

Young people and the discourse on Aids: from the centrality of context to the appropriation of sense

DOI: 10.3395/reciis.v3i3.286en



Janine Cardoso

Institute of Scientific and
Technological Communi-
cation and Information in
Health – Fiocruz, Rio de
Janeiro, Brazil
janine@icict.fiocruz.br



Kátia Lerner

Institute of Scientific and
Technological Communi-
cation and Information in
Health – Fiocruz, Rio de
Janeiro, Brazil
klerner@icict.fiocruz.br

Abstract

The text discusses results of a piece of research that analyzed the ways in which young people from two neighborhoods on the outskirts of the city of Rio de Janeiro dealt with risk situations and information about Aids prevention. In other words, how they interpreted, circulated and converted into practice the prevention measures suggested to them. The theoretical perspectives of social discourse semiology and social mobilization were joined, making the symbolic mediations present in these processes stand out, revealing that underneath an apparently homogeneous speech tensions and conflicts exist, such as class, generation and gender conflicts, typical of social relations, and which also manifest themselves in the context of Aids prevention.

Keywords

Aids; health; public policies; communication; discourse

Introduction

This paper sets out to discuss part of the results of the research “Health promotion and HIV/AIDS prevention in the City of Rio de Janeiro: a methodology for assessment of public policies and communication strategies”.¹ With the theme of prevention the epidemic among young people, its main aim was to develop and test a method for assessing communication strategies that could help improve public interventions for prevention and control of the epidemic, in the broader context of strengthening the Unified Health System (SUS). Its central proposal was to combine a social mobilization process – to stimulate and support the production of local protection strategies – with the

analysis of the ways in which the population understands, circulates and converts into practice the information offered to them by public and private organizations. In other words, to become acquainted with and reveal the way in which young people and teenagers in a social risk situation deal with Aids. The original project had already displayed an interest in whether the methodology generated could be compatible with and incorporated into the dynamics of health services and institutions, helping public health planners and managers to improve their communication strategies, aiming to confront this and other problems.

It was up to the Rio de Janeiro Municipal Health Office (SMS/RJ) to indicate the population segment,

the areas and local services that would participate in the project. Priority was given to teenagers in a social risk situation, aged 13 to 24, living in the Rio de Janeiro neighborhoods of Curicica (west zone) and Lins de Vasconcelos (north zone). The choice resulted from a combination of factors, such as the highest concentration of AIDS incidence having moved from the central and south zones to the north and west zones of the city (CRUZ, 1999); the growing number of women among new reported cases of AIDS, as well as the preponderance of the heterosexual transmission model (ratio of 2 men to 1 woman with Aids), increasing the risk of mother-child transmission. Adding to this the vertiginous growth of teenage pregnancy, we believed it was of unquestionable importance that young people should be included in any preventive program or research project related to this theme.

To identify the social production of sense about the theme, the methodological strategy of mapping sense production networks by creating symbolic market maps was used (ARAÚJO, 2001), followed by encouraging the population to put together a social mobilization plan in which the studied group itself would produce prevention strategies. The result was then transformed into analyzable text, submitted to discursive analysis.

The development of the work and the analysis of its results revealed that the contexts had the property of modifying the research course, especially the local, situational and existential contexts. At the same time that they required the research method to be changed, they reinforced its starting point: that sense is not ready-made, neither in the messages and information offered, nor in the receiving field. Sense is formed in the meeting (and also failure to meet) space between them, the interlocution space, always influenced by contexts that contain innumerable mediation factors.

Theoretical bases for the research and method

The proposed method brought together three theoretical currents that oppose the traditional conception of communication as information transference, which is still predominant in the health field. These approaches reinforce research and reflections that, in this and other areas of social intervention, have been opposing models that advocate a causal and automatic relationship between “good communication” and “behavior change”, highlighting instead the importance of the processes of circulation and appropriation of social sense (CARDOSO, 2001; PITTA, 2001, 1995; ARAÚJO & CARDOSO, 2006).

The structuring axis comes from Social Discourse Semiology or Social Theory of Discourse, which studies social phenomena as sense producing phenomena. That is, it sees signification as the result of discursive practices and strategies, performed based on the social place of subjects. The key word here is *context*. Discourse, therefore, is a socio-discursive practice that is always developed within a social field (BOURDIEU, 1997), whether to establish this

field or designate what this field expresses. We can thus say that “discourse contributes to the formation of all the dimensions of social structure which, directly or indirectly, shape it and restrict it: its own norms and conventions, as well as relations, identities and institutions that underlie it” (FAIRCLOUGH, 2001. p.92).

