

Gender norms and sexual behaviours among Indigenous youth of the Comarca Ngäbe-Buglé

Amanda Gabster^{a,b}, Philippe Mayaud^b, Juan Miguel Pascale^{a,c}, Beniamino Cislighi^b

Instituto Conmemorativo Gorgas de Estudios de la Salud, Panama, Panama^a; London School of Hygiene and Tropical Medicine, London, UK^b; Facultad de Medicina, Universidad de Panamá, Panama, Panama^c;

* Corresponding Author: Amanda Gabster, Instituto Conmemorativo Gorgas de Estudios de la Salud, Dept de Genomica y Proteomica, Ave Justo Arosemena, Calle 35, Panama City, Panamá. agabster@gorgas.gob.pa / amanda.gabster@lshtm.ac.uk

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Data availability statement.

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to ethical restrictions, as they contain information that could identify and therefore compromise the privacy of research participants.

Abstract

The Comarca Ngäbe-Buglé, an administratively-autonomous indigenous region in western Panama, is home to a significant population rural indigenous peoples of Ngäbe and Bugle ethnicities. HIV prevalence in the Comarca is two times higher than the national average, and the great majority of cases are concentrated in young men. Yet, there is little data regarding socio-cultural and sexual behaviour factors that may drive this high prevalence. Understanding such factors would enable the development of relevant preventative interventions. We conducted a qualitative research study in January-March 2018, consisting of 20 semi-structured interviews with male and female young people aged 14-19 years, complemented with ethnographic observations of 1-month duration each in two communities within the Comarca, to identify the potential factors that could increase risk of HIV and other sexually transmitted infections (STIs). We suggest that interventions aiming to prevent HIV and other STIs should focus on increasing open communication between sex partners, especially with respect to condom use, as well as facilitating people-driven change in gender norms that are harmful to both young women and young men.

Keywords: Indigenous people, gender norms, sexual behaviour, HIV, adolescents

Introduction

In some Latin American countries, including Panama, specific Indigenous groups are at higher risk of acquiring HIV and other sexually transmitted infections (STIs) than non-Indigenous populations (Ponce, Munoz and Stival 2017). Addressing these populations' STI-related needs is imperative for upholding the basic human right, the right to health, as well as implementing effective public health policy: in Panama, the seven largest indigenous groups alone account together for 12% of the total population (Ministerio del Gobierno de Panama 2018). Many Panamanian indigenous peoples live in administratively semi-autonomous regions called comarcas. The Comarca Ngäbe-Buglé (CNB) in western Panama, where this study was conducted, is home to over 200,000 individuals of Ngäbe and Buglé ethnicity (Instituto Nacional de Estadística y Censo 2010).

The CNB is an area with very limited infrastructural development. Few communities in the comarca have access to roads, electricity or health services. HIV and syphilis testing and treatment are limited to the few communities that have or can reach health centres and laboratory personnel. Prevalence of HIV in the CNB is 2%, twice the national average, with most infections found among young-adult young men (Ministerio de Salud 2018). Among young people 14-19 years old in CNB, prevalence of other STIs have been found to vary between sexes, where active syphilis has been found to be more prevalent in males, however genital chlamydia infections are more common among young women (Gabster A et al. 2019). A recent nationwide sexual and reproductive health survey found that among young people of CNB, 26.1% of young women and 26.5% of young men reported to have engaged in sexual relations before the age of 15; among 15-24 year-olds, 4.8% of young women and 0.6% of young men reported having used a condom at sexual debut; and finally 81.2% adult and young women in the CNB report they cannot deny sexual relations with their partner (De León et al. 2018).

Sex and age differences in acquisition of STIs are influenced by both biological and social factors. Understanding how social factors contribute to the transmission of HIV and other STIs is important to design effective and culturally congruent interventions and policies (Jemmott et al. 2014). One of these social factors is “gender norms”, in the form of the unwritten rules of behaviour that “define what is expected of a woman and a man in a given group or society...[and that affect] women's and men's voice, agency and power” (Cislaghi and Heise L 2019). Gender norms can indirectly affect the prevalence of STI in several ways; they can, for example, influence people's age of sexual debut or their decision to use a condom (Leddy et al. 2016; Fladseth et al. 2015; Pleck, Sonenstein and Ku 1993). They can also influence people's decision to refrain from premarital sex (Kaufman et al. 2007).

