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HOW TO LISTEN, HOW TO SPEAK



A Model Information Campaign on the Prevention of HIV and AIDS



Rio de Janeiro
1992

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BEMFAM

BEMFAM—*Sociedade Civil Bem-Estar Familiar no Brasil*—is a private, non-profit Brazilian institution which, since its foundation in 1965, has developed family planning activities including human rights and components of women's health assistance. In various cases, the BEMFAM 'clinics provide gynecological, pre-natal and infertility health care, and prevention of gynecological cancer and STD/AIDS. In a considerable number of cities, this work is carried out in cooperation with public health programs, community associations, STD/AIDS prevention groups, and other private institutions. Educational activities for adolescents on sexuality and reproductive health are provided. Health and education personnel are trained in family planning, and STD/AIDS prevention activities are sponsored for specific groups including women, men and street kids. Social surveys are also carried out on mother-child health in different geographic areas.

The purpose of the AIDS Public Health Communication Project—**AIDSCOM**—is to develop and demonstrate effective strategies for behavioral change for HIV/AIDS control using social marketing and health communication. AIDSCOM is sponsored by the United States Agency for International Development (USAID), through the Offices of Education, Health and Population of the Bureau for Research and Development. Contract No. DPE-5972-Z-00-7070-00. The AIDSCOM Project is coordinated by the Academy for Educational Development, with the collaboration of Johns Hopkins University, Porter/Novelli, the University of Pennsylvania and Prism/DAE.

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Foreword

How to Listen, How to Speak is more than a successful BEMFAM project turned into a book. It is, above all, the first Brazilian publication reporting surveys carried out in AIDS prevention in specific groups, in this case, realized together with the Rio de Janeiro Prostitutes' Association, the Atobá Homosexual Emancipation Movement, and the Center for the Defense of Children's and Adolescents' Rights.

In recounting the steps undertaken—from the identification of groups, their behavior and needs, to the evaluation of the application of the interventions—BEMFAM is hereby presenting a type of model manual, which will serve as a basis for future projects as well as motivation for the formation of new partnerships.

Partnerships indeed are vital, since in the fight against AIDS, the joining of all our efforts and our experiences has proved to be the only effective way of preventing this disease. The best example of these efforts is seen on the pages herein, which reveal but one of BEMFAM's facets associated with other non-governmental organizations—curiously, none of which was formed in response to AIDS, but all of which are engaged in this effort, which belongs to each and every one of us.

Lair Guerra de Macedo Rodrigues
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PREFACE

In Brazil, most of our efforts to shed light on AIDS and its prevention have been campaigns based on the guidelines pin-pointed by technicians and authorities in the health and social communications fields; these have almost never had very satisfactory follow-up efforts. Our great lack of experience in facing the challenges concerning AIDS and the characteristics of its peculiar forms of transmission, have been contributing factors for the elaboration of initiatives and campaigns which often fall quite short of their objectives of public information and preventive measures for this disease. While tending to strengthen deeply-rooted myths and stereotypes, they have taken on a strong emotional tone which generally makes their contents difficult to grasp.

The Program for the Production of Educational Material for Specific Groups for HIV/AIDS Prevention, coordinated by BEMFAM, has put forth efforts in fundamentally diverse ways. Based on a strategy involving certain target groups, the concern has been to elaborate a methodology to allow for quick evaluation of results as well as eventual corrections in the direction the course was taking.

A successful campaign for information and HIV/AIDS prevention presents a very favorable cost/benefit factor, if we consider the elevated social and economic burden acquired by the spread of the virus and the disease. Without a doubt, directing our investments towards communication will result, in this case, in considerable savings of human resources and finances.

The program was carried out with AIDSCOM—a U.S.-based project which lends technical and financial assistance to both governmental and non-governmental organizations to develop behavior change research and HIV/AIDS prevention programs. Also participating were the Rio de Janeiro Prostitutes' Association, the Center for Defense of Children's and Adolescents' Rights, and the Atobá Homosexual Emancipation Movement.

None of the groups involved in this project developed directly because of AIDS. Atobá was created to combat discrimination suffered by homosexuals and to defend their rights. The Rio de Janeiro Prostitutes' Association was created to organize the Vila Mimosas prostitutes, the last remaining area of prostitutes in this city, and the

Brazilian Center for Defense of Children's and Adolescents' Rights was formed to serve as a monitor for what the State was doing with respect to children's rights.

The arrival of the AIDS epidemic, however, has had a substantial impact on these three organizations. For Atobá, the impact was not only on the demand for information and help by the community it served, but also because certain of its more outstanding members were affected directly. At Vila Mimosas, prostitutes became aware that they were suffering losses instead of gains from the public information campaigns as their clientele were driven away, and the concerned Association searched for alternatives more appropriate for their reality. As for the street kids, the precarious living conditions led those who were part of the program to believe that they were more at risk of HIV infection.

The general objective of the program begun in November, 1989 in Rio de Janeiro was thus defined:

- Strengthen and increase informative and educational efforts for HIV/AIDS prevention for the risk-behavior population of Rio de Janeiro. The following are the specific objectives:
 - ▶ Determine the necessities and most efficient forms of communication to increase HIV/AIDS prevention and awareness;
 - ▶ Use a participative methodology, capable of encouraging representatives of prostitutes', homosexuals', and street kids' groups to create, reproduce and spread educational and informative material on HIV/AIDS prevention;
 - ▶ Promote the creation and spread of initial pilot educational material on HIV/AIDS prevention, to increase awareness of the situation among prostitutes, homosexuals and street kids;
 - ▶ Promote among target groups a permanent process of evaluation of the level of information on HIV and AIDS infection, changes in attitude and behavior resulting from this information, and the efficiency of the programs carried out.

