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Where does risk lie in sexual practices? A study of young people's social representations

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This research investigates the social representations of risky sexual practices. Specifically, it analyses the circumstances in which young Spanish people represent a sexual practice as risky, and how the representation of risk has implications for decisions about using condoms. The Grid Elaboration Method was used to gather the naturalistic thoughts and feelings of 175 young people regarding risky sexual practices. The content of the responses was analysed by lexical analysis using Iramuteq software. The results of the analysis suggested two main textual universes regarding risky sexual practices. The first of these, at a theoretical-informative level, is clearly linked to the discourse of experts, where condom use is a key factor and risk is distanced from the self. And the second, at a practical-applied level, represents risky sexual practices in a context that is linked to the unknown and the lack of control due to the use of substances or the spontaneity of the sexual encounter. The concept of risk is concluded to emerge from various sources of information, values, or social conventions that articulate everyday understanding and are likely to guide sexual practice, some of which are far removed from the expert knowledge of risk. The representation of risk in sexual relations is therefore understood to be situated within a social context. The substantive, theoretical, and practical consequences of this social construction of risk are discussed as the major contributions of this paper.

Keywords: condom; prevention; risk; sexual practices; social representations;
Spain

Unprotected sex is the main route of transmission of infections among young people (UNAIDS, 2013). Most attempts to deal with sexual risk behaviours have been limited to highlighting medical risk in order to discourage people from having unprotected sex (WHO, 2017), arguing that using a condom in sexual relationships is fundamental in preventing sexually transmitted disease. However, decisions made by individuals are based on relevant knowledge that people retrieve from their beliefs, values, expectations, and social norms that are shared with others within their culture, all of which indicate when, where, and with whom they should engage in sexually preventive behaviour. Therefore, practices supporting health prevention in sexual relationships might stem from different knowledge systems that do not uphold the same information, and sometimes even convey opposing views (Jovchelovitch, 2008). Understanding people's unquestionable assumptions about health risks could constitute a preliminary step towards developing a successful intervention for preventive health care (Abel & Fitzgerald, 2006; Campbell & Jovchelovitch, 2000; Wagner, Kronberger, & Seifert, 2002).

In the Spanish state, the condom is the barrier method most widely used by people aged 16-55 years (Gil-Llario et al., 2016; Inchaurredo et al., 2014; Velo-Higueras et al., 2019), and in Spain the first public campaigns in favour of the use of condoms began in the '90s, aimed at the general population, but with a special emphasis on the youth. Currently, a National Sexual and Reproductive Health Strategy created by the Ministry of Health and Social Policy is underway. This specifies that education on sexual risk practices for young people should focus mainly on unwanted pregnancies and sexually transmitted diseases. To this end, primary care medical professionals will

work together with specific centres for sexual and reproductive health (Quezada-Yamamoto et al., 2019). However, one-third of young people have reported that they did not use a condom during their last sexual encounter (Gleton et al., 2019; Hall et al., 2019; Inchaurreondo et al., 2014). Thus, it appears that prevention programs are failing to adequately reach young people and the transmission of new infections is not diminishing. The present article attempts to make a contribution toward explaining why preventive health practice in sexual relationships is still a challenge.

What can a Social Representations approach add to the study of risk in sexual practices?

Most of the studies that have analysed how young people understand risky sexual practices have based their work on cognitive models (Collado, Loya, & Yi, 2015;; Goldenberg, Stephenson, & Bauermeister, 2019; Santa Maria et al., 2018, Tenkorang, 2013). In contrast, the present study is theoretically framed within the Social Representations Theory (SRT) (Moscovici, 1961, 1984) because this theory provides a framework for embracing the symbolic meaning that is assigned to risk in the everyday thinking of people as a community (Joffe, 2003).

This is the case because social representations establish an order that allows people to master and orient themselves within the world they inhabit. In addition, such representations enable communication about risky issues among members of a community, therefore influencing the construction of risk lifeworlds (Moscovici, 1984). Therefore, SRT can provide an explanatory model of how risk about sexual practices is collectively constructed and understood in a social sphere, thus overcoming the social shortcomings of individual cognitive models.

