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**SOCIAL INFLUENCE AND COMMUNICATION
IN THE NEW SCENARIOS
OF THE INFORMATION SOCIETY**

IS IT POSSIBLE TO CHANGE RISK BEHAVIOUR?

SCIENTIFIC DIDACTIC MATERIAL

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TEN TO FIFTEEN AGE OLD PUPILS FACED WITH AIDS AND RISK PERCEPTION

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Abstract

This study explores AIDS representation within a developmental perspective concerning pupils aged from 10 to 15, interested in the puberty changes, in flirting relations, before the coming of sexual life. The approach uses qualitative responses on pupils' everyday life and social interests, collected from a sociologically contrasted sample which have been processed with quantitative methods. By this way, we study the function of AIDS and their perception of risk in their own concerns.

Factorial correspondence analysis allows us to put social representation's contents in relation with psycho-sociological factors and to analyse their influence on the structure of that representation.

Following the results, girls are more implicated than boys in solidarity attitude towards people affected by the disease, but knowledge of this disease depends on age and not on gender. The results of factorial correspondence analysis indicate that social representation of AIDS depends on social pupils' integration, on their family structure and on their confidence in others in interpersonal relationships. The perception of risk factors is more related to blood transmission than sexual one and the confidence to evitate the danger of Aids in the future rely on the stability of family home and on social integration.

Keywords

Pupils, AIDS, qualitative data, risk perception, factorial correspondences analysis

1 INTRODUCTION

This recent research (Lage, 1994 and 1996), focused on the reactions of children aged from 10 to 15, facing the social phenomenon of AIDS, comes within the sociological tradition of the social representation studies, inaugurated by Serge Moscovici (1961).

A majority of surveys studying teenager's reactions to AIDS have dealt with sexually responsible population, which means with fifteen to eighteen years old people. Very few pieces of research have been devoted to younger populations, with the aim to understand how these reactions have been developed. This survey concerns the last year of primary school and junior high school population. The transition between primary and junior high school connects with the independence acquisition in the everyday life and with the formation of friendly and social relationships. The arrival in junior high school intensifies group phenomena: integration, cohesion, discrimination, and negotiation with authority. Secondary school students are observing and testing the society working at school as well as in the street and through media.

They are interested in the body, in the puberty changes; they are also interested in the other sex, in flirting relations. Sexual identity is also asserting itself at this age. Therefore, we will study the generation of AIDS representation within a developmental perspective, before the coming of sexual life. In this population, risk perception will be related to other factors than in young adults.

According to a recent survey (Lagrange and al., 1997), in France sexual relationship actually starts at an average age of seventeen or eighteen, as well for girls as for boys. Yet, boys tend to be active sexually three months earlier. Nevertheless, this behavior depends on the family education and social environment. On average, twenty percent of young people say they have already had sexual intercourse at fifteen or even before. Thus, in its large majority, junior high school pupils have never had any sexual relations.

2 PROJECT: AIMS AND METHODS

This research analyses how attitudes are built up towards the disease and HIV-positive people and what pupils know about AIDS. What is the impact of information sources on attitudes and on knowledge formation? Which social factors would be able to give account of the organisation of social representation of AIDS?

The methodological approach was based on qualitative data collected from interviews of children addressing their everyday concerns, with a large freedom of expression. The debate was not focused on AIDS, but examined the interest they accord to this question in their own world.

The purpose of the research implies to consider the sources of representation, such as textbooks, media, debates at school, and interpersonal communications with adults or people of the same age.

The main aim of the study is to specify social factors which influence this representation formation, implying a contrasted sample with regard to age and social origin. Pupils of all school grades have been interviewed, from the end of the primary school to the end of junior high school, when students are usually around 15 years old.

Considering social origin, respondents have been selected from various areas of Paris and its suburbs, representative of well-off, middle-class and modest environments and in the districts, which have the reputation of being problematic.

