

## **Extended abstract**

### **Context**

Despite of the important efforts and improvements against the HIV/AIDS epidemic made by scientists, political actors, and citizens, the number of people who is living with the HIV is still increasing, since in 2006 there was 2.6 millions of infected people more than in 2004 all over the world (UNAIDS, 2006). The epidemic is far from being under control, especially in sub-Saharan Africa, East Europe, and Central Asia.

The relevance of prevention is even greater when we take into account that no curative treatment has been created. For that reason, many authors have investigated about the factors that influence the adoption of preventive practices, such as the decrease in sexual partners, sexual abstention, and especially the condom use, in different societies (Caldwell, 1999; Eaton et al., 2003; Stoneburner y Low Beer, 2004). A paradoxical fact that has been observed is that individuals who are aware of the risk associated with HIV/AIDS and who have a relatively good knowledge about the disease, the ways the infection can be transmitted, and the range of preventive practices that can be adopted, they do not necessarily protect themselves during their sexual relationships. Many authors have pointed out that this question could be understood if the relevant role of social factors in the decision of, for instance, using a condom is taken into account (Dolcini, et al., 2004; Gausset at al., 2001; Rushing, 1995).

Several theoretical and methodological frameworks have been used in the research about the effect of social factors on risk (preventive) sexual behaviour. At first, studies were predominantly based on cultural perspectives that tended to blame, especially in the analysis of Africa, certain cultural characteristics, the conception of death, and the widespread promiscuity for the levels of prevalence. Afterwards, a great amount of studies has taken a social psychology approach, so that they have emphasized the importance of interpersonal communication about sexuality and AIDS in learning about prevention and in the development of communicative skills, which facilitate the negotiation process of protected sex. Most of these researches have used qualitative techniques in the study of the influence of communication with the partner on the use of condom among adolescents and ethnic minorities in the US (Faulkner, 2002; Gómez et al., 1999; Talashek et al., 2003, Whitaker at al, 1999). Some authors have tried to understand the role of social interactions from sociological and demographical perspectives, but it is not easy to find rigorous quantitative analyses of the mechanisms through which interpersonal communication affect individual's decision about protected sex.

## **Objective of the research**

The theoretical argument behind this analysis is that the spread of a new sexual practice such as the condom use in a society can be understood as a new social norm, which can conflict with established social norms about sexuality, gender relationships, or even illness. This makes sense when we conceive this question as a coordination problem, according to which people's behaviour is influenced by shared expectations as regards what should/should not be done in specific situations. These expectations depend, in turn, on individuals' beliefs about the proportion of the population of reference who has already adopted this new practice, the condom use, in different kinds of sexual relationships. Finally, individuals' beliefs and expectations are constantly updated in their social interactions. That is why the study of verbal communication becomes crucial in the understanding of the problem. Open communication with other people about AIDS, sexuality or related subjects may facilitate the spread process of a new preventive practice, especially in social contexts where the condom use conflicts with certain social norms already established. For that reason, this paper is an attempt to go more deeply into the analysis of the influence of social interactions in the use of condom, considering aspects such as the types of confidants and their links with the individual, as well as the level of knowledge about the disease and attitudes towards AIDS among the people around her. Besides, the theoretical argument adds that a new social climate, derived from open communication and characterized by more positive attitudes towards preventive sexual practices against AIDS among the community, may encourage the change in sexual behaviour through favouring and making easier the communication about the question with the sexual partner. That is why this aspect is taken into account in the analysis as an intermediate variable. In my opinion, this empirical analysis may shed some light on the unsolved question about the specific mechanisms through which social norms affect individuals' decisions.

## **Methodology and data**

Unlike many researches about communication, the empirical research is based on the use of quantitative techniques, in order to take advantage of the valuable information in the Demographic and Health Surveys (DHS). The most appealing feature of the DHS is that they have been conducted in many different developing countries, so they allow to make a comparative research of women between 15 and 49 years old in diverse social, political and economic contexts. Moreover, in most of these countries, the survey has been carried out in

more than one moment on time, so the observation of changes in behaviour and attitudes within the same society is possible. My intention is to focus on two of the countries with the highest levels of HIV prevalence in sub-Saharan Africa, which have lived very different experiences with the epidemic: Uganda and Malawi.

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