Fairclough stressed that discourse does not only constitute and reproduce knowledge and belief systems, but it also challenges and restructures them: discourse as a space for social struggle and transformation constitutes a basic premise of the method which, as well as advancing the understanding of how sense is produced in public health, also aims to help modify the relationship between the population and the institutions in the way they confront epidemics.

Social Discourse Semiology thus sees communication as a great negotiation space – a symbolic market – where messages, texts, discourses and other symbolic goods are produced, circulated and consumed. In this market, what is being negotiated, effectively, is the prerogative to do observe and interpret reality from a certain point of view, perspectives that will result in different ways of acting upon reality (VERÓN, 1981, 1983; BOURDIEU, 1989, 1990, 1996; ARAÚJO, 2002).

This semiological approach is strengthened by Mediations Theory, which helps to understand the factors that move the negotiation process and the flow of social actors between the various positions of power, polarized between discursive center and periphery (ARAÚJO, 2000, 2002). This theoretical perspective is originally based on the studies of Guillermo Orozco, who states that communication is a multimediated, multidimensional and multidirectional process, among other reasons because people occupy different social positions and places of speech. To Orozco, there is no ready-made receptor, but rather a being in a situation, formed by the various interactive processes, therefore, by the multiple mediations, which determine the sense produced. The typology of mediations proposed by this author – *individual, situational, institutional and massmediatic mediations* – (OROZCO, 1993, p.61-66; 1997, p. 116-18) constitutes a complementary part of this study, largely absorbed by the notion of context, the main category for analysis used here (cf ARAÚJO et al., 2003).

The Social Mobilization perspective, as put forward by Colombian researcher Bernardo Toro (1996a, b) forms the research’s theoretical-methodological tripod. To Toro, communication is a society’s ability to circulate its own discourse and that of other societies. Based on this vision, mobilization is seen as a way to favor a more equal emergence and circulation of non-hegemonic sense. To recognize and value diversity, to understand the silencing and deviation strategies of those who are historically at a social disadvantage, results in and strengthens the understanding that discursive practice is also a place for struggle and transformation. Here, also, the notion of context is fundamental, for it allows the ideological closing of sense, traditionally monopolized by dominant discursive nuclei, to be relativized.

Young people, Aids and its contexts

*“Our struggle is very unequal”
“There is an abyss between the community and society”*

According to our approach, the reality studied is made up of various contexts that are connected in social practice, all of them permeated by the relational dimension. In their totality, they form the conditions for possibilities of the social and discursive scenes, of power relations, of the strategies for change or maintenance of these scenes and relations. But, they also form the reciprocal conditions for production. Thus, they are also interrelational. In this paper, however, we will privilege some contexts only: that of *studied areas*, which tries to bring information about the neighborhoods where the research developed its empirical study, and the *situational/existential context*, which presents the participants' situation as people of the world and their places of interlocution – the place each occupies in the social topography, at the moment of the interlocutive act, a place that defines to an extent what he says and how he says it.²

The local context

As already mentioned, the research was conducted in Curicica and Lins de Vasconcelos, considerably different neighborhoods in terms of historical origin, geographic, social and economic positions, public and private investments, and the local power relations system. Due to the limits of this text, we will only mention the characteristics that are most central to and have the greatest impact on the project.

Lins de Vasconcelos is located in the region known as Grande Méier and occupies the 52nd place, out of the 161 neighborhoods of Rio de Janeiro city, in the Human Development Index (161)³. In this neighborhood, good and old houses, modern buildings and 11 slums live side by side, giving rise to the expression “Lins Complex”. If it was once a middle-class neighborhood, nowadays the impoverished population confronts the problems of precarious urbanization, such as open sewers, trash in the streets, lack of lighting and deficient transportation.

The region has a high concentration of community organizations and practically all the public programs developed through state offices, the preferential mode of which has been qualifying young people for community activities, complemented by remuneration in the form of scholarships. This characteristic does not result, as might be expected, in wide-reaching community action in a broad sense, due to a permanent tension between the various organizations, groups and their leadership. Among the community projects, two must be highlighted, because of their involvement with the research: the Vida Nova Project, belonging to the NGO Idéia (Idea) and the Jovens pela Paz (Young People for Peace) Project, of the Community Development Office. Connected to the latter is the Juventude, Socialismo e Paz (Youth, Socialism and Peace) movement.

