

YOUNG PEOPLE'S CONCEPTION OF HIV/AIDS AND THE USE
OF CONDOMS IN SEXUAL INTERCOURSE

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ABSTRACT

The aim of this study was to gather knowledge regarding the conception of young people as for HIV/AIDS and the use of condoms in sexual intercourse. Survey conducted in May, 2012, at a public school in the city of João Pessoa, Paraíba, with eleven young people of both sexes. The chosen technique of investigation was a semi-structured interview. Empirical data were organized according to categorical content analysis, the following categories emerging: "AIDS: what young people think", "AIDS prevention methods" and one subcategory "Trust in the partner as a method for HIV/AIDS prevention". As observed, there is knowledge of condom use as a preventive method against HIV/AIDS; trust in the partner and faithfulness were also cited as preventive methods in both sexes. It is suggested that, when investing in national and regional proposals, not only social inequalities are to be considered, but especially the local realities of different young people in different national scenarios.

Descriptors: Condom. Sexual behavior. Acquired immunodeficiency syndrome.

RESUMO

Objetivou-se conhecer a concepção de jovens sobre o HIV/AIDS e o uso de preservativos nas relações sexuais. Pesquisa realizada em maio de 2012 em uma escola pública da cidade de João Pessoa, Paraíba, com onze jovens de ambos os sexos. Elegeram-se como técnica de investigação a entrevista semiestruturada. Os dados empíricos foram organizados mediante análise de conteúdo categorial, emergindo as seguintes categorias: "AIDS: o que pensam os jovens"; "Formas de prevenção contra a AIDS", e uma subcategoria: "Confiança no(a) parceiro(a) como método de prevenção contra o HIV/AIDS". Constatou-se que há conhecimento do uso do preservativo como método preventivo contra o HIV/AIDS; que a confiança no parceiro(a) e a fidelidade também foram citadas como métodos preventivos em ambos os sexos. Sugere-se que, ao investir em propostas nacionais e regionais, sejam consideradas não somente as desigualdades sociais, mas, sobretudo, as realidades locais de distintas juventudes em diferentes cenários nacionais.

Descritores: Preservativos. Comportamento sexual. Síndrome de imunodeficiência adquirida.

Título: Concepção de jovens sobre o HIV/AIDS e o uso de preservativos nas relações sexuais.

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RESUMEN

Dirigido para satisfacer el concepto de la juventud sobre el VIH/SIDA y el uso de preservativos durante las relaciones sexuales. Encuesta realizada en mayo de 2012 en una escuela pública en la ciudad de João Pessoa/Paraíba, con once jóvenes de ambos sexos. Fue elegido como una técnica de investigación para las entrevistas semiestructuradas. Los datos empíricos fueron organizados de acuerdo al análisis de contenido categorial, emergiendo las categorías siguientes: SIDA: ¿qué piensan los jóvenes?; "Formas de prevención del SIDA" y una subcategoría "la confianza en el(la) compañero(a) como un método para prevenir el VIH/SIDA". Se encontró que hay un conocimiento del uso del preservativo como método preventivo contra el VIH/SIDA, la confianza en el compañero(a) y la lealtad también fueron citados como los métodos de prevención en los dos sexos. Se sugiere que al invertir en las propuestas nacionales y regionales las desigualdades sociales no solo sean consideradas, especialmente las realidades locales de diferentes jóvenes en diferentes escenarios nacionales.

Descriptorios: Condomes, Conducta sexual, Síndrome de inmunodeficiencia adquirida.

Título: Diseño de la juventud sobre VIH/Sida y el uso de condones en relaciones sexuales.

INTRODUCTION

Studies conducted by the Ministry of Health, which address the behavior of the Brazilian population regarding the prevention of sexually transmitted diseases (STDs), show that the young population's knowledge of the routes of infection by the Human Immunodeficiency Virus (HIV) is high⁽¹⁾. Nevertheless, these data are insufficient to promote changes in behavior and conduct.