SRT brings an innovative point of view to classical social research on risk, since a key concern of this theory relates to how knowledge about a phenomenon, such as risky sexual practices, changes from the more reified or scientific universe into a common understanding or a consensual universe (Joffe, 2003). Within social representations research, 'science' and 'medicine', for instance, are often presented as clear examples of the reified universe. In the literature, this scientific discourse has often been described as decontextualized, abstract, and lacking in local roots (e.g., Wynne, 1996). Nevertheless, SRT argues that this knowledge can be transformed into the consensual universe (Wagner, Duveen, Themel, & Verma, 1999). Moscovici introduced the concept of social representation as a tool for exploring the familiarization or transformation of scientific knowledge in the course of its diffusion, and for examining the common sense that emerges in its wake (see Moscovici, 1998).

Consensual and reified universes are also described as two distinct communicative formats — reification and consensualization — and, as such, are used for examining communication between the lay and expert spheres and for analysing their impact on power relations and social change (Batel & Castro, 2009). Reification arguments are usually more monological, directed and prescribed from high prestige sources or expert spheres. Moreover, reification-like communication is expressed in the establishment of prescriptions for representations (imposed on the dominant public representations), presupposing inequality between different spheres and establishing prescriptions for action. In contrast, the use of consensualization ideas has a clearer potential for achieving more dialogical understandings, focusing more on prior experiences (both one's own and those of others) that are spread by the communications media and social interaction (Batel & Castro, 2009; Duveen & Lloyd, 1990). That is to say, these representations are the consequence of a dialogue in which different people

put forward arguments based on claims of validity as opposed to power (Batel & Castro, 2009). The literature shows that far from operating independently, both types of discourse are likely to appear in an interrelated way (Liu, 2004).

Thus, following SRT, social representations of risk in sexual relationships will include cultural values and ideas with regard to how infection occurs and how people should behave in certain contexts (Howarth, 2006). These representations will be fed by various sources of information and will guide individuals to make decisions about whether or not protection should be used in each specific case (Jovchelovitch, 2007, 2008).

The literature refers to at least three dimensions that could shape the social representations of risk in sexual encounters: the relationship the person holds with the sexual partner (Ashenhurst et al., 2017;; Camargo & Bousfield, 2009; Rhigetti et a., 2015; Tsai et al., 2019); the different meanings attributed to the self and others based on self-protective motives (Albarracin, Johnson, Fishbein, & Muellerleile, 2001;Bannon, & Foubert, 2017); and the context in which the sexual encounter occurs (Camargo & Bousfield, 2009; Frank, 2019; Melendez-Torres, Nye, & Bonell, 2016).

Firstly, people's beliefs about what is risky or not appear to develop differently according to the kind of relationship each person has with their sexual partner. Sexual partners with whom the person has a steady relationship could be regarded as 'safe partners' (Addoh, Sng, & Loprinzi, 2017, Bourne & Robson, 2009;). New partners or partners with whom the person has a casual relationship might, however, be seen as 'risky partners' (Cecil et al., 2010; Hicks et al., 2017; Shulman,et al., 2020). A number of studies concerning preventive behaviour in sexual relationships have shown that

people are systematically less likely to use a condom in stable and longer-term relationships than in unstable relationships (Carmargo & Bousfield, 2009; Misovich, Fisher, & Fisher, 1997; Noar, Zimmerman, & Atwood, 2004; Rojas-Murcia, Pastor & Esteban-Hernandez, 2015; Xiao, Palmgreen, Zimmerman, & Noar, 2010). Many of these studies have explained these results by arguing that trust in the sexual partner is the factor that determines condom use (Bwsse, 2007; Skidmore & Hayter, 2000; Zinn, 2008).

An additional explanation relates to the representations people hold about romantic relationships, based on sharedness, attachment, and communality (Rai & Fiske, 2011). The use of condoms in stable sexual relationships might suggest a feeling of doubt regarding the partner's sexual history (Tamayo, Lima, Marques & Martins, 2001), thereby breaking the assumption of a communal, sharing relationship based on love and intimacy, which could be considered to represent a departure from social norms. On the basis of this argument, regardless of whether or not one partner trusts the other, the partners are unlikely to use protection for fear of creating an image of separation between them.

Thus, using preventive behaviour in sexual relationships also involves negotiation with one's sexual partner (Widman, Noar, Choukas-Bradley, & Francis, 2014) and the nature of the relationship plays an important role in the ability of young people to negotiate protected sex (Aggleton, Oliver, & Rivers, 1998). Moreover, gender, ethnicity, and class (Davis & Niebes-Davis, 2010; Stanley, 2005) could also affect this negotiation.