Another relevant and even determining point in local community organization was the control exerted by the leaders and members of the drug trafficking criminal factions, known in the area as “the parallel”, a contraction of the expression “the parallel power” disseminated by the media. The research activities suffered the consequences of this control, including problems making contact with the young people and the impossibility of filming and photographing, since authorization could only be obtained through rigorous control of the location and processes.

Regarding this detail, it must be mentioned that in 1998 there was a violent dispute between rival drug trafficking factions, the *Comando Vermelho* (Red Command) and the *III Comando* (Third Command). To counterbalance this violence and disintegration, an evangelical Christian movement was started, entitled “Lins Complex for Christ”, which took on a literal “walk” through the slums, guided by the idea of salvation. Not only soul salvation but also social salvation. These facts became relevant in the discursive analysis, for they showed the strong presence of the ideas of *combat* and *salvation* in the young people's discourse.

The Complex has countless crèches, shelters for the elderly and other welfare activities, provided by the state and by religious groups and lay organizations, such as Kardecist spiritism centers. There is a strong presence of religious institutions, both the Catholic Church and Evangelical churches, with the Baptist Church being especially noteworthy due to its social action. The school system is also broad, with there even being a private university in the neighborhood. In terms of leisure facilities, Lins has a samba school, the Unidos do Cabuçu, and a recreational club. As for health services, the main unit is the Carlos Gentile de Mello Health Center, from the Rio de Janeiro Municipal Health Office, with 70 employees at the time of research, serving 20 communities, 17 of which are from the Lins Complex, offering medical and non-medical consultations, among other things. The Carlos Gentile de Mello Health Center was responsible for the local coordination of the research.

The second location where the research was performed was Curicica, a neighborhood in Rio de Janeiro's West Zone, located near the neighborhood of Jacarepaguá. It is a considerably poor area, which occupies the 98th IDH position, falling significantly when we look specifically at per capita income (109th position) and schooling – only 8% of its population has a university degree (110th position). This information stands out when we consider that Curicica is very close to Barra da Tijuca, one of the Rio de Janeiro neighborhoods with the most leisure facilities and consumption options.

At the time, Curicica was made up of some communities, mostly similar in having unpaved streets, open sewers, although there were some more urbanized areas inhabited by a higher-income population. There were 15 neighborhood associations registered, but these did not represent an effective local organization network, for most of them were “controlled” by very controversial

local leadership. Consisting of a former councilor and a former police officer, this leadership was seen as one of the parties responsible for maintaining “peace” and “security” in the region as, using non-traditional and often violent means, it stopped the drug trade from entering the community. This data is relevant for the research because the absence of organizations linked the drug trafficking at the location shows a radical difference in relation to Lins de Vasconcelos and certainly conditions the production of sense about the transmission and prevention of Aids.

Curicica has some teaching institutions, from which the Silveira Sampaio Municipal School and Mahatma Gandhi School stand out. The first has become a community reference due to, among other things, the diverse extracurricular activities it offers, such as athleticism, table tennis, video workshops, theatre, computer course, among others. The panorama of religious institutions is not significantly different from other neighborhoods in the city, with segments from the various denominations being found. What drew our attention was how these organizations had a weak presence in the disease-prevention setting and even in the broader health field.

Its leisure activities are restricted to a samba school, the União Parque Curicica Samba School and Recreational Club, where practically everything happens. Curicica has a community TV network, “Curicica Collective Antenna – Image Improvement System”, created in 1996 by four inhabitants of the neighborhood. As for health services, they are concentrated in the Leila Diniz Maternity Hospital and Raphael de Paula e Souza Hospital. The latter cares for patients infected with the HIV virus at the *O Dia Hospital*, and was also the unit that held Curicica’s Family Health Program (PSF), responsible for the local coordination of the research. Caring for four thousand families at the time of research, combining medical care and prevention activities, the team faced successive crises as a result of payment delays, including before and during the research.

The situational and existential context

The production of social sense depends on the discursive context, which in its turn depends fundamentally on the conditions provided by the existential and situational contexts. The existential context relates to the interlocutors’ position as people in the world, situated in a particular time and space: the story of their lives, the groups they belong to, their gender, class, age, their previous experience with the theme of each communicative act and, very important in the practice of social intervention, a history of relations with institutions, governmental or not. In the end, it is the existential context that will define how the discursive context is set in motion and will command the connection with other contexts.

