

AIDS PREVENTION - CONDOM USE AND PERCEPTIONS AMONG COLLEGE STUDENTS^(*)

PREVENÇÃO DA AIDS - USO DE PRESERVATIVO E PERCEPÇÕES DE ESTUDANTES UNIVERSITÁRIOS

Edméa Rita Temporini¹; Antonio Carlos de Albuquerque Bandeira² & Maria do Carmo Medeiros³

¹Associate Professor, Department of Public Health Practice, School of Public Health, University of São Paulo. ²Master on Preventive Medicine, School of Public Health, University of São Paulo. ³Graduate in Mathematics, School of Public Health, University of São Paulo. **CORRESPONDÊNCIA:** Edméa Rita Temporini, School of Public Health, University of São Paulo. Av. Dr. Arnaldo, 715 - 01246-904 - São Paulo, SP, Brazil. Telefone/FAX 0055-011-55831836

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ABSTRACT: **Study design:** Analytical survey.

Purposes: 1) To get knowledge on college students' perceptions and behavior concerning condom use for AIDS prevention; 2) to provide subsidies for planning educational interventions.

Methods: An exploratory study preceded the elaboration of the self-administered questionnaire employed for data collection. College students from three different cities of the State of São Paulo, Brazil integrated a convenient sample.

Results: Seven hundred and eleven college students compounded the sample presenting the following characteristics: 43.0% were male students and 57.0%, female ones with ages varying from 17 to 32 years; 65.4% of the males and 43.9% of the females stated having had previous sexual intercourse. Research data disclosed the majority of them as having a reduced or regular risk perception level of getting AIDS/HIV; students of both genders declared their distrust regarding the efficacy of preventive measures. They reported having a low level of confidence condom use and a high level of confidence in a well-known sexual partner as a means for avoiding HIV/AIDS.

Conclusion: An increment in the number of researches on social and cultural components associated to risk behaviors regarding AIDS/HIV infection is mandatory in order to guide the planning for further educational interventions aimed to control AIDS/HIV epidemic.

UNITERMS: Acquired Immunodeficiency Syndrome; prevention. Condoms. Perception. Students.

1. INTRODUCTION

The wide-spreading AIDS/HIV epidemic all over the world has been posing a difficult challenge for the public health field. Although some progresses have been acknowledged on biomedical researches related to identification and classification of the causal

agent (the human immunodeficiency virus - HIV), modes of transmission and treatment, currently there still is no vaccine nor efficient therapeutic measures for preventing or cure this disease.^(1,2,3)

When one considers the risk of exposure to the virus the sexually active population is in danger of, the HIV transmission by sexual intercourse comes to

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constitute a form of contagion which inspires a special concern. AIDS control depends basically on individual and social preventive behaviors which should be held even when the efforts for obtaining a vaccine and an efficient treatment come to succeed.

Psychosocial and cultural factors, interrelated in a complex way, have a great influence on health-related human behaviors. Although the way to prevent HIV infection is acknowledged by all as consisting of a series of activities directed towards the promotion of correct behavior, recent epidemiological data on HIV dissemination disclose that there still remains much to be done.

In Brazil, there are approximately 103,000 cases of AIDS registered between 1980 and 1997 (Ministry of Health, 1997)⁽⁴⁾. However, due to difficulties regarding diagnosis, access to specific laboratory exams, or fear for being discriminated, one is entitled to suppose the existence of undernotification. In 1996, at the Southwestern region of Brazil, the greatest number of AIDS/HIV cases were located in the cities of São Paulo (27,000) and Rio de Janeiro (11,000). Among the cases notified in the State of São Paulo, 26.9% have occurred by heterosexual transmission⁽⁵⁾. Between April and June of 1996, 696 AIDS-related deaths have occurred in the city of São Paulo, from which 89.4% were in the age-group of 15-49 years. It must be emphasized that the number of AIDS-related deaths was higher than the total amount of all other deaths by diseases of compulsory notification⁽⁶⁾.

The absence of a preventive sexual behavior on the part of a population acts jointly and primarily to increase the proportion of individuals infected with HIV. This problem becomes worst when heterosexual and non-monogamous individuals consider themselves free from being at risk for contracting HIV^(7,8).