Further, one of the main findings from the literature about the meaning of risk concerns the attribution of the source of disease to 'others.' This 'otherizing' process is justified by people's need to protect themselves from threat. Distancing oneself from

threat is a common response in the context of risk (De Oliveira, Prado, Alves, Araujo, de Souza, & de Matos, 2013). This appears in discursive practices in which individuals consider who or what kinds of people are unlikely to use a condom or who are liable to engage in risky sexual practices (Flores & Alba, 2006). It is ‘others’ who are seen as adopting risky practices, rather than oneself.

Finally, the context in which the sexual encounter occurs must also be taken into account. From this perspective — following in the footsteps of social research that goes beyond psychological cognitive theories (Abel & Fitzgerald, 2006; Berdychevsky & Gibson, 2015; Cooper, 2010; Goodrum, Armistead, Tully, Cook, & Skinner, 2017; Okal et al., 2009)— social representation theory can help to explain how contexts are symbolically represented and how in some of these contexts people might engage in social practice without deep deliberation (Albarracín et al., 2001; Camargo & Bousfield, 2009). Previous research has shown that failure to engage in prevention practices is at least partially linked to certain types of situations such as parties, where people might engage in alcohol or drug abuse (Fergusson & Lynskey, 1996; Poulin & Graham, 2001; Vizeu & Bousfield, 2009) or contexts where sex is unexpected and in the ‘heat of the moment’ the idea of using condoms is not considered (Bosompra, 2001).

Therefore, understanding risk as a situated construct leads to retrieval of the symbolic meaning attached to sexual practices. It is not a question of what it is or what is scientifically defined as risk in sexual practices, but more a case of what it means to people. The present study aims to understand the latter, that is, what risk in sexual relationships means to people. We attempt to identify the main elements that explain how young people symbolically construct risk, and then discuss the implications of our findings for explaining the social practice of condom use.

The social representation of risk in sexual relationships is hypothesized to have its roots in classic scientific reified discourse. However, social representations of sexual practices will also transform that discourse, creating a distinguished consensual universe based on common sense. Within these representations, situational dimensions involving sexual partners, the self-other distinction, and contexts where sexual encounters occur will play a role. It is expected that risky sexual practices will be anchored in knowledge systems combining both reified scientific discourse elements and consensual socio-cultural dimensions, including cultural norms.

Method

Sample. A sample of 175 people living in the Basque Country was used in the study. Just over half of the sample was female (51%), and the remainder was male (49%). The average age of the sample was 19.7 (SD=1.5). The sample was recruited during the first month of the first year-course of university studies (Psychology and Education degrees) and Professional Training School (Electronics and Informatics). The researchers went class by class asking if students would be willing to participate in an investigation about the social representation of risky sexual practices. Participation was voluntary and there were no incentives or compensation for their involvement.

Data collection method. To analyse people's social representations of risk in sexual practices, we used, as in the case of traditional research, a free association method with the stimulus 'risk in sexual practices'. We used the Grid Elaboration Method, which has been useful for conducting research on social representations (Joffe & Elsey, 2014). This method is used to gather the naturalistic thoughts and feelings that people have about specific issues. It has been employed in various investigations to study social representations of global climate change, infectious disease, and other issues (Joffe & Elsey, 2014). It consists of providing participants with a paper with

instructions and four boxes. In the instructions, participants are asked to write or draw any text or image that comes to their mind when they think of the stimulus. They are also asked to fill in the boxes following the order in which the contents come to their minds. The interviewer asks participants to delve deeper into their associations and attempts to gather further information and explanations about the items they have elicited. This is a naturalistic method and the interviewer is not expected to explicitly intervene, in order to avoid guiding their responses.

Analysis of information. We used the Reinert method with Iramuteq software for lexical analysis (Reinert, 1983, 1990) to analyse the corpus of the texts. Previous studies have shown that this technique of lexical analysis is useful for analysing the content of social representations (Lahlou, 1996a, 1996b), concluding that the emergent results are consistent with those proposed by classic research in this area.

First of all, the software creates a dictionary. The initial corpus is broken down into segments that have the approximate length of a sentence or two (40 words) (Kronberger & Wagner, 2000). The segments and reduced forms are used to create a contingency table, which shows the distribution of vocabulary per segment. From this contingency table the program generates a squared distances matrix, implying that two segments are close if they share some of the words analysed (Reinert, 1996).