A prospective cohort study conducted in Brazil showed that although the young population from 15 to 24 years of age has distinguished itself among the other age groups as the group with the highest adherence to condom use, its regular use has been falling. In 2004, 58.4% of the reviewed young people claimed to use condoms with casual partners. In 2008, an 8.8% decrease was observed, being mentioned as a preventive method by 49.6% of the young people⁽²⁻³⁾.

Being a group of popular expression, corresponding to 30.3% of the Brazilian population, it is noted that this age group concentrates 11.2% of new HIV infections among adults. In 2010, 3296 cases of AIDS in the age group from 13 to 24 years of age were notified through the National Information System for Notifiable Diseases (SINAN, as per its acronym in Portuguese), declared from the Mortality System (SIM, as per its acronym in Portuguese). Out of these cases, 1938 occurred to men and 1358 to women. In the last ten years, an annual average of 589 deaths among young people was registered⁽¹⁾.

Analyzing the distribution of AIDS cases among the Brazilian regions in this age group, the Southeast region concentrates 38.2% of cases,

the Northeast region reaches the second position with 21.9% of cases, the South region presents 21.1%, the North - 11.1% and Midwest - 7.7%⁽²⁾. The determining factors for the increase of cases in this age group include negative attitudes or the non-systematization regarding the use of condoms; specificities related to gender; belief in invulnerability and the unpredictability of intercourses⁽⁴⁻⁵⁾. The reasons that make young people engage in unprotected sexual practices are multifactorial and related to sociocultural contexts.

Studies show important gaps in knowledge of HIV/AIDS and highlight the fact that just increasing the level of information about the routes of HIV transmission and the need to use condoms does not guarantee changes in practices⁽⁶⁻⁷⁾.

To these factors are added conceptions of adolescence as a problematic period of life or even beliefs related to young people as beings who can answer to interventions from family or school, disciplinarily. The question is not to deny that AIDS is an epidemic, which still kills and remains covered in stigmas and forms of social discrimination, but above all, draws attention to the complexity of factors encompassing it, beyond the biomedical ones.

There is not always coherence between the young people's subjective experiences and the explanatory methods of the preventive policies. These possess individual and particular perceptions regarding their health and respond to the preventive needs, based on their own experiences shared by the group to which they belong⁽⁸⁾.

A more comprehensive understanding of how to look at and understand HIV/AIDS locally is suggested in answer to the nonadherence to condom use, gender dissymmetry, violence, social exclusion,

as well as the educational policies being focused on changing these young people's behaviors. Nevertheless, these strategies can result in a broader effect if they are not directed to individual behaviors, but to a complexity of phenomena⁽⁹⁾.

Considering the importance of the preventive approach, as well as young people's vulnerability, studies that broaden knowledge about their opinions, values and experiences are justified, factors that interfere in the practice of safe sex. As such, it is asked: What is the conception of young people as for HIV/AIDS? Do young people use condoms in their sexual intercourses?

In that sense, the aim of this study was to gather knowledge regarding the conception of young people as for HIV/AIDS and the use of condoms in sexual intercourses.

METHODOLOGY

This qualitative research was conducted in the Antônio Santos Coelho Municipal School, situated in the Penha neighborhood, in the city of João Pessoa, Paraíba. This school was chosen because it has night courses for young people, especially above 18 years of age. After authorization from the City Department of Education, there were in loco observations in the school environment, informal conversations with students and the school management, aiming to introduce the work and its objectives.

The inclusion criteria for the selection of subjects included: being formally enrolled in the institution, being active with a minimum of 75% frequency and being over the age of 18; whereas exclusion criteria were: not being present in the school at the moment of data collection, refusal to participate in the study and/or to sign an Informed Consent Form (ICF). In the days and times agreed upon, eleven participants were selected.

A semi-structured interview was used for the production of empirical material, based on a script containing six subjective questions. The interviews were conducted in the month of May, 2012. To guarantee the quality of the empirical material, the interviews were recorded only after consent from the participants and signing of the ICF.

