

The Role of Interpersonal Communication in the Formation of Social Norms Regulating Preventive Sexual Behaviour against HIV/AIDS

(Extended Abstract)

Julia Cordero Coma
Ph.D. Candidate
Juan March Institute
jcordero@ceacs.march.es

1. The context

For the first time since the onset of the HIV/AIDS epidemic, the annual report elaborated by the UNAIDS and the WHO in 2007 has shown some improvements in the control of the epidemic (UNAIDS and WHO, 2007). Such progress detected through advances in the methodology of estimation of the levels of prevalence is mainly referred to two indicators. First of all, there is a reduction in the number of new HIV infections globally, and the global number of persons living with HIV is increasing due to longer survival times because of access to antiretroviral treatments. Nevertheless, the HIV pandemic remains the most serious of infectious disease challenges to public health, especially in sub-Saharan Africa, where it is still the leading cause of death.

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 and 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, 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 et 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 psychological 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 et al., 1999).

Some authors have tried to understand the role of social interactions from sociological and demographical perspectives, although it is not easy to find rigorous quantitative analyses of the mechanisms through which interpersonal communication affect individual's decision about protected sex. A systematic study of the relevance of social interactions, which deals with both the interaction processes through which individuals achieve information about innovative behaviours and the role of social influence by means of social pressure, AIDS stigmatization and taboos in relation to sexuality, is still missing.

2. A coordination problem

From my point of view, it makes sense to interpret the spread process of preventive practices in terms of emergence and establishment of social norms. In order to illustrate this statement, let's bear the following aspects in mind. On the one hand, in many sub-Saharan African countries, having many sexual partners and having sex without condoms are very frequent behaviours, which are even appreciated among men, since are considered as proofs that a man is virile and masculine (Kaler, 2003)¹. However, although many qualitative studies have shown that premarital and extramarital sex is very common among both men and women (Tawfik and Watkins, 2003; Zulu and

¹ Beyond the connotations of having multiple partners, there are different reasons why extramarital sex is so frequent in Africa. One of the most mentioned is the great levels of migration within and between countries because of wars or employment patterns (Kaler, 2004; Susser and Stein, 2000).

Chepngeno, 2003), people, especially females, do not talk openly about their affairs; actually, unfaithfulness seems normatively disapproved. The condom use is especially uncommon in marital relationships due to the negative connotations it has in relation to infidelity and lack of trust. Condom use is even seen as very costly, since it reduces the sensitiveness in sexual intercourses. Therefore, AIDS preventive programs face many problems when attempting to promote the spread of protected sexual behaviour.

On the other hand, one of the few sub-Saharan countries that experienced some control of the HIV/AIDS epidemic during the nineties, Uganda, is famous because of the rapid reaction promoted by the government against the stigmatization of the disease. The President Yoweri Museveni encouraged mass media and influential people to communicate about this problem from the outset of the epidemic, to talk openly about their own experience with the disease and their ways of avoiding infection. This is considered by many researches (Green et al., 2006; Hogle et al., 2002) a proof that open acknowledgement of the problem is one of the key determinants of behavioural change.

Taking into account these aspects, the theoretical argument behind the analysis in this work is that the spread of a new sexual practice such as the condom use or the reduction of sexual partners in a society can be understood as a new social norm, which may conflict with individuals' self-interest and established social norms about sexuality, gender relationships, or even sickness. Thus, the change in individual behaviour is quite unlikely, given those constraints. This happens in spite of the fact that the HIV/AIDS has increased notably the costs associated with unprotected sex. People has achieved a good level of knowledge about the disease and the ways of becoming infected, and, thanks to preventive programs and the daily contact with sick individuals and deaths caused by AIDS, they are more or less aware of the risk. However, in many places certain preventive practices are still uncommon, although some people have begun to change their sexual behaviour. Individuals have to face the uncertainty derived from the new situation. They are unsure about which is the 'normal' behaviour, and need to know how others (especially those in a close-knit community (Ellickson, 1991)) behave, what the others expect them to do and what they think should be done. In other words, people's behaviour is influenced by shared expectations as regards what should and is actually be done in specific situations (Bicchieri, 2006). These expectations depend, in turn, on individuals' beliefs about the proportion of the population of reference who has already adopted these new practices such as the condom use (empirical expectations), and the proportion of that population who think that each individual ought to conform

with the new behavioural rule (normative expectations), in specific kinds of sexual relationships.

