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WHO'S AFRAID OF AIDS?
A survey of young people's attitudes to AIDS suggests a new approach to prevention says Dominic Abrams.

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WHO'S AFRAID OF AIDS?

Health Education Authority research indicates that 25% of young people do not use a condom when having sexual intercourse. Dominic Abrams and his colleagues have questioned young people on their beliefs about sex and risk in an attempt to understand the attitudes of this minority.

In this article I shall be presenting findings from a study of 1000 young people from Dundee, in Scotland. Dundee was identified as a city in which AIDS/HIV would spread relatively quickly because of the high incidence of intravenous drug misuse. The aim of our study was to see what 16- to 19-year-olds in the city believed about the spread of HIV, and to track their behaviour. The research was funded by the Economic and Social Research Council.

Recent research done by the Health Education Authority found that 25% of young people do not always use a condom when they have sexual intercourse. Two questions arise; how do those non-users justify their action to themselves, and what might encourage them to use condoms in future?

It is useful to begin by looking at young people's perceptions of the risk of being infected by HIV (the 'AIDS virus') in general. We were struck by an enormous disparity between judgements young people made about the risks to themselves compared with the likelihood that others would become infected. A substantial majority believed that they were extremely or very unlikely to be infected in the next five years. In contrast, respondents on average believed that almost half of their peer group would become infected in that time, and that half would be infected in ten years' time.

Clearly, this finding suggests that young people believe that their own behaviour and circumstances differ in some important ways from that of their peers. This phenomenon is generally known as 'false uniqueness' (the erroneous belief...
The sense of AIDS invulnerability could prove catastrophic at both a personal and societal level if it allows people to practise unsafe behaviour on average. We asked the 17-year-olds to estimate the average number of partners that most 20-year-old males and females would have had. Both sexes perceive men to have more sexual partners than women (10.94 and 7.94 on average, respectively). Male respondents believed the average number of partners of 20-year-olds to be 9.82, whereas females believe the average to be 6.69. Also there was an enormous disparity between the actual figures for 20-year-olds, and the estimates (which ranged between over 6 to just under 11). In a nutshell, these young people thought that on average their peers, and especially men, would have had between three to six times as many partners as themselves. This partly explains why they think others are more likely to become infected with HIV; they believe others are exposing themselves to more risks. However, there is another factor which allows young people to assume they can avoid infection, namely their belief that their partners might be safe too. For example, over 60% would trust their partners to tell them the truth about their past sexual encounters, and only 14% thought that anyone they had a sexual relationship with was likely to have the AIDS virus.

Let us now examine the intentions and likely behaviour of the young people in our survey. In particular we shall focus on responses to three questions. Asked whether they would only have sex with someone they knew well, 70% agreed and 14% disagreed. Asked whether they would carry a condom if they thought they might be going to have sex with someone new, 51% agreed and 18% disagreed. And asked whether they would use a condom if they had sex with a new partner, 79% agreed and 5% disagreed. These findings reveal a small (3-18%) but important minority of young people who seem prepared to take risks with regard to HIV infection. Consider now how these minority groups differ with respect to their sexual behaviour and their beliefs about others’ attitudes and behaviour. Those who said they would have casual sex had also had significantly more partners than those who said they would not. However, and most important from our point of view, those who had most partners of all (6.34 on average) were the ones who mistakenly believed that the majority of people shared their own view that casual sex was OK. This form of mistaken belief is termed ‘false consensus’, and is a well established social psychological phenomenon. Those who themselves endorsed casual sex but correctly perceived that the majority did not share their view had 2.65 partners on average.

Just as important, is the fact that the erroneous minority believed that the average 20-
Social support for and consensus beliefs about carrying condoms.

Consensus beliefs about carrying condoms, and believing that HIV causes AIDS.

Consensus belief about using condoms and social pressure to carry condoms and take care not to get HIV.

Stating one's belief will not change, and own intention and consensus beliefs about using condoms.
The average scores for the cautious (majority) respondents who were accurate and inaccurate about the consensus, and for the casual (minority) who were inaccurate were as follows:

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<th>cautious</th>
<th>cautious</th>
<th>casual</th>
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<tr>
<td>social pressure to carry</td>
<td>5.44</td>
<td>6.00</td>
<td>3.94</td>
</tr>
<tr>
<td>social pressure to take care</td>
<td>5.09</td>
<td>4.72</td>
<td>3.86</td>
</tr>
<tr>
<td>own behaviour will not change</td>
<td>2.71</td>
<td>2.63</td>
<td>3.46</td>
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For the social pressure measure, the scores range from 0 to 6. For the behaviour change measure, the scores can range from 1 to 6.

Most young people play safe. Don’t let them down; use a condom

Eighty percent of young people use condoms when they have sex. Don’t risk your life with the other 20%. Use a condom.

Dr Dominic Abrams is Senior Lecturer at the Institute of Social and Applied Psychology, University of Kent, and associate editor of the British Journal of Social Psychology. He has a particular interest in social identity. This article is based on a collaborative study with psychologists Charles Abram, Paschal Shearan and Russell Spears. Charles Abram, from Ninevells Medical School, Dundee, works on the application of social cognition models to preventive behaviour. Paschal Shearan, from Sheffield University, has focused on unemployment, religiosity and AIDS-related behaviour. Russell Spears, from the University of Amsterdam, has published widely on stereotyping and social perception.