great influence exerted by socio-cultural factors (Nyoni, 2008). These have been responsible for the rapid increase in HIV/AIDS infections, as they are associated with numerous practices that lead to the contamination of HIV/AIDS. However, the present research, through a comparative study between North Africa and Sub-Saharan Africa, explores the socio-

cultural and religious factors that influence the sexual behaviour of adolescent and young women in response to the high rate of HIV (Udofia, 2021; Udofia¸2023).

Since the identification of the first case of AIDS in 1986, sub-Saharan Africa has felt the impact of the epidemic more than anywhere else in the world (Mayer, 2005). According to Hamouda (2011), sub-Saharan Africa, compared to North Africa, remains the region most affected by the HIV epidemic, with nearly three-quarters of the 23.5 million people infected worldwide residing in this region. According to UNAIDS (2019), the North Africa region has the lowest HIV occurrence in the world (< 1%), with 240,000 people registered as living with HIV in 2018. Contrast the reality of sub-Saharan Africa, which has the highest HIV prevalence of all regions in the world, with about 1,080,000 (68%) people living with HIV/AIDS in 2018, according to Maúngue (2015). It is reported that in sub-Saharan Africa, every minute, a young woman is infected with HIV. According to UNAIDS (2019), young women are twice as likely to acquire HIV as young men; every year since 2010, they account for 67% of new infections among teenagers. And in some regions, the difference between the sexes is particularly marked. For example, in parts of sub-Saharan Africa, young women are up to eight times more vulnerable to acquiring HIV than young men. Despite this, Carret *et al.* (2004). States that young people of both sexes present a higher risk behaviour for STDs, with the age group between 15 and 24 years old having the highest rates of infection in most countries. According to Dallabetta *et al. (2001)* and Jimemez *et al.* (2001), this risky behaviour is the second leading cause of loss of healthy life among women aged 15 to 45 years in developing countries.

Previous studies conducted in Africa point out that some local cultural practices set individuals at an increased risk of contracting HIV, such as HIV infection rates in young women. These rates are higher in sub-Saharan Africa on the African continent compared to North Africa (Viegas *et al.* 2016; Udoette, 2023). Then, most studies have found that in African countries, the socio-cultural phenomenon has a strong impact on the growth of the population living with HIV/AIDS. However, several studies find that culture in sub-Saharan Africa has a strong impact on the spread of HIV/AIDS; on the contrary, in North Africa, the culture has a strong impact on the reduction and control of this epidemic. We found a gap in previous studies in that the studies carried out so far do not make a comparison between these two regions, taking into account the socio-cultural and religious aspects as strategies that take behaviour change to control the epidemic that greatly devastates Africa. Therefore, the comparative analysis of manifestations between socio-cultural aspects becomes crucial, which is often a privileged instrument for responding to the epidemic of problems among Africans. In fact, as Nyasani (2010) said, the situation of culture exalts and raises man to mental reconciliation. For this reason, the present research intends to answer the following question: what are the actions to be found within the socio-cultural and religious factors in the two regions under study in order to respond to the high rates of HIV in young women in Africa?

THEORETICAL FRAMEWORK

Socio-cultural and Religious Factors

The theoretical framework emerges as a set of investigations that serve as a basis for understanding the topic in question. In the first instance, it is necessary to understand that socio-cultural factors designate factors derived from the interaction between a given culture and a specific society. According to Mota (2008), culture is for society, and society is inseparable from its culture of origin. Culture functions as the reference point by which a society defines its rules and experiences. According to this author, the culture of origin will include influences on the way people perceive their environment, themselves, and

judgements about what the world is and how people should behave (Udoette, 2015; Udoette, 2018). For Mota (2008), culture plays a decisive role in various aspects of human life, in its manifestations, and in its treatment. According to this author, the view of the term culture refers today not to something static but to a set of temporary constructions and permanent change that emerge from the interactions between individuals, communities, and ideological and institutional practices. This means that the influences of an individual's culture of origin do not manifest themselves in pure form but rather in interaction with various factors of various orders, generating intergroup variability that cannot be ignored by professionals who carry out their activity in multicultural contexts. According to Nepomuceno and Assis (2008), culture is formed by a set of factors that organize it and provide it with structure. These elements are: knowledge, beliefs, norms, values, and signs.