The exposure of young adults to the risk of HIV infection is a result of typical behaviors of their age and of the groups they participate in. The primary contacts developed at school, work or within other groups favor the sexual intercourse, even without affectionate ties. These circumstances are able to lead the young person to promiscuity and to the concomitant relaxation of protective sexual practices due to the mutual high level of confidence established between the partners. Besides the cognitive factors, the biological, psychological, social and cultural factors play an important role on the determination of risky behaviors, making it difficult the AIDS/HIV pandemic control.

In what the emphatic recommendation for the need of condom use as a protective means against AIDS/HIV is concerned to, results have been disappointing in relation to what was expected^(9/12).

In general, adolescents and young adults present a reasonable level of knowledge about AIDS and HIV transmission^(10,12/16). However, although knowledge does constitute a necessary factor, data on this issue demonstrate it is not sufficient for ensuring the adoption of correct health-related behaviors⁽¹⁷⁾. Life experiences, jointly with formal instruction, have an important share in the building-up of knowledge, beliefs, attitudes, values, emotions and motivations, important conditioning components for the individuals' perception of biological, psychological and, socioenvironmental phenomena. This is how perception is built up - a sensorial experience which acquires significance at the light of these influences⁽¹⁸⁾. Hence, it is believed that if a deepening in the knowledge of this reality is to be achieved in order to guide further education actions, researches on the cognitive aspects concerning AIDS/HIV should include other variables of the psychosocial-cultural area⁽¹⁹⁾.

Taking in view the marked differences existent in terms of practices, cultural expectations and, beliefs, research on these factors must be ample and urgent as, likewise, the mandatory application of the results obtained from these studies to the interventions targeting AIDS prevention^(2,20).

The social dynamics of HIV transmission in Brazil suffers the direct influence of local and regional differences concerning sexual behaviors and cultural meanings as, for example, in the building-up of the male identity, in the extension and nature of prostitution, in the economic and professional status women occupy^(21,22). It is necessary to know the different realities by means of researches on human, individual and, social factors aiming to a better knowledge on the behaviors, cognitive processes and emotions involved in relationships linked to HIV/AIDS dissemination⁽¹⁵⁾.

Among these factors, the beliefs the individuals hold concerning the health/disease process constitute the basis for building-up the "Health Belief Model"⁽²³⁾, a theoretical construct supported by the premise that beliefs and attitudes are determinant components for the individual's health-related actions. Although this theoretical model is empirically supported, its rational-cognitive orientation presumes that a rational making-decision process precedes the action, which is not always what occurs, specially in younger age-

groups. Additionally, it leaves out some important elements such as knowledge, sociodemographic variables, emotional responses, self-efficacy perception as well as the influences of cultural patterns and social groups in determining human behavior⁽²⁴⁾.

Some variables of the mentioned model have been introduced into the present survey, jointly with other constructs concerning certain aspects of the cognitive, sociodemographic and of self-efficacy perception areas^(17,25/28) with the purpose of achieving a better comprehension of the behavior young adults hold in relation to AIDS/HIV prevention. Data presented on this paper constitute part of a survey carried out using some of the mentioned variables. Its primary goal was to identify college students' perceptions concerning condom use and sexual partner, fear of contracting HIV/AIDS and, protected sexual intercourse in order to provide subsidies for planning adolescents- and young adults-oriented education interventions.

2. METHODS

An analytical survey was carried out in colleges of São Paulo, Santos and São José dos Campos, cities located in the State of São Paulo, Brazil. The choice of both, the cities and the teaching units, has obeyed the criteria of easy access to and cooperation of school authorities. College students belonging to the humanities sciences areas attending the first and second years and present in classroom at the very moment of data collection integrated the sample. Nine hundred individuals compounded a convenience sample in equivalent parts (n=300) for each city. All the colleges were located in cities which have been presenting an expressive increase in the number of AIDS cases.

The research designed instrument constituted of a self-administered questionnaire comprehending two parts with 100 questions dealing with knowledge, beliefs, attitudes and preventive sexual behavior in relation to AIDS/HIV infection. The present paper focuses on the following variables: perception of AIDS/HIV risk; fear for contracting AIDS/HIV associated with confidence in preventive measures; confidence in the sexual partner as a means for avoiding HIV infection; confidence in the condom use to prevent AIDS/HIV; and, condom use. The variables concerning "gender" and "have had/have not had sexual intercourse" were included in the study to perform an analytical function. The selection of the variable "sex" as a discriminatory element was based on the fact of existing significant differences, not only the biological

ones, but overall psychosocial-behavioral differences between men and women possibly influencing the results of this research. Thus, sex was considered determinant in the designing of subsamples.