Through this contrasted sample, we would study the process by which the representation takes shape, according to the pupils' age and to their family and social environment. If the religious schools had accepted our visiting, we could have also taken this factor in consideration, but by so far it was impossible.

Research aims to process qualitative data with quantitative methods, like factorial correspondence analysis (Benzecri, 1973). This allows us to put social representation's contents in relation with psycho-sociological factors and to analyse their influence on the representation structure.

3 SOURCES CONSIDERATION

3.1 At school:

The past fifteen years the teaching of biology change dramatically in France. Primary school pupils now receive information about animals' reproduction, puberty changes and birth. At secondary school, at the age of thirteen-fourteen, pupils can find in their textbooks some pictures illustrating puberty changes, illustrations which explain the function of female and male genital system, human reproduction, details of the different contraceptive methods and explanations about AIDS. Some schools organise meetings about AIDS prevention with specialists who explain the disease to pupils and answer their questions. Teachers of different subjects, not only biology, can bring up this question in a more informal way and can possibly ask their students to give a talk on this topic.

There are also "health clubs" in which the students discuss topics they are interested in, including AIDS. Finally, in some schools, children have received some booklets, which explain many health problems, linked to the everyday life included explanations about AIDS.

3.2 The media

On the one hand, the media such as TV, newspapers, radio, booklets, posters in the streets, which are aimed at adults, have informed the public about the different ways of HIV transmission (sexual intercourse, blood to blood and foetal transmission) and have carried out some campaigns to convince people of the necessity to use condoms.

On the other hand, the media have made the public sensitive to people living with AIDS and to the social necessity of solidarity. These campaigns have fought feelings of fear and discrimination towards people living with AIDS. We can follow on TV broadcasts, debates where HIV positive people or people living with AIDS testify and explain difficulties they come across in their professional, social, family and love life.

Some radio stations specifically devoted to young people, like Fun Radio or Sky Rock, have also debated about these issues. Then, the students who were interested by the existence of this epidemic had several information sources to understand essential elements of the disease.

4 DATA COLLECTION

AIDS theme which is not a main concern for pupils could put them feel ill at ease inasmuch as to talk about sex in its practical details, or to evoke physical decline and death, could disturb them. It is the first risk to discuss Aids with this young population and many actors of Aids prevention are not conscious about that. For this reason we decided to start the discussion with subjects linked to their actual life and their future. By this way, we study the function of AIDS in their own concerns.

To avoid media-conditioned replies, we attached a deal extent to the open questioning. Thus, we would be able to study what young people know about AIDS. What they have understood and what they have not. What they want or do not want to know in this field.

Nevertheless, we needed to go beyond the qualitative data, to study quantitative trend of pupils' responses and then to analyse the impact of explanatory variables on the representation.

According to the classical methodology, we proceeded by two levels investigation: an exploration by non-directive interviews, followed by a collective entry questionnaire proposed to a diversified population.

4.1 Interview situation

A face-to-face interview was carried out at children's homes and was introduced with the following instruction :

"I would like to discuss with you about the way you imagine yourself when you'll be older, when you will come of age; about your personal and professional life. What would you like? What would make you happy and what would scare you? What would you like to avoid in the future?"

In general, among scary things about future, the AIDS topic appeared spontaneously. Anyway, at the end, if the child did not get into this topic, interviewer asked him/her if there were some things that worried him or her in the health field. If AIDS topic still didn't occur, which rarely happened, the interviewer firstly asked children if they/ had already heard something about this disease, then went into what they knew about it and what they didn't want to know about the disease. During interviews with the children, topics have to be presented in a way as concrete as possible and embarrassing situations must be shortened.

Twenty-six interviews have been carried out following these conditions with eleven girls and fifteen boys, from 10 to 15 years old, and from different social environments, living both in Paris or in its close suburbs.

Thanks to this material we classified the young people's concerns as follows: school, friendship, love, family, social field and we have defined the function that AIDS has for them in this world.