In addition, Neves Dias (2012) refers to religion as a system of beliefs with accumulated traditions involving symbols, rituals, and ceremonies that provide explanations about life and death. For the same author, religion can also be understood as a dimension of social and cultural life and an element of individual and collective expression capable of organising ways of feeling and dealing with suffering. For Dias (2012), religion plays an important role in cultural formation and in the construction of meanings in the social sphere as well as in the individual sphere, pointing out inters-objective experiences, and it is on this frontier that the person is situated, elaborating their experience and assigning meanings, transforming themselves and the world. However, it is clear that there is a strong interconnection between social, cultural, and religious factors, which is why we approach this research together.

Theories of Sexual Behaviour

Human sexual behaviour, according to Sizonenko (2000), is the set of attitudes and positions of human beings in relation to sex. Monteiro (2004) said that human sexual behaviour often confronts traditional convictions about what is biologically determined and what is culturally conditioned, particularly during adolescence, as it is marked by great changes related to biological, cognitive, emotional, and psychological maturation processes. According to Duarte (2009), some theories about sexual behaviour have their roots in biological factors alone or a combination of biological and socio-cultural variables. In social learning theory, behaviour is primarily determined by social and environmental factors, operating within a particular situational context. According to Bueno (2004), biological changes are important, but the psychological development of adolescents is more determined by the socio-cultural environment in which they live. For Duarte (2009), this is the epicentre of the analysis of sexual behavior. In this research, we will discuss the *Theory of Scripts* and the theory defended by *Wallace and Williams* (1997): The *Theory of Scripts* is one of the representative theories of the socio-cultural theories of human behaviour. According to Duarte (2006), sexual practices are understood as the performance of a social *script in its multiple dimensions*.

This theory is based on assumptions about how specific sexual patterns are acquired and expressed. Thus, according to Duarte (2009), it is assumed that: a) standards of sexual behaviour derive from the local culture; b) there is no sexual nature specific to their cultures, through a process of acculturation; c) people are not simple mirrors of the sexual situation of their cultures and adapt their individual experiences to what was previously offered to them by their cultures. For Duarte (2009), the study of sexuality scripts involves three levels: cultural (instruction for sexual behavior), interpersonal (interaction with others), and psychic (fantasies). For this author, the cultural scenario is constituted by scenarios presented through the means of communication and the

traditions of the community, which instruct individuals in the sense of patterns of typical sexual behavior.

In addition, Duarte (2009) refers to the socio-cultural aspect of the theory defended by Wallace and Williams (1997). For these authors, sexual socialisation begins in the family context. The role of the family acts as the main model of the sexual behaviour of young people and adolescents and is influenced by secondary socialisation factors such as age, sex, area of residence, religion, education, occupation, and friends, among others, and both factors, primary and secondary, exert influence on socialisation devices that are social control, identity values, and also on the family itself. As a consequence, the socialisation device affects the state of the adolescent, mainly young women, in their attitudes, beliefs, and behaviours.

Purpose of Sexual Behaviour

According to Ambert (2020), there is a set of psychosocial factors, values, and norms of the community and family relationships that are associated with sexual behaviour: a) *Family* is the primary place of socialisation for children and adolescents; the values and norms of family members provide a perspective on the meaning of sexuality (Duarte, 2009). According to Duarte (2009), family factors influence the sexual behaviour of adolescents in different ways: through parental characteristics, family relationships and attitudes, family values and norms, socioeconomic conditions, parents' educational level, and family structure.