The collected empirical material was analyzed based on the categorical content analysis technique⁽¹⁰⁾, whose stages of corpus organization

consist of: Pre-analysis (first reading of the data transcribed from the recordings – moment when the material was organized and, from that, the documents to be analyzed were selected, and the indicators that substantiate the final interpretation were developed) and exploration of the material (building of the corpus), in this stage attention was paid to completeness; representativeness; homogeneity; pertinence and exclusivity, in other words, an element should not be classified in more than one category. After the first reading of the empirical material and the building of the corpus, which was constituted from its criteria of validation, completeness, representativeness and pertinence, it was conformed to two categories and one subcategory, which correspond to the final product of the content analysis.

Participants were codified with the acronyms M (male) and F (female) and Arabic numbers according to the sequence of interviews and separated by gender (M1... F1, F2...), aiming to guarantee their anonymity and complying with the demands of the resolution 196/96⁽¹¹⁾ of the Brazilian National Health Council, which establishes the norms and regulatory guidelines for studies involving human beings. The project that originated the study⁽¹²⁾ was approved by the Research Ethics Committee (REC) of Nova Esperança Nursing School (FACENE) under protocol number 36/2012 and CAEE number: 01744912.1.00005179.

RESULTS AND DISCUSSION

The research subjects were five men and six women, with ages between 18 and 25, and all of whom attended secondary school. In relation to marital status, two young men and five young women maintained some kind of stable relationship. The number of relationships with commitment was higher among the women (five), more than double the number of men who declared themselves as married.

The singles, four (two men and two women) subjects, claimed having some kind of love relationship, dating – making reference to a type of relationship that is more stable and lasting, or hanging out – when it is a type of temporary relationship, lasting one night, which happens in public places⁽¹³⁾.

The average monthly income was R\$ 572.80 for the male gender and R\$ 348.67 for the female

gender, showing a population with low income because of their low level of education. In this study, it was observed that the male income was higher than that of women, by 39.12%, a difference between genders higher than the one estimated in Brazil, which would be around 13.75%. This situation points to the gender disparities which are part of the structure of the Brazilian social disparity and are present since the women's entry into the labor market⁽¹⁴⁾.

The interviews showed a division that repeats the traditional difference between gender roles, where the male is seen as the natural provider, associated to street life, and the female is associated to domestic work. Both genders were associated to occupations that did not demand a high education level. For men, the activities were woodworker helper (M1), hand fisherman (M2), security officer (M3), blacksmith (M4) and civil constructor (M5). The male occupations generally had low salary or were informal, without a signed labor contract and without correlated labor rights.

For the women, activities were centered around home care as charwoman (F1), housewife (F3), cleaning woman (F5) and kitchen helper (F6), the remaining did not have labor activities (F2 and F4), living with aid from the Bolsa Família program (F4) and with their husband's income (F2). Three women were supported by their husbands or parents and two declared they received aid from the Bolsa Família program, with a sum of R\$ 70.

Regarding the monthly income, three made around one minimum wage and two young women made less than one minimum wage. The women who declared themselves as supported by their spouses stated they had a monthly family income of around one minimum wage.

Category 1 - AIDS: What young people think

The predominance of differences between genders in relation to the sexuality of the researched young people show the cultural values present in the context, which help understanding what they consider suitable or expected behavior in daily life, opinions about AIDS and its forms of prevention.

When asking the men what comes to their mind when they think of AIDS, all of them claimed to think about death. AIDS, as a disease without cure, is feared and understood as an inevitable way to die.

I am very afraid, a disease that doesn't have a cure (M1, 18 years, single).

A virus which transforms into a disease without cure (M2, 25 years, married).

I think about fear because it is a disease without cure, sooner or later it kills (M3, 25 years, married).

It is a defeat (M5, 25 years, married).

These statements point to fear and death, meanings that are ingrained in the social consciousness since the epidemic's emergence. In relation to fear, it is associated to the behavior felt in response to the lack of use of condom in some moment in life⁽¹⁵⁾.

The fear of getting infected is also a predictor of the use of condoms, because those who fear the most are also the ones who use this method of prevention the most. Nevertheless, it is noted that the perception of risk and the adoption of preventive strategies do not seem to linearly lead to the systematic and continuous use of condoms⁽¹⁶⁾.