INTRODUCTION

This study is based on a set of facts generally accepted about which very few people today have any doubts: AIDS is an extremely serious problem, an epidemic disease, and still without a cure. No matter how it is seen—as a question of health, a social problem, an individual drama—there is ample consensus that it is very serious and is becoming more so. HIV as well as AIDS are becoming more and more widespread and socially diversified, especially among low income segments of the population. All the research points to this and everyone agrees.

How should this problem be confronted? Agreement is unanimous here as well. There is no one who does not believe in the necessity for public health communication campaigns on the disease to increase available information which might influence attitudes and behavior in the face of AIDS, in order to prevent and try to control the disease. Whatever sector of the population has heard of AIDS, everyone agrees that without the slightest doubt, it is necessary that in the shortest possible amount of time, the greatest possible number of people must become aware of how to prevent and avoid the disease. In other words, the more we know about AIDS and how to prevent it, the better.

This is even more urgent for persons with high-risk behaviors—those who expose themselves more to the possibility of HIV infection, and are more likely to pass the virus to others. As for measures of prevention, there is ample agreement that in order to prevent HIV/AIDS, it is necessary to use condoms and practice other forms of safer sex.

In broader terms, the project developed should be viewed as an exchange of information, an interaction among certain social groups and an inter-institutional experience. On one side, there are technicians from both government and non-government institutions, health educators, and health care providers. On the other, groups composed of individuals whose behavior may be defined as high-risk—prostitutes, homosexuals, and street kids. Besides an exchange of information, the project should be seen as a cooperative social relationship, while not forgetting that, at the same time, it is a relationship of inequality, because of the following factors:

- ▶ The group of technicians; who possess information supported by scientific facts, propose what should be said about certain forms of behavior, in this case sexual behavior. This group has information it wishes to disseminate.
- ▶ The group they wish to reach, the target group, also possesses knowledge, and knows the best way to express certain things. In a nutshell, they know how things should be said.
- ▶ The objective is to disseminate this information over an extended period of time in order to influence the behavior of the target group.

This objective can only be realized when the action comes from within the group: it is critical that there be a continued effort to inform and the way that it is done is the result of the initiative of the target group itself.

This project has shown that any organization that would spread information to specific target groups should first identify who the legitimate group representatives are, listen to what they have to say, and seek a mutual commitment in the actions that follow.

Communication is an exchange of information where messages are formulated to obtain determined responses. Basically the process depends on knowledge of attitudes and behaviors of the target group. It is this knowledge that will determine the objectives, define strategies, and determine the content of messages and the makeup of the educational materials. It is this knowledge that will also define the means of evaluating the results.

METHODOLOGY

Ultimately, the goal of any HIV/AIDS prevention project is to reduce the risk of transmission through a change in an individual's behavior. In the case of IV drug users for example, the goal may be to help encourage the user to stop sharing needles or learn how to sterilize needles. In the case of sexual transmission, the goal is often to replace risky sexual practices with practices that reduce the possibility of transmitting the virus. It is crucial to be constantly aware of the complexity of all of our behaviors, especially those, like sexual practices, that are so closely linked to emotions, cultural norms, self image and other societal and psychological factors. We have learned that, unfortunately, most people do not change behaviors easily or quickly, even when they are aware of the negative consequences of those behaviors. Many people continue to smoke in spite of their understanding of the risk of cancer. Many couples still don't practice family planning in spite of their awareness of how this is harming the quality of life for them and their children. And as far as HIV/AIDS is concerned, too many people continue to have unsafe sex in spite of the fact that they are aware of the risk.

The difficulty most people face when they are confronting a change in behavior means that information alone will usually not be enough. Traditional health education was based on the principle that the task was a matter of getting the right information to the right people and they would then make the appropriate changes. Health education programs were planned and designed in offices, often far from the audience's reality, and the outcome was usually a brochure or a poster or perhaps a video presenting the appropriate facts. The methodology described in this book is different. The reason it is different is that it looks beyond information and is based on the assumption that in order to facilitate a change in behavior one must consider the individual's environment, emotions, psychological barriers, skills, self-esteem, peer pressure—all of those factors that will determine whether an individual will be sufficiently motivated and feel truly capable of making the change. Most importantly, it is based on the assumption that every change in behavior has a certain "cost" associated with it for the individual whose behavior we are attempting to influence. That cost can be emotional or monetary or even a cost in terms of time. In the case of condoms, for example, there is the cost of the condom

itself, which for many Brazilians may be prohibitive. Condoms may not be readily accessible so a person may have to travel to find them, using up the precious few minutes of free time they may have. For a person who is trying to start to use condoms, there is often a perceived "cost" that they will reduce pleasure or introduce distrust in a relationship. How can we, as people working in HIV/AIDS prevention, help to offset the costs that stand in the way of a change in behavior? How can we present benefits that might make the relative cost seem not quite so high? How can we design a health communications project so that there will be an exchange—so that a person will be willing and able to give up a behavior, that while risky is familiar and comfortable, in exchange for a new behavior that has many costs associated with it? There are no simple answers and no scientific formulas. But the lessons that have been learned from health communication programs around the world give us some indication of how to proceed. These lessons come from a wide variety of programs in many different areas of public health. They are as important for a national HIV/AIDS prevention program with a large budget as they are for a small community-based project working with very limited resources.