Subsequently, the software, following the Reinert method, performs a descending hierarchical cluster analysis on this distance table, which yields classes of segments that best differentiate the vocabulary. In so doing, it extracts sets of words that are called classes, which co-occur and are best differentiated from other classes.

Following previous research with the Reinert method (Vizeu & Bousfield, 2009), raw material was entered in the Iramuteq software and the most significant vocabulary in each class was selected according to three criteria: 1) An expected value

of the word greater than 3; 2) proof of association of the Chi-square tested against the class ($\chi^2 \geq 3.89$ ($p = .05$); $df = 1$), and 3) the fact that the word occurs mainly in that class with a frequency of 50% or higher.

Thus, the analyst obtains a series of classes and statistical cues in the form of typical words and typical text segments. Specifically, the software identifies the words and text segments with the highest Chi square values, that is, the words and text segments that best identify each class. This provides the basis for ‘interpreting’ the classes as lexical worlds. Reinert method operations are statistical, transparent, and reproducible, until the final moment of interpretation, where the analyst assigns a label to each specific vocabulary set that was identified as a lexical world by the software on the basis of co-occurrences and distribution patterns (Schonhardt-Bailey, 2013).

Findings

The responses obtained on the free association task were analysed using Iramuteq software. The full corpus had 12,871 words, and 1,278 were unique words. Specifically, the descending hierarchical analysis divided the corpus into 246 segments and 6 classes. The results of this analysis can be observed in Figure 1.

INSERT FIGURE 1 HERE

The descending cluster analysis reveals the main issues addressed by the participants through free association. Each issue will be represented by a set of typical words and segments, which is referred to as a class. Firstly, the results revealed two main branches or themes (composed of different classes), which are called main clusters. The first main cluster is more closely linked to formal or reified information about risky sexual relationships, (composed of Classes 1, 6, 4, and 5). The second main cluster is more closely linked to risk practices or a consensual universe, emphasizing the applied context of sexual relationships (composed of Classes 2 and 3).

Following the division of the cluster analysis, the representation of the reified universe or formal information is firstly composed of the fifth class, labelled 'Protection' which defines the risky sexual practices. As a first premise, young people defined these as sexual relationships carried out without protection. This definition is clearly in line with the representation and action prescriptions from high prestige sources or expert spheres. Such sexual relationships may create worry and a change in one's life, as reflected in the typical segments written by the participants i.e. those with the highest Chi squares, of this class: 'Having sex without protection (a condom). We are not aware that there are many diseases that could be avoided by using one and for me that falls within risky sexual practices, because at the end of the day we're putting our lives at risk' ($X^2= 50.74$). But what happens when people do not protect themselves in sexual relationships?

The search for an answer to this last question brings us to the fourth class — still within the level of the reified universe or formal information — labelled 'Negative outcomes of unprotected sexual relationships'. A clear dominant public representation emerges here, considering that sexually transmitted disease and unwanted pregnancy are the most salient risks of sexual relationships, as reflected in the typical segments: 'Diseases, pregnancy, infection, problems, we all know that if you do not take precautions in sexual practices you can get STDs' ($X^2= 118.90$).

The typical segments of this class also reflect the idea that participants link the possibility of infection in a sexual liaison with the characteristics of the sexual partner: 'I understand risky sexual practices such as those that happen sporadically without being in a regular partnership or if you have more than one sexual partner without taking into account the possible consequences of these practices' ($X^2= 59.34$). However,

this does not explain why people have unprotected sex when they understand the possible negative outcomes.

At this formal informational cluster, the previous question was answered in the sixth class, labelled “other’s risk” . Although participants were not asked to distinguish between the self and the others in their responses, they did so spontaneously, presupposing that there were two spheres or groups of people (they vs “the others”) that were unequal. As reflected in the typical segments, participants state that others (not themselves) do not use protection in their sexual practices for two main reasons. The first of these relates to a lack of information or specific education: ‘There is still a lack of sexual education related to safe sex practices, particularly in third world countries that do not provide the necessary resources either’ ($X^2= 73.54$). The second of these reasons is that the others were not aware or conscious of the risk that is experienced in having unprotected sex, and therefore behave irresponsibly: ‘Personally I think that the ignorance of some people about the risks that exist in the sexual practices is frequent’ ($X^2= 72.15$).