Little research is available on how gender norms affect sexual activity among Indigenous Panamanian populations. One exception is a recent study that found Indigenous women were less likely than other ethnicities to be able to negotiate condom use and deny sexual relations with their partner (Chang, Gabster and Castro 2014). Much literature on gender norms (mostly from authors working in high income countries) suggests that discriminatory gender norms contribute to shaping an unequal gender order with men in a dominant position and women in a subordinate one (Schippers 2007; Connell 1987; Connell and Messerschmidt 2005). Such a gender system can also shape acceptable sex-related roles: sexual assertiveness for men and sexual passivity for women reduces women's capacity to negotiate sex (Wingood and DiClemente 2000). This rigid distinction between dominant men and subordinate women has, however, been challenged by research

conducted with Indigenous populations. For instance, studying Indigenous Canadian youth, Devries and Free (2010) provided convincing evidence against the presence of similar gender-related power imbalances in sexual decision making, suggesting a more complex – less rigid – picture of how boys’ and girls’ make sex-related decisions together (Devries and Free 2010).

Because of these (potentially) particular ways in which Indigenous populations construct gender relations, understanding how gender norms interplay with and shape power dynamics between people of different genders is critical. Existing interventions and policies in Panama have not traditionally been mindful of how gender can affect Indigenous people’s relations and sexual behaviours, often implementing one-size-fits-all approaches. Greater intention would, however, need more rigorous evidence on how gender norms affect Indigenous populations’ sexual behaviour.

This paper responds to this need, uncovering how gender norms affect sexual behaviour of Ngäbe-Buglé adolescents. The intention is to provide evidence that can help inform relevant public health policies while protecting the wellbeing and cultural values of this Indigenous group. We conducted a qualitative study in two communities within the CNB, using both semi-structured interviews with young men and women aged 14-19 years, as well as ethnographic observational research.

Methods

Qualitative research is particularly appropriate to investigate people’s shared cultural beliefs and norms (Yin 2011). Qualitative methods help examine the contextual factors that are part of people’s lives, while at the same time, including data from different sources (Yin 2011). Semi-structured interviews, in particular, are useful to explore participant’s individual beliefs and experiences (Gill et al. 2008), especially on topics such as sexual behaviour that might elicit embarrassment.

Study sites and participants

Data were collected in two rural communities (Site 1 and 2). Site 1 is located in the southern mountainous region of the Comarca. Site 2 is located in the northern Caribbean coastal region. Both sites are similar in population size, approximately 2500 people, and in population density. All family and community members were the object of observation, and those who participated in semi-structured discussions signed consent forms. Informants included traditional and western health personnel, Indigenous leaders and community members. Two weeks into the ethnographic research, AG used purposive sampling to select 20 young people (10 young men and 10 young women) aged 14-19 years who lived in the two community sites [See Table 1 for participant characteristics].

[Table 1 here]

Data collection

Ethnographic observations were collected by AG, who made jottings based on a thematic checklist. The checklist included three general themes of sexual activity and gender, which include: *Blide nuare* (the term in Ngäbere that young people use to indicate meeting, getting to know, and dating a new partner), the decision to engage in sex, condom use, as well as general sexual behaviours and gender; however, other themes were allowed to naturally emerge. Jottings were then expanded

into fieldnotes on a daily basis. After approximately 10 days of ethnographic observation, two individuals were selected daily and were asked to participate in semi-structured interviews. AG conducted these interviews in the Spanish language (which is spoken fluently by the majority of young people of CNB (De León et al. 2018)) in a quiet location chosen by the participant where others could not overhear the interview. Interviews ranged between 30 and 60 minutes in length. All the interviews were recorded with a digital recorder and were conducted until saturation of key themes regarding gender and sexual activity were reached. Interviews were then transcribed. [See Table 2 for interview themes and questions].