KEY PRINCIPLES

The key principles that guide our work are:

1. *Design the communications project with the participation of the ultimate audience, based on their goals and needs and not just those of the organization.*

While we as an organization may have a goal of reducing HIV transmission among a particular audience, that is not the primary goal of those individuals we are trying to reach. Their goals may be to help their children get ahead, get some free time to relax and rest, get pleasure from sexual relationships, etc. It is only by listening to these people and having them participate in the entire communication process that we can hope to design effective programs. Their input, along with the expertise of health communication professionals, will ensure that the individual's objectives and the organization's objectives can be met.

2. *Gain a thorough understanding of the particular audience you are working with.*

This is a crucial first step. There are many ways to gain this understanding, including observation, individual interviews, qualitative research like focus groups or quantitative research studies. Whatever methodologies are used, the important issue is to understand how the audience understands HIV/AIDS, how they feel about the disease, what fears they have, what emotions are raised, whether they feel at risk, how they perceive condoms, whether they feel capable of changing, how they think their friends or family feel or behave—in other words, not just what information they need, but how their particular reality will impact on their desire and ability to change. It is also important to realize that we cannot assume that just because we categorize people in certain groups—prostitutes, working class men, poor women in "favelas," gay men, etc.—that the individuals in these "groups" are homogeneous. Prostitutes who work on the street in Copacabana may have a very different reality from those working in the Vila Mimosas, for example. So even though we may feel we understand a certain public, we should always approach a communication project as if we can still learn more.

3. *Set attainable and measurable objectives.*

Once we analyze the research and feel we understand to the best of our ability the audience we are working with, we then need to define the specific objective for our particular communication project. This objective will then guide the development of the strategies and messages that we will use. It is important that the objective be defined in a way that makes it likely to be attained and that will allow us to measure our success. In other words, an objective that is stated as "Reduce the transmission of HIV" is not likely to be achieved by a single communication project. The research will have pointed out certain barriers that stand in the way of our ultimate goal of reducing HIV transmission. For example, we may have found that most men do not use condoms with their regular partners. Or that young women feel unable to talk to their partner about safer sex. These are barriers to effectively reducing HIV transmission that can be addressed by a communication program.

So the objective might be: "Increase the use of condoms among a certain population of men with their regular partners." While certainly difficult, this objective is potentially attainable and can be measured.

4. *Plan strategies that will provide for frequent and long-term exposure to the messages and that will reach not only those people whose behavior we seek to change but also those people who influence that target audience.*

Behavior change is a long-term process. Especially when it is a question of behaviors that are as deeply rooted and complex as sexual behavior. A communication program has to be planned and budgeted so that the messages can be diffused frequently, through a variety of channels and over a long period of time. No matter how strategically correct a video may be, for example, it is unlikely that anyone's behavior will be changed or that the message will be fully accepted after only one exposure. Using combinations of communication channels, like brochures, posters, videos, hotlines, face-to-face counselling, etc., that diffuse the same basic message to the same audience over a long period of time should be considered.

An effective communication program will also reach those people who influence the lives of the target audience. In a workplace setting, it is not enough to communicate just with the workers; it is necessary also to communicate with the managers, union leaders, etc. This will allow for an integrated program that influences the person's environment so that it may support the appropriate behavior change.

5. *Design messages that offer meaningful benefits to the target audience.*

The most obvious benefit of safer sex, and the one most often used in HIV/AIDS communication projects, is that of avoiding a fatal disease—AIDS. However, this is not necessarily the only benefit or the most meaningful one for a particular target audience. For instance, adolescents tend to feel somewhat invulnerable. They are often more interested in what their friends think and being accepted in the group than in their health. One way to communicate a meaningful benefit to adolescents

might be to convince their gang's leaders to speak about safer sex so it might be seen as the "in" thing to do. The most important point is to analyze what benefits—beyond simply avoiding disease—will help to make the change more palatable. Obtaining feedback from the target audience will help to ensure that the most appropriate benefit is being communicated.

6. *Obtain feedback from the target audience while strategies are being developed and thoroughly test materials before production.*

It is not unusual for organizations that are developing communication projects to feel that after all the research and hard work they have done designing messages and materials, money and time can be saved by going ahead and producing the final materials. However, even the most well designed materials can often be interpreted by the target audience in unexpected ways. Especially when the subject is HIV and sex, the risk of misunderstanding or misinterpretation is enormous. Testing the materials with a sample of the target audience does not have to be expensive and could, in fact, save a great deal of money that might be wasted on producing materials that are not effective.

7. *Plan to evaluate the impact of the communication project and be open to making revisions.*

Since the entire communication project was designed based on a pre-determined objective, it is crucial that the project be evaluated in terms of whether that objective has been met. There are many different methods that can be used to evaluate the impact of a communication project, but whatever method is used, it is important to plan for the evaluation from the very beginning of the project. A comparison will have to be made, either measuring the situation before the start of the project and then using the same measure to look at any changes after the project, or comparing the differences between audiences who receive different messages. There are many ways, but they all require planning before the project begins. The evaluation is not the end of the project. It is intended to provide the information needed to improve the project or to move on to the next phase. Being open to learning from our

FOCUS GROUP TECHNIQUE

mistakes is the best way to develop truly effective projects.

The process can be characterized by a certain attitude on the part of communication program planners' being ready and willing to open up, learn, plan, dare, evaluate and revise.

The basic principle for focus group methodology used in this study can be found in the question—who better than the group itself can determine what is best for it?

It seems fitting that only those who belong to a group know what information they need, what means of communication is most efficient to transmit that information, and how to overcome eventual obstacles. The focus group technique consists of forming groups of people belonging to the target group, for an exchange of information and group work.