For Borges (2004), Juarez, and Duarte (2009), the involvement, participation, and supervision of parents can contribute to delaying the onset of sexual intercourse by young people, making them more susceptible to pressure and the norms of friends, especially in early adolescence. However, the relationship between parents and children in adolescence and the quality of communication play an important role in the sexual behaviour of young people and adolescents. b) *Socioeconomic factors:* UNAIDS (1999) argues that economic factors exert influence on the sexual behaviour of the individual and are mainly due to overty and unemployment. According to Grupta & Mahy (2001), the economic condition of the family also acts as a factor that influences the early initiation of sexual relations, mainly in African countries. Economic transactions, followed by sexual relations, are frequent for both sexes.

In many sub-Saharan African countries, many young people enter into relationships with older men, who can pay for school fees and other financial advantages. *Socio-demographic factors:* According to Duarte (2009), several studies show that socio-demographic factors such as gender, age, level of education, area of residence, religion, and culture, among others, have an influence on sexual behavior. However, it is important to point out that some cultural aspects put the health of young people and adolescents at risk and that religion is a factor influencing sexual behavior. (UNESCO, 2002; Umotong, 2004; Umotong, 1999).

LOCATION AND CHARACTERIZATION OF THE STUDY AREA

According to Hamed (2018), North Africa is the northern region of Africa, covered by the Mediterranean Sea, marked in its southern portion by the Sahara desert. It brings together countries such as: Algeria, Egypt, Libya, Tunisia, Western Sahara, Morocco, and Mauritania, as we can see bellow in fig.1.