These beliefs are updated continuously and transformed into shared expectations through interactions and communication. Obviously, social norms that regulate sexuality are especially difficult to change since others' behaviour is not usually observed. That is why the study of verbal communication, and its consequences on social norms, 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 they conflict with certain social norms already established. For that reason, this work is an attempt to go more deeply into the analysis of the influence of social interactions. I consider that it is crucial to examine the two main functions that communication has in relation to preventive sexual behaviour. It can be understood as a process through which individuals transmit and receive factual knowledge about risk of infection and preventive behaviours (social learning). But the communication can also facilitate coordination, since it is the channel through which individuals get to know other people's opinion and attitudes related to AIDS and preventive practices, and such social climate shapes their own behaviour (social influence) (Helleringer and Kohler, 2005).

3. The objective

The general objective of this work is to better understand the spread of preventive sexual behaviour within societies where HIV/AIDS is a very notable threat. For that purpose, the research takes a micro perspective, since I am interested in the incentives and constraints that individuals face in relation to the adoption of a new behaviour in their sexual intercourses. More specifically, I would like to contribute to the analysis of the mechanisms through which interpersonal communication about AIDS and related questions affect individuals' preventive sexual behaviour, specifically the use of condom and the reduction of sexual partners, in some of the sub-Saharan countries with the highest levels of HIV prevalence in the world. I am particularly interested in the relevance that certain characteristics of the conversational networks may have on behaviour. I take into account aspects such as the type and number of confidants, their heterogeneity, and their ties with the individual, as well as the level of knowledge about

the disease and attitudes towards AIDS among the people around her. This analysis can shed some light regarding the aspects that individuals take into consideration when deciding to change their sexual behaviour, and the conditions that facilitate the existence of a new social norm.

As part of this task, I consider that it is suitable to distinguish three domains and analyze how they are interconnected. Those fields are the social interactions area, the couple, and, finally, the individual sphere. I hypothesize that individuals obtain information about the disease and the level of social acceptability of certain preventive practices in specific types of intimate relations through social interactions and interpersonal communication. Such information and certain individual characteristics affect the bases for the communication with each sexual partner, and the power to suggest and negotiate protected sex, especially for women.

It must be noticed that the particular behaviours I am interested in analyzing must be understood as related to specific contexts, better said, specific sexual relationships. This means that preferences, and social norms, are contingent (Bicchieri, 2006). The social norms that regulate behaviour in marital relationships may differ from those that apply in casual or commercial affairs.

4. Data

The Demographic and Health Surveys (DHS) constitute a valuable source of information. The main objective according to which these surveys were designed was to gather information about socioeconomic characteristics, pregnancy history, knowledge and use of contraceptive methods, maternal and child health, marriage, recent sexual activity, fertility preferences, and knowledge about HIV/AIDS in developing countries. But some other topics related to the aim of this analysis about which the databases can inform are: HIV/AIDS-related risk perception, attitudes towards gender equity, and AIDS stigmatization, among others.

The most appealing feature of the DHS is that they have been conducted in many different countries within Africa, Asia, and Latina America, so they enable comparative research. Only in Africa, where I am particularly interested, there are available data for about 30 countries. For most of these countries, the survey has been carried out more than once, so that estimation of changes in behaviour and attitudes within the same society can be elaborated.

The early surveys consisted of national representative samples of women between 15 and 49 years old, but the most recent ones include a subsample of their partners as well, which offers some clues about the characteristics of the couple, the quality of the communication between the members, and men's attitudes and behaviours.

Obviously, these surveys were not designed with the intention of identifying social networks, but they include some questions about discussions with relatives, friends, neighbours, and partners about family planning (FP) and AIDS. I consider that such information about respondent's discussions can be useful for the analysis of the role that social interactions play on AIDS-related attitudes and behaviours. As regards preventive sexual behaviours, these surveys include a very detailed history of sexual partners in the last 12 months, with questions about the number of partners, and the use of condoms in those sexual relationships.

Therefore, the research takes individuals as units of analysis. The initial idea is to focus on females from the surveys of some of the most affected sub-Saharan countries by the epidemic: Uganda (2000), Malawi (2000), and Kenya (1998). These countries are quite representative of the region, and one of them, Uganda, is an outstanding case of temporal success in the fight against the spread of the disease, as I have already mentioned. Thus, the study is based on the use of quantitative techniques to take advantage of the information offered by three comparable surveys conducted more or less at the same moment in time.

For further research, it would be very helpful to focus on some countries where surveys specifically designed for the analysis of social networks and their effect on behaviour and attitudes related with AIDS have been conducted. The Social Networks Project, based at the Population Studies Center of the University of Pennsylvania, includes the Kenya Diffusion and Ideational Change Project (KDICP) and the Malawi Diffusion and Ideational Change Project (MDICP). They offer both quantitative and qualitative data, which include longitudinal household surveys from the second half of the nineties decade, semi-structured interviews, and focus groups. These data would enable to elaborate a rigorous and detailed social network analysis, which might be an ideal complement to the comparative and extensive study based on the DHS.