[Table 2 here]

Data analysis

AG translated interview transcripts from Spanish into English. A Panamanian research assistant cross-checked AG's translation to improve reliability. As an analytical strategy, we used deductive thematic analysis (Daly, Kellehear and Gliksman 1998), but also let other themes emerge if the data did not fit into those first agreed on. NVivo12 software was used to organise and code the typed fieldnotes interviews. We generated initial codes using deductive processes. We first read the interview transcripts and fieldnotes to become familiar with the data. We then broke the data into codes, using a codebook based on our conceptual framework, but open to the emergence of new surprising codes. These codes were then organised into different themes, most of those included in the original codebook. A thematic map was made from the categories. Next, 10% of the interviews were checked for inter-rater reliability and for translation and understanding between codes and themes. Contradictions and negative cases were identified, presented, and agreed upon (Denzin and Lincoln 2011). Through this process, we reached code saturation, where no further new themes and codes were found, within the first 10 interviews that were coded. However, coding was completed for all interviews. Interview themes were triangulated with ethnographic findings in order to have a more complete understanding of interview results.

Ethical procedures

To enrol 14-17-year-old participants, AG explained the interview procedure to a guardian of the participant. If agreeable, the guardian signed the consent form, and later the participant signed the assent form. To enrol 18 and 19-year-old participants, AG explained the interview procedure and if agreeable, participants signed a consent form. The name of the participant was not used on the digital file, and the interviewer urged the participant to not use names during the interview. Pseudonyms were later given to each participant. Any identifying information was removed. Consent forms were obtained from informants during the ethnographic research. Prior to the study, the traditional leader (*cacique*) of the CNB discussed, reviewed and approved the study protocol. This protocol was then submitted for ethical approval to the Comité Nacional de Bioética in Panama, and the Bioethics Committee of the London School of Hygiene and Tropical Medicine. Ethical approval was obtained from both institutions.

Results

In our analysis of gender norms and how they affect young people's opposite-sex sexual behaviours, we recognised the following three themes as meaningful: the meaning of sexual relationships, the decision to engage in sex, and the decision to use condoms. In addition to the

three themes above related to opposite-sex behaviour, we also found a fourth important theme in the data relating to same-sex intercourse between men.

Meaning of relationships

As previously mentioned, young people in the Comarca use the term *blide nuare* to indicate meeting, getting to know, and dating a partner. Among participants in opposite-sex relationships, gender norms influenced four main aspects of *blide nuare* and sexual activity: 1) who initiates *blide nuare*, 2) at what age *blide nuare* began, 3) where *blide nuare* took place, and 4) the social significance of pregnancy and its relevance for dynamics of *blide nuare*. In addition to these four, we also found evidence of male same-sex *blide nuare* and sexual activity; same-sex male relationships may be romantic or non-romantic.

Initiation of *blide nuare* had changed with time. Participants remarked that, while at the time of the interviews *blide nuare* was in young people's hands, in the past it was mostly (albeit not uniquely) a parent-led process. Parents would arrange the relationship; then, after menarche, the girl would move to her partner's family home. That departure symbolised the beginning of a formal union in the community, without the need for a marriage ceremony. At the time of research however, the process had changed: boys and girls would choose each other, but boys and men were expected to initiate the process of *blide nuare*. As Tächi put it, "Boys have more skill in approaching a girl to initiate the conversation than girls do towards boys."

Blide nuare usually began soon after puberty for girls (10-14 years) and slightly later for boys (15-18 years). Participants remarked that girls were smarter and more precocious than boys, which explained the age gap in the beginning of courtship. A boy, Unchi, for instance said: "Girls start earlier with sex, and by the time they are 15, they know much more than us older boys." And Comenchi also remarked that girls: "Are more mature than boys... when boys are older, they are more able to work, they have money to take care of the girl... Girls wouldn't look for a 15-year old boy... they're still at home, they still don't work." Importantly, here Comenchi speaks of "girls looking for boys", a choice of word suggestive of the fact that girls had a certain degree of agency and were not just available for boys to take.