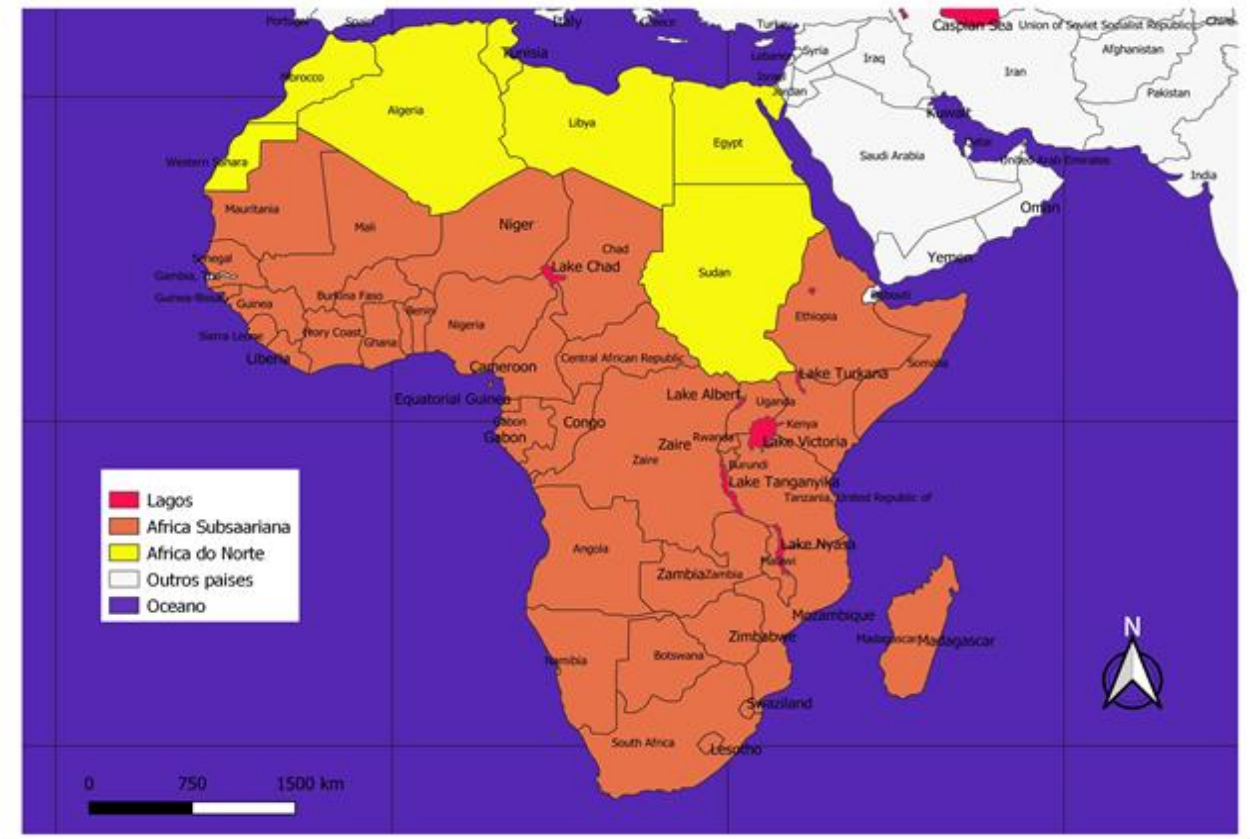

Fig.1. Illustrative map of North Africa and Sub-Saharan Africa- Source: prepared by the author.

According to Barasa *et al*., (2018), sub-Saharan Africa is a region of the African continent composed by 48 countries (Angola, Burundi, Democratic Republic of Congo, Cameroon, Central African Republic, Chad, Republic of Congo, Equatorial Guinea, Gabon, Kenya, Nigeria, Rwanda, Sao Tome and Principe, Tanzania Uganda, Sudan, South Sudan, Djibouti, Eritrea, Ethiopia, Somalia, Botswana, Comoros, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swatini, Zambia, Zimbabwe, Benin, Burkina Faso, Cape Verde, Ivory Coast, Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Mauritania, Niger, Senegal, Sierra Leone and Togo), is geographically located below the Sahara desert. It is also called Black Africa; it is where the majority of the black population of the continent resides.

According to the UN (2019) North Africa has a total population of 242,880,590 inhabitants, based on the latest United Nations estimates. The population of North Africa is equivalent to 3.13% of the total world population. With a population density of 31 per Km2 (81 people per thousand), it has a total area of 7,769,438 Km2 (2,999,796 square miles), and 52.3% of the population is urban. According to the UN (2019) Sub-Saharan Africa has about 500 million inhabitant's equivalent to 14.22% of the world's population, with a density of 45.15 km2. With an area of about 9 million square kilometers, the Sahara desert forms a kind of natural barrier that divides the African continent into two very different parts in terms of human and economic conditions. Data from the World Bank (2019) point out that this is the poorest region on the planet. According to EJA (2010) North of the Sahara, we find a socio-economic organization very similar to that of the Middle East, forming an Islamized world. And, the population of Sub-Saharan Africa has the worst socio-economic indicators in the world. This is a very different part of sub-Saharan Africa, which is characterized by people who have different cultures and also

confess different religions. Therefore, North Africa is an Arab people and the dominant religion is Islamic, and it presents better indicators than Sub-Saharan Africa. The latter, in addition to extreme poverty, mainly affects countries that are beset by constant civil wars, as well as the HIV/ AIDS epidemic.

LITERATURE REVIEW

According to ONUSIDA (2019), Sub-Saharan Africa has 147,656 infected adolescents and young women. The same source also shows that in the north, there are 25,490 adolescents and young women infected with the HIV/AIDS virus. According to McFarlandet et *al.* (2011), the latter region is perceived as the area of the world least affected by HIV/AIDS. However, it should be noted that the main causes of HIV infection in the North African region are drug injection (IDU), homosexuality, and prostitution (UNAIDS, 2019; YP HIV/AIDS, 2002). Another threat for the region is migration patterns (McFarlandet et *al.,* 2011). In North Africa, HIV infection rates are typically lower than in other regions, likely due to the closed nature and existence of *polygamous sexual networks, a* lower incidence of premarital sex, and much higher rates of male circumcision. (Udoh, 2006; McFarlandet et *al.* 2011).