2.1. Instrument designing

Taking into account that human factors were strong components of the object of this research, an exploratory study was carried out aiming to identify relevant variables, knowledge repertory and, popular terms related to the topic in study as well as perceptions and sexual behaviors. The exploratory study constitutes a methodological resource of qualitative and contextual nature which allows for researchers to get to know, previously, aspects of the reality to be searched. The identification of focuses, terminology and, perceptions enables the researcher to design an structured measurement instrument containing questions and answers which has emerged directly from the population. By using this procedure, the research can benefit from the qualitative aspects of the information gathered, allied to the quantitative ones⁽¹⁸⁾.

In the exploratory study a successive and orderly set of interviews and/or meetings is carried out with individuals bearing similar characteristics to those of the target population to be searched. In general, it is developed in various stages; each of them is analyzed and serves as a basis for the next one. Participants in the exploratory stage are excluded from the final research⁽¹⁸⁾.

In the present study three exploratory stages were carried out. At the first one, open-ended questions of general character were addressed to inciting the students to freely expose their ideas about AIDS/HIV. Data thus obtained allowed for the designing of a route of specific questions which was applied on the second stage of the study, dealing with HIV/AIDS transmission/prevention, perceived susceptibility and sexual behavior of respondents. From the analysis of this material a questionnaire was developed and applied to 30 college students of both genders, by means of an interview. The latter constituted the third exploratory stage which included both the answers obtained and the pertinent alterations. Thus, the definite questionnaire was elaborated from these data.

After the exploratory procedure, the questionnaire was pre-tested in order to assure its validity and reliability. So, it was handed-out to 30 college students not included in the sample. Data analysis showed up correct comprehension of all questions on the part of the respondents, having therefore no need for pro-

ceeding any alterations; this fact is attributed to the previous knowledge of this reality, assured through the exploratory study.

In order to introduce the questionnaire to the respondents, a cover sheet was attached to it explaining the research objectives, filling-out instructions, a call for sensitize them and obtain their collaboration, plus a commitment to the anonymity and confidentiality of the answers to be provided.

Data were simultaneously collected in the three cities during two months by the researchers group. It was observed an interest among the students regarding the research theme manifested through their questions after the questionnaire had been handed-out. There were no refusals as to answering questions, even when the voluntary character of the participation in the research was stressed out.

2.2. Data analysis proceedings

Data were processed through the Statistical Package for the Social Sciences (SPSS 3.0). As for the data statistical analysis, the Chi-square (χ^2) test was run for homogeneity, without continuity correction, in order to test the association among the selected variables⁽²⁹⁾. On the K x2 tables, the χ^2 values were submitted to a partition to provide paired-comparisons; the level of significance established was 0.05. It was stipulated that the presentation of the significant values of **p** on the tables should be referred to as $p < 0.05$, without mentioning the figures resultant from the calculation of χ^2 ; values corresponding to $p > 0.05$ were referred to as “non-significant”.

As an additional element for data analysis, a mathematical treatment was applied, when required, comprehending a reduction in the values of the distribution to a single value, naming it Mean Scale Value, or MSV^(15,30). This procedure was carried out in the ordinal scales, attributing ordained values to the scale categories according to the presumed magnitude of the implicit content of each category. These values, of ponderal characteristics, allowed for the obtainment of weighted averages, that is, the MSV, corresponding to each distribution of frequencies. Thus, the data of the distribution were reduced to a single value, making it possible to know its relative position and magnitude, facilitating, data analysis.

Some tables present two percent values corresponding to the absolute values. Each one of these presentations serves distinct purposes. The first percent value correspond to the frequencies observed in each category; in the second percent value the fre-

quencies corresponding to the answers “don’t know” and/or “have no opinion” are not computed because they do not measure the variable to which the question referred to. The **n** of the tables present variations according to the number of answers given.