The situational context refers to the social place from which interlocutors develop their communicative relations. Each person occupies a position in the social to-

pography, a position that determines their right to speak and the legitimacy of their speech, that is, the initial degree of power from which they can develop their expression strategies. Each person occupies many positions, depending on the situational context. A slum inhabitant can occupy the place of a health center patient, a pastor, a family head, a leader of a neighborhood association, a research participant, a welfare recipient, etc. In each of these situations, they exert a different degree of power in relation to their interlocutor, modifying the nature of the text that will be produced and the discursive rules that govern the interlocution act. The same process, which is fundamental for the production of social sense, occurs with the person’s interlocutor.

To better understand the importance of the situational context, it is necessary to consider the relevance of legitimacy in the interlocution place occupied by each person, in a communicative act, mediated or not by the collective means of communication. It can be said that communication is more likely to work when the interlocutors recognize the positions each one occupies as legitimate. In an interpersonal relationship or in any communication piece, the images of who is speaking and that message’s receiver are represented in various forms and manners, as is the form of relation proposed for them (dialogic, pedagogical, authoritarian, shared, etc). The images formed are, in other words, attributed identities and it is through this act of attributing an identity to the Other, individual or collective, and the acceptance / rejection / strategic handling of this identity that a good part of power relations are processed. When someone approaches a person or group as users, workers, slum inhabitants, excluded individuals, needy individuals, offenders, citizens or any other category, they are creating an interlocution place for whoever is receiving the nomination. This point is fundamental for understanding the efficacy of communication for epidemiological prevention.

Below we present some clues for coming closer to the young people who took part in the research. The quick presentation may suggest a homogenous block, but that assumption will be quickly confronted by the significant diversity of the group’s composition.

The teenagers and young people who took part in the Lins research lived in the Complex’s slums and experienced a reality of economic difficulties and everyday violence, which can be translated, among other ways, as a setting with a serious lack of alternatives. This reality profoundly affected the notion of risk, associated to the notion of horizons in life. Everyone participated in some social project that offered paid scholarships. But, at the time of research, the projects were experiencing a payment crisis and some had stopped studying in order to find a job, while others had joined some candidate’s political campaign. On the other hand, some of them were involved in some drug trafficking activity. As a whole, the school was linked to the projects they took part in, such as Vida Nova (New Life), as well as the experience with community work.

The Curicica teenagers who joined the research were aged between 13 and 17, and belonged to organized families that lived without economic ease. All of them had prior experience with community or artistic work, especially with theater-related activities. A second group, formed of young people who were not able to play out their strategy in time, was made up of young men aged between 17 and 20, with the same socio-economic indicators as the others. They were young “funkeiros”, or Brazilian funk musicians, they made up the “Bonde dos Teka-Teka”, or Teka-Teka Tram (funk bands refer to themselves as “trams”), and their aspiration was to make their funk group professional, so they could earn a living from artistic activity. This is a fundamental difference with the others who, although they also aspired to artistic activities, had a social ascension project based on university study. Another difference came from the family culture in relation to work: while the first group was not pressured by their families to work, being able to dedicate themselves completely to their studies and extracurricular activities, many of the rap boys, although they studied, also worked with their family or in odd jobs. These two groups took part in different teams in the I Curicica Teenagers’ Gymkhana.

The strategies

The gymkhana

The I Curicica Teenagers’ Gymkhana, held in partnership with the Family Health Program (PSF), was the strategy that produced the most texts for analysis. Some of the tasks required from the teams: a) to make banners presenting the PSF; b) to make posters and a video with health themes; c) to plan an AIDS-prevention strategy; d) to interview the population about their knowledge of AIDS; e) to find entities and people involved with AIDS in the community; f) to demonstrate the best and most creative way of putting on a condom. Each team also needed to have a motto, a song and words that identified it, material which was also considered in the research. Another space for text production was the so-called “TV Maluca” (Crazy TV), a cabin to collect video statements.

