



# Social representations associated with HIV/AIDS in Colombian university students<sup>1</sup>

## Representaciones sociales asociadas al VIH/Sida en universitarios colombianos


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### Abstract

This research aimed to understand the social representations associated with HIV and AIDS in a group of adolescents and university students from Colombia. For this, a qualitative study of phenomenological interpretative design was carried out with 18 university students. The collection techniques used were natural semantic networks (NSN) and discussion groups. The narratives showed that there is lack of knowledge about general aspects of HIV and AIDS. They also reported a belief that the risk of contracting HIV relapses only into at-risk groups. In addition, attitudes that denote stigma towards people with the disease were identified. Partners, parents, family and internet were reported as the main agents of socialization about the disease. In conclusion, the need to empower the different socialization agents and to strengthen educational processes from the recognition of the human rights of all people is highlighted. Therefore, it is required an articulated, integral and transversal work of the different agents, not only for the deconstruction of the negative beliefs and attitudes towards the disease, but for the construction of a responsible and healthy sexuality that is centered in the self-care.

**Keywords:** HIV; AIDS; Social Representations; Youth; Qualitative Research.

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## Resumen

El objetivo de esta investigación fue comprender las representaciones sociales asociadas al VIH y al Sida en un grupo de adolescentes y jóvenes universitarios colombianos. Para ello, se realizó un estudio cualitativo de diseño fenomenológico interpretativo en el que participaron 18 estudiantes universitarios. Las técnicas de recolección empleadas fueron las redes semánticas naturales y los grupos de discusión. Las narrativas evidenciaron que existe desconocimiento sobre aspectos generales del VIH y del Sida. También dieron cuenta de la creencia de que el riesgo de contraer VIH recae únicamente en grupos etiquetados en riesgo. Se identificaron, además, actitudes que denotan estigma hacia personas con la enfermedad. Los pares, los padres, la familia y el Internet se reportaron como los principales agentes de socialización sobre la enfermedad. En conclusión, se destaca la necesidad de empoderar a los diferentes agentes de socialización y de fortalecer los procesos educativos desde el reconocimiento de los derechos humanos de todas las personas. Se requiere, por tanto, un trabajo articulado, integral y transversal de los diferentes agentes, no solo para la deconstrucción de las creencias y actitudes negativas hacia la enfermedad, sino para la construcción de una sexualidad responsable y saludable que esté centrada en el autocuidado.

**Palabras clave:** VIH; Sida; Representaciones Sociales; Jóvenes; Investigación Cualitativa.

## Introduction

Morbidity rates recorded annually situate the human immunodeficiency virus (HIV) as one of the major public health problems worldwide (Hoyos, Duarte, 2016). In 2015, the World Health Organization (WHO) reported that about 37 million people worldwide were living with HIV. The United Nations Population Fund (UNFPA, 2017a) estimated that of the 4.5 million new infections in 2016, 34% related to young people aged 10-24 years. In Latin America, according to data provided by the Joint United Nations Program on HIV/AIDS (UNAIDS, 2016), 3.4 million people were diagnosed with the disease, which means that approximately 33,000 new cases occur each year.

According to statistics from the UNFPA (2017A), Colombia today stands as the third country with the highest HIV prevalence in Latin America. Approximately 1,050 deaths of young people aged 12-28 years were estimated in 2014 (UNFPA, 2017a). Of the 15,087 reported cases of young people with HIV between 2010 and 2014, 30% were in AIDS stage. The 1,143 people diagnosed with HIV/AIDS by the National Institute of Health (INS, 2016) position the Valle del Cauca as the third administrative department nationwide with highest number of people living with this disease. In Cali, concretely, the National System for Public Health Surveillance (SIVIGILA) reported that the rate of HIV/AIDS per 100,000 inhabitants is 86.6 in people aged 25-29 years, 75.4 in those aged 20-24 years, and 26.4 in those aged 15-19 years (INS, 2016).