Two kinds of attitudes clearly appeared during these interviews: some children were interested into the social phenomenon of AIDS and were well informed about the disease, even among the youngest. Others avoided the subject for different reasons. Some claimed their right to childhood, a short period, free of adult worries, particularly about sexuality.

When thinking about AIDS, they principally want to know all they need about blood transmission, the only way they are concerned by this information is not easy to find, mass communication being concentrated on sexual transmission. This lack of information on blood transmission generates anxiety in concern of everyday situations: how to cope with a person who bleeds from the nose, is there a risk to help her? This omission neglects children questions about AIDS. How to be sure to avoid contamination in case of blood transfusion, is the other question children ask. This scarce information does not allow the elaboration of behavioural responses to the danger children perceive, related to blood transmission. They feel they do not have control on this risk.

Others did not really bear the evocation of death, associated with AIDS, especially when they suffered mourning in their family. Some others considered that thinking about people living with AIDS made them feel sad, without being able to help them. Apart from some exceptions, the ones who avoided the subject did not know much about the disease. It is important to know the amount of anxiety carrying by AIDS discussions and to pay attention to 10-11 old pupils who prefer avoid these issues.

Girls differ clearly from boys in their solidarity intentions towards HIV positive people. Where boys limited themselves to non-discrimination rule, girls expressed a great desire to help with a large emotional implication.

Few children mentioned incorrect information on the disease, so important at the beginning of the epidemic, like: exclusive link with homosexuality, contaminating roles of saliva, of mosquitoes, of swimming pool, of simple contact with HIV positive people, etc.

The next stage will be able us to confirm these results, to deepen them and to examine the factors on which the interest and the lack of interest in the disease depend.

4.2 The questionnaire

The questionnaire was built up from the thematic analysis schema of interviews that we shortened and simplified, so that students would be able to give written answers in one hour, one hour and a half, in collective entry. The questionnaire focuses on the field of concerns, which appeared in the interviews and often uses young people's expressions. Regarding the number of questions and the vocabulary used, it has been adapted to the three groups of age: primary school and two groups of age in secondary school, 12-13 years old and 14 and 15 years old.

Systematically questions consider: attitudes towards AIDS, knowledge of the disease and information sources.

We have put accent on open questioning and invited students to explain their answers in closed questions. Then, it is possible to define the details of their attitudes and knowledge and to connect them to other aspects of their world.

4.3 Sample

This questionnaire has been filled by pupils of five primary school classes (41 girls and 53 boys), and students of eleven classes of secondary school (102 girls and 106 boys). In total, it combines 302 young people's answers. We have met them at their schools in sociologically contrasted areas of Paris and its suburbs.

5 RESULTS

5.1 General effects : simple and cross tabulations

As we explained above, the interview and the questionnaire define the same world. The questionnaire's coding was a tricky part of the work, but it allows us to go into representation's details. This task led to a set of 180 modalities of responses for the primary school pupils and 260 for the secondary school students. The analysis of the social representation of AIDS starts with the study of attitudes and knowledge expressed in a general way (frequency table), and then, according to the students' age and sex (cross tabulations).

Cross tabulations also allow us to go deeper into relations between knowledge and attitudes or into the organisation of different aspects of the knowledge of the disease.

Children attitudes towards the disease

Interest and emotional attitude towards AIDS evolve with age, the most important change comes around 14-15 years old, where most pupils say they are concerned with this problem: 64 % compared with 43% of the youngest. The youngest find it difficult to face AIDS related questions. Half of them (49% of 94 pupils) avoid the topic, when the oldest students do not try to avoid it (23% of 118 pupils avoid, 77% don't mind to avoid it): $\chi^2 = 15,73$; $df=1$, significant at .01. This evolution is even truer for girls.

Children attitudes towards people living with AIDS

There is an important difference between boys and girls concerning their attitude towards ill people. Girls express their solidarity more intensively and they are more worried about the epidemic's consequences in their life. There is more strength in all their emotional reactions.