The people who are part of the focus group discuss, and, it can be said, help guide the direction the study will take. After the initial phase of project presentation, the group representatives are expected to participate more in suggestions, criticism, and subsidiaries that will be the future guidelines for the project, correcting and consolidating the work of communication.

In terms of the steps that must be taken in the process, the focus group is essential for:

- The precise definition of the points to be taken up. In the case of this project, for example, certain questions were essential: Exactly how aware were they of the gravity of HIV/AIDS? What did they know about the condom as a preventive measure? How could the subject be approached without creating a barrier? What means should be used?
- The discussion and the preliminary test for the material of communication. Focus group members should actively participate in the discussions on the material used. To communicate is to speak to the imagination of a person, and although all the members of a society share the global inheritance of its culture, each social group creates its own fantasies and cultivates its own fears and desires which are characteristic of its lifestyle. For example, on the

posters and displays that were produced for the Vila Mimoza prostitutes, there is a woman quite sensually posed. Her specific type of appeal was indicated by the focus group members, and in the eyes of the prostitutes, she represents the ideal woman. Another elucidative example is the characterization of the street kid in the story developed for the T-shirts given to them.

- Evaluation of the work conducted. Evaluation is an essential part of the whole process. It can be carried out by quantitative as well as qualitative research. In the latter, the focus group played an important role since, most often, it is through this technique that the evaluating interviews are held.
- Future extension. An efficient process of communication calls for participation of the target population. For long-term expansion or, in ideal terms, to become permanent, there must be commitment of the persons belonging to that target public who have all that is necessary for follow up efforts.

Thus, according to the initial proposal, the first step is to form the focus groups; that is identify, within the target population, a group of people interested in participating and committing themselves. Dealing with the people who will make up the group requires certain care and precautions, so that they will neither be inhibited nor driven to certain responses or reactions, even involuntarily. The collaboration of trained personnel with experience and knowledge of the focus group is therefore necessary.

Various groups were formed for each of the three segments (three for the prostitutes and four for the homosexuals and street kids), approximately ten persons per group. Each of these group sessions lasted about two hours, and an effort was made to hold the sessions in places where the participants would feel comfortable.

There was a moderator for each focus group who had knowledge of focus group techniques. This is very important, as it is fundamental that this person be capable of realizing when his or her own feelings might be interfering with the ideas the group was debating. The moderator also had knowledge of HIV/AIDS prevention.

STEPS AND PRECAUTIONS IN FORMING FOCUS GROUPS

In order to train the personnel involved in this research project (i.e., BEMFAM technicians and representatives of each group) in focus group methodology, a seminar was held, during the preparatory stage of the project, along with technicians from AIDSCOM, a project that has accumulated a great deal of diversified experience in this type of activity.

The first step of any organization developing a project should be to define, as clearly as possible, the project's objective in order to be able to explain these objectives to others. It is necessary, before anything else, that the moderator be completely clear as to what these objectives are. It should further be noted that definition, in this case, means clearly recognizing the outline of the specific goals.

Once the objectives have been made clear, the steps should be outlined with the themes to be taken up by the moderator during the meetings. It is advisable that the outline begin with questions on the daily lives of each individual, in order to break the ice of the group's initial inhibition.

Selection of future participants is the first step the moderator takes up with the social group planned for study. Help of the target group's representatives is essential for this selection, and some type of financial reward may be provided for those participating.

Sites chosen for the meetings should be calm, relaxed and comfortable. The group should be at ease and suffer no interruptions. A light snack might be served. If recording of the sessions is desired, it is obligatory that prior permission of all participants be obtained.

The moderator should make it clear, from the first moment, that he or she desires complete understanding with the group, making it also clear that their help is necessary to carry out this study which will ultimately benefit the group itself.

CHAPTER I

VILA MIMOZA WITH A "Z"

VILA MIMOZA PROSTITUTES

In his 1943 foreword for "Mangue," a book of drawings by the painter Lasar Segall, Manuel Bandeira, the Brazilian poet, described the area from the time of its origins: "at first, true swamp." With the Visconde de Mauá's urban renewal (noted Brazilian statesman) in the 1850s, "it looked as though it would become an American Venice!" observed the poet. "The new area remained true to the inertia of its original mud." Later on, says Bandeira, everything changed. "One day in the Republic, a chief of police concerned over the site of the brothels remembered to make 'Mangue' the 'Suburra Carioca'. And 'Mangue' then enjoyed its great epoch. The first years of prostitution were one big party after another. It was a city within a city, all lit up, with lots of exciting goings-on. Until decadence began. Police began imposing restrictions. Sadness filtered in as if on the notes of a blind man's guitar. Finally, the coup de grâce came. The brothels were closed down, the women scattered and a few committed suicide by poison or fire."

Of this extensive area of prostitution, which had operated in this section of the city since the beginning of the century spreading out over the streets of the so-called "Cidade Nova," only the Vila Mimoza of Bairro do Estácio is left today—not really a villa, but a winding, dead-end street, with a walled entrance like a screen.

Estácio has been home to thousands of prostitutes in its many streets, but when the "Zona do Mangue" was definitely dislodged in 1982, dispersion was inevitable. Some prostitutes, however, remained in the area, which they named "Vila Mimoza," (spelled with a "z," they insist).

There are 44 precariously built houses in the Vila, each one split into about ten cubicles and furnished with a double bed and clothes rack, where the women receive their clients. It is calculated that approximately five hundred prostitutes work there, each month receiving at least 6,000 customers who are generally men with low incomes.