The video Young People in Action

The group of young Curicica producers chose to make a video, entitled “Young People in Action”, conceived as a pilot program for the community TV station. This initiative was financially supported by the research and technically supported by Fiocruz, with an idea, plot and script developed by the young people. A good-quality video was produced, but it was completely conventional, mixing influences from institutional communication practices, thus reproducing the hegemonic discourse. In its 24 minutes, the video used resources typical of AIDS-prevention campaigns, both from TV and from printed material. One example is the text structure of “This way you catch it” and “This way you don’t”. It also used didactic resources, such as questions

and answers, mediated by question marks, reflecting the school’s influence. The program’s structure is equivalent to that of programs which mix journalism with didactics, such as some on TV Futura: there is a light introduction, simulating a television newsroom, debates, polls, but the speech of ordinary people is “enclosed” by the teachings of a more authoritative voice, whether from the producers – albeit legitimized by the impersonal nature of the didactic resource – or from doctors and other institutional representatives (“Now let’s go to someone who knows a lot about the subject”). These are young people who value institutions and may also have felt tempted to “thank” the PSF, Fiocruz, and the school, showing the work they performed. On the other hand, they devalue the young people of their age, their neighborhood and school peers, as those who do not know, have no interest, speak incorrectly...

O disco do Bonde Teka-Teka

When the research was nearly finished, a group of young “funkeiros” living in Curicica began talking to the research’s local coordinator in order to direct their musical activity towards the AIDS-prevention effort. With the prospect of gaining support for a desired album recording, they produced some lyrics. Among these, one expressed a vision fought by the HIV-positive movement and already overcome by AIDS-prevention institutions, associating HIV contamination with death, fear, accusation and morality, which generated an intense debate for the research and for health professionals:

Who says trams and funk / Only talk nonsense / We are here with a subject / That is no joke / We are the Teka-Teka / And we’re going to warn you / About several diseases / That you can catch / When it’s time to bump and grind / You say it feels really nice / But you’ve got to use a condom / To give you protection / *If you wanna die / It’s just up to you / Just do it without a condom / And you’ll catch HIV / And this disease / Has no medicine and no cure / If you catch this disease / You won’t last very long / Careful with AIDS / Because AIDS is gonna get you / You just have to prevent it / Using a condom. (2 times – our italics)*

Other strategies

The strategies generated in Lins were never implemented, due to research deadlines and the local rhythm, aggravated by the various problems already mentioned. As well as the speech and material that was generated, the strategies were also considered in the analysis and are eloquent about the contexts in which they were produced: a) research to uncover the AIDS situation among young people in the neighborhood. Based on its results, structure health sectors in all the centers of the JSP movement, which could perform prevention activities on a regular basis; b) a play to be performed in schools and associations; c) a music festival with an AIDS theme; d) graffiti e) a video with statements from people who do or do not use condoms; f) a video with stories from local people who are HIV-positive, and; g) a bingo game, which would have AIDS-themed theater, video and musical numbers between rounds.

What was learned from analyzing the strategies and discourse

A basic rule of our method was that everything arising as a local strategy would be understood as *text* and recorded so as to allow a subsequent discourse analysis, using Social Discourse Analysis. From this perspective, as Pinto highlights (1999), to analyze discourse is

(...) to investigate social changes, because power and struggle relations transform and mold the discursive practices of a society or institution. Thus, it can be used to detect practices and situations of domination, stigmatization and exclusion, but also of resistance and counter-strategies. One of its premises is that texts carry the marks of knowledge and power relations, through which networks are formed and moved. (PINTO, 1999, p.41)

In this approach, there is a broad understanding of the text as a mediation space, as Araújo (2002) emphasizes:

the text is the territory for sense stability, even if temporary. It is the territory in which and through which mediation is negotiated between production and consumption. And texts are always analyzed in reference to their production, circulation and consumption conditions, which include the asymmetries of resources and power (ARAÚJO, 2002, p.50)

Taking as a starting point the two basic finalities of language – reference (something is always talked about) and communication (someone is always talked to) and the expressive operations that materialize them, discourse analysis (DA) made it possible to discover an enormous variety of perceptions and opinions. However, this diversity was hidden by an apparent homogeneity of speech: always all speech expressed knowledge and an apparent “conviction” that AIDS could be avoided, that prevention was individual responsibility and that condom use was the best way. This effect is provoked, in our view, by the combination of two factors: the research’s communication situation itself (research, in association with local health units, a gymkhana, meetings, interviews) and the strong presence of official preventive discourse in society as a whole.