It would be interesting to look beneath the stereotyped content, quoted by this result, and to go deeper on the mechanisms of this emotional differentiation of both sexes towards social problems, through the child evolution.

Pupils' knowledge on AIDS

Knowledge of AIDS (ways of transmission, prevention and diffusion of the disease) depends closely on the attitudes expressed towards the disease and regularly increases with age, without any difference between girls and boys. The youngest one (pupils in final year at primary school) give often more attention to only one transmission mode either blood to blood or sexual transmission. The oldest remember both transmission modes and in the end, they are very well informed on the condom's preventive function.

Data analyse by cross tabulations shows, on the one hand, that few children totally ignore the disease (about 10%). But on the other hand, few of them (about 6%) have made the effort to understand its biological effects and have understood the link between transmission and prevention, as well as the notion of seropositivity and virus effects on human organism.

Fifty-eight students (19%) remembered either the disease transmission modes or the prevention means, without establishing any causal link between them. Thus forty students of this group (13%) say they know how AIDS is transmitted but do not know what to do to avoid the disease and eighteen students (6%) know how to protect themselves from AIDS but don't know how the disease can be transmitted.

If we now consider the best informed children, that means those who at the same time are informed about ways of transmission, protection and HIV-positivity, we find 39 students (13%) of whom 30 are in the upper forms.

It turns out that most students have selected and remembered isolated items on disease functioning: STD, drugs, prostitution and preventive methods, according to their sensitivity, their

cultural environment and their district's specific problems. As other studies on knowledge diffusion show us, the most largely shared knowledge is a deficient knowledge (Giordan and de Vecchi, 1987). It gives greater importance to some isolated aspects and leads to biased information, which does not allow any independent inferential reasoning. This observation leads us back to the heart of cognitive functioning within a social representation.

Everyday practical life, with questions it arouses, organises knowledge assimilation. With the purpose to guide the behavior, HIV testing evokes a visit to a medical service (hospital, community clinic, health centres, general practitioner) and/or a blood test. Few students wonder what kinds of information we can take from this blood test. They only need to know that they have to do blood analysis and that doctors will explain the results.

Studies about AIDS have shown that knowledge of the disease is neither essential for the adoption of a preventive behavior nor sufficient to guarantee an effective protection against the disease. However, this knowledge turns out to be essential when it is a matter of fighting against the virus, which is already settled into the body. It is even more essential when one wishes to carry on a social action in this field, indeed to control medical, media and political powers, that decide on research and select affected people for therapeutic testing. Therefore, motivation underlies knowledge acquisition and use.

This analysis give us some information about pupil's principal attitudes and knowledge, regarding AIDS. We will consider now the structure of the social representation and social factors on which it depends.

5.2 Factorial correspondence analysis

This method allows articulating variables concerning AIDS, students' interests and social situation. To achieve this articulation, we differentiate three types of variables:

- Active variables relative to the contents of AIDS representation: attitudes, knowledge and information sources.
- Supplementary variables describing, on the one hand, the students universe: school time, professional projects, friendships, family life projects, social and political interests; on the other hand, sociological variables describing the population: age and sex, united or divided family nucleus, siblings size and age, parents' professional activity. Supplementary variables do not interfere in factorial axes formation, but are more or less correlated with axes, according to their link with active variables.

Data from the primary and secondary school have been processed separately, in a factor correspondence analysis using ADDAD software.

Factorial analysis results

The first factorial axis clearly distinguishes:

- children who are interested in AIDS, they show concern about condition of people living with AIDS and have a good level of knowledge about the disease
- from those who are not very interested in the disease, indifferent to the condition of ill people and who don't know much about the epidemic.

This axis integrates in a single structure attitudes, knowledge and use of sources, whether it is the media, school or interpersonal communication.