According to Jackson (2004), on the contrary, in sub-Saharan Africa, there are dangerous uses and customs regarding the risk of HIV contamination, allied to cultural factors considered traditional practices. As is the case with early marriage and other sexual norms, it forces an early onset of sexual activity. As noted, in a study of Zimbabwean women, Pettifor and co-researchers Sovran (2013) reported that women with an early onset were more likely to be HIV positive, at a rate of 54.6% compared to 38.2% for those with a later onset; in a survey of nearly 12,000 young people aged 15–24 from South Africa published in 2009, links between early sexual initiation and having an older partner were confirmed (Pettifor, O'Brien, Mac Phail, Miller &Rees , 2009). According to Batalha (2005, p. 119), in New Guinea, it is common for children around the age of seven to start imitating the seduction behaviours of adults, who believe they depend on special magical practices reinforced by amulets and erotic verses. Later, at the age of eleven or twelve, they begin to choose sexual partners and may change partners (a) with some frequency.

Another fact is that, according to the study by *Population Reports and* Duarte (2009), in some West African communities, virginity is considered frigid. In Cameroon, norms of adolescent sexual activity are so strong that virgins are ridiculed by both men and women. As long as a young woman does not become immoral, premarital sexual experience improves her prospects of making a good marriage. According to Cardoso (2003), although there is tolerance, the practice of premarital sex in Africa continues due to cultural factors. Talking about sex in Africa is still taboo, which contributes to the fact that teenagers start their sex life without any information because they fear condemnation by their family, community, or society (Cardoso, 2003; Umotong, 2014; Umotong, 2011).

According to *Guttmacher Institute 2004 and* Duarte (2009), in North Africa, young women are expected to abstain from sexual intercourse until they are married, and there is evidence that most of them meet this standard. On the contrary, according to Brown (2001), in many sub-Saharan African countries, more than 90% of women become sexually active in adolescence. On average, more than 40% of women initiate sexual activity before marriage and under the age of 20; for boys, this activity is even more common. Furthermore, a significant majority had their first sexual experience before the age of 15. According to Umotong (2004), in Mozambique, this phenomenon of early onset of sexual activity is frequent. According to the same author, this early sexual initiation,

and more frequently before marriage, is associated with the liberalisation of customs and values, widespread access to contraception, as well as the evolution of women. And this liberalisation is largely attributed to the influence of Western cultures (Macuane, 2000; Umotong, 2000). Overall, Sub-Saharan Africans are generally considered to be more culturally tolerant of sexual indulgence, multiple sexual partners, and prostitution than people in other parts of the world (Halperin & Epstein, 2004; Umotong, 2023a; Umotong, 2023b). Therefore, the assumption that sub-Saharan Africans initiate sex earlier for cultural reasons helps to explain the high prevalence of HIV/AIDS in the region. For this reason, Sovran (2013) concludes that heterosexual contact continues to be the main mode of transmission for HIV in sub-Saharan Africa.

With regard to religion, a study conducted by Gray (2004) used aggregated national population data from 38 countries in sub-Saharan Africa to compare the percentage of Muslims in the population against the rate of HIV prevalence. He found a statistically significant negative association between HIV positivity and Muslimism. Grey also examined six previous studies linking HIV, risk factors for HIV, and Islamic faith to elucidate the exact nature of the protective relationship. While a higher proportion of Muslims in a national population correlates with lower HIV prevalence in predominantly Muslim regions, The fact, again, is that Muslims are more likely to be circumcised for the most part, and Muslims engage in less dangerous sexual behaviour than other varied religious groups that abound in sub-Saharan Africa (Grey, 2004; Okoko et al., 2023; Benson, 2023). According to Trinitapoli (2009), religious organisations and traditions that promote abstinence or monogamy, for example, may succeed in decreasing the likelihood of participation in behaviours that increase vulnerability. However, studies reveal that monogamy is a cultural imposition that is less and less respected in societies where it is a rule. Providing countless adulteries (informal polygamy), which makes monogamy a rule increasingly distant from social reality, mainly in sub-Saharan Africa (Benson, 2021; Benson, 2023b), Unlike North Africa, where society is openly polygamous, it allows the individual to establish marriage ties with more than one partner, creating an atmosphere of polygons, a situation in which a man has several women (Benson, 2020a; Benson, 2020b). Therefore, it is necessary to understand that culture and religion have a preponderant role in this process of changing behaviour towards HIV (Duarte, 2009). In fact, as stated by Durkheim *and* Gyimah *et al.* (2010), religion is an institution of social control based on the idea that the doctrinal teachings, beliefs, and values of various religious groups could influence behaviour change.

