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SCIENTIFIC MATERIALS

Genesis, development and actuality of the Social Representation theory in more than fifty years (1961-2011 and beyond): the main paradigms and the "modelling approach"



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Social Representations, Risk Behaviors and AIDS

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This study's interest relies on adolescents' social representations of unprotected sex, more precisely on the relationship between the attitude towards the preservative and the reason attribution for its non use. 1386 secondary school students took part in the study, in the Brazilian cities of Florianópolis, Itajaí and Balneário Camboriú. In order to verify reasons attributed by the students, we focused on the sample that had sexual experiences without using the condom during last year. Data was analyzed with software ALCESTE, which showed three different classes of explanations for the non use of the preservative: the moment of the intercourse (unpredictable and incontrollable), trust in the partner and the option of the contraceptive pill, instead of the preservatives, in avoiding pregnancy. The students' attitudes towards the preservative are less favourable among those who maintain sexual intercourse with known people. The results revealed two representations of AIDS: one of trust in the partner and another of the experience with sex and the preservative – the first one gives sense to the adolescents' experiences with known sexual partners and the second, with less known sexual partners.

Keywords: social representations, causality attribution, attitudes, AIDS and preservative.

El interés de este estudio se encuentra en las representaciones sociales de las relaciones sexuales sin protección por parte de los adolescentes, en particular la relación entre la actitud hacia el preservativo y las razones atribuidas a su falta de uso. 1386 alumnos de secundaria participaron en el estudio, procedentes de las ciudades brasileñas de Florianópolis, Itajaí y Balneário Camboriú. Para verificar las razones atribuidas por los estudiantes, nos centramos en la muestra que había tenido experiencias sexuales sin usar condón durante el pasado año. Los datos se analizaron con software ALCESTE, que reveló tres clases de explicaciones para no usar el preservativo: el momento de la relación (impredecible e incontrolable), confianza en la pareja y la opción de la píldora anticonceptiva en vez de usar preservativos para evitar un embarazo. Las actitudes de los estudiantes hacia el preservativo son menos favorables entre los que mantienen relaciones sexuales con personas conocidas. Los resultados revelaron dos representaciones del SIDA: una de confianza en la pareja y otra de la experiencia del sexo y el preservativo – la primera da sentido a las experiencias de los adolescentes con parejas sexuales conocidas y la segunda, con parejas menos conocidas.

Palabras clave: representaciones sociales, atribución causal, actitudes, SIDA, preservativo.

The social impact created by AIDS results from increasing number of cases, especially amongst young people. According to the Brazilian Ministry of Health (2006), since the beginning of the 80's until June 2006, 433,067 cases of Acquired Immunodeficiency Syndrome AIDS were registered in Brazil. Of this total, 290,617 were males (67.11%) and 142,138 females (32.82%). During 2005 alone, 33,141 cases of AIDS were registered. Of this total, 2,813 were teenagers and young adults, aged between 13 to 24 years old - another factor that worsens the situation of youngsters, especially in Santa Catarina - and that demands doubled attention, in spite of the fact that it is the smallest state in Brazil's Southern Region, in population number, but with the second highest incidence of cases of aids (in 100,000 inhabitants). In Santa Catarina, the most affected cities are: Florianópolis, Itajaí and Joinville. The region studied in this research (cities of Florianópolis, Itajaí and Balneário Camboriú) accrue 6,400 registered AIDS cases (33% of the cases in Santa Catarina) holding the following epidemiological profile: 53.37% under sexual category (41.82% heterosexual and 11.54% homosexual or bisexual), 29.89% under blood category (29.54% injectable drug users - IDU, 0.06% haemophilic and 0.28% transfusion) and 1.56% under vertical transmission category. According to data from the Ministry of Health, about one in three registered cases of AIDS probably was contaminated by HIV during teenage years. And still, the characteristic of the epidemic in the region studied is shared at national level.

Adolescence is a stage in life where one finds itself in a learning situation, being more open than adults towards the adoption of new behaviours, which justifies people under 20 being considered part of the priority public for education and health. The choice of working with teenagers is due vulnerability of this groups in catching the HIV virus, given that the beginning of sexual activities, each day sooner, and curiosity about drugs, leads them in being more susceptible towards the epidemic (Taquette, Vilhena, & Paula, 2004). The concept of vulnerability, developed by, Mann, Tarantola and Netter (1993), classifies as biological vulnerability each and any person, who once exposed to the virus by sexual contact or contaminated blood, can become HIV positive.