The space where *blide nuare* took place had changed from previous generations. *Blide nuare* traditionally took place in public spaces like walking trails, at the river and at community gatherings. As this happened in plain sight of others, community members would know who was engaging in *blide nuare* and with whom. Buche for instance said, "I used to go to the town centre every evening and people-watch, after a few weeks, this boy started talking to me... I continued going to see him every evening... one evening, he kissed me." At the time of research, public, semi-public and private space were all mentioned as spaces of *blide nuare*. Public space had not changed: people still met in public as usual, for instance at the town centre or the river while washing clothes or bathing. A new, semi-public, space had however emerged. With the construction of schools throughout the Comarca in the past 10 years, young people walk up to three hours each way to go to school. During these trips, young people could potentially be seen as they walked to school but are not necessarily under the scrutiny of the entire community. Walking trails became social and spaces for them to engage in *blide nuare*. Mego, for instance said, "one day, there was this boy who was riding his horse next to me when I was walking home from school... He didn't say anything but a few days later he came back and started talking to me, then the following day we talked, and he followed me to my house...my mom wasn't home, and she never found out...it's a small trail so only a few classmates use it." These new trails to and

from school, although not private, are often out of plain sight of adults who may monitor sexual behaviour.

Finally, participants mentioned a private virtual space is important for engaging in *blide nuare*. With increased access to cell phones and the Internet, the method of *blide nuare* is commonly through technology. Chitani, for instance said that he maintained a relationship exclusively online with a girl: 'We talked entirely through Whatsapp...I would talk to her, until little by little we started a romance, and we would send each other photos...with our clothes on...but then I lost my cell phone, and I lost contact with her...'. With the introduction of technology, some *blide nuare* has been made invisible. A grandmother in Site 1 talked about a young woman she raised, when she said in a surprised way, 'I had no idea my granddaughter was even talking to anyone until I noticed her growing belly [pregnancy] ... before the era of cell phones, I would have known the exact identity of the father and what family he was from'.

Regardless of where *blide nuare* happens during heterosexual partnerships, it is not surprising that early pregnancy is present in conversations. Most participants spoke of economic problems associated with becoming pregnant at a young age. Unchi, said 'Girls may be getting pregnant accidentally, but they don't want to be pregnant'. Olí said that he did not want to be a father yet because he does not have the economic means to take care of a baby until he leaves school. Three girl participants, Merina, Comenchi, and Buche each had at least one small child. All three girls were happy to be mothers now, but they indicated that prior to their pregnancy, they either had not thought about getting pregnant, or wanted to avoid it. Some girls indicated that male partners were generally unsupportive during pregnancy. For example, Mego said, 'Boys don't care about it (pregnancy)... and it's the girls who have to be careful'. While opposite-sex relationships often focused on pregnancy risk, another kind of relationship existed where conversations on pregnancy did not arise.

In addition to heterosexual *blide nuare*, several participants casually talked about boys having sex with other boys. Some described same-sex intercourse as a short-term experimentation, while other attached to it romantic meaning. Chotiko and Unchi indicated that it was 'just experimentation', while other boys (Joti, Tikän and Olí) said having a boy partner was 'training' to have a relationship with a girl. A male town leader indicated that male same sex relationships meant "sexual release... sometimes soccer players will do it after a match." To contrast this, others indicated that they had romantic meaning. Chitani said, 'Boys tell me that for them it's very passionate, it makes them feel liberated, makes them be themselves...if they can't express it on the street, they express it when they are together. They love each other very much...'.

Despite widespread same-sex activity, we found some social unacceptance of male same-sex behaviour. Some young men indicated their dislike of this experimentation, or of long-term same sex partnerships. They indicated that it was not 'correct' behaviour, consistently citing how God had made men and women to be together, and any deviation from this is wrong. In contrast, a large number of interview participants of both sexes expressed acceptance of those who engaged in same-sex behaviour and concurred with the sentiment that it was a behaviour that was different for them to witness, but people should be with who they like.