Since the emergence of AIDS in the 1980's, fear has been present, in the beginning as moral panic and after as an alternative to protection in sexual intercourses outside the marital or domestic sphere, hoping to regulate sexuality and domestic life. AIDS, for these young people, represents the fear of the unknown, uncertainty and death.

All of the interviewees consider AIDS a sad disease, with no cure and admit to being afraid of the epidemic, especially because they recognize that men are naturally "naughty" (M6), therefore, likely to contract and contaminate their partners, putting them at a situation of vulnerability.

It is sad, a person having it (F1, 25 years, married).

I think a person having this disease is sad (F2, 20 years, married).

It must be a very sad end of life, lonely (F5, 25 years, married).

I think it is an emotional pain and it has no cure (F6, 18 years, married).

After more than thirty years of its emergence, AIDS is a disease surrounded by some beliefs that, most of the time, are true barriers for the adoption

of preventive habits and practices toward HIV. Regardless of the fear of AIDS and death, they do not represent strategies for regular use of condoms. Without using protection, the doubt whether there was contamination is what torments the most⁽¹⁾.

In Brazil, AIDS lost its character of lethality. The preoccupation with the risks of infection by HIV persists, but prevention does not always seem possible. Those who may be infected tend to delay the test for detection of the virus because of the fear of suffering the consequences of a disease to which treatment is still difficult⁽¹⁷⁾.

It is perceived that there is an increasing proximity of AIDS to the people's lives, however with characteristics of chronic disease in response to the antiretroviral therapy (ART). Formerly, people were seen in terminal stage and today we live with seropositive individuals in daily life, which fomented, together with the ART, its chronic character.

Although it has a side associated with death for many people, for others it was considered a positive value in raising the population's awareness regarding the importance of preventive methods in all sexual intercourses, as well as in the adoption of safe practices in medical hospital environments and by injectable drug users not sharing needles and syringes.

Understanding AIDS as a chronic problem and supposedly solved, or believing that there are people who have determined sexual practices who will get sick because of it, is one of the deterrents for the effective fight against HIV/AIDS⁽¹⁸⁾.

Creating new ways to prevent HIV/AIDS and especially focusing on the young population is key to effectively decrease new cases. Nevertheless, it is suggested that they are created from the perspective of the young people themselves and not in a vertical action.

Category 2 - Ways to prevent AIDS

In reference to ways of prevention, all the young men recognized the condom as the main preventive mechanism against the disease, but admit they did not always use it.

What people say is condom, right? (M1, 18 years, single).

Generally using condom, but sometimes I play Russian Roulette (M2, 25 years, married).

It is observed in the above quote that having sex without protection represents "play(ing) Russian Roulette" (M2), in other words, trying one's luck. This quote shows that there is knowledge of condom use, but it is not put to practical use.

Condom every time I don't know (the other person) or have not known (the other person) for long (M1, 18 years, single).

I protect myself using condoms, and having relations with one woman at a time (M3, 25 years, married).

Always using condom and seeing one [woman] at a time (M4, 18 years, single).

Condom, but only when I go clubbing, not with my wife (M5, 25 years, married).

The interviewed young people recognize that the condom is the most efficient form of protection against sexual transmission, however knowledge does not necessarily lead to use. The non-use appears to highlight the belief that use should occur with occasional partners (M1 and M5), information that is also verified in another study⁽¹⁹⁾.

Regarding the interviewed young women, condoms are considered the most known and feasible method for having safe sex, corresponding to the totality of answers:

For prevention there is always the condom, both for men and for us [women] (F1, 25 years, married).

With condom and I tell him not to have sex with other women (F2, 20 years, married).

For prevention there is the condom, but in my case to prevent pregnancy (F3, 25 years, married).

Taking medicine, sometimes I use condom (F4, 19 years, single).

Always condom, constantly (F5, 25 years, married).

I use condom, but not always, no, only with my husband (F6, 18 years, married).

It is observed that all the young people referred to condom use, but without its constant use. It is interesting to point that in no moment difficulties were mentioned in negotiating condom use with the partners, but, mainly, the transience and inconstancy in use.