To finish with this reified information cluster, the first class ‘Gender differences’, was linked to the previous classes in this first main cluster, again presupposing inequality, in this case between women and men. That is, participants state that women are more vulnerable to the risks of sexual practices. The main reason for highlighting this point is that women could be burdened with an unwanted pregnancy ‘If the condom breaks a little the woman is at risk of pregnancy. And it is she who gets pregnant if she does not take the pill ($X^2= 35.24$)’. Another reason mentioned in this cluster that supports this notion of inequality at the expense of women is that sexual relations are still represented as power relationships where women are described as more prone to being subject to abuse, or to coercive practices forced upon them by

their the partner. Some of the typical segments of this class include: 'Hard sex can endanger the woman, or it can hurt her, as it can too when they have sex for the first time. And women can get pregnant' ($X^2= 73.54$); 'Many times women do not feel comfortable when they go to bed with men, and we are forced to do things we do not want, and are not often prepared, to do ($X^2= 55.24$). Some of the participants explain these gender differences in sexual relationships from the perspective of the patriarchy: 'It is clear that the origin of these practices is in the patriarchy. This type of sex is very dangerous and most of the time women are submissive in sex and that is why it is normal to feel uncomfortable ($X^2= 58.16$).

Thus, young people's representations are embodied in a reified discourse that defines risky sexual relationships as those practiced without protection (condom) and that have negative outcomes, particularly for women. They assume that people (not themselves, but others) practice such sexual relationships because of a lack of education or information. But what happens on an applied level, when they become involved in sexual relationships themselves? Why do they practice risky sexual relationships?

In the second main cluster, which is linked to the consensual universe of risk practices, these questions are answered. These consensual representations are composed of the second and third classes and primarily represent contextual situations where young people do not use condoms, that is, when they assume the risk in practice. In this study, most people mentioned that risk was inherent, or intrinsic to, certain contexts. By primarily focusing on prior experiences (both one's own and those of others), young people described two main contextual factors involved in the decision to not use protection in sexual practices: consumption of drugs or alcohol, and spontaneity.

In the second class, labelled 'Sexual practices at partying', partying contexts where drugs and alcohol are consumed were assumed to lead to a reduced capacity to

reason, along with a loss of control, which are generally perceived as risky, as defined in the typical segments of this class: 'Sexual relationships under the effect of drugs or alcohol can bring problems and can be risky' ($X^2= 61.48$); 'If you practice sex when you are drunk you do not know what you are doing and might forget to put a condom on' ($X^2= 56.86$); 'Do not fuck when you're too drunk. Do not buy Chinese condoms because their condoms break' ($X^2= 55.15$).

In the third class, labelled 'Spontaneity in the sexual encounter', sexual practices were said to occur 'anywhere', 'anytime', and with 'anybody': 'If you fuck with anyone just anywhere you can catch all kinds of things. If you use a condom then you'll be more secure, but that's not infallible either' ($X^2= 64.85$). Thus, this class focuses on the sexual couple or partner as a risk factor. According to this study, some types of relationships seemed to be considered safe whilst others were considered to be risky. This suggests that some relationships might be regarded as risky and others safe, irrespective of whether a condom is used. In this research, for the most part, two different types of relationships were mentioned. First, young people represent stable couples or romantic relationships as being secure. 'It also depends on whether it is your partner or someone you just met' ($X^2= 39.63$). Second, many different types of relationships were represented, based in terms of reciprocity, such as new sexual encounters, casual partners, or having many different partners. One of the others most frequently mentioned was unknown partners, that is, 'anybody'.

Another element mentioned in this theme was the drive to receive pleasure. Feeling out of control and not thinking rationally about the situation appears to be regarded as risky. Indeed, condom use was sometimes linked to behavioural concerns such as their availability at the time of intercourse. In those cases, pulling out was mentioned as a way of avoiding pregnancy: 'Getting horny, excitement, problems. You

usually engage in more risky practice in a horny moment because of the excitement and because you have nothing to hand (condoms). You pull out.' ($X^2= 35.15$).

Discussion

The objective of this study was to understand the meaning that young people attach to risk in sexual practices. It was assumed that young people in Spain have the information, health, and economic resources to deal with sexually transmitted disease. This research has revealed that although the reified discourse about risk in sexual relationships is familiarized by social representations, those representations are also framed within cultural beliefs about relationships and contexts that determine what may be considered risky (Moscovici & Duveen, 2000). We argue that understanding the function of the reified and consensual sources in constructing social representations about risk might help to explain the circumstances in which engaging in preventive behaviour is considered to be appropriate or not. Understanding how people incorporate the meaning of risk using social psychological processes of reification and consensualization can help to better explain how people engage with risk.