For many years the social representations built on HIV and AIDS have meant that this health condition has been associated especially with so-called risk groups, such as people with homosexual orientation, sex workers and consumers of psychoactive substances (SPAI) (Fleury; Alves; Galinkin, 2010; Hoyos; Duarte, 2016; Labra; Lacasse, 2015). Although early research reported on the subject noted that these groups were more vulnerable to the disease, the epidemiological behavior in recent years has provided scientific evidence that, regardless of psychosocial factors such as sex, time of life cycle, and social position, the level of exposure to risk is similar in all population groups (Antunes; Vizeu;

Bousfield, 2014; Chacón et al., 2014; Earnshaw et al., 2014; Labra; Lacasse, 2015).

The social stigma associated with HIV and AIDS, in conjunction with ignorance about its modes of transmission and prevention, expresses the social representations that influence people's perception of risk concerning the disease (Belza et al., 2014; Fuster et al., 2014; Morales; Espada; Orgilés, 2016; Revuela et al., 2012; Sánchez; Terrón; Lozano, 2016). Studies conducted in Brazil (Antunes; Vizeu; Bousfield, 2014; Fleury; Alves; Galinkin, 2010), Mexico (Reartes, 2011), Argentina (Jones; Barrón; Ibarlucía, 2017), Spain (Guerrero; Ramos, 2015) and Canada (Labra; Lacasse, 2015) found that young people considered the vulnerability to the disease as an isolated condition that only affected populations regarded as marginal.

These social representations, conditioned by stereotypes, prejudice and stigma, have led in recent years many people to not recognize themselves as a population at risk for HIV (Antunes; Vizeu; Bousfield, 2014; Chacón et al., 2014; Earnshaw et al., 2014; Guerrero; Ramos, 2015; Jones; Barrón; Ibarlucía, 2017; Labra; Lacasse, 2015; Quintal; Vera, 2015; Reartes, 2011; Sánchez; Terrón; Lozano, 2016). Low perception of vulnerability, high exposure to unsafe sex practices, and lack of reliable information about the disease have become the main risk factors for HIV acquisition in adolescents and young people around the world (Guerrero; Ramos, 2015; UNFPA, 2017b).

In this sense, the perceptions, stigma, beliefs, attitudes, myths, prejudices and knowledge socially constructed around HIV and AIDS constitute the social representations, which, according to Moscovici, create communication among members of a community through codes (images, figures, verbal and nonverbal language) that point to and classify the knowledge and common sense of the cultural aspects (Jodelet, 1985; Jofré; Marín; Yuli, 2005). These, in turn, can become barriers that interfere with the information that young people receive in educational institutions, health agencies and the media on the subject and that increase their risk for acquiring the disease (Chacón, Lugo, 2015). Thus, tracing the social representations of young Colombians on the disease could contribute to the design of public policies on sexual and

reproductive health aimed at reducing the stigma and discrimination against the disease.

This research aimed at understanding the social representations associated with HIV and AIDS in a group of Colombian university students. To that end, we sought to: (1) trace the beliefs, opinions and attitudes of the young people in relation to HIV and AIDS; and (2) recognize the socialization agents in the construction of ideas associated with HIV and AIDS.

## Methodology

### Design

This qualitative research was implemented through an interpretive phenomenological design, which enabled us to know, understand and describe the phenomena that the participants build of their reality and recognize the constructive role of researchers in interpreting their experiences (Willig, 2013).

### Participants

The research had the participation of 18 students (9 men and 9 women) belonging to a university in Cali (Colombia), aged 18–21 years. As inclusion criteria we considered that: (1) participants were of age, (2) they were registered in professional careers of the institution during the academic period between July and December 2017 and (3) they did not show cognitive impairment.

### Data collection techniques

The data collection techniques used were natural semantic networks (NSN) and discussion groups. The NSN were used to know the group meaning attributed to HIV and AIDS and thus obtain a group of words that the participants associated with the disease (Hinojosa, 2008).

The discussion groups enabled an in-depth approach to the significant fields of the participants' personal experiences. The questions guide that was used in the discussion groups was validated by two judges that were experts in Health Psychology, who

verified the relevance, coherence and wording of the questions, according to the research objectives and categories of analysis. Based on the comments of the judges, the questions that formed the final guide were adjusted. The categories of analysis were: (1) opinions and beliefs; (2) attitudes; and (3) socialization agents. The categories of analysis were chosen based on the conceptual framework found in the literature review, the trajectory of the associated research groups, and the objectives proposed in this research.