Decision to engage in sex

In opposite-sex relationships, the decision to have sex was taken by boys and girls together, with the girls' voice varying from 1) completely absent (voiceless), to 2) negotiated, and 3) total voice. These classifications arise from evidence given out of specific relationships, and the girls' voice may shift between classifications depending on the relationship dynamics.

Both girls and boys said that some girls do not question their partners' decision to have sex, we called these girls "voiceless". When asked who decides to have sex, Tächi, for instance said: "The man (decides)...because the woman never says anything ... Women don't talk about these things." Or take what Bechi said, when she commented: "Well, if a boy wants to have sex with a girl, he will just tell her to have sex with him... girls from around here, well, we're shy... we don't talk about these things ... if boys bring it up, girls say, no, I don't want to talk about it...the girl will just do it."

Other girls, instead, could take some part in sex-related decisions, exercising what we called a 'negotiated voice'. Even though these girls had a role to play in deciding when to have sex, and their decision was sometimes respected, their partner could eventually pressure them, overriding their initial requests. Tikän, for instance, said he would respect a girl's decision, but that he would first try and cajole her to convince her to have sex with him. Girl participants also said their voices could be sometimes overridden. When asked what would happen if a girl does not want to have sex with her partner, Bechi said: "The boy will make her have sex with him... boys get angry if girls don't want to have sex. So, before the boyfriend gets angry it's better for the girl to have sex." And talking about how she met her child's father, Comenchi said: 'I was in primary school and he was in high school. I was going to walk home, and he was there. He told me he would walk me home. I told him no, but he came with me... I told him no again, but he would always walk me home...then one day he told me to have sex with him, I said no, my mom would get angry, but eventually I let him, then he got me pregnant'. Comenchi commented both on not wanting to be walked home, and not having sex, but eventually the boy wore her down so she would give in.

Finally, participants said that some girls had even more decision-making power than their partners. These girls exercised what we called "total voice". Unchi, for instance, provided an example of such a voice when she said that girls would not say yes immediately to having sex with a boy, but instead would choose a day in the future, and the boy, "has to accept whatever she says". Nechi similarly noted that girls are the ones to decide about sexual intercourse, and anytime the girl wants, the boy will make himself available. Bechi also felt that if she is able to put down clear limits, then she is able to be in control of when she has sex. Joti similarly said that boys will always want to have sex, but it is a girl who decides if they have sex or not, "We can't force women because she knows what is best for her, there's a saying, the boy proposes and the girl disposes." Previous pregnancies could limit this total voice, as Melikän and Comenchi, mentioned. Melikän said: 'A girl is still able to tell a boy what she wants to do if she hasn't been pregnant yet'. As we can see, once a girl becomes pregnant, her voice in future sexual decision making becomes limited.

Condom use

All young people interviewed knew of condoms, however not using condoms during sexual intercourse was common for both boys and girls. There are two norms that emerged as being relevant in affecting condom use. Boys and girls both agreed that boys are the ones who are expected to acquire condoms and carry them, and girls expected to make the decision on the use of a condom. In addition to these two norms, there were three other factors that play a role in condom use: boys may decide that their pleasure is more important than pregnancy prevention, the person feels they *know* their partner, and condoms are primarily seen as pregnancy prevention.

When condoms are available, boys are expected to be condom bearers. Both boys and girls said that condoms as something that boys (not girls) are supposed to acquire and carry with them. Instead of using the word *nosotros* (we) to indicate that both partners use condoms, *él* (he) was

always used to describe condom acquisition, carrying condoms, and using them. All young people of both genders agreed that condoms can be obtained from the local health centre, as condoms are not sold in stores. However, the boy needs to tell a healthcare professional that they need them, which may invoke embarrassment. As Chitani said, ‘...young people, well, they are very embarrassed to go to the health centre to tell the staff they want a condom, firstly because they are very young...and obviously they need a person of age to sign forms or that their parents know what is going on.’ Ministry of Health professionals contradicted this, however, stating that condoms were available to all young people regardless of age at their local health centre. Despite the Ministry of Health’s perception of access to condoms, in reality, few towns have health centres, and condoms are only brought to smaller communities during periodic health promoter and medical outreach team visits.