The quantitative research carried out by BEMFAM at Vila Mimoza in January, 1991 shows the average profile of the women who work there. 94% of those interviewed were from 20-44 years old, 84% came from southeast Brazil,

60% were black or colored, 62% were single, 86% had at least one child and 78% had little or no education.

The Rio de Janeiro State Prostitutes' Association works at Vila Mimosas, and was founded to organize the Vila community against real estate speculation. Over time, this Association has come to represent the rights and defend the lives of the Vila's women.

*Ah, jovens putas das tardes
O que vos aconteceu
Para assim envenenardes
O pólen que Deus vos deu?
No entanto crispais sorrisos
Em vossas jaulas acesas
Mostrando o rubro das presas
Falando coisas do amor
E às vezes cantais uivando
Como cadelas à lua
Que en vossa rua sem nome
Rola perdida no céu...*
Vinicius de Moraes,
"Balada do Mangue"

PROSTITUTE FOCUS GROUPS

When, toward the end of 1989, BEMFAM decided to develop educational material on AIDS, aiming to encourage the use of condoms and modify the perception of the risk this disease presents, Vila Mimosas had already been chosen for this experiment. In addition to the more obvious reasons, also influential in this choice was the fact that, a few years earlier, BEMFAM had already had the collaboration of the "Associação das Prostitutas" (The Prostitutes' Association), then called "Centro de Ação e Pesquisa Maria da Fé" (The Maria da Fé Center for Action and Research), in the "Programa Integrado de Planejamento Familiar de Rio de Janeiro" (Rio de Janeiro Integrated Program for Family Planning).

Thus, as far back as November, 1989 BEMFAM's first step was to promote various meetings with the association's representatives to present the program to them and broach the subject concerning the viability of its execution. After these preliminary contacts, it was decided to start a trial survey, using the focus group methodology, with women who worked in Vila Mimosas.

The main purpose of this survey was to improve our understanding of the distinct necessities, practices and

FOCUS GROUP THEMES

attitudes of the Vila MIMOZA group of prostitutes which would be essential in subsidizing the creation of an informative campaign on HIV/AIDS to dispel the current myths, taboos and stereotypes concerning the disease and its prevention.

To participate in these focus research groups, certain Vila MIMOZA women were chosen, with the help of the association's representatives, who would also participate in developing the guidelines for the questions and themes taken up in focus group meetings.

According to these guidelines, the following discussion themes would be taken up:

1. The prostitute according to herself (her profession, her client, her friends)
2. Her knowledge of and behavior concerning AIDS and sexually transmitted diseases (STDs)
3. Disease prevention—the condom, and reasons for not using it
4. Educational material on AIDS

Three groups were formed of nine prostitutes, aged from 17 to 45, most being single, while a few were married or separated. Most had children, and many said they did not reveal to their families that they were prostitutes. Instead, they told them they worked as maids or in hospitals. The first meeting of these focus groups was in December 1989 and the last was in January 1990.

Following are a sample of the answers to the various themes proposed in the focus group meetings.

1. *The prostitute according to herself*

The focus group meetings proved to be extremely useful in enabling us to understand the way the prostitute defines her own situation. In general, the prostitutes consider their occupation merely as a way of supporting themselves which they have adopted for lack of other alternatives. They admit it is a risky business, but they believe that it is worth the risk, considering how "profitable" it is. For them, the promise of a better future seems to be in their family's interest, especially that of their children. The promise of a happy future is seen more for the children.

Concerning their customers, answers revealed that in the prostitute/client relationship, the ingrained "rules" of prostitution are disadvantageous for the woman. "The customer pays and wants his money's worth."

The prostitute's reaction, however, is to try to gain a certain type of control over the client. With their better clients—almost always married men—they usually try to establish the role of protectress and confidante to establish a "steady" relationship. With them, the prostitute carries out the role of confidante, giving advice, listening to her client's problems, thus creating a relationship more like friendship. In these cases, however, negotiating the use of condoms can be problematic, since its imposition may jeopardize the feeling of trust implicit in the relationship.

Besides her steady clients, there are the partners with whom she maintains an affection/love type relationship (husband, companion, boyfriend, whether from the Vila or not), referred to by the prostitutes as "my friend" or "my man." With them, they point out that they never use condoms.

2. *Knowledge of and behavior concerning AIDS and STDs*

Most prostitutes who participated in our research groups proved to be familiar with AIDS and sexually transmitted diseases, although they did not see any connection between them. In their opinion, AIDS is transmitted via blood transfusions, syringes (in the case of injectable drugs), and oral, vaginal or anal sex. They also said that it is easier to get AIDS by anal sex because "it chafes." Some believed that with anal penetration, transmission is easier from a contaminated woman to a man, than from a contaminated man to a woman. When transmission by oral sex was brought up, the reaction of all was of shame and disgust.

Concerning the time that might go by before AIDS shows its first symptoms, they believe this to be a question of the individual's own bodily influences. On the other hand, some women said they don't even believe the disease exists, thus proving the existence of certain myths associated with a fatalistic vision. They were also many other doubts as to

possible ways of contagion: saliva, urine, sheets used by other prostitutes, etc.

As for STDs, almost all the prostitutes stated they have regular gynecological exams and try to avoid the diseases, inspecting and disinfecting their customers' genitals, or regularly taking Benzetacil, a potent antibiotic used for curing syphilis and gonorrhea.

All judged themselves capable of recognizing the signs of certain STDs, such as gonorrhea, soft chancre and syphilis, transmitted, according to them, by "sex," but also via "toilet bowls," by "kissing," or "stepping onto a cold floor after having sex," by "sheets used by other people," and even by "sitting down in a place still warm from another person's body, who has the disease."