## **Procedure**

After approval by the Research Ethics Committee and authorization by university officials to access the study population, we issued a call for undergraduate students of all schools to participate in the research. To that end, we made open invitations through various media in the first two months of the semester, the period between July and August 2017, in the classrooms of all schools. Students who expressed interest in participating filled out a form with personal data in which they authorized later contact and invitation to briefings of the objectives, scope and methodology of the research project. Students interested in participating signed an informed consent through which they voluntarily agreed to be part of the discussion groups.

Before starting the discussion groups, the participants were given blank sheets for registering in 20 seconds all beliefs, emotions and knowledge associated with HIV and AIDS. These groups had duration of approximately one hour and a half and were conducted in private rooms to ensure a comfortable atmosphere between the moderator and the participants. Each group consisted of about five participants and was guided by a moderator specialized in the field and supported by a trained assistant, who was in charge of audio recording the sessions and registering non-verbal information.

## **Analysis of the information**

We conducted a thematic analysis based on the categories and subcategories (Mieles; Tonon; Alvarado, 2012). The accounts of the discussion

groups were recorded in audio and transcribed verbatim, taking into account the non-verbal language and paralinguistic elements. Data analysis was performed manually, based on the categories of analysis and study objectives and following the scheme of organization, segmentation, and correlation. Subsequently, the information analysis was supplemented with support of the Atlas.ti program (version 7.5) and submitted to an encoding process that enabled tracing, analyzing and reporting the patterns derived after reading the information collected in the NSNs and discussion groups (Mieles, Tonon, Alvarado, 2012). The results obtained were discussed in a group composed of the research team. Thus, information triangulation by the researchers prevented that their biases interfered with the information encoding and enabled facilitating the systematic and standardized comparison of the study phenomena.

## **Ethical considerations**

This research was guided by Resolution no. 008430 of the Ministry of Health, 1993, which sets out the scientific, technical, and managerial standards for health research with human beings. Additionally, it took into account the ethical considerations defined in the Deontological and Bioethical Manual of Psychology and Law no. 1,090 of 2006, which regulates the practice of Psychology in Colombia.

## **Results and discussion**

This section presents the results obtained from the NSN and discussion groups conducted with the 18 university students who participated in this research. The sample consisted of students of the School of Humanities and Social Sciences, School of Health Sciences and the School of Economic Sciences of a university in Cali. In order to protect the confidentiality of the identity of the participants in this article their real names were replaced with pseudonyms. To facilitate the understanding of these findings, it is shown, in parallel, the discussion between the results obtained in each

of the established categories of analysis and the information reported in the literature on the subject.

After analyzing the NSNs, we obtained a SAM (Semantic Association Memory) set consisting exclusively of the words that exceeded 20% of the semantic weight of the HIV and AIDS concepts (Hinojosa, 2008). Thus, the defining words that participants associated with HIV were: disease (36%), death (18%), sex (15%), pain (11%), AIDS (11%) and fear (9%). While the words associated with AIDS were: disease (49%), sexual transmission (15%), death (13%), pain (13%) and HIV (10%).

The NSNs found enable, on the one hand, tracing the social representations that have been built historically in relation to HIV and AIDS and, on the other hand, understanding how these cultural associations shape the beliefs, opinions and attitudes reported by the participants as to this health condition.

### **Beliefs, opinions, and attitudes**

#### *General concepts about HIV and AIDS*

In the discussion groups the participants showed knowledge about HIV and AIDS, such as the effects of the disease on the immune system of people, duration of treatment and the importance of barrier methods to prevent acquiring the virus. However, some information gaps were found, such as lack of knowledge on the basic theoretical concepts of HIV and AIDS, the differences between these health conditions and the possible risks of certain bodily fluids as to acquiring the disease.