DATA AND METHOD

In order to reach the established objectives, the present research followed essentially qualitative research. In this case, supported by the collection of secondary data, they were elaborated from previously selected bibliographies, as is the case with scientific articles, periodical publications that deal with the incidence of HIV in the world, electronic magazines, and books. Therefore, the data collected during the research was properly interpreted and presented in this research.

RESULTS AND DISCUSSION

From the analysis carried out, it was found that in North Africa, homosexual contact is the main cause of HIV/AIDS contamination. For this reason, there is a lower HIV/AIDS prevalence rate in that region, as young women and adolescents are not sexually active; they abstain and comply with the rules prohibiting sex before marriage. The dominant Muslim culture and religion in that region have a strong impact on reducing the HIV and AIDS epidemic in North Africa. In the case of sub-Saharan Africa, we found that the main

cause of HIV contamination is heterosexual contact, given that adolescent and young women become sexually active early on. In this region, unlike the former, there is tolerance for sexual indulgence and prostitution despite some moral rigidity.

We also found that the African continent is characterised by a mix of patriarchal and matriarchal culture; the dominant patriarchal culture and society in sub-Saharan Africa, unlike North Africa, worsen women's inferiority and their disparate health status. In this region, women's needs and desires are not considered significant, and women often do not play any role in sexual decision-making, nor are they allowed to express their sexuality. In this sense, patriarchal culture leads to the informal polygamy that is registered in sub-Saharan Africa, unlike the polygamy in North Africa, which is characterised by polygons. It is necessary to realise that polygamy is an African cultural practice that has been discouraged by the Christian religion that predominates in the south of the Sahara. People are motivated to practice this informal polygamy, which in a way causes them to get involved with young women, leading to the spread of HIV/AIDS. However, the literature shows that Muslims are more prone to polygyny than other religious groups. In addition to this fact, it is necessary to understand that polygamy is highly risky when men are allowed to have several women at the same time, more and more women, when they refuse to use condoms, or when one of their women has sexual intercourse that is extramarital.

Now, the role of human will in sexual behaviour cannot be overlooked, but one must understand where the determinism of our hormones ends and the role of culture begins, as well as society and religion as modelling variables. In every African society, there is a culture that teaches individuals how to relate sexually, taking charge of repressing deviations from standards accepted by the majority at all times (Batalha, 2005). However, the validity of these teachings is still questioned, given that in some societies, the cultural phenomenon continues to encourage risky sexual practices. According to Jackson (2004), since the influence of socio-cultural and religious behaviour on sexual behaviour is completely manifested both individually and in society, a set of rules is needed to condition sexual activity in these two spheres, and in them, talking about sex should no longer be a taboo; above all, it should be a culture, a practice that discourages some local cultural practices or the perversity of various myths and misconceptions, values that lead to risky behaviour, and harmful cultural practices that place individuals at an increased risk of contracting HIV (Audet et *al.,* 2010). Societies, cultures, and religions must realise the imminent danger of HIV/AIDS (dis)encouraging high-risk activities between men and women through the reinforcement of local traditions and customs. In this sense, culture must determine not only what sexual relations are acceptable but also at what time and under what circumstances (Nkwi, 2005). Likewise, according to Jackson (2004), culture, traditions, beliefs, and values are dynamic, changing over time, and can be influenced in a positive way. However, traditional uses and customs cannot always ensure higher-risk sexual behavior. So it is necessary that "*the traditional uses and customs that can cause high risk must be modified and the cultural elements that favour healthy practices must be praised*" (Jackson (2004, p. 173). This does not mean that many practices or customs must be abolished, but rather that harmful practices should be changed, preserving customs with their general content, symbolism, and meaning.