3. RESULTS

The survey was carried out among 880 students, who reported ages varying from 17 to 55 years, enrolled in colleges located in three different cities of the state of São Paulo, Brazil. Taking in view the reduced frequency represented by respondents more advanced in age, the sample was restricted to individuals aged up to 32. Married respondents and/or those living together by mutual consent were also excluded from the research, since, besides presenting different sexual behavior in relation to the single ones, many of the research questions did not apply to their circumstances; in addition, frequencies corresponding to these cases were extremely reduced.

The survey includes, therefore, the answers of 711 college students presenting the following characteristics: 306 are men (43.0%) and 405 are women (57.0%); ages range from 17 to 32 years, with averages of 20.7 years for the male students and 21.2 years for the female ones; 65.4% of the males and 43.9% of the females report having had sexual intercourse; all of them are single, not holding a stable relationship.

One of the indicators of personal perception of susceptibility to AIDS/HIV infection refers to the level to which the individual feels himself/herself at risk of contracting this disease. Results on Table I emphasize that respondents of both genders place themselves at reduced or regular levels as to feeling themselves threatened with contracting AIDS/HIV. Among those who have had sexual intercourse, women seem to present more concern than mean - MSV 1,47 and 1,39, respectively. Table I.

The item confidence in the preventive measures was associated with fear of contracting AIDS/HIV (Table II). The proportion of individuals who declared being afraid of contracting AIDS/HIV presents itself higher than that of those who stated being not afraid of, a fact observed in both genders, although showing no significant differences ($p > 0.05$). When data concerning the item “confidence in the preventive measures” are introduced into the analysis, a significant statistical difference can be noticed between the genders ($p < 0.05$). Among the students who express fear of, men declare being afraid of, although confiding in

Table I - College students' perception of personal risk for contracting AIDS/HIV, by gender and by having had/having not had sexual intercourse (SI)

Personal Risk	Male				Female			
	Have had SI		Have not had SI		Have had SI		Have not had SI	
	n=190 %	% *	n=80 %	% *	n=163 %	% *	n=191 %	% *
(3) Much	8,4	8,8	11,2	11,9	9,2	9,7	4,2	4,6
(2) More or less	29,5	30,8	31,3	32,9	33,7	35,7	22,5	24,6
(1) Little	50,0	52,2	42,5	44,7	44,2	46,8	48,7	53,1
(0) None	7,9	8,2	10,0	10,5	7,4	7,8	16,2	17,7
(-) Have no opinion	4,2	-	5,0	-	5,5	-	8,4	-
Mean Scale Value **	1,39		1,46		1,47		1,16	

* Excludes "Have no opinion"
** Weighted average obtained from the values attributed to the categories on a 0-3 scale.

Table II - Fear for contracting AIDS/HIV and confidence in preventive measures to avoid the disease, by gender

Fear for/confidence in *	Male	Female
	n=300 %	n=390 %
Afraid of, since have no confidence in	37,3	46,1
Afraid of, although having confidence in	39,7	24,4
Not afraid of, since have confidence in	5,7	4,1
Not afraid of, although having no confidence in	4,7	2,6
Not afraid of, by other reasons	12,6	22,8

*Afraid of/not afraid of - non-significant.
Afraid of and have confidence in/afraid of and have no confidence in - $p < 0.05$.

the preventive measures; while women state their fear of because they do not confide in these measures.

On Table III, it can be observed that the level of confidence in condom use to avoid AIDS/HIV infection is partial, with some tendency towards distrust, marked among those who had not had sexual intercourse. Women display less confidence than men, in a significant way ($p < 0.05$). The lack of confidence is manifested by both groups – individuals who have had and those who have not had sexual intercourse –, with differences being not significant between them.

Table III - Degree of confidence in the condom use for avoiding AIDS/HIV, by gender and by having had/having not had sexual intercourse (SI)

Confidence in condom use	Male		Female	
	Have had SI	Have not had SI	Have had SI	Have not had SI
	n=189 %	n=80 %	n=163 %	n=189 %
(2) Total	13,2	3,7	12,9	5,8
(1) Partial	77,8	85,0	73,6	75,1
(0) None	9,0	11,3	13,5	19,1
Mean Scale Value*	1,04	0,93	0,99	0,87

Non-significant
* Weighted average obtained from the values attributed to categories, on a 0-2 scale.