Social Psychology has contributed towards the understanding of the relationship between knowledge and health prevention practices. The main explanatory theories for the adoption of certain behaviour by people are described by Godin (1991). According to the author, for the model of belief on health (Becker's health belief model), the perception of a threat is what explains the preventive behaviour; as for the "rational action model" by Fishbein and Ajzen (1975), is the intention composed of attitudes on behaviour and subjective norms (arising from relationship with influent people for the person) that leads to the adoption of behaviour; for the "interpersonal behaviour model" by Triandis (1977), it is the complementation between intention,

habit and facilitating or complication conditions of conduct that operate; and, finally, for the "planned model" according to Ajzen and Madden (1986), the perception the person has on control on behaviour to be adopted is important.

It is known that the relationship between information and action (the behaviour) does not have a single meaning. Sometimes, as showed by Mc Guire (1976), the theory of persuasion called «coherence model» is useful to explain what the «information diffusion model» cannot fulfil, i.e.: there are situations where behaviour change precedes over the intention of adopting preventive measures that support, in turn, changes in attitude about health.

This study was interested in attitude, in the behaviour and social representation of risk in teenagers regarding HIV sexual transmission. Attitudes are related to the position people take regarding objects or situations, which guide their behaviour in relation to these objects and rely upon beliefs and feelings they have on the last ones (Lima, 1996; Rodrigues, Assmar, & Jablonski, 2002). Being more specific, attitude and behaviour considered here refer to the use of condoms.

The focus on reasons given for the non use of condoms allows the articulation of such risky behaviour with social representations that support it. The expression "social representation" is hereby used as a particular type of knowledge arising from social communication, allowing for several understandings of people's worlds to converge, so that a certain individual knowledge becomes social and vice-versa (Moscovici, 1989).

Therefore, in view more effective health practices; the study of social representations provides an understanding of collective and shared dimension of the phenomenon. Morin and Vergès (1992) highlight that social representations allow individuals (1) to satisfy the socially shared need of explaining for oneself and to the other, intriguing or disturbing events; and (2) to allow confronted individuals with crisis or fears (those that imply in environmental or habit change considered central in a life style) to find an identity reference, i.e. support for the action.

Therefore, the outbreak of AIDS unchained at individual and collective levels theories that combine values, faiths, attitudes and actions (Morin & Vergès, 1992). Tura (2004) complements by stating that the AIDS phenomenon is particularly complex, as it involves sexuality, care, desire, affirmation needs, besides norms, values and information.

From the fact that homosexuals were the first ones to be hit by the disease, the association of AIDS and homosexuality was the first attempt to explain a phenomenon of which not even the scientific community had answers for. It was just a verification of symptoms, since medical knowledge did not provide causes for the disease and it was full of doubts (Jodelet, 2001).

In this sense, Jodelet (2001) states that AIDS is the first disease in which both social and medical histories developed together. The media and the people took possession of this

unknown and strange disease, which proximity between the biological and social had not yet been revealed. What was known about the transmission of the disease and its victims favoured, in special, the development of two concepts: a moral and social one and a biological one, both with the evident influence over behaviour, in intimate relationships or towards people affected by the disease. Lack of information and science doubt promoted the result of representations that circulated amongst people and/or went from one communication means to other. Thus, two representations – one moral and another biological – were built to shelter a new element.

Joffe (1994), when studying AIDS social representations between population living in England and in South Africa, based upon the Theory of Abric Central Nucleus, certified that this type of knowledge is structured around a central nucleus with a foreign condition and another one, as main contents. The notion of AIDS as a “gay plague” was anchored in a previously known threat, the bubonic plague, and it would refer to the threat of disease in homosexuals, an external group, thus less threatening to the internal group.

Other works of Joffe (1996 and 1998) also reinforce the idea that AIDS social representations are directly linked to the notion of otherness. By studying theories about the origin of AIDS in different population, the author discovered that, for people in the United States, AIDS was originated in Africa or Haiti. For the South Africans, on the other hand, the origin of the disease was in the United States, Europe or “black” Africa (Sub-Saharan). The English placed the origin of AIDS either in the African continent or in the United States. The notion of AIDS as a “disease of the other” was also kept as to the origin of the epidemic.

The interest of the social representations theory in understanding the complex AIDS problematic is linked to the fact that this shared knowledge has an important role in how to act on the disease and its prevention (Camargo, 2000).

The relationship between causality attribution theory and social representation theory, according to Hewstone (1989) refers to the possibility of the later explaining the origin of the phenomenon studied in the first. The theory of causality attribution indicates that explanations given by humans for situations and things which they have links with, emphasize the causal element. It searches to clarify when, how and why people attribute causes; but in order to understand the origin of this kind of knowledge, the understanding of production circulation mechanisms of common sense must be understood, i.e., social representations.