The value and social weight of customs must be taken into account, as well as the interests of practitioners or beneficiaries. Thus, rather than seeing change as a threat, they will also be able to share in the benefits of that change and help promote it. For example, in Zambia, the sexual purification rite for widows has been replaced by one of a non-sexual nature; the ceremony remains almost intact, maintaining the same value, except that they stopped practicing sexual acts during the ceremony; in Ghana, the

involvement of traditional chiefs and queen mothers' has proven to be a dynamic and crucial strategy in campaigns to raise awareness of the dangers of HIV and to promote healthier behaviour reforms (Jackson, 2004); Lugalla's study *et al.* (2004) demonstrated the role of churches, where premarital HIV counselling and testing has become one of the church's policies in the Kagera region. Most Protestant and Catholic churches require couples to be tested for HIV infection before they are married.

According to Lugalla et *al.* (2004), some studies have found that sexual behavioural changes are influenced in part by culture, resulting primarily from a variety of interventions to prevent HIV transmission. Also, sexual behaviour change may not be the only factor, i.e., *behaviour change is a social process. Individuals, as members of social groups and communities, are more likely to be influenced by group or community dynamics to change their behaviour than by their mere personal knowledge and awareness.* (Lugalla *et al.* 2004, p. 2). Finally, according to Trinitapoli (2009), alternatively, religious teachings can be harmful by prohibiting certain protective measures, such as condom use, or denying young people education on safer sex. In this sense, defenders of religion as a protective factor also point out that religious affiliation promotes the creation of interpersonal networks that can increase the dissemination of HIV-related information, while detractors think that religion can actually impede the dissemination of information (Sizonenko, 2000). Therefore, there are two poles: positive and negative, in relation to the problem in question.

CONCLUSION

In view of the facts mentioned above, we can state that in various societies in sub-Saharan Africa, unlike North Africa, there is an abundance of cultural practices and traditions that, with adjustment purposes, played important enriching roles in the past and that today pose serious health risks and threats to well-being. It is necessary to understand that socio-cultural factors and HIV/AIDS have been considered inextricably linked. Socio-cultural factors alone will not respond to this problem of high HIV rates in sub-Saharan Africa, as these structural considerations are largely obsessed with poverty, social inequality, migrant labour, food insecurity, the inaccessibility of health care, etc. Thus, the poorest groups are the most marginalized and are most likely to be affected by HIV/AIDS. Therefore, emphasis is given to culture as the driving force behind the prevalence of HIV/AIDS in sub-Saharan Africa, because in North Africa, poverty is recorded on a smaller scale. While sub-Saharan Africa continues to experience high levels of poverty, which jeopardises the health of adolescent and young women as they face various challenges in life, Which means, in addition to adapting the culture to the challenges posed by HIV/AIDS, this phenomenon needs to be accompanied by development in the region in order to reduce the epidemic? In addition to personal behaviour, structural influences are identified that are beyond the woman's control.

However, religion differs from many other cultural elements explored here in that it does not represent a discreet practice that confers theoretical or practical risk. Without a clear link to a particular risk-increasing behaviour, focusing on correlations between religion and HIV positivity only serves to unduly discredit certain religious groups and beliefs as culturally inferior. Blanket statements about religion refer to essentialists; this bias is doubly worrisome, as most evidence suggests that religion and religiosity have little effect on the spread of HIV and, in line with other cultural phenomena, cannot explain differences in global HIV prevalence. Therefore, when society places within the scope of the dissemination or teaching of practical cultures that discourage the contamination of the HIV/AIDS virus, especially linked to the education of adolescent and young women, it can contribute to low prevalence rates. We find that it is the

reinvention and reinforcement of sets of rules that condition sexual activity to control HIV/AIDS.

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