Most participants recognized HIV as a sexually transmitted disease characterized by weakening the immune system, sometimes asymptomatic, transmitted by bodily fluids and requiring chronic treatment. While they considered AIDS as a syndrome that leads to weakening of defenses and that causes HIV to be manifested through signs and symptoms:

*What I know is that it is a sexually transmitted disease that can be transmitted by certain fluids that affect the immune system and can be transferred to children through childbirth. (Juan, 21 years old)*

#### *Differences between HIV and AIDS*

Regarding the differences between HIV and AIDS, we found that many of them did not know if these two health conditions were the same. While others understood AIDS as an advanced or terminal stage of HIV or the symptomatic part of HIV:

*Well... I mean, I understood that [AIDS] it is the most serious stage of the virus, which can no longer transform into something else, and that at this stage people are prone to other diseases. (Érika, 19 years old)*

*I actually thought they were the same, I didn't know, as my companion said now, that it was a terminal stage... I thought they were the same thing, I thought that HIV and AIDS were synonymous, and now. (Natalia, 21 years old)*

The accounts and the NSNs showed that some of the participants described AIDS as a terminal stage of the disease that affects the physical appearance and triggers death. These findings are consistent with other researches (Antunes; Vizeu; Bousfield, 2014; Belza et al., 2014; Brand; Palacios; Bermudez, 2016; Chacón; Lugo, 2015; Fuster et al., 2014; Labra; Lacase, 2015; Morales; Espada; Orgilés, 2016; Revuela et al., 2012; Sánchez; Terrón; Lozano, 2016) and highlight a social representation that stereotypes the physical appearance of people with the disease.

#### *HIV transmission modes*

The participants highlighted elements of virus transmission such as unprotected (oral, anal or vaginal) sex, sharing syringes in blood transfusions and mother-to-child transmission. Although they claimed that the disease is not spread by contact with a person with the diagnosis, several of them showed they were not sure whether it was possible to acquire HIV through the exchange of bodily fluids such as saliva:

*It's a disease that is acquired through unprotected sex or by using needles of a person who is infected [...] there is much misinformation about it, people say that just by touching or because you hug a person you are going to get it, I think is not so; I think it is*

*mostly through fluids, unprotected sex, or blood.*  
(María, 18 years old)

Although many considered that all people are vulnerable to acquiring HIV, they recognized that there is a greater exposure to the disease in people who engage in sex work, who are of homosexual orientation, or who have risky sexual relations. The accounts showed, similarly, the widespread belief that it is only necessary to use a condom during sex with strangers:

*According to my perception a person acquires the disease by irresponsibility [...] For example, in a relationship a person trusts, is carried away by the situation. That happens to a lot of married women who trust their husbands and often they seek prostitutes or transvestites, then they come and they get HIV. They think that they were also being faithful to them.* (Marta, 20 years old)

*I think that at that age there is much promiscuity and lack of education, then as it is very common that young people get carried away by the situation or by what they are told: that with condom you don't feel it or that women don't like the condom. It's because of these beliefs and these habits that they experience this kind of thing.* (Juan, 21 years old)

Consistently with other researches, it was found that the low risk perception reported by young people as to HIV is associated with the trust of being in the context of stable romantic relationships and low use of protection (Chacón et al., 2014; Guerrero; Ramos, 2015; Quintal; Vera, 2015; Reartes, 2011; Sánchez; Terrón; Lozano, 2016), contributing to the construction of social representations in which HIV is considered a disease of “others” (Earnshaw et al., 2014; Jones; Barrón; Ibarlucía, 2017; Labra; Lacase, 2015). This situation emphasizes two fundamental aspects: (1) that adolescents and young people trust in their partner or anyone else that is socially close for not considering them as belonging to a risk group, and (2) that the low risk perception hampers the possibilities of taking barrier protective measures as to their sexual practices. Both aspects directly influence the decreased susceptibility and

the self-efficacy perceived by adolescents and young people as to the risk of contracting this disease (Uribe Vergara, Barona, 2009).