The second gender norm that affects condom use is that a girl is the one to make the decision to use a condom and communicate this decision to their partner. Gebi said that girls are those who should be worried about pregnancy and preventing it, if they want to. Buche had similar insight and stated, ‘If a man doesn’t want to use a condom, but a woman does want to use a condom, then a man has to accept it because if he doesn’t accept, there won’t be anything happening.’ Contrasting this, Joti said, ‘Sometimes boys can say they don’t want to use a condom if he doesn’t want to, and the couple wouldn’t (use one).’ Similarly, Mechi added, ‘Girls decide on whether condoms are used or not in order to prevent pregnancy, however a boy can still make the final decision in using one, even though she wants to’, therefore the gender norms indicate that the girl is the one to prevent pregnancy, however her decision can be overridden by a boy.

Outside of gender norms, there are also individual reasons that participants said they do not use condoms. For instance, non-use may be due to expected decreased sexual pleasure. Two boys said that pleasure for them was most important, and besides, there are other ways to prevent pregnancy, such as the commonly used withdrawal method. Chitani said: ‘...pleasure is the most important thing, in the moment, passion, love, one lets their body control what it wants at the moment. Guys don’t worry about condoms these days because when you, *boom!*, you can quickly take it out.’ Tächi contrasted this, and explained that for him, that sexual pleasure wasn’t as important, ‘I would rather be safe and put on a plastic bag that rice is sold in’.

A second reason why participants said that condoms were not used is because individuals *know* the person who they are getting involved with. Tikän said that a girl’s decision to engage in sex is based on her knowing, or not, when to get involved with a boy, because she knows if the boy’s health is good or not. Therefore, it is not so much the length of a relationship that dictates condom use, but instead the relationship between the two people. Joti said, when explaining condom use with his last two sex partners, that although both girls were from the same town when he engaged in a one-off sexual encounter with a classmate, he had not used a condom because he knew her very well from school. However, when he was with another girl, who he had known for years, but not as well as his classmate, he decided to use a condom when he had sex with her.

A final factor that influenced condom use was when pregnancy prevention was seen as unnecessary. In the context of male same-sex relationships, condom use was not mentioned at any time during the interviews. During the ethnographic component of the study, young men insisted that when boys have same-sex intercourse, it does not feel as good to use condoms and since pregnancy is not a risk there was no perceived reason to use them.

Discussion

Our findings suggest that among young people of the Comarca Ngäbe-Bugle, gender norms affect sexual behaviours such as *blide nuare*, the decision to engage in sex and condom use. Gender norms are not only manifested as hegemonic masculine and passive feminine traits, but girls show a spectrum of voice and power in the decision to have sex and the decision to use condoms. We found other individual factors that may be putting young people of the Comarca Ngäbe-Buglé at increased risk of HIV and other STIs, including condomless male same-sex activity.

Gender norms arise through the process of socialisation from childhood onwards (Cislaghi and Heise 2018; Bem 1981). Hegemonic gender norms are influenced by collective ideals of masculinity and establish relationships of dominance and subordination between men and women, impacting sexual decision-making and behaviour. To date, much literature on negotiating sex has focused on hegemonic ideals which lead to power imbalances (Leddy 2016). However, in our study, participants acknowledged a variety of norms, and we did not find a static imbalance of power. Another study that focused on native youth in Canada found a similar span of power in sexual decision making (Devries and Free 2010). Like Devries and Free, findings from our study showed that girls have a spectrum of power in making the decision to engage in sexual activity and the decision to use a condom, however the overall range of the power is much broader for our participants. Among our participants, both genders agreed the female spectrum of power ranges on one extreme from no voice, and therefore no power, where decisions regarding sexuality are made for them; and reaches to the other extreme to at least perceived, total power. In the middle of the spectrum, both boys and girls indicated signs of a pressured and mediated ability to make these decisions, where the girl communicates her decision to her partner, however through coercion or mediation, her decision is negated by her male partner.