The second axis separates pupils according to the degree of their solidarity towards ill people. Attitudes configuration designs a frame of representation on which depends the knowledge of the disease.

According to the interest for AIDS and attitude towards affected persons, either students accumulate:

- mass-media information, family conversations and school contribution about the question,
- or they do not give attention to the broadcast information, they never talk about it in family and say they have not been given any information about it at school. This observation illustrates the selective perception of information, according to the attitudes.

Other factorial axes clarify partial constructions of the representation:

- either depending on sensitivity to discrimination, without any particular interest for AIDS,
- or depending on the attention focused on blood to blood transmission
- or on the attention given to sexual transmission of the disease and the necessity of resorting to condoms.

Supplementary variables analyse allows us to point out factors on which reactions towards AIDS depend on. These reactions depend on the way children feel integrated in society and therefore pay attention to its major social issues (Percheron, 1993). The more they feel themselves as being an integral part of the French society, the more they are interested in the AIDS phenomenon. The more they feel as rejected, the more they show indifference towards the disease and ill people.

Family's dynamics also contributes to structure attitudes towards AIDS, according to family stability and siblings age. Children from divided families pay more attention to the disease than children from united families. They have assimilated the knowledge on AIDS transmission and prevention, but despite that, they have no confidence in their possibility to control the risk in the future because you can never trust the others.

Living with adolescent brothers and sisters also leads to a greater interest in AIDS than living in an environment of younger brothers and sisters.

Attention paid to the epidemic also depends on affective maturity and on the interest aroused by the other sex. The more one evokes the existence of a boy or girlfriend, the bigger is the need to talk intimately with other people and the greater is the interest in the disease. The more one keeps apart from the other sex, the more one appreciates sports activities rather than conversations with a select

group and the less one gives attention to the AIDS phenomenon. Likewise, young people who attach more importance to their success in family life are more interested in the disease, than those who attach more importance to succeed in their career.

The lack of interest in the disease does not form a homogenous process. It can mean either a lack of interest in sexuality or a difficulty to face up the death idea as well as a feeling of marginality towards the society affected by the disease...

Representation structure

Factorial data show two configurations of variables linked with the positioning towards the AIDS: the interest in social life or the stress put on private life and on interpersonal relations.

Interest shown for social life could be seen as a citizenship development. A part of this young population is aware of being part of a society that faces different difficulties including AIDS. These young people are interested in current events, they pay attention to social conflicts (as unemployment, strikes and condition of unfortunate people), to wars, to famines in the world, to important events in national and international politics and they see in AIDS a public health threat. This disease concerns everybody and particularly threatens young people. They feel they are a part of "AIDS and condom generation". As active social actors and because they are anxious to react facing the danger, those young people consider that everyone must inform oneself and that every young person must have an easy access to information. At this stage of development preceding adult sexuality, adoption of a preventive behavior, in their representation, logically ensues from knowledge. They know the disease, they strongly express their solidarity towards the affected persons, they know how to protect themselves from AIDS and they think that resorting to condom will help to prevent the disease progression. Thanks to the knowledge, they are confident in the possibility to stop AID diffusion and control disease contamination.

In this part of factorial plan, students express their confidence in the possibility to stop the disease spread. The knowledge on AIDS transmission and prevention indicates how to act and in their mind, there is no difficulty to follow these recommendations. Those young people often live within a privileged cultural environment.

On the other hand, social actuality is not part of all young people's concerns and most of them are not strongly interested in the disease. Some children explicitly position themselves on fringe of adult society, because they defend the right to childhood - a short paradise worth protecting. Time will come quickly enough to modify this judgement, when sexuality will become part of their reality. Meanwhile, they would like to know how to avoid blood contamination in everyday life, particularly at school. As they explain, sexual transmission of the disease is not relevant for them and information campaign omit to describe well the only way they risk contamination.