But diversity manifested itself, expressing social dynamics and complexity. The analysis revealed the strong presence of tensions and conflicts that are typical of social relations and are also manifested in the context of AIDS prevention and that, therefore, should not be ignored in prevention strategies. In our analysis, the main oppositions found were:

Class opposition – in the speech, an antagonism emerged between rich and poor, neighborhood and slum, center (or south zone) and outskirts. This opposition also arises in the form of inequality of access to services and information. Even when the perception of AIDS is an individual health problem and not a collective one, these dichotomies appear as an expression of social resentment.

Generation opposition – Between young people and adults, young people and elderly people, young people

and very young people. This manifested itself both in the form of blaming young people for the situation they were experiencing and in young people complaining about the attitude of their elders.

Gender opposition – appears linked to a strong moral discourse, which establishes roles and positions for men and women in a romantic relationship. Men are responsible for seducing, taking the initiative, acting, attacking, tricking. Women are responsible for imposing limits, demanding respect, saying no, being wise, taking care of themselves. Women are seen as the guardians of moral values: they have to demand love in the relationship. Women who don’t fulfill their roles are “blamed” for AIDS. But the blame also lies with men, when they don’t respect the fidelity rule. Men defend their hegemony, paternalize their relationships with women, accuse them of getting pregnant on purpose by making holes in condoms, are suspicious of “loose women” and are in turn accused of infidelity and of contaminating their partners. There is a mutual attribution of responsibility for the “fault” of contamination. The discursive marks are very strong in this sense and they confirm AIDS representations, including the idea that women who carry condoms around are “dirty”, which has serious implications for the condom use incentive policy.

On the other hand, opposition between homosexuals and heterosexuals appears very weakly and in the speech of older people, probably demonstrating the success of initiatives to detach AIDS from homosexuality, especially among the region’s young people.

All these oppositions also manifested themselves by the desire for inclusion, for participation, which is a way of overcoming inequalities. The marks of this desire could be observed in various moments and can be divided into three large blocks: those relative to public policies, to the communicative practices of institutions and those relating to people’s behavior. In relation to the first, a sense is reflected that is large built on decades of communicative practice, which is the distribution of responsibilities among institutions, responsible for offering information and services, and individuals, who must inform themselves and implement what is proposed. As for the communication strategies, the analysis found a discomfort with the repetition and saturation of prevention information: the young people recognize the intense presence of preventive information, but they complain of “sameness” and lack of adaptation of the ways through which this information is transmitted. There is a demand for more specific and diversified knowledge and also for a greater relation to other aspects of life.

Finally, those relative to people’s behavior, where the dominant presence is the “official” discourse on the AIDS prevention theme, transmitted by the educational campaigns and practices, public institutions and NGOs. We found the strong presence of a notion of individual responsibility about prevention, a mark of official communication. Responsibility for prevention falls on the individual, by reducing the number of partners and using a condom, and this appears in the speech of many.

Even when the theme is not explicitly AIDS, this notion appears, as in the “Diary of an Addict”, a performance presented in one of the gymkhana tasks: addiction is associated to cowardice (“*the addict is a coward*”); escapism (“*he hides behind drugs to forget about his problems*”); and lack of control (“*you are not in control of yourself*”, “*the drug controls you*”).

However, in more informal situations, the AIDS debates bring cultural intertext, involving family and gender relations, social and life conditions and expectations. There is the emergence of other types of circulating discourse, or of those which have already circulated and belong to discursive memory, which are part of people’s culture and connect with official discourse. For example, this occurs when the theme is risk perception. Any prevention attitude depends on the notion of risk. And, undoubtedly, “risk” is a cultural and contextual concept; it cannot be established in a generic manner. It is people’s existential context that determines the notion of risk. It is their living conditions, their previous experience, their individual and social horizons, the groups they belong to, their personal and familiar experience with disease, among other factors, that will determine what is risk and if risk is something good or bad when it happens; in other words, if the risk is worth it.

This risk theme goes back to another relevant analysis point: the discourse that underlies speech, hidden by the loud-sounding official discourse on prevention. In the production of social sense, often what does not appear explicitly in expressions acts as or more vigorously as those expressed on the surface of speech. As well as the themes of war, of combat and salvation, the texts analyzed pointed to a strong presence of *moral and religious discourse* - which associates AIDS with attitudes seen negatively by society and as a “punishment” for morally reprehensible behavior; it is echoed in the religious discourse that pegs prevention to monogamic fidelity; *the funk discourse* - present, especially in Lins, at parties and on commercial radio, with songs that, while they do not directly talk about AIDS, predispose young people to challenge the rules about sex, suggesting a type of “state of readiness” for sex, and unprotected sex; and *the discourse of the superiority of medical knowledge* - even considering that the communication situation experienced - research by organs linked to public health - may have exacerbated the presence of this discourse, it is notable that doctors, hospitals and science are pointed to as the ones who can solve the existing problems, which are generally produced by undesirable behaviors and attitudes on behalf of individuals.