Masculine ideals, and the dominant-subordinate dynamics also occur within male same-sex groups. The HIV epidemic in the CNB is concentrated among young men and is influenced by lack of prevention in male same-sex relationships. Local epidemiological surveys indicate that men who have sex with men also have sex with women (Gabster et al. 2019). We found strong beliefs that condoms are primarily used to prevent pregnancy, and therefore not needed within same-sex relationships. Building on this evidence, future health promotion interventions need to address these beliefs. Despite masculine ideals found within the CNB, we found that male same-sex behaviour is widely accepted by young people in the Comarca. However some did reject the behaviour, and those who did, consistently coupled the comment with Bible references, indicating the importance of religious socialisation. Previous ethnographic research in the CNB also shows unacceptance of male same-sex behaviour among followers of the Ngäbe-Christian traditional religion, the Mama Tadata (Quintero 1998).

Gender norms have been theorised to be embedded within and influencing other ecological factors, including individual, social, institutional and material influences (Cislaghi and Heise 2018). Access to condoms within the CNB is limited to Western health centres, and distribution by outreach health promoters who visit local communities. Despite perceived good access to condoms by health centre staff, young people said they found it difficult to go to a health centre and access condoms. Therefore, interventions to increase barrier contraceptive use should integrate strategies to facilitate access to, and acquisition of condoms, as well as change norms of 'knowing' the partner as a sufficient prevention. In small communities 'knowing' the partner could be perceived as a preventative measure, as one may think they know whom their partner has slept with because of community gossip, and therefore believe to correctly estimate their overall risk of HIV/STI acquisition with that person.

We found a marked increase in use of technology for meeting and engaging in a potential romantic partner. This change has also been seen in other communities worldwide. For example, technology has also increased communication among romantic partners of young people of Somaliland and Puntland (Kenny et al. 2019). In this context, and similarly in our study in the CNB, the meeting and communication of romantic partners was invisible to guardians, therefore parental input and monitoring of adolescent sexual activities became minimal.

Implications for policy and practice

Our findings carry two main implications for policy and practice. First, there is a need to improve access to condoms throughout the CNB and undertake condom use education for STI prevention, especially among young men who may engage in same-sex sexual activity. Our findings also suggest the importance of relationship communication interventions that focus on partner communication regarding condom use and engage with the gender norms that influence female voice in the decision to have sex and the decision to use a condom. Similar interventions to bring about change in social norms have been shown to be promising in building equitable norms (Amin et al. 2018; Dworkin, Treves-Kagan and Lippman 2013).

That said, any programmes or interventions among youth in the CNB must maintain a balance between Ngäbe and Buglé cultural norms and intervention standards and include elements of Ngäbe and Bugle youth culture and language. They may take the form of community based and mass-media campaigns with a focus on norms within partnerships. Similar sexual health interventions have been shown to be effective in young adult and youth populations more generally (Morales et al. 2018).

Limitations

Our study had three main limitations. First, the interviews were undertaken in only two sites in the Comarca Ngäbe-Buglé. Thus, the findings can arguably not be generalised to young people in all the regions of the CNB. More encouragingly, we encountered consistent findings across the two sites and data saturation with regards to gender norms was reached relatively quickly in the study.

The second limitation arose from the difference in ethnicity between the interviewer (an ethnically white woman) and the participants, which could have led to response bias. However, as sex in general is a sensitive topic, the fact that the interviewer was markedly from outside the community may paradoxically have increased the openness of the interviewees, who knew their interview information was less likely to be the subject of local gossip. Additionally, ethnographic observational research was used to triangulate the information obtained from the interviews, a practice that is said to decrease bias in result interpretation (Fetterman 2010).