The attribution of causality refers to the need that people have in understanding the origin of their experiences and to find explanations for events that happen to them or that happens in their daily lives (Cerclé & Somat, 2001). According to Heider (1970), personal causality (internal) and impersonal causality (external) constitute the two basic forms of causal attribution to events. The first one refers to the person own

intentions and under his/her control; and the second one results from external forces to the person, presented outside his/her control. The more the person is seen as the cause of an action, the less the environment is seen as causal factor (vice-versa). However, for the theoretical model of Wiener and collaborators (1974) (cited by Cerclé & Somat, 2001) besides considering internal and external causes, for the authors some would be stable and others unstable, there would be an intentional/non intentional aspect of a cause and that is distributed along a continuous that goes from the controllable (intentional) to the uncontrollable (non intentional). That is, the authors propose three dimensions for the attributions: a) the internal – external, b) the stable – unstable and c) the controllable – non controllable.

Narring, Michaud, Wydler, Davatz and Villaret (1997), give important elements, for this study, about sexuality of students at secondary school in Switzerland by means of a survey involving 4,283 participants. Results indicate that the evaluation of pregnancy risk or HIV contamination is rare in occasional relationships, that ability of condom use negotiation lessens with the stability of the relationship and non use of condom in stable relationships is related to the use of the pill for contraception.

Tura (1998) when researching social representations about AIDS in secondary school Brazilian teenagers, found death, sex, condom and the disease as central elements. Therefore, AIDS was associated to either the condom or with disease that kills, alternating the idea of mortal disease to the idea of prevention. The author also pointed out the presence, in the peripheral system of elements such as fear (of physical contact), suffering (possibility of losing someone) and insecurity (by the risk of HIV carrier hiding the diagnosis).

In the case of AIDS epidemic, the adoption of condom use is the only barrier proven to be effective against HIV sexual transmission as well as sexually transmitted diseases (STD's).

Studies undertaken with teenagers on the use of condoms (Albarracín, Jonhson, Fishbein, & Muelleririle, 2001; Antunes, Peres, Paiva, Stall, & Hearst, 2002; Cecil & Zimet, 1998) detected that the majority had little intention in wearing it. Factors influencing the decision of protected sex rely upon existing relationship between partners (Gebhardt, Kuyper, & Greunsven, 2003). The main factor for the non use of condom is the presence of steady partners, which establishes a relationship of trust between the couple (Jiménez, Gotlieb, Hardy, & Zaneveld, 2001, Monteiro & Cecchetto, 2006). According to Apter, Cacciatore and Hermanson (2004), circumstances that influence non use of condom are: the price of the condom, difficulty in buying it, non planned sexual experiences, alcohol and drugs use, and the tendency to undertake risks.

MacDonald, MacDonald, Zanna and Fong (2000), testing the alcoholic myopia theory described by Steele and Southwick in 1985, relating alcohol to sexual arousal and the intention of using the condom in university male students

(aged 18 and 19) showed that alcohol significantly interferes in the decision about the (non) use of preservatives. Another factor mentioned by the researchers (Betts, Peterson, & Huebner, 2003; Pascual, 2002) was that boys are more resistant to the use of condoms than girls, but tend to wear more the condom with known partners (Chirinos, Bardales, & Segura, 2006).

Some studies (Campbell, Peplau, & DeBro, 1992; Wilson, Manual, & Lavelle, 1991) indicate the existence of beliefs and negative attitudes in relation to the use of condoms, in the sense that it interferes in the couple's harmony of sexual meeting and it negatively affects sexual disposition.

In studies undertaken with 300 university students, Tamayo, Lima, Marques and Martins (2001) checked the axiological priorities of people that influence condom use directly and indirectly in sexual relationships. The authors found out that the use of the condom is, negatively related to beliefs regarding less sexual sensation and proposing the partner to wear a condom shows lack of trust; and, positively, with the opinion of who cares for health must regularly wear the condom.

Teenagers tend to involve themselves into risky situations, as presented in a study performed by Carlini-Cotrin, Gazal-Carvalho and Gouveia (2000) with young students of public and private schools in the metropolitan region of São Paulo, where a significant proportion held risky behaviour. In public schools the most frequent behaviours were riding a motorcycle without the helmet and the non use of condoms for the last sexual intercourse; as to private school students, the substantial use of psychoactive substances, mainly alcohol, was more frequent.