The social representation of considering HIV as a disease of “others” generates risky behaviors as to HIV acquisition and reinforces the idea reported in the literature that the risk only affects certain social groups (Jones; Barrón; Ibarlucía, 2017; Labra; Lacasse, 2015; Quintal; Vera, 2015). It also intensifies a social construction that excludes these populations, which affects their dynamics of life and of inclusion in society and reinforces the rejection of cultural and sexual diversity. Consequently, the cultural divide and the establishment of an unequal social structure towards people categorized as at risk and towards people living with the disease are perpetuated. As evidenced in the accounts, the history of the establishment of the HIV epidemic and its association with specific populations - homosexuals, sex workers, people who use psychoactive substances, marginal populations, among others - still influences the social representations of many adolescents and young people (Cardona; Arboleda; Rosero, 2013; Earnshaw et al., 2014; Guerrero; Ramos, 2015; Jones; Barrón; Ibarlucía, 2017; Labra; Lacasse, 2015; Reartes, 2011).

#### *HIV testing*

In general, the participants claimed to be aware of the existence of a test for HIV. However, a high number of them declared not knowing the name and type of specific tests available today in Colombia:

*The blood test is the one I know better, but I'm not sure ... maybe it's wrong, but I think there is a saliva test, I'm not sure, maybe I misread, but I don't know...* (Mario, 20 years old)

They emphasized, similarly, difficulties of access and lack of knowledge as the main barriers they perceived to be tested. Furthermore, it was evidenced that many were unaware of the health system and private laboratories as places of access to the test:

*I sought to be tested because I felt at risk [...] I got it and the cost didn't seem very high through the*

*health service [...] I understood that you can always request it, because I heard it's good to be tested if you have a partner or recurrent sexual activities and that you need to be tested every six months.* (Andrés, 21 years old)

The participants reported feeling fear and anxiety at the prospect of being tested, as well as obtaining a possible positive result and having to face the changes resulting from living with the disease:

*In my opinion, I would say fear, because I feel that it will determine my future, that is, how I will live my life. If at any given case, I share it with someone, I'm under a stigma of that person. Fear!* (Erika, 19 years old)

*It causes me anxiety and fear before, during and after. None of the times I've done it I can say I was calm, even though I haven't had a behavior I could say involved risk... I've always been nervous, I've always been afraid.* (Sebastián, 21 years old)

Although they recognize feeling fear, most of them mention not having been exposed to risk situations when being in stable relationships with partners or for not having had many sexual partners. As in other studies, it was found that the main reasons why they would be willing to take the test would be due to feeling they had risk behaviors such as sex without using a barrier method, sex with strangers or due to knowing or suspecting their sexual partner was diagnosed with HIV (Belza et al., 2014; Fuster et al., 2014; Morales; Espada; Orgilés, 2016; Peralta et al., 2007).

Regarding attitudes towards being tested, although it appears that some recognize that a blood test helps determine whether an individual has HIV, most of them claimed to ignore specific tests existing and highlighted the resistance and fear they had as to go to the health facility for being afraid that the results will show the virus. Positive attitudes towards using the test, as indicated by other studies, do not lead to a greater use (Espada et al., 2015; Morales; Espada; Orgilés, 2016). These results highlight the need to work on providing advice on specific virus testing, to contribute to

the recognition of the various benefits of getting tested and facilitating the means of access to this population group.

#### *People diagnosed with HIV or AIDS*

The participants considered that after being diagnosed with AIDS people show symptoms and physical changes. Contrary to the views of the majority, some said that there is no relation between the development or progression of the disease and the onset of symptoms that show a perceptible physical deterioration:

*It's not easy, I mean, people who have HIV are not physically identified, because it is a very treatable disease, then we might not realize [...] I believe that people with AIDS have certain symptoms related to the disease, especially respiratory ones; they start having skin wounds, I do not know what causes it, but they appear with reduced weight...* (Sebastián, 21 years old)

They also reported that being diagnosed with HIV could cause them surprise and could change their interaction on a social level, as some consider this disease as a condition associated with exclusion and discrimination:

*Suddenly it's not something that's going to be said openly, I don't think that's desirable for them, because it's very possible that they can come to feel estranged by society, embarrassed or discriminated against [...] When my partner told me he had AIDS, he saw me with a face of astonishment and said, "Are you okay?", "Did something happen?", "Is there a problem with me having the disease?" [...] There may be a chance that you are discriminate against in some situation.* (Andrés, 21 years old)