The third main limitation relates to the interviews being conducted in Spanish rather than a local language. While 75.3% of individuals among all age groups in the CNB have at least some school education in Spanish (De León et al. 2018), our dataset we miss the opinions of those who could only speak Ngäbere or Buglere and who may be at heightened increased risk for poor sexual health as they may have difficulty understanding the information contained in the Spanish-only public health campaigns.

Conclusions

Gender norms and other cultural factors influence sexual behaviour among young Indigenous people of the Comarca Ngäbe-Buglé in Panama. Young people practice *blide nuare*, (meeting and communication with romantic partners) in a way that is based in gender norms. These norms present as a spectrum of voice for girls' decision making on sexual behaviours. *Blide nuare* is now usually initiated by young men, while previously parents played a big role in choosing a partner. Additionally other factors, for example the age and spaces associated with meeting and getting to know a partner have changed. We found that, in contrast with static hegemonic norms, young women in our study displayed a range of voices in the decision to engage in sex and in condom use negotiation. Findings also describe some of the meanings of male same-sex sexual relationships and present a possible reason for non-condom use in this setting. Both sets of findings point the importance of taking into account gender norms in the development of sexual education interventions, and the need to use integrative, people-driven approaches to support future programmes and interventions.

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Table 1: Participant characteristics

<i>Pseudonym</i>	<i>Site</i>	<i>Gender</i>	<i>Age</i>
<i>Mego</i>	1	Girl	18
<i>Merina</i>	1	Girl	18
<i>Nechi</i>	1	Girl	16
<i>Mechi</i>	1	Girl	14
<i>Comenchi</i>	1	Girl	17
<i>Bechi</i>	2	Girl	17
<i>Gebi</i>	2	Girl	16
<i>Buche</i>	2	Girl	15
<i>Melikän</i>	2	Girl	19
<i>Merisi</i>	2	Girl	18
<i>Tikän</i>	1	Boy	17
<i>Chitigön</i>	1	Boy	19
<i>Unchi</i>	1	Boy	19
<i>Chirä</i>	1	Boy	18
<i>Olí</i>	1	Boy	17
<i>Tächi</i>	2	Boy	17
<i>Joti</i>	2	Boy	18
<i>Chitani</i>	2	Boy	15
<i>Jochi</i>	2	Boy	18
<i>Chotiko</i>	2	Boy	19

Table 2: Example of interview schedule

<i>Theme</i>	<i>Question</i>
<i>Blide nuare practised</i>	<p>A. Could you tell me about your first romantic relationship?</p> <ol style="list-style-type: none"> 1. How did you meet? 2. How did the relationship start? 3. Where did you meet? 4. Did you have a physical relationship as well as a romantic one? Can you tell me about it? What did the physical relationship include? Can you tell me about your other sexual encounters?
<i>Gender, meeting partners, and sexual activity</i>	<ol style="list-style-type: none"> a) Who proposed to have sex together first? b) Who decided if there was sex or not? <p>B. In respect to sexual relationships, can you tell me a little about what other youth in your community do?</p> <ol style="list-style-type: none"> 1. How do these relationships start? 2. Is there a partner who is older than another? 3. At what age do youth usually start having sex? <ol style="list-style-type: none"> a) Who proposed to have sex together first? b) Who decided if there was sex or not?
<i>Condom use and gender</i>	<p>C. What about condoms?</p> <ol style="list-style-type: none"> 1. What are they used for? <p>D. How do youth in your community keep from getting pregnant?</p> <ol style="list-style-type: none"> 1. If they mention condoms: Where do youth get condoms? 2. Who is the person who should get condoms from there? 3. Who keeps and carries them? 4. How often do people use them?
<i>Same-sex sexual activity</i>	<p>E. What do you think about two boys who have sex together?</p> <p>F. What about two girls who have sex together?</p>
<i>Sex and abstinence</i>	<p>G. What do you think about youth who have sex?</p> <p>H. What do you think about youth who decide not to have sex?</p> <ol style="list-style-type: none"> 1. Those youth who don't want to have sex, who are they? 2. Do you think they feel pressured to have sex? If so by whom? If so, how pressured?