Therefore, this research aims at studying the social representation of secondary school teenagers on sex without protection, more specifically the relationship between attitude on the use of the condom and given reasons for its non use.

Method

Participants

This research had the participation of 1,386 secondary level students of public (69%) and private (31%) schools in the following cities in Southern Brazil: Florianópolis, Itajaí and Balneário Camboriú. For the selection of schools, a conglomerate sampling was used, considering type of establishment (public or private). Homogeneity of conglomerates was also considered, from data supplied by

the Education Secretariat of Santa Catarina, by means of a school census undertaken in 2000.

Students selection criteria were the following: (1) to be studying the second year of secondary school; (2) being in the teenager age group, i.e. between 12 to 18 years, as defined by the Child and Teenagers Statute¹; (3) being a volunteer; (4) not participating of any activity involving the theme of AIDS at the moment of data collection. There were no refusals by any student in taking part in the survey.

In order to verify reasons why teenagers do not use the condom during intercourse, only 300 sub-sample teenagers were focused as they declared holding such behaviour during the past year.

Instruments

A semi-structured and self-managed questionnaire was used in this study, under collective status (classroom), composed of questions about: (1) demographic variables (age and gender); (2) interest regarding sexual behaviour variable (dating, sexual relationships, condom use); (3) an open question for participants who declared having at least one intercourse with penetration without the condom in the last 12 months; and (4) an attitude scale Likert kind as to the use of condom, with four points (average point = 2.5) composed of 12 items (Camargo & Barbará, 2004). Consistency between the items was considered as moderate ($\alpha = .75$). To obtain the average score of the 12 items, where students answered "I don't know" or left blank, the method of value substitution was used with values of linear tendency to the point, when estimating the average.

Procedures

Initially, six researchers were trained for the application of the tool. Later the group contacted the direction of each participating school and asked for authorization to carry out the research. At this point, the project was presented as research protocol in accordance to ethical principles of anonymity, volunteer participation, awareness of research aims, care of physical, psychological and social integrity of participants. The school directors already had authorization from student's parents for the activity of AIDS study and prevention. This kind of activity is part of Education State Secretariat of Santa Catarina recommendations for the implementation of cross cutting issues and holds as characteristics teaching permeated by Ethic, Health, Environment, Sexual Guidance and Cultural Diversity, respecting cultural characteristics, diversity of contexts and regional differences.

¹ According to the Child and Teenager Statute, Law nr. 8,069 dated July 13, 1990, under art. 2nd. "It is considered as a child, according to this Law, a person up to incomplete twelve years-old and as a teenager the ones between twelve and eighteen years-old".

The questionnaire was applied in pairs during previously scheduled time with the institution's direction. During application, first of all, researchers introduced themselves to the students and explained the reason of the research, followed by distribution of questionnaires, reading instructions aloud, reinforcing that participating was a volunteer, secrecy of answers was ensured as all data would be handled collectively. It was also explained that there were no right or wrong answers, and that maximum of honesty ought to be used. Students were instructed that at the end of the activity they should inform the researchers, so that they would collect the questionnaire. Teachers were advised to leave the classroom at the moment of data collection. Students took about an average of 30 minutes to answer the questionnaire.

Data analysis

Data analysis of closed questions and attitude scale as to the condom involved statistical description (relative frequency, average and pattern deviation), non parametric statistic (Qui-square test) and difference between averages (Student's t test). For that purpose, the computer programme Statistical Package for Social Sciences - SPSS 11.1 was used.

Analysis of open question on the reason of non use of the condom in the last 12 months was performed by the computer programme named Lexical Analysis by Context of a Text Segment Group - ALCESTE (Reinert, 1998). This programme was chosen given the large number of answers to the open question. In its average procedure, after segmentation of corpus into units of elementary context (UEC's) the programme performs a Descending Hierarchical Classification of the textual material, which results into UEC's classes, organized by similarity of vocabulary (Camargo, 2005). As here the corpus has a set of relatively short answers, a segmentation criterion was adopted, where each unit of initial context (UIC) or answer was considered as one UEC.

From this analysis the programme presents the dendrogram of Descending Hierarchical Classification, which illustrates the relationship between the classes, which in turn allows for the description of each one of the classes, through specific vocabulary (Lexical) and by variables considered (in this research analysed variables were: type of school and city). Thus classes can indicate social representations on a given object, or some aspects of representation (Camargo, 2005).

Results

From the 1,386 students who participated in the research, 60% were females and 40% were males, and 69% of students were from public schools. Average age was 17 years and three months with pattern deviation of a year and six months. At the time of the survey 48% declared having some kind of remunerated work.