Others feel rejected by the society, by its hostile and even racist attitudes, operating in school environment and confirmed by social events. They are interested in other topics, which they do not really talk about in the survey. They do not really manage to view themselves in relation to the future. They do not have a professional project yet, they do not know if they want to build a home and family, they do not know whether they give importance or not to a comfortable material life. They do not want anything in particular and they are scared of nothing. AIDS is not their business. They do not know much about the disease and they do not express a great solidarity towards affected people. They have other concerns, such that society does not worry about them. Indifference towards the country's socio-political landscape has been expressed by certain students, some of them coming from immigrated families. They feel excluded from this society and they would like to leave France later.

Racism and violence are the principal danger they have to face in everyday life: how to come back at home without losing their school satchel, to play ball outside and bring it back, to avoid used syringes on the stairs, how to manage their physical and psychological health in this difficult context. AIDS risk seems distant compare to these worries.

Some of them indicate others, and no them, as source of AIDS: a rich and integrated people for example who do not need to work and spent time in drugs and sex, compare to modest families who live a quiet working life.

The second configuration of the variables, which explains the attitude towards AIDS, takes root within the relational field, in the experience of interpersonal conflicts possibly through parents divorce (Wallerstein and Kelly, 1989). Young people express mistrust of friendship, love and wedding institution. Some think that later they will live under the same roof with their partner but that they will not get married. Others prefer to live on their own to protect their peace and independence still more. They know AIDS and are sensitive to the existence of the epidemic, but they express their solidarity towards ill persons with less readiness. The confidence in the preventive efficiency is weakened by their mistrust of other people's behavior. "People aren't responsible. You cannot trust them. Anything can happen." For that reason, they have no assurance to be able to control AID contamination in the future.

In contrast to this sensitivity with respect to interpersonal relations, we find young people who obviously feel relational difficulties. They prefer lonely leisure activities; some say their schoolmates reject them. They are not interested in AIDS and they do not know the disease accurately. However, they assert the rule of non-discrimination towards people living with AIDS. Thus, attitude of solidarity can be disconnected from knowledge and correspond to a sensitivity towards discrimination, whatever the reasons are.

Attitudes of students faced with AIDS depend on family environment and on cultural and social splits. However, the impact of family environment can be offset by discussions within school. Young people are aware of it and they ask for an egalitarian access to information about sexuality, health, including AIDS, but also about other diseases that concern them more directly such as hepatitis B.

6 CONCLUSION

This research has allowed us to study the process of a social representation and the crucial function of attitudes in it. Attitudes depend on different factors. Identical assertions of attitudes can cover different processes and lead to different behavior previsions. It is important to know sources from where attitudes arise. Attitudes determine cognitive effort, behavior towards different information sources and, consequently, effective knowledge. This knowledge is generally applied to a practical life.

Results show a general evolution of reactions facing AIDS, according to age and sex. With respect to knowledge, we can establish continuity between junior high school students, up to 15 years old, and high school students, up to 18 years old. A greater number of the latter know both the disease and the prevention. In that field, there is no rupture between junior high school, high school and adult population (Morin, 1994; Pollak, 1988; Paicheler and Quemini, 1994).

This work draws our attention to two general scope phenomena: the first one concerns the precocious differentiation between both sexes, with respect to sensitivity towards social problems. If the observation is banal, it seems that the study of this differentiation's mechanisms is less. The other phenomenon concerns the evolution of citizenship attitudes, the great interest that some children show, regarding some events in their society.

At last, the research confirms the distinction between a social orientation and an individualistic orientation, facing the difficulties of our society.

It was possible to understand all these aspects of the representation thanks to the link we managed between the interviews and the questionnaire and to the use of mainly open questions.

The choice of a young population, who is not involved in sexual relationship, permits to highlight some aspects of representation that appear among adults in a more complex form. Studying an older population and considering sexual behavior complicates necessarily the schema but does not invalidate it. It is interesting to approach social representations from situations, which vary with regard to their degree of complexity in order to understand better the bringing to play of current processes.

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