When asked about sexual and reproductive rights of people with HIV, most respondents disagreed as to them having sexual relations because of the increased likelihood of transmission of this disease:

*I think it's a risk, but if that person who is having sex with a person with HIV is taking measures, if the two people are being careful, then I don't*

*consider it as risky [...] I don't know, if for example in oral sex or other things, then I'd see it as risky, it's up to them, but at first I'd think it is risky.* (Érika, 19 years old)

They also stressed the responsibility they have as to informing their partners about their health condition and as to always using protection during sex:

*You must have a lot of responsibility, because if you are going to have a sexual relation with another person, you have to inform them, that's what I think [...] Being HIV positive, I think you have to have a lot of responsibility to inform and always say you have the disease...* (Álvaro, 18 years old)

In general, they expressed respect for the decision of people to have sexual practices or not with others who have HIV or AIDS. However, most participants said they would be unwilling to take the risk of contracting the disease, even if it were their partner or someone close who they liked:

*No, I would panic [...] The fact of having this disease, it's is horrible to me and I would feel panic because of any possible risk, however minimal, of getting the disease, it's hard.* (Julio, 20 years old)

In the accounts we found social representations that show the stigma and discrimination against people with HIV and that permeate favorable or unfavorable attitudes towards the disease. While some claimed to have attitudes based on respect and inclusion, others said they would be unwilling to interact with a person with HIV due to the possibility of disease transmission. The main reasons why some participants considered not being able to relate to people in this health condition were because they feel afraid, because they are not completely aware of the disease transmission and prevention modes and because of fear of exposure. That is evident in the research of Uribe, Orcasita and Vergara (2010), in which an association was found between the knowledge of adolescents and young people about HIV and favorable attitudes toward people with this health condition.

Participants stated that although initially it would be somewhat shocking to receive news that someone close to their family was diagnosed as HIV positive, they believed that their attitude would not change, rather they could be more considerate due to their health condition. HIV education is highlighted as a key aspect in all people and especially in those surrounding the person with this disease:

*It would intrigue me, as to knowing how, why and what is being done to address the situation, differently from many people that are disgusted or try to avoid it, I'd be more intrigued, they are frightened, avoid contact. I would be like shocked and at the same time if they are HIV positive and have not given the information that would categorize them as irresponsible because if they have it why they do not give that information to prevent that.* (María, 18 years old)

As observed in the focus groups, several participants said they disagreed that people with HIV have sexual relations, for fear of spreading the virus to others, or rejected the possibility of having sex with people with the disease due to the risk it could constitute to their health. These statements were concentrated in people who do not have HIV or do not know their HIV status, but not in those with the diagnosis, who are also exposed in an unprotected intercourse to the possibility of reinfection or acquisition of another sexually transmitted infection. Other participants, however, acknowledged that fully experiencing one's sexuality is a right.

It should be noted that most participants recognized the responsibility of people with HIV as to informing their sexual partners of their health status and as to always being protected during these practices. This approach may exclude the responsibility of all participants to assume a self-care that is not dependent on another person during sexual intercourse, as well as the right to confidentiality. In this regard, it is important to note that the social representation of considering people irresponsible due to contracting the disease increases the stigma against people with the diagnosis and reinforces the lack of self-care in the



sexual practices of young people (Labra, Lacase, 2015; Fleury, Alves; Galinkin, 2010).

Regarding attitudes towards people with HIV, it was found that some expressed their willingness to provide support based on respect and inclusion, while others said they would resort to different ways of care, but would avoid physical contact. On the other hand, if it were a known person with HIV many argue that they would still maintain physical distance and others that they would be more considerate and supportive.