Considering teenagers of both sexes, almost half declared having had at least one sexual experience in life (51.5%). But for the last 12 months this numbers fell to 42.7%. Sexual intercourse with penetration between the teenagers happened mainly when dating. Approximately one third of the sample confirmed to be dating at the time of the survey (34.9%).

Risky behaviour taking place amongst students was another considered factor. Figure 1 shows that half of the students acknowledged not going regularly to school, without any excuse. About one in three students declared having been drunk during this period, and one in five had sexual intercourse without the condom.

The proportion of people that do not use the contraceptive pill can be explained by the use of condoms, which besides avoiding unwanted pregnancy protects users against STD's. The abusive use of alcohol reflects the fact that this drug is commercially legal for people over 18 and socially acceptable, and implies risks, both directly associated to the product (dependency) as indirectly, such as: traffic accidents, induction to abusive use of other drugs as well as greater disposition to neglect the use of condom, which affects protection against STD's.

One of the main risks regarding AIDS is sexual intercourse without a condom, which is not despicable in the global sample studied, 21.6% of the students declared that this situation had occurred in the last 12 months. By considering just those who had sexual intercourse with penetration during the mentioned period ($N = 587$), more than half of the teenagers (51.1%) declared at least one risky sexual relationship.

People from the group that practice safe sex have had, mainly, occasional sexual experiences with penetration; whereas the ones that did not use the condom were divided between those who had many sexual intercourses and those who had occasional experiences.

Table 1 shows residual analysis, allowing for the characterization of significant contribution to the value of qui-square between the amount of sexual intercourse and non use

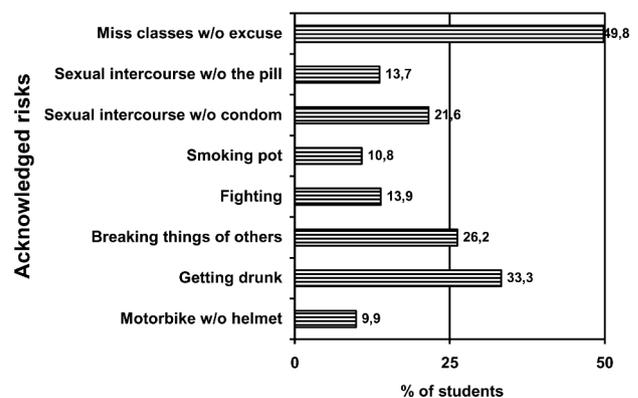


Figure 1. Acknowledged risk by school teenagers in the last 12 months ($N = 1386$)

of the condom ($\chi^2 = 30.83$; $df = 3$; $p < .001$; $V = .24$). Therefore, the greater the number of sexual experiences is, the greater the influence in the use or not of the condom is as well.

The number of sexual intercourses with penetration is linked to the fact of students dating, as according to data there is a significant link between dating and sexual intercourse in the last 12 months ($\chi^2 = 226.17$; $df = 2$; $p < .001$; $V = .40$). As it can be seen under Table 2, more than half the students (54%) who had had sexual relationship

were dating at the moment of the research, and out of these more than half declared to have had sex with a single partner.

As to the connection between dating and sexual intercourse without the condom, data revealed a statistically significant link ($\chi^2 = 22.689$; $df = 1$; $p < .001$; $V = .20$), and according to Table 3, the number of students with boyfriends who do not wear a condom is greater than the number of students that do not date and declare wearing the condom in every sexual intercourse.

Table 1

Distribution of frequency and standardized residuals regarding sexual experience and condom use

Sexual intercourse with penetration	Frequency/Standardized Residuals	Sexual intercourse with the condom		Total
		Yes	No	
Once	Frequency	37.31	24	61.31
	Percentage (%)	13%	8%	
	Standardized residuals	1.8	-1.8	
A few times	Total Frequency	180.24	136.4	316.64
	Percentage (%)	62.8%	45.5%	
	Standardized residuals	1.8	-1.8	
Many times	Frequency	69.45	139.5	208.95
	Percentage (%)	24.2%	46.5%	
	Standardized residuals	-3.2	3.2	
Total Frequency		287	300	587

Table 2

Distribution of frequency and standardized residuals regarding dating and sexual intercourse with penetration in the last 12 months

Dating	Frequency/Standardized Residuals	Sexual intercourse			Total
		Não	Yes, with the same person	Yes, with more than one person	
Yes	Frequency	163	267	51	481
	Standardized residuals	(-6.8)	(10.0)	(-1.1)	
No	Frequency	636	150	119	895
	Standardized residuals	(5.0)	(-7.3)	(0.8)	
Total Frequency		799	417	170	1386