Final considerations

We conclude this text be reinforcing some teachings obtained from the research. The first lesson was the weight of the different and sometimes conflicting temporalities: the population’s time, the health services and institutions’ time, and even the research’s time, defined by a pre-defined schedule, with limited possibilities for rearrangement. Certainly, a lot more time

would be needed to overcome the difficulties and the generalized lack of experience with actions generated by local initiatives, as everyone was used to practices with a strong authoritarian and/or welfare-oriented bias. In any case, it became clear that applying this or any other methodology or initiative that opens space for diversity and social emancipation in the day to day of health services has nothing trivial about it and demands concentrated efforts from institutions, professionals and the population itself and their leadership.

The second lesson refers to the absence of and, simultaneously, the mobilizing power of **local information** about Aids. Indeed, *there is much available information about AIDS, but not about Aids in the community*. The communication practiced by almost all the nuclei is not locally produced, depends on materials and content made in a centralized manner and by people who do not know the local realities. Therefore, Aids in communicative practices is a *decontextualized* practice, disconnected from people’s lives. This has strong repercussions on the way that young people process and reassign meaning to the information received, for example - AIDS as fiction, or a risk *for others*. It is precisely this information - the state of Aids in the community - that operated as the catalyst for attention and desire for participation.

Finally, we see another mistake: the tendency to *talk about “young people” as a homogeneous category*. We know the limitations of socio-demographic profiles, especially when what we are seeking is interlocution and not persuasion. However, the research allowed us to see profound differences among the young people, not only between the two locations, but within each of them, especially in Curicica. Two groups that, according to the statistical averages, are very homogeneous, for they live on the same street, study at the same school, belong to families with very similar socio-economic profiles... And yet, two antagonistic groups displayed themselves - the “young funkeiros” and the “integrated young people” - in the sense that the identity of one was strongly supported by opposition to the other. As we seek to show, these groups developed strategies that were totally different, expressing clear differences as to preferences and expectations for life, as well as relating in specific ways to professionals and researchers. It became very clear that they would be unlikely to respond to the same communication strategy, creating a challenge for the local health teams, which was the need to identify, underneath the apparent homogeneity of age, social condition and even gender, the existence of some very significant differences.

Notes

1. The research was performed by the Communication and Health Research Laboratory / Institute of Scientific and Technological Communication and Information / Oswaldo Cruz Foundation (Laces/Icict/Fiocruz), in partnership with the Post-graduate Program in Communication and Culture/Communication School/Federal University of Rio de Janeiro (PPGCOM/ECO/UFRJ) and the Rio de Janeiro Municipal Health Office (SMS-RJ).

It counted with the financial support of the National Coordination of DST/AIDS and UNESCO and it was developed during 2002 and 2003, under the general coordination of Janine Cardoso and methodological coordination of Inesita Soares Araújo, both Oswaldo Cruz Foundation researchers.

2. Five types of contexts were considered, in order to better understand the complexity of the setting that both permitted and conditioned the development of the research and its results: *the context of public health, the context of AIDS prevention; the theoretical context of Communication and Health*, the local context and the situational / existential context. The last ones were dealt with in the text itself.

3. IDH is calculated based on *per capita* family income, life expectancy, literacy rate among those older than 15 and the population's average number of years of schooling.

Bibliographic references

ARAÚJO, I. S. A Reconversão do Olhar: prática discursiva e produção dos sentidos na intervenção social. São Leopoldo: Unisinos, 2000.

ARAÚJO, I. S. *Mercado simbólico: interlocução, luta, poder* – um modelo de comunicação para políticas públicas. 2002. Tese (Doutorado em Comunicação e Cultura) – Escola de Comunicação, Universidade Federal do Rio de Janeiro, Rio de Janeiro.