In their opinion, it is usually the man who transmits these diseases to the women, and only two of them admitted having ever had a sexually transmitted disease.

3. *Disease prevention: the condom and reasons for not using it*

In general, prostitutes interviewed viewed the condom as important for preventing AIDS. They considered it indispensable in the case of many customers. There have been occasions on which they themselves have bought condoms from their madams.

They all declared that the madams are not worried about their health, that they are only interested in their own profit. When one of them suggested that a meeting be called with all the madams to make the condom obligatory in all of the Vila's brothels, most were opposed.

For these women, the problem of whether or not to use a condom depends, mainly, on the type of customer. There are the well-informed clients, and some who would like to be better informed. Others, however, did not believe that the disease existed.

Those who had been clients for a long time had begun to accept the condom, although a few of the

steady clients still posed a few problems. More recent clients had to be convinced to use condoms. A few brought their own with them. In certain cases of refusal, the women would reject the client, but none could affirm that they used the condom with all their clients. Practically none used condoms with their steady partners.

In any case, whether or not to use a condom was not only a question of dealing with the madam, of how much it cost, or of who the partner was. There were reasons for not using the condom which had to do with the particular prostitute in question. They said it is uncomfortable (it chafes), especially on days when they had many sexual relations (certain Fridays, for example, they might have twenty or thirty partners). They also reported doubts about the condom's efficiency, and a fatalistic attitude, according to which they could get the disease if they were meant to, whether they used a condom or not.

Another important reason for a certain reserve in using condoms had to do with being able to tell if the client had ejaculated or not—which was their criteria for charging for their services. With the condom, they couldn't always tell, which would cause them financial loss.

There were other allegations that the condom detracted from their pleasure, and only one woman stated that she had used a rubber with her steady partner (she was over 40 and had been tested for HIV, and said she always took preventive measures). According to her, the others created a "mystery" about the condom, which had not gotten in the way of her pleasure.

The discussions the focus groups of prostitutes had on the informative campaigns determined the course the whole project then took. Everyone agreed they needed more detailed information on AIDS and its prevention, emphasizing the client should be the second target of any campaign.

The content of suggestions and discussions on alternatives for the campaign to be organized are stated later herein, as they may be confused with the description itself that the project took.

CUSTOMER FOCUS GROUPS

Because of the observations by the prostitutes themselves, it became clear that, to begin any experiment on the social microcosm in Vila Mimoza—in which were also found, in addition to the prostitutes, a whole array of figures centered around their activity—it would also be necessary to understand these groups, and count them as a secondary target population to be reached by the informative campaigns.

Based on the findings from the focus groups of prostitutes, a picture of the roles these figures played began to form. Most of the madams did not seem at all worried about the health of the women, because their main interest was their profit. The area's "sheriffs" (the men who laid down the law in these houses by way of violence or intimidation) were not very interested in arousing these women's awareness, fearing it might detract from their power. Salesmen and street vendors had already begun dealing with condoms and proved to be quite content with their business. The customers, on the other hand, came from the working class, of poor acquisitive power, and were often totally ignorant with respect to sexually transmitted diseases. The prostitutes could tell that many of them lacked any knowledge at all of the facts.

Thus, it was decided to conduct interview sessions with focus groups of Vila Mimoza customers, grouping together the seamen and construction workers who were the main customers at the Vila. The results of this research follow.

The participants of both of these groups unanimously proclaim their belief that AIDS exists, and that the advent of this disease has changed everyone's life. They said they were afraid of getting AIDS, especially through a blood transfusion, but that with women they had known for some time, they did not use condoms. It was these men's opinion that AIDS is transmitted by blood, through a transfusion or by using injectable drugs, extramarital relations and homosexuality. They see bisexuals and heterosexuals who have many partners as running especially high risks.

Some believed it was easier to get AIDS by anal sex, while others thought the risk was the same in any type of relation, including oral sex, "possible because of any little type of wound." They all said you could not get

AIDS from a glass, utensil or kiss, but were not so sure when it came to sheets or towels.

As for the condom, most were against its use, because it "held in the ejaculation" or it was like "eating candy without removing the wrapper." They concluded that most of their friends would not admit to using condoms because "they aren't gay," and would be "offended" if a woman tried to get them to use one. They further allege problems with obtaining condoms, which led to the suggestion that condoms be sold in cabarets, clubs, whorehouses, etc., to avoid incriminating married men.

CAMPAIGN THEMES

Vila Mimoza women admit the need for more detailed information on HIV prevention and asymptomatic carriers, as well as clear AIDS symptoms, in addition to the whole problematics involving sex-AIDS-life-death-solidarity. They emphasized the importance of working together with their own colleagues, as much in terms of hygiene as for using the condom, but point out that the main problem is in making the client aware, "for him to get it into his head that he has to use a condom." It became clear that the Vila Mimoza women were willing to take the initiative in preventing AIDS. However, they feared that any direct approach might cause them financial loss. They proposed a systematic negotiation for using the condom with their clients, but also requested some support to help strengthen their bargaining power, while at the same time respecting their way of making a living. For this, they consider it necessary to increase the offer of condoms, for sale at the Vila bars, where the customers might buy them, as well as at the Association, where they might have free distribution of condoms themselves.

Having taken stock of their needs, the preparation of a campaign to publicize use of the condom was proposed to them, with the objective of encouraging its use and increasing the prostitutes' bargaining power.