Table 3

Distribution of frequency and standardized residuals regarding dating and sexual intercourse without wearing a condom

Sexual intercourse with penetration	Frequency/Standardized Residuals	Sexual intercourse without the condom		Total
		Yes	No	
Once	Frequency	191	125	316
	Standardized residuals	(2.3)	(-2.3)	
A few times	Total Frequency	110	161	271
	Standardized residuals	(-2.4)	(2.5)	
Total Frequency		300	286	587

As to attitude of students regarding use of the condom, global results indicated that participants who did not have sexual experience with penetration were more favourable to the use of condoms than those with such experience ($t = 7.21$; $df = 1321$; $p < .001$; $d = 0.39$); and teenagers that presented risky behaviour as to HIV (who had at least one sexual intercourse without the condom in the last 12 months) were less favourable to the use of condoms as opposed to the ones who did not have this kind of experience during the period ($t = 5.00$; $df = 585$; $p < .001$; $d = 0.41$).

Given reasons by students why not to wear a condom (N = 300)

From students who had had sexual intercourse in the last 12 months ($N = 587$) more than half stated having sexual intercourse without the use of condoms. Therefore, from students of this sub-sample ($N = 300$), 64% were female and 36% males, with average age of 17 years and 11 months,

and age distribution was presented with a pattern deviation of two years and a month. More than half of these students (66%) stated having remunerated jobs. Also, 63% stated to be dating at the moment of the research.

Reasons given by the 300 students for the non use of the condom, collected as open questions, were analysed by ALCESTE programme. Thus, the corpus of the analysis allowed for the identification of a discursive structure that organizes itself into three lexical classes. These classes are presented under the dendrogram (Figure 2), as well as segment, which will be described, from texts resulting from descending hierarchical classification (DHC), by most significant vocabulary, directed under three criteria: 1) how often words occur (specifically, only the ones with higher frequency than the average frequency of words from the corpus, i.e. equal or higher than five), the proof of association of the qui-square against the class ($\chi^2 \geq 3.84$; $df = 1$) and that 50% or more of the word occurring in that class.