### Agents of socialization

The young people reported that sex education should be provided from early childhood and said that the responsibility should be mainly in the hands of parents. They claimed that the sex education they had received in their schools or in their homes had been more focused on pleasure or avoidance of pregnancy than on the possible risks of acquiring sexually transmitted infections:

*I believe it is because of the lack of information that they also tolerate, because they are not well informed, they also feel embarrassed sometimes to speak because of the taboo they have, if they are not informed because they will not inform that well either [...] I think mainly parents, because after parents have that mindset and know how to instruct the children and for the school it is easier to deal with these issues and it would not become so complicated that the school spoke about those issues or those types of material, so the others would know it since school. (Andrea, 18 years old)*

As reported in the researches of Elliott (2010), Jones (2010) and Sevilla et al. (2016), the main sources of information about sexuality were peers, parents, family, internet and educational institutions. In this regard, some participants claimed they are more focused on the protection of the disease than on informing more broadly on sexually transmitted infections (STIs) and on the full experience of sexuality. Similarly, they said they talk little about HIV, and if they do they claim that it is in an autonomous and self-taught manner:

*The media more often show statistics and how is the situation as to HIV and AIDS, rather than focusing on what it is, how to prevent it, or information about the diagnostic test [...] I have found that information on social networks more than on television, and because of personal work I've expanded my knowledge on the issue. (Sebastián, 21 years old)*

## Final considerations

This research aimed at understanding the social representations associated with HIV and AIDS in a group of Colombian university students. This was achieved through the recognition of the beliefs, opinions and attitudes related to the disease and towards people with HIV, as well as of the socialization agents involved in such constructions.

As observed above, the social representations are formed under the social and family bonds and favor the construction of significances that individuals appropriate and transform according to their cultural context. The participants show knowledge built through the relationship with the other in different interaction contexts. Social representations are people's own knowledge, whose construction process and content are supported according to the traditions, trajectories and life cosmovisions of the family, educational and social contexts, in which people develop.

The reports denote that the opinions, beliefs, attitudes and socialization agents about information related to HIV and AIDS are similar regardless of gender or age. The constructed knowledge are gaps that may make them more vulnerable to disease. It is essential, therefore, to develop strategies enabling to break paradigms and acquire information based on scientific evidence.

The results invite to reflect on the social representations historically built around the disease. The stories of the young people make visible the social representations attributed to HIV as a disease associated with a concept of illness and death. This misconception of the disease may have a social impact on the position that adolescents and young people take against the disease, on preventive

practices, and on how interaction occurs with people with the diagnosis.

Personal experiences, family experiences or experiences of peers with respect to the disease, and the position of culture and society, condition the attitudes of young people towards people with HIV or AIDS. It may be understood that many participants have developed beliefs, behaviors and feelings towards this population based on the stigma and lack of information about the disease (etiology, treatment, modes of transmission, psychosocial implications, among others).

It also became clear that many do not recognize the importance of STI prevention campaigns, either because of daily activities or because they prefer other sources of information that are more popular and of easier access, such as the internet. In this regard, health education is considered essential to develop methodologies that contribute to the deconstruction of negative beliefs, views and attitudes about the disease, thus fostering behaviors that promote healthy habits and equitable, fair, and humanized interactions regardless of serologic states, social conditions, or sexual practices, for example. Achieving the internalization of the concepts about the importance of care of responsible sexuality through innovative dynamics, integrated and interrelated to the different stages of the course of life and scenarios involving adolescents and young people should be a goal for the various socialization agents involved, especially in the role of educators, family and the media.

One limitation of this study was that the resistance perceived in the college students as to talking about HIV and AIDS may have prevented them from openly expressing during the discussion groups. While a calm and fluid communicative dynamics was observed in the groups, some moments of discomfort are highlighted as to discussing certain topics, specifically on issues related to homosexuality and the possibility of having a family member with HIV. Accordingly, it is recommended that future researches consider supplementing the focus groups with in-depth interviews in which participants can communicate more freely their perspective on different topics of study.

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### Authors' contribution

Hoyos-Hernández is the lead researcher of the study, leader in the design of the research proposal, supported by Orcasita Pineda. Hoyos Hernández, Sanabria Mazo, young researcher of the study, and Orcasita Pineda analyzed the data. Valenzuela, González and Osorio contributed to the transcription of the groups. All authors participated in the data collection and article writing.

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