The lack of efficacy in condom use to avoid AIDS/HIV is attributed preponderantly to failures in the way they are used as well as in the material they are made of (Table IV). A statistically significant difference is observed between men and women ($p < 0.05$) as to their opinion about the condom material. The “luck” factor is mentioned by almost 1/3 of the respondents of both genders.

The level of confidence in a well-known partner as to whether he/she is HIV transmitter is placed rather high among respondents of both genders, under the form of a total or partial confidence – 80.6% among men and 69.5% among women (Table V)

The behavior of using a condom or that of asking the partner to use it is displayed through a graphical representation of the mean scale values (MSV) observed, corresponding to each group of individuals, according to gender and sexual experience (Figure 1). Scrutiny of MSV values points out differences between men and women, emphasizing the lesser value for the women group who have not had sexual intercourse (MSV = 1.41).

Among the reasons for not using a condom, provided by male students who stated having had sexual experience, the confidence on the female partner is stressed out (77.6%). The non-availability of condom at the needed moment (44.5%) and not liking to use it (40.8%) come following as expressive justifications. These answers refer to 69.2% of the males who stated having had sexual intercourse. (Tabela VI).

4. DISCUSSION

Although the college students included in this survey do not constitute a random sample, the existence of some degree of representativeness can be admitted, provided the social and demographic characteristics observed as well as the high rate of the answers given are taken into account. However, from a strictly point of view this sample gives no guarantee for generalizing the results obtained.

The measurement of the belief related to personal susceptibility to AIDS/HIV requires the employment of some indicators. Accord-

Table IV - Perception of factors which interfere with the condom use efficacy for avoiding AIDS/HIV, by gender

Factors	Male % (n=290)	Female % (n=344)	χ^2
Condom material	89,8	83,1	$p < 0,05$
Mode of condom use	97,5	97,3	NS
Luck	30,3	25,8	NS

Table V - Degree of confidence in a well-knew partner as he/she not being AIDS/HIV transmitter, by gender

Confidence in the partner	Male	Female
	n=299 %	n=387 %
(2) Total	34,1	32,3
(1) Partial	46,5	37,2
(0) None	7,7	10,9
(-) Do not know, have doubts	11,7	19,6
Mean Scale Value *	1,30	1,27

* Weighted average obtained from values attributed to categories, on a 0-2 scale

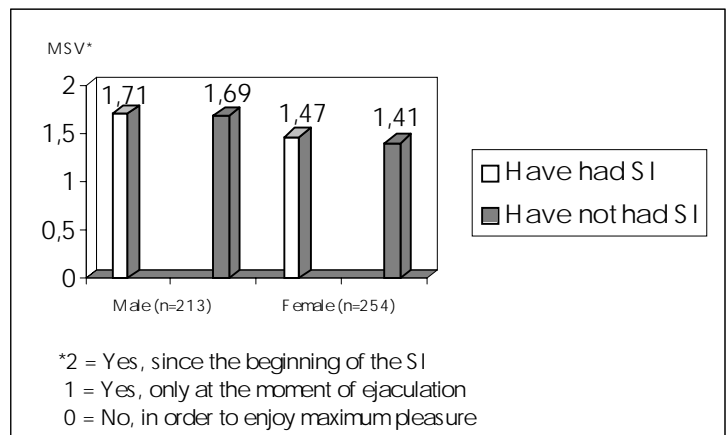


Figure 1 - Would use/ would ask partner to use condom, by gender and having had/having not had sexual intercourse (SI). (Mean Scale Value - MSV).

Table VI - Reasons for not using condom among male sexually active college students.

Reasons *	n	%
Have confidence in the female partner	144	77,6
Condom not available at the moment	137	44,5
Do not like to use it	130	40,8
Forget to use it	131	11,5
Do not trust condom	127	6,3
Do not want to pass the impression of being AIDS infected or of having other diseases	139	3,9
Ashamed of using it	130	3,1
Do not know how to use it	130	0,8
* Multiple answers		

ing to the techniques employed for obtaining such data as well as the characteristics of the samples studied, variations in the level to which the individuals feel themselves threatened with being infected with HIV do occur. It is admitted that the belief in the non-susceptibility comes from acquired knowledge on virus transmission/prevention and from psychosocial factors^(31/34). Some arguments given by young adults, such as “I am not at risk because I do not belong to the risk group”, or “AIDS/HIV is a disease which occurs with other persons”, reveal the building-up of self defense-mechanisms at cognitive and emotional.