The women involved proved to be willing to support this campaign, if it really served their specific needs. However, the media proposed by them—comics, videos, magazine stories, card-type checklists—presented a few problems. The most serious obstacle was an aversion to any campaign dealing with AIDS, inasmuch as the present approach to dealing with this disease had only led to increasing tension. In addition, written

information confronts the low level of education existing among these women and the Vila Mimoza clients. On the other hand, leaving home to watch a film on AIDS or attending a lecture represented a loss of time and is, therefore, another type of loss.

Thus, the idea of "speakers" occurred, to act as "community radios," aided by the production of posters and displays for the secondary public: house owners (madams), "sheriffs" and, mainly, the clients. This idea was discussed among the prostitutes, BEMFAM and AIDSCOM technicians, who tried always to emphasize simultaneous means of communication which would not interfere with the women's professional routine.

RADIO MIMOZA

And so, Radio Mimoza was born, "The Joy of the Vila," a community radio formed of a system of speakers scattered over the Vila, presenting a musical program interspersed with messages about AIDS preventive measures, statements by women, general information services, such as where to find lost documents, telephone numbers and addresses of hospitals, etc., and even a few commercials for the local bars.

The programs were based on three different approaches: publicity (condom ads), humorous (condom jokes, aimed at encouraging integration of the condom in the vila's culture), and example (statements by women who had begun to use the condom and were satisfied to do so and had no problems or losses).

The resources used included: a director and an operations technician who, in turn, conveyed notions on how to improvise programs and train a group of four women to operate the radio.

The main message we tried to transmit was that the condom is the best method of protection against AIDS, and that it must be used in all cases of sex. Specific messages were the following:

- *It's easy to prevent AIDS; just use a rubber.*
- *Using a rubber reduces anxiety and facilitates pleasure.*
- *Prevention is a must, not only for you, but for the family and kids, too.*

These messages were never delivered on their own, which would imply some type of imposition, when what was sought was persuasion. They were always accompanied by explanations, reporting concrete facts and situations on which they were based:

- *There is no way to tell if a person is contaminated, which means that everyone is at risk when there is sex without a condom.*
- *Both anal and vaginal sex are risky when a condom is not used.*
- *Washing the penis or the vagina with alcohol, taking antibiotics, eating well, or just having faith in God do not reduce your risk of getting AIDS.*
- *On the other hand, sheets, towels, kissing on the mouth or casual contact, such as a handshake, or other gestures of affection present no risk.*
- *Finally, if a water soluble lubricant is applied, even using a large number of rubbers in a single day will not cause allergies, itching, burning or other problems.*

In the opinion of prostitutes, messages should come as personal statements in language which is polite, informative, simple and colloquial. In addition, communication should strengthen the sense of solidarity and support among the community members. The ideas should always be presented positively, and never create anxiety.

A committee of five women defined a one-hour program to inaugurate the Radio. It would be a music and information program for the customers. It would tell them where they could buy condoms, how much they were, where they could have lunch, etc. It would give the women information on emergency services and useful telephone numbers. Mainly, it would talk about condoms, presenting statements by prostitutes (for example: "I started always using a condom and lost no money because of this. On the contrary, I saved money on medicine for sexually transmitted diseases."), and jokes (for example: "Hello, hello listeners, there was a certain Portuguese guy who was asked so often to use a condom, that one day he showed up with his dick laminated...")

Unanimously, the idea outlined by technicians following the project—the development of a program along the lines of a soap opera—was rejected. The same women's commission, together with specialized personnel, developed a routine for the first Vila Mimoza radio program, which was recorded and tested. For this test, a group of ten women got together. In the end, it was decided to include public service information, dealing with what to do if you lost your papers, and gave out a phone number for gynecological assistance. It was further concluded that the type of music played mainly on the program should be modified (rock was eliminated and country type music was included).

The next step was to handle the publicity. Throughout the process, a conflict of interests jeopardized the project and placed at risk the start of Radio Mimoza. Thus, before it was inaugurated, four meetings were held with the involved public: the prostitutes, (the target public), the "sheriffs" and the brothel owners (secondary public). The problems discussed were:

- *How to get the support of the "sheriffs" who would not want to take a loss themselves, as they also sold rubbers?*
- *How to get the clients interested in Radio Mimoza?*
- *How to achieve the hoped for impact?*
- *How much time would be necessary to measure the results?*

SHERIFFS' SUPPORT AND CUSTOMER INTEREST

Before Radio Mimoza came on the air, there were a lot of signs and posters displayed with the message "It's a pleasure but only with a rubber!"

The signs fixed on the cubicles where the prostitutes receive their clients were aimed mainly at the clients to reinforce the displays with the same message placed in bars, both to show and offer the rubbers.

These posters and displays, carrying the same message associated with the quest for pleasure and an appeal for safer sex, were well-received by the Vila Mimoza clients. This response was fundamental for the success of the project. Once the customers liked and increased their

demand for rubbers, the "sheriffs" began to support the program.

At the prostitutes' suggestion, a public information service was included in the Radio Mimoza program—lost and found announcements (papers, keys and other belongings), eating places and emergency telephone numbers. There was also a spot foreseen for customer participation, requests for songs and lovers' messages. In this spot, the customers' musical taste would be determined and a special program could be planned.



INAUGURATION

A group of four women was trained for the radio broadcast—to operate the amplifiers, record player, tape recorder, and microphone. They also received instructions on how to improvise a program. This group was able to produce, on their own, campaigns of the type "Guess the Association's inauguration date and win a box of rubbers," as part of the program for the December 1st International AIDS Awareness Day and a special Christmas program, with messages by popular actors and actresses, such as Lucelia Santos and the ABIA—Associação Brasileira Interdisciplinar de AIDS—president Herbert de Souza, "Betinho." There was also a special interview with the writer Herbert Daniel, who spoke on AIDS and civil rights. With the money obtained from the commercials by local announcers, two more programs were produced, as well as a pilot program, reproducing the messages on use of the condom. New records were also bought to update the program

In this first phase, the radio had the technical support of BEMFAM, which also tried to obtain sponsors. Even in the first month of the Radio Mimoza broadcasts, about 20 commercials were paid for.