Bibliography

- **Bicchieri**, Cristina. 2006. *The Grammar of Society. The Nature and Dynamics of Social Norms*. Cambridge: Cambridge University Press.
- **Caldwell, John C.** 1999. "Reasons for Limited Sexual Behavioural Change in the Sub-Saharan African AIDS Epidemic, and Possible Future Intervention Strategies." Pp. 241-56 in *Resistances to Behavioural Change to Reduce HIV/AIDS Infection*, edited by John C. Caldwell et al. Canberra: Health Transition Centre.
- **Dolcini**, Margaret, Lisa **Canin**, Alice **Gandelman**, and Heidi **Skolnik**. 2004. "Theoretical Domains: A Heuristic for Teaching Behavioral Theory in HIV/STD Prevention Courses." *Health Promotion Practice* 5:404-417.
- **Eaton**, Liberty, Alan J **Fisher**, and Leif E **Aaro**. 2003. "Unsafe Sexual Behaviour in South African Youth." *Social Science and Medicine* 56:149-65.
- **Ellickson**, Robert. 1991. *Order without Law: How Neighbours Settle Disputes*. Cambridge, Mass.: Harvard University Press.
- **Faulkner**, S. L. 2002. "Reconciling Messages: The Process of Sexual Talk for Latinas."
- **Gausset**, Quentin. 2001. "AIDS and Cultural Practices in Africa: The Case of the Tonga (Zambia)." *Social Science and Medicine* 52:509-18.
- **Gómez**, C. A., M. **Hernández**, and B. **Faigeles**. 1999. "Sex in the New World: An Empowerment Model for HIV Prevention in Latina Immigrant Women." *Health Education & Behavior* 26:200-212.
- **Green**, E.C.; D.T. **Halperin**; V. **Nantulya**; and J. **Hogle**. 2006 "Uganda's HIV Prevention Success. The Role of Sexual Behavior Change and the National Response". *AIDS and Behavior* 10.
- **Helleringer**, Stéphane and Hans-Peter. **Kohler** (2005): "Social Networks, perceptions of risk, and changing attitudes towards HIV/AIDS: New evidence from a longitudinal study using fixed-effects analysis", *Population Studies*, 59 (3).
- **Hogle, J.**; E.C. Green; V. **Nantulya**; and at al. (2002). "What Happened in Uganda? Declining HIV Prevalence, Behavior Change, and the National Response". Washington, D.C., TvT Associates, Synergy Project, 2002 Sep. 13 p. (Project Lessons Learned Case Study USAID Contract No. HRN-C-00-99-00005-00) Website: http://www.synergyaids.com/Documents/UgandaReport_tagged2.pdf
- **Kaler**, Amy. 2004. "AIDS-talk in Everyday Life: The Presence of HIV/AIDS in Men's Informal Conversation in Southern Malawi" *Social Science and Medicine*, 59.
- **Kaler**, Amy. 2003. "'My Girlfriends could Fill a Yanu-Yanu Bus': Rural Malawian Men's Claims about their Own Serostatus". *Demographic Research, Special Collection* 1 (11). Max-Plank Gessellschaft.
- **Rushing**, William A. 1995. *The AIDS Epidemic: Social Dimensions of an Infectious Disease*. Boulder (Col): Westview Press.
- **Stoneburner**, RL , and D. **Low-Beer**. 2004. "Population-level HIV Declines and Behavioral Risk Avoidance in Uganda." *Science* 304:714-18.
- **Susser**, Ida and Zena **Stein**. 2000. "Culture, Sexuality, and Women's Agency in the Prevention of HIV/AIDS in Southern Africa". *American Journal of Public Health* 90 (7).

- **Talashak, M. L., K.F. Norr, and B.L. Dancy.** 2003. "Building Teen Power for Sexual Health." *Journal of Transcultural Nursing* 14:207-216.
- **Tawfik, Linda and Susan C. Watkins.** 2007. "Sex in Geneva, Sex in Lilongwe, and Sex in Balaka". *Social Science & Medicine* 64: 1090-1101.
- **UNAIDS and WHO (2007):** "AIDS Epidemic Update".
- **Whitaker, D. J., K.S. Miller, D.C. May, and M.L. Levin.** 1999. "Teenage Partners' Communication about Sexual Risk and Condom Use: The Importance of Parent-Teenager Discussions." *Family Planning Perspectives* 31:117-121.
- **Zulu, Eliya M. and Gloria Chepngeno.** 2003. "Spousal Communication about the Risk of Contracting HIV/AIDS in Rural Malawi". *Demographic Research. Special Collection* 1 (8). Max-Plank Gessellschaft.