Theoretically, perception of personal vulnerability to HIV infection would tend to increase by means of correct and comprehensive information on the issue. However, researches have been showing that although young adults do present reasonable degrees of knowledge about AIDS/HIV and HIV transmission, just the same they do not perceive themselves as subjected to the risk of get themselves infected, nor demonstrate skills to protect themselves^(11,12,13,35). Perception of personal AIDS/HIV invulnerability observed among students of both genders is marked among women who have not had sexual intercourse, probably exact because of this. However, in-depth studies on these aspects including social and environment aspects pose themselves as a must for further enlightenment.

The still existent conception that AIDS/HIV is a disease circumscribed to certain groups can also lead the individual to consider himself/herself free from

contamination since he/she does not take part in risky activities - homosexuality, injected drug use - nor receives blood transfusion. On the other hand, persons infected with AIDS/HIV who got themselves contaminated by sexual intercourse or by using injected drugs have been blamed by society with the stigma of guilt, emphasizing an underlying “moral” component, of the crime-punishment type, yielding value judgments associated with contamination with AIDS virus⁽³⁶⁾.

When fear of contracting AIDS/HIV is associated with confidence in the preventive measures divulged by education campaigns (condom use and only one sexual partner) data show that the distrust in the preventive measures is more

pronounced than the fear of contracting the disease. It is likely that the absence of sexual experience can constitute an important reason for those who give other reasons for not feeling themselves afraid of being infected (12.6% of males and 22.8% of females).

These results are consistent with those observed on Table III, corroborating the reduced credibility attributed by both genders to the condom use for avoiding AIDS/HIV contamination. It is interesting to note that either having had or having not had sexual experience seems to have no impact on these young adults’ perception. The lack of condom efficacy is preponderantly conditioned to the material of which it is made of and to the way it is used. The condom is a mechanical barrier which has been recommended as an important means for preventing HIV infection. Nevertheless, it is a resource not exempt from failure, due to the possibility of either that it comes to break or of it being incorrectly used. The distrust expressed by respondents concerning the condom use might be supported, on one hand, on the reasons already mentioned and, on the other hand, on the sexual values existing in the Brazilian culture, associated, in general, with the erotic pleasure and sexual satisfaction. As a consequence, the negative image one’s form of the condom use, independently on the sexual practices or partners, can surpass in importance the perception of risk^(20,37).

Confidence in the sexual partner seems to represent important guarantee of safer sex for these young adults, counterpoising with the high level of distrust expressed in relation to condom use (Table V). This

subjective criterion is likely to be based on the condition of holding a stable affair with the partner and the consequent confidence in, and familiarity with, established as time goes by. These data give place to much concern due to the potential risk this kind of thinking originates. The probability of contracting HIV/AIDS increases by sexual intercourse with individuals who maintain risky behaviors and multiple sexual partners. Knowledge about the partner's previous experiences - sexual ones and with injected drugs - as well as about the occurrence of sexually transmitted diseases could avoid the risk of HIV transmission by sexual intercourse. In this sense, an open dialogue between the partners would be very helpful. However, it is very difficult to obtain reliable information under these circumstances; there exists a tendency for concealing facts and for telling lies about this issue, moreover when the current partner intends to know them⁽³⁸⁾. In addition, just talking to the partner about AIDS/HIV can give him/her a hint of homosexuality, promiscuity or disease on his/her own part, placing both the person and the relationship at risk⁽³⁹⁾. The different sexual roles men and women are ascribed to by society, the romantic attitude, the sexual freedom, all of these also interfere in the sexual relationship among young adults, jeopardizing the dialogue in order to assure the continuity of it. Thus, young women who perceive sexual relationship in a romantic way are the ones more likely to sponsor the idea of a commitment and, therefore, to assume risky behaviors such as accepting to make love without any protection. Young men, on the other hand, are less likely to have a romantic attitude towards sexual intercourse and to understand sexual intercourse as a form of commitment; therefore, they are less likely to believe that these relationships require fidelity⁽⁴⁰⁾.