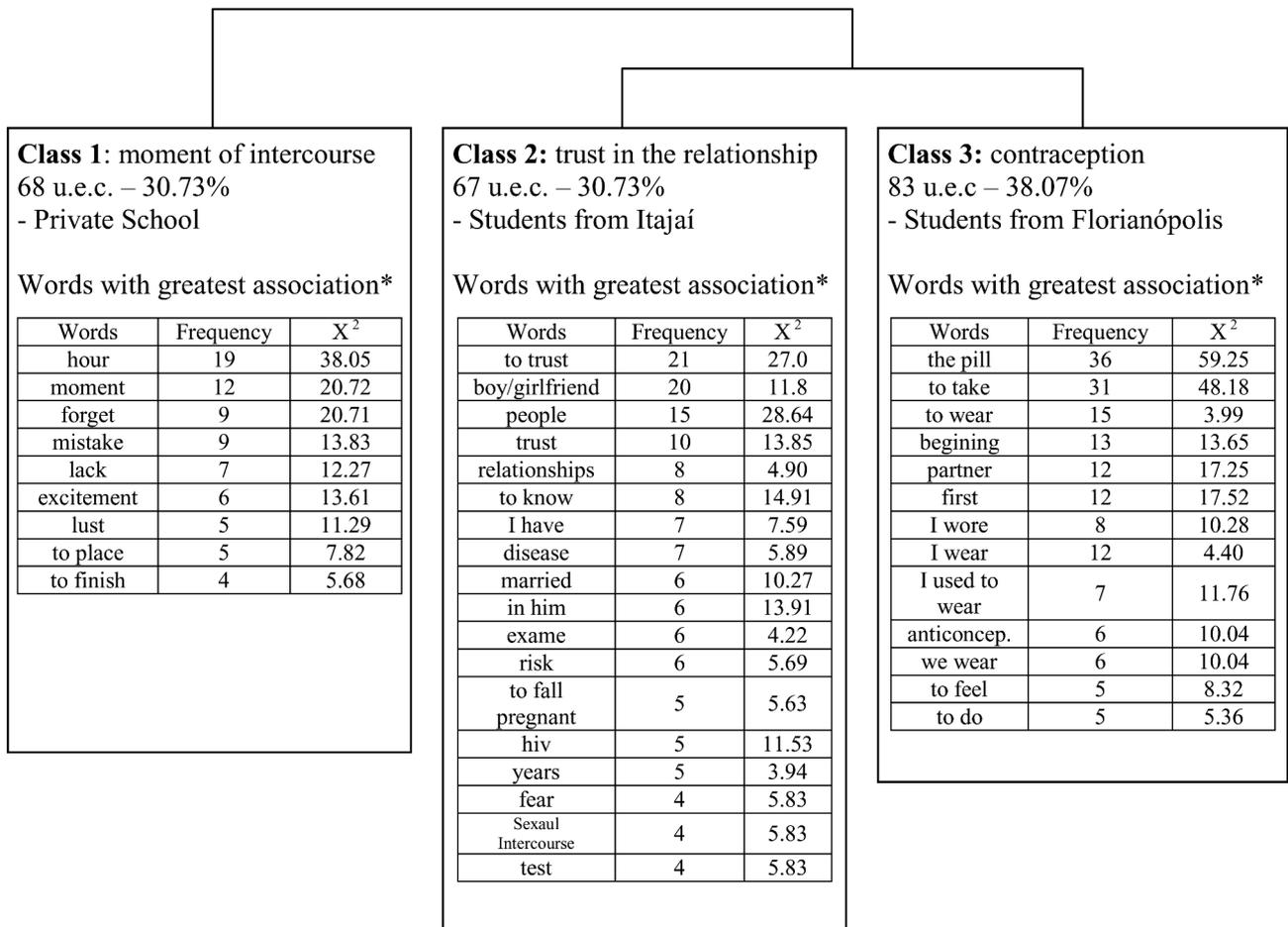


Figure 2. Descending Hierarchical Classification Dendrogram

*df = 1

Class 1 is comprised of 30.73% of UEC's, a characteristic from private schools students, and related to the moment when the relationship happens, seen by the teenagers as something that motivates them and is associated with the highest moment of both male and female desire ("*tesão*" - lust). As seen in the answer (UEC) of a male, 17 year-old student: "in the moment of lust we forget about prevention, but I think it was irresponsible". The moment as a single experience that brings satisfaction and excitement for teenagers.

Under class 2, named relationship trust, a characteristic of students in Itajaí, teenagers attribute trust in the partner as a reason not to use the condom; this excuse is reinforced with the argument of already knowing the person and having started together their sexual life as a factor that prevents them from the risk. As the UEC characteristic of this class shows: "I always date with the same person, and both of us, before starting our sexual life, checked and knew that we were both healthy, and there is extreme trust between us" (18 years-old female student).

Reciprocal trust between partners is considered as a way of protection against the virus. Teenagers believe that by taking the anti-HIV test at the beginning of the relationship means that they will be protected throughout the relationship. This evidences the fallacy originated from a limited awareness existing in this social segment, which naively thinks that a protection barrier exists against the disease by the feeling that brings them together to the steady partner.

Class 3, named contraception, consists of 38.07% of the UCE's and is a characteristic from the answers of students in Florianópolis, showing that there is concern only in avoiding pregnancy, in prejudice the protection of sexually transmitted diseases, amongst which AIDS. This concern can be showed by the answer of an 18 year-old female: "before I started taking the pill I always used the condom because I was afraid of falling pregnant, now I no longer use it, because I take the pill and also because I don't like to use it". This statement confirms the relevance of the theme for teenagers and their concern in avoiding pregnancy; another factor shown along these lines is not to like wearing the condom, as a personal option.

Therefore, from the supplied classes by ALCESTE programme, causes given by students form the basis that result in two social representations for AIDS prevention: (1) reciprocal trust in the partner and (2) the experience with sex and with the condom; the first one gives meaning to the practice of teenagers with known partners, and the second one refers to the sexual relationship with less known partners.

Discussion

Brazil still has, in its age group structure, a predominantly young population. Approximately one third of the world population is between 10 and 24 years of age, i.e. they are

young. According to the World Health Organization (2005), in this age group half of HIV infections are concentrated worldwide. This data when transformed into information allows the identification of a critical situation and place the young population at the top of the priorities pyramid of public debate on policies answering the HIV/AIDS epidemic, in Brazil and in the world. Taking as basis the objective of this study, which is to verify reasons given by teenagers for non use of the condom during sex, it is appropriate to stress out that findings can contribute towards formulation of preventive policies and respective action strategies, in face this epidemic.

The fact that the majority of teenagers that were not using the condom were dating at the time of the research points to one of the factors related to carelessness in the prevention as well as high vulnerability of this group in relation to the disease: intimacy.