Our results broke down the social representations about sexual relationships into two types of discursive universes and forms: one of these is more strongly linked to prestigious sources such as authorities, scientists, and medics, whilst the other is based on the dialogical understandings of young people. Social representations based on the reified universe have shown how young people have familiarized the expert discourse and prescribe the use of condom to lower the risk of and prevent, in particular, unwanted pregnancies and sexually transmitted infections (Wagner, Duveen, Themel, & Verma, 1999). In this reified representation universe, inequality between different groups was presupposed by assuming that those who do not voluntarily perform the prescribed actions of protection are 'others' who lack the sufficient education or skills.

Thus, psychologically distancing oneself from risk whilst representing it in others symbolically places a person on the side of those who are safe, thereby protecting one's identity.

However, in this reified universe another representation of inequality in risky sexual practices also emerged, not because of what people did, but because of what they were. In particular, young people represent the sexual practices as power relationships where women were at risk simply on account of being women, regardless of whether or not they carried out certain practices (Stanley, 2005). In the same vein, previous works also pointed out different gender attributions in the understanding of sexual needs, control, and responsibilities (Higgins & Browne, 2008). Therefore, power relations between groups (according to, for instance, gender or social class) will also be key aspects in the negotiation of sexual practices.

Thus, this first reified representation of risky sexual practices shows that young people have incorporated and familiarized expert discourse, which helps them to make sense of risk. Interestingly, this reified representation also follows the reification communicative format (Batel & Castro, 2009). That is, the responses of young people within this universe reproduced the discourses of expert spheres, establishing prescriptions for representations and actions, imposing on the public a dominant definition of risk and presupposing inequality between different groups of people. Hence, young people have collectively incorporated into their representations the monological, directed, and prescribed knowledge transmitted by high prestige sources or expert spheres in the same format in which they have received it.

However, to have knowledge about something does not necessarily equate to holding the beliefs and adopting the practices that are related to such a thing (Markova & Foppa, 1990). Thus, it is one thing to know the ways in which sexually transmitted

diseases are passed on, but quite another to implement the social practices that are necessary to avoid them. . In fact, social practices also tend to be guided by consensual universes that achieve more dialogical understandings about an issue by focusing on prior experiences of social interaction (of one's own and others) (Batel & Castro, 2009; Jodelet & Duveen, 1991; Markova, 2006). Thus, in this consensual universe, there is an emergence of the representations abound in social interaction.

Moreover, in the consensual representations universe, the abstract concept of risk is transformed into something concrete. The main way in which this occurs is by placing risk within the context of a sexual encounter. Both the lack of inhibition produced by the use of alcohol and drugs (Conner, Sutherland, Kennedy, Grearly & Berry, 2008) and the spontaneity of an encounter appear to be represented as contexts inherently linked to risk (Bosompra, 2001; Camargo & Bousfield, 2009; Folch et al., 2015). In the representations constructed in the social dialogue of young people and based on their everyday experiences, the lack of inhibition is assumed to encourage loss of rational control over one's behaviour whilst the spontaneity of an encounter involves not thinking conservatively about prevention, and only about the overall result or pleasure of the sexual encounter (Abel & Fitzgerald, 2006). Consistent with these ideas, risk also seems to be linked to sexual practice in public rather than private spaces.

Therefore, in this dialogical understanding, which, as we have already mentioned, has as its main sources the social interaction and daily experiences of young people, it is assumed that, in some situations, voluntary risk-taking is a justifiable option when seeking emotions in everyday life (Lupton, 2013; Lupton & Tulloch, 2002; Lyng, 2012; Tulloch & Lupton, 2003) or sensation seeking (Donohew et al., 2000). Therefore, in a consensual universe of social representations of risky sexual practices, it is difficult to think about prevention and the use of condoms without taking into account the

particular situations of activity that might be intrinsically linked to risk (Leclerc-Madlala, 2008).

This reinforces the idea that the concept of risk emerges from various sources of information, values, sayings, emotions or social conventions that are far removed from a concept of risk that is limited to the use or non-use of a condom. The concept takes on a life of its own and develops by providing images such as the unknown, the unpredictable, or the uncontrollable. The present study suggests, then, that young people manage the contradictions connected with risk practices by combining reified and consensual universes. Thus, they reproduce reified prescriptions at a theoretical level, while at the same time the risk practices linked to concrete contexts are justified by consensual universes. Therefore, by interrelating both universes, young people become familiarized with risk and understand it from a common sense standpoint, thereby highlighting the importance of situational dimensions (Liu, 2004).