ARAÚJO, I. S. et al. *Promoção da Saúde e Prevenção do HIV/AIDS no Município do Rio de Janeiro: uma metodologia de avaliação para políticas e estratégias de comunicação*. Relatório de pesquisa. Rio de Janeiro: Cict/Fiocruz, 2003.

ARAÚJO, I. S.; CARDOSO, J. M. *Comunicação e Saúde*. Rio de Janeiro: Editora Fiocruz, 2007.

BOURDIEU, P. *O Poder Simbólico*. Lisboa: Difel, 1989.

BOURDIEU, P. *Razões Práticas: sobre a teoria da ação*. Campinas: Papyrus, 1997.

BOURDIEU, P. *A economia das trocas lingüísticas: o que falar quer dizer*. São Paulo: EDUSP, 1996.

CARDOSO, J. M. *Comunicação, saúde e discurso preventivo: reflexões a partir de uma leitura das campanhas nacionais de Aids veiculadas pela TV (1987 – 1999)*. 2001. Dissertação (Mestrado em Comunicação e Cultura) - Escola de Comunicação, Universidade Federal do Rio de Janeiro, Rio de Janeiro.

CRUZ, M. M. A Epidemia de HIV/AIDS no município do Rio de Janeiro e seus padrões de espacialidade. 1999. Dissertação (Mestrado em Saúde Pública). Escola Nacional de saúde Pública/Fundação Oswaldo Cruz, Rio de Janeiro.

FAIRCLOUGH, N. *Discurso e mudança social*. Brasília: Editora Universidade de Brasília, 2001.

OROZCO G. G. Hacia una dialectica de la televisión: la estructuración de estrategias por los televidentes. In: *Comunicação & Política: comunicação na América Latina*. CEBELA. São Paulo, Ano XIII, no 22/25:57-73, 1993

OROZCO G. G. *La investigación en comunicación desde la perspectiva cualitativa*. Guadalajara-México:IMDEC, 1997.

PINTO, M. J. *Comunicação e discurso: introdução à análise de discursos*. São Paulo: Hacker Editores, 1999.


PITTA, A. M. da R. *Comunicação, promoção da saúde e democracia: políticas e estratégias de comunicação no sistema único de saúde no Brasil*. 2001. Tese (Doutorado em Comunicação e Cultura). Escola de Comunicação, Universidade Federal do Rio de Janeiro, Rio de Janeiro.

PITTA, A. M. da R. *Saúde e comunicação: visibilidades e silêncios*. Rio de Janeiro: Hucitec/Abrasco, 1995.

TORO, B. *Mobilização Social: uma teoria para a universalização da cidadania*. In: *Comunicação e Mobilização Social*. Série Mobilização Social. Brasília: UNB, v. 1. 1996a.

TORO, B. *Mobilização e democracia: a construção da América Latina*. In: *Comunicação e Mobilização Social*. Série Mobilização Social. Brasília: UNB, v. 1. 1996b

VERÓN, E. *Quand lire c'est faire: l'énonciation dans le discours de la presse écrite*. In: *Sémiotique II*. Paris, IREP, 1983.

VERÓN, E. *A produção de sentido*. São Paulo: Cultrix/USP, 1981. 

About the authors

Janine Miranda Cardoso

Janine Miranda Cardoso is a social scientist, master and doctoral student in Communication and Culture at the Rio de Janeiro Federal University's Communication School. A senior technologist at the Oswaldo Cruz Foundation, she is part of the Communication and Health Research Laboratory team at the Institute of Scientific and Technological Communication and Information in Health at Fiocruz. She participates in the Abrasco GTCom Communication and Health Work Group and the Lappis/Uerj Integrality Practices Research Laboratory. She is a member of the Communication and Health and the Theory, Epistemology and Interdisciplinarity of Information Science Research Groups – CNPq (National Council of Scientific and Technological Development) Directory.

Kátia Lerner

Kátia Lerner has a degree in Social Sciences from PUC/RJ (1991), a master's degree in Communication and Culture from ECO/UFRJ (1996) and a doctorate in Social Anthropology from IFCS/UFRJ (2004). A researcher at the Institute of Scientific and Technological Communication and Information in Health at Fiocruz, she currently heads the Communication and Health Research Laboratory, where she also participates in the Communication and Health Specialization Course and the faculty of the Post-graduate Program in Communication and Information in Health. She develops research on the themes of communication and health and memory and subjectivization processes, and is vice-leader of the Communication and Health Research Groups – CNPq Directory.