There is a consensus in the scientific field and in the media that the condom is an efficient method for STDs/AIDS prevention, allowing for safer sexual practices. Nevertheless, regardless of the wide publicizing of the types of STDs/AIDS prevention carried out in Brazil, many young people do not adopt such practices yet, which points to a disconnection between access to information and the transformation of this knowledge into daily practices^(15, 19).

Nonetheless, sexual exclusivity, which is related to faithfulness, was also mentioned as a prevention method by both genders.

Subcategory 1: Trust in the partner as a method of HIV/AIDS prevention

Trust is a lack of complete information, involves love, possesses a connotation of credibility, deriving from the faith that rises from the relationship between people, "[...] this belief expresses faith in the other's honesty or love"^(20, p.36), or more precisely the partner's integrity is requested.

In this sense, the young people express through the interviews a feeling of trust in their stable sexual partners.

If I am with a familiar person, if I'm seeing her frequently, if I see she is not seeing someone else, then I do not use a condom (M1, 18 years, single).

I trust the home partner and sometimes I don't use a condom, I even abandon it, because I trust her, you know? (M2, 25 years, married).

It has been eight years since I started using condoms even with my husband, I don't want to catch diseases and get pregnant (F3, 25 years, married).

When I slink away, if I don't know the woman well and don't have it [condom], then I do it anyway (M4, 18 years, single).

I don't always use it with my wife, but if I go clubbing, I do (M5, 25 years, married).

I only have one partner, I trust him (F6, 18 years, married).

What draws attention in these quotes is that trust in the other established itself for both genders as a preventive method, based on stability or

knowledge of the other. In certain situations, trust in the other and possible faithfulness take the place of the condom.

The relationships of trust in this study showed themselves as seeming ideals of the affective-sexual involvements and the choice for the use of condoms or not, such condition of trust was built based on presumptions of ideal relationships and people, therefore, putting the need to use condoms in relative terms⁽²⁰⁾. Nevertheless, the condom was not also used in occasional intercourses.

There still are beliefs related to prevention concerning the use of condoms as a shortcoming of efficient public policies. This study, although not hegemonic and without the intention to deplete such possibility, shows that other factors could be considered for more than socio-educational measures, but to consider personal, individual and social evaluations and expectations related to the types of relationships these young people wish.

FINAL CONSIDERATIONS

With the aim to know the conception of young people as for HIV/AIDS and the use of condoms in sexual intercourses, this research shows that the predominant age group was from 18 to 25 years for both genders, all of them students of secondary education, with the male income being higher than female income by 39.12%, a significant difference from the one estimated for Brazil, which would be around 13.75%. Both genders were linked to occupations that do not demand a high level of education. When questioned about HIV/AIDS, the young people connected the disease to fear and death, regardless of the ART and health policies for this clientele in the country. The young women connected their conceptions to feelings of sadness, loneliness and lack of cure.

Nevertheless, it is understood from these conceptions that this study's young people do not make regular and consistent use of condoms in all of their sexual intercourses. Some young people made reference to the non-use of condoms and justified it with the sudden nature of the moment, trust in the partner and sexual exclusivity with steady and stable partners as a preventive method.

This study did not have the pretension of being hegemonic for this theme, however, it is opportune, since new approaches have been requested for

this population. The study has limitations because it was conducted in a specific context, with singular realities and particular codes, which can suggest that other studies with different methodological proposals can be conducted searching for advancement toward the problem in question.

Nonetheless, understanding locally the young people's contexts and including them in the political decisions aimed at them would be an option not only to clarify the ways of contamination and prevention of HIV/AIDS, but especially in the practice of a healthy sexuality. The recognition of the meaning and importance of prevention in their lives is considered the focal point for the young people's battle against HIV/AIDS.

Regardless of the information offered by the Ministry of Health, it is noted that there is an inconsistency in the absorption of this information, which could be related to the quality and reliability of the information.

In this sense, attending to the needs of people, in the case of this study the conception of young people as for HIV and the use of condoms, would be one of the possible approaches promoting equity and ensuring better results in terms of human development. It should be taken into account, thus, the need to search for fairer relationships to ensure that people's voices are heard, valued, and cause a response. It is suggested that when new proposals receive investments, social inequalities and local realities of different young people in different national scenarios are taken into account.

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