Conclusions

Situating risk in relationships and contexts fulfils the function of giving coherence to a reality that is considered unreliable and threatening. It consists of creating images and beliefs that make it possible to explain and justify why some contexts are more prone to eliciting risk-taking and others are not.

At a preventive level, this research highlights a number of useful practical applications. To begin with, current Spanish sexual educational programs that focus on unwanted pregnancies and sexually transmitted diseases do not cater for young people's consensual universes, and instead assume that people consider only reified risk universes. Therefore, a global understanding of the imagery surrounding risky sexual practices is not achieved, which, in turn means that we run the risk of failing to obtain

positive results (Abel & Fitzgerald, 2006). In other words, as appears to be the case in this research, young people understand and familiarize the concepts of this type of education. However, this understanding is based on a type of reified, monological communication rooted in prescriptions and they do not know how to transform this into consensual ideas or bring it into the field of dialogical communication in social interaction.

The idea is that when people decide to engage in risky practice in certain contexts, far from considering this to be a negligence or an error, they may well regard it as being common or natural, given the existing consensual understandings about practices in sexual relationships. Thus, young people may consider it usual to refrain from using condoms in three contexts: in festive contexts, in spontaneous sexual practices, and within the context of a steady relationship. If this is the case, disregarding the meaning that young people give to risk in a relational context would imply the existence of a mismatch between institutional programs and those young people's ways of understanding risk. That is to say, in order to address sexual education from a global perspective of its social representation beyond reified theoretical concepts, it would also be necessary to work on how to negotiate and consensualize representations in the social interaction of certain contexts (e.g., within stable relationships, in party contexts, or in spontaneous sexual encounters).

Another point to bear in mind is that this reified treatment of the subject implies the presumption of inequality between different groups of people. Recent investigations have pointed out that current sex and relationship education often mystifies sex for young people and ascribes a certain emotional disposition of immaturity and negligence to people that engage in risky sexual practices (Moore, 2011), which makes it easier to link such practices with others and not with the self. To address this, being able to place

oneself in a situation where one would take risks — or at least have to negotiate them — would potentially be a very useful exercise if included in any educational program. Further, the perception of gender inequality is particularly worrying, and this should also be addressed, empowering women in order to guarantee the right to a free and full sexuality for all people.

In addition to sexual education, campaigns to promote condom use have also traditionally been related to people's motivations towards the pursuit of pleasure or the prevention of sexually transmitted diseases. Condom use has been treated as an individual, rational, and non-relational behaviour. However, more effective campaigns could be designed if this content were framed according to the social norms, communication, and negotiation processes that prevail in each context where sexual intercourse takes place, such as relationships, enjoyment practices or, debauchery in a festive context (Campbell & Jovchelovitch, 2000; Cecil et al, 2010; Stanley, 2005; Wagner, Duveen, Verna & Themel, 2000).

Furthermore, redefining the use of condoms as a collective responsibility, and not just a personal decision, may also prove to be a key factor. Thus, as in the prevention of other behaviours (Hutchings & Clarkson, 2015), the youth should also be equipped with tools for collective negotiation when involved in the prevention of risky sexual practices by becoming channelers of social interaction. It might be beneficial, therefore, to influence groups of young people to achieve consensus-built dialogical understandings to support condom use in general, and in certain contexts in particular, and to openly state their position with regard to risky sexual practices.

In short, the current research makes it possible to understand the importance of reified and consensual universes of social representations to construct the understanding of sexual practices. People develop their common-sense thinking based on these two

universes of cultural values, beliefs, and assumptions, and thus it is clear that these should also be taken into account when developing prevention and sexual education campaigns. With this in mind, social representations of risky sexual practices provide a tool for gaining a deeper understanding of how and why the behaviour pattern of condom use emerges (or not) in sexual encounters. After all, if we want to offer an environment where young people can enjoy their sexuality whilst also evading risk, it is important to address young people's consensual dialogic understandings about the contexts and social relationships in which sexual practices take place.

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Figure 1. Hierarchical clustering dendrogram of the free association with the most frequent words and the words with the greatest association X^2 (1), $p < 0,001$.