As all the indicate, according to these college students' perception, the fact of knowing "well" a partner would represent security concerning the sexual intercourse with the view to avoid AIDS/HIV. It is possible that feelings of confidence and fidelity are supporting this type of thinking.

Additionally, condom use among the respondents does not reach satisfactory proportion; women who have already had sexual intercourse present less tendency to use it, a fact which comes to corroborate the already mentioned observations. Those values observed in relation to the answers given by the young females, closer to the value 1 of the scale, meaning "use for ejaculation", lead one to suppose the exist-

ence of a tendency to ask the partner to use condom only as a way of preventing pregnancy (Figure 1). In this case, women taking birth control pill, for instance, might contribute for the definite rejection of the preservative⁽³²⁾.

The analysis of these data should take into account a miscellaneous set of psychosocial and cultural components associated with condom use.

Traditionally, society has been attributing to men the initiative for the condom use, based on biological and social patterns of male sexual behavior. Men and women seem to be dwelling in two worlds apart; since birth, biological differences guide the individuals towards diverse sexual worlds where specific understandings and references concerning sexuality are built-up. During the human being development, social practices and education reinforce difficulties in communication as well as the limits with which genders are separated⁽⁴¹⁾.

Analysis of heterosexual practices has been stressing out the influence of the unmatched "power" balance between the genders, ascribing women to a passive and sluggish role in their relationships with men. The unevenness of the "power" relationships between men and women makes conversation about and "negotiation" for a safe-sex a very difficult enterprise. Paradoxically, the contents of AIDS prevention campaigns place the woman as the agent responsible for the safety of the sexual relationship and as the one able to infect man. On the other hand, the fear for being misinterpreted as a flighty, unfaithful or promiscuous person by the part of her sexual partner constitutes, possibly, a strong reason for the woman to consent to have a sexual intercourse without using a condom⁽⁴²⁾.

Condom use can also pose an important barrier against intimacy, inhibiting the sexual intercourse performance. The comprehension people have about the mechanisms of AIDS transmission and the possibilities of reducing this type of risk, a cognitive-rational factor, might be conflicting with emotional and biological factors, which constitute motivating forces of the sexual impulse. Thus, the inhibition of the erotic pleasure as well as of the sexual satisfaction would be decisive elements influencing the rejection of condom use⁽³⁷⁾.

Associating these factors above mentioned with the lack of credit on the condom use observed among these students, it is believed that the adoption of this preventive practice constitutes a tough challenge for

education interventions. Therefore, the continuity of efforts to carrying out studies on social and cultural components associated with risk behaviors for HIV infection is considered mandatory. The results of these studies would allow for planning education- and community-based interventions, compatible with the reality observed, which might greatly contribute for the AIDS epidemic control.

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RESUMO: Modelo do estudo: Pesquisa analítica.

Objetivos: 1) Conhecer percepções e conduta de estudantes universitários, relacionadas ao uso de preservativo para evitar a AIDS; 2) subsidiar o planejamento de intervenções educativas. **Métodos:** Elaborou-se questionário auto-aplicável, com base em estudo exploratório. A amostra foi composta por estudantes de faculdades de três cidades do Estado de São Paulo, Brasil, e obtida por critério de conveniência. **Resultados:** Integraram a amostra setecentos e onze (711) estudantes que apresentaram as seguintes características: 43,0% do sexo masculino e 57,0% do sexo feminino, idades entre 17 e 32 anos, 65,4% dos homens e 43,9% das mulheres declararam terem tido relação sexual. A maioria revelou grau reduzido ou médio de percepção do risco de contrair AIDS; estudantes de ambos os sexos manifestaram desconfiança em relação à eficácia de medidas preventivas. Relataram baixa credibilidade no uso de preservativo e alto grau de confiança em parceiro sexual conhecido, para evitar a AIDS. **Conclusão:** Considera-se necessário incrementar a realização de pesquisas de componentes sociais e culturais associados à conduta de risco, a fim de direcionar o planejamento de intervenções educativas com vistas ao controle da epidemia de AIDS.

UNITERMOS: Síndrome de Imunodeficiência Adquirida, prevenção. Preservativos. Percepção. Estudantes.

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