Although information released by prevention campaigns aim at population awareness on the seriousness of the disease, there is an underestimation by studied population about risk of infection, which is reflected in data found, since the majority believes that by having a steady partner mean being free of the disease and, for that reason, there is no need for prevention, both for AIDS or any other sexually transmitted disease. Students with steady partners do not feel threatened by the disease, i.e. they do not consider themselves vulnerable.

According to Costa and Lima (1998) idealization of a partner is responsible for the satisfaction of a relationship, which contributes for the development of mutual trust feelings. Intimacy, often, strengthens a dysfunction in terms of STD's prevention awareness, as the high level of uncertainty existing at the beginning of the relationship, decreases as knowledge of the other increases, setting vulnerability as to prevention of this segment. Therefore, intimacy is responsible for feelings of mutual trust. In this sense, different forms of perceiving and evaluating the relationship and the partner can reflection in a concrete manner in the way individuals feel vulnerable to AIDS in a loving relationship. Romantic feelings and partner trust explain the existence of less concern regarding AIDS, as they are less influenced by such feeling in wearing the condom.

It is important to point out that students who participated in this research stated having several risk behaviours, and that non use of the condom is one amongst several described by the youngsters. Risky behaviour amongst teenagers was verified from use of drugs, especially alcohol, as this kind of behaviour is associated, direct or indirectly, to the risk of AIDS virus contamination, making the decision of wearing a condom less frequent, as verified in studies undertaken with Brazilian teenager (Carlini-Cotrim et al., 2000; Taquette et al., 2004).

The relationship between attribution of causes for non use of condoms and described contents for the non use allow

for the appearance of two social representations: of trust in the partner and the experience with sex and with the condom. The social representation that the knowledge of the partner is a reason for the non use of condom is based upon mutual trust assumed by the involved people. As for the social representation of prevention regarding experience in the young segment, it supports the attributions of risky behaviour happening as non rational nature of this kind of relationship and by personal rejection of condom use.

Specificity involving this kind of relationship (vital and uncontrollable), knowledge and trust in the partner, the resource of the pill for contraception and personal rejection to the condom (not liking it) are factors that articulate social representations on AIDS regarding causes for its prevention.

When reasons given by students are related to the model described by Wiener and cols., data indicate an internal cause controlled by the use of the condom and uncontrolled by the fact of not liking to wear it during sex; and a controlled external cause due to the fact that sexual relationships happen with known people (boyfriend) and uncontrolled due the difficulty of wearing a condom during sex.

To think about the relationship between social representations and reasons given by students for non use of the condom, it translates how teenagers live and explain an intimacy situation that involves the moment of sexual intercourse, and therefore its social representations of sexuality and loving relationships. As for this research, partner trust and experience with sex and with the condom, show that social representation of AIDS involves questions about sexuality, vulnerability and fear, representations that overcome social relationships and indicate shared knowledge amongst teenagers.

Therefore, taking into account the findings of Apter, Cacciatore and Hermanson (2004) on the circumstances that influence condom non-use, reporting that teenagers described the moment of sexual intercourse as an uncontrollable event, it is possible to question those results. If educational institutions consistently kept prevention programmes based upon risk perception, as well as access to condoms, an attitude change towards the object would take place.

Although this research brings forward contributions on the relationship between the attribution process of causality and social representation of AIDS prevention, this question still needs to be furthered.

This could take place by considering social representations of loving and sexual relationships, and their implications for the representations of this disease and its prevention; as well as better understanding of causality attribution, by examining beyond the non use of condoms, its application.

The fact that teenagers that have not yet had sexual experiences have a more favourable attitude towards wearing a condom than those who have already had this experience, strengthens even further the fact of having a steady partner by this age group as a protection factor, since as Fazekas,

Senn and Ledgerwood (2001) describes the non use of the condom is many times considered as a way of showing or creating trust or complicity in young couples. Therefore, different people can hold different attitudes to the same object and, these evaluations can change along time. So, studies that evaluate attitudes regarding this protection object serve as a warning sign for schools and prevention programmes to develop prevention strategies with this population group, which is permanently exposed to risky situations.

Considering that social representations and practices are directly linked, determining not only distinct behaviour but also specific attitudes facing a problem (Abric, 2001), meaning given by individuals to AIDS can influence retention of preventive information and, consequently, in joining prevention practices. Therefore it is important to develop programmes where teenager considers all the processes in building knowledge on the disease, risks and prevention means. Besides that, information here surveyed allow for a better established understanding regarding inter rational dynamic that involves this kind of experience during teenage years, constituting a valuable support material for health professionals to act, in view the improvement of quality in prevention.

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