The media's publicity of this work was part of the project's publicity. For Radio Mimoza's inauguration, there was a cocktail party attended by the major newspapers, TVs and radios of Rio de Janeiro, as well as correspondents for the major national and international information agencies. This afforded the project, especially in Rio de Janeiro, coverage by the main newspapers and ample publicity on radio and TV programs of large audiences, as well as coverage by national and international media, including BBC of London and Newsweek.

Problems began in the second phase of broadcasting. One of the "sheriffs," realizing the strength the prostitutes had gained with the project, used threats to force the group coordinating the station to break up. The main operator quit. To overcome this problem, the Association hired a professional radio broadcaster, using the money taken in from commercials to pay salaries. This broadcaster worked for two months, and had to quit because of personal problems. But by this time, the problems with the "sheriff" had been solved, and the former operator could return, along with the other women from the original group.

EVALUATION

It was considered that four months would be enough time for a first analysis of the campaign results. At the end of two months, for example, the women were already complaining of the shortage of condoms, which led the Association to request donations from various institutions.

The process of evaluation foresaw: (1) a survey to measure audience changes in attitudes and behaviors and the efficiency of the messages broadcast using qualitative vs quantitative research questionnaires; (2) a survey on the sale of condoms in the Vila—the one called "Pesquisa Coração" (Heart Research); and (3) qualitative research of two focus groups—one of prostitutes and the other of Vila Mimoza clients.

**RESPONSE FROM
PROSTITUTES**

"We talk, explain that we don't know each other, and that what one doesn't want for himself, he doesn't want for the other. Sometimes this solves the problem. If it doesn't—no sex."

"The Radio has made it a lot easier for us to talk about using the rubber with the customers."

"The Radio isn't just that stupid voice telling us we've got to use a rubber or else we'll die. The message it gives is OK, and the customers like it."

The women felt quite comfortable talking about their problems. They stated, for example, that there had been a shortfall in the number of Vila Mimoza clients, which brought financial problems. However, they blamed the economic crisis and the current salary squeeze, and not the problematics of AIDS, as they had before. This could be explained by the fact that the campaign strategy was to publicize and encourage the condom differently from the institutional campaigns limited to broadcasting information on AIDS, which the women blamed—before the Radio's implantation—as responsible for the fall in number of clients.

They spoke freely about using rubbers. They stressed that before the Radio, it was much more difficult for them to get their customers to use condoms, and that the number of clients who refused to use condoms was now greatly reduced.

However, a woman spoke of at least one case in which she had agreed not to use a rubber to avoid losing her customer. "I am obliged to have sex without a rubber because I have two kids to support."

There were also various cases reported in which customers refused to use rubbers, alleging that they were married, and thus not part of the so-called "risk groups." It should also be stated that all the women continued to affirm they did not use rubbers with their steady partners.

They spoke about Radio Mimoza and how, sometimes, they would stall for time at the door with the customer, waiting for Radio to start talking about the rubber. "So I grab the chance to say, 'See? We've got to use a rubber.'"

They all agreed that Radio Mimoza is helping. "Lots of customers began to ask for the rubbers after the Radio started." "The message 'Hey man, what's the catch? For me nothing,' is really interesting. The customers think so and they tell us."

Women are starting to be able to talk about AIDS a lot more comfortably. They know the mode of transmission and have told of cases, always pointing out how important it is to use a condom. According to them, "you don't only get AIDS through sex—you also get it

"The Radio sure has been important. It's helping us, warning us to use a rubber."

RESPONSE FROM CUSTOMERS

"Now that I use a rubber, I feel a lot better, because you never know if you've become sick, and I've got a family, a daughter... At home I don't bother with a rubber."

"The Radio changed a lot of things. Now the Radio is informing us of how important the rubber is, and even I have begun to accept it. I just think that the sound could be improved. There are certain places in the Vila where you can't hear it, can't get the information it sends. It has to transmit louder and we need more speakers."

through a needle in your vein, at the dentist's, during an operation." They deny that a kiss on the mouth can be dangerous, but also remember that tattooing places you at risk, if the needles haven't been sterilized. "You can't choose your customer. You can refuse. I'm not obliged to have sex without a rubber. But I can't choose the customer."

According to the women, there had been an increase in the use of condoms, so much so that the shortage of them in the Vila had become a problem. They complained that a box of condoms only lasts half a month. They also said that they and their customers liked the signs and the display, but what was really important was the Radio, which needed to be expanded and improved. They asked that the number of speakers be increased and that the hours be longer.

All the participants claimed to be frequent customers at Vila Mimoza. They spoke of their occupations—bus driver, street vendor, conductor on the bus, salesperson and some retired. They are all married or have steady partners. One of them said that there was no way he would ever use a condom, "because it lessens the pleasure," but he did confide that he was obliged by his companion to use one. "She knows I play around." The others, however, said they always used rubbers, but never with their steady partners, because they thought there was no risk in these cases.

The Radio was well commented. In the opinion of one of the participants, the Radio was very important because of its wide reach, even to those who do not know how to read or who had hardly gone to school.

The customers, as well as the prostitutes, complained of the shortage of rubbers in the Vila. Although they said they are accepting the condom better now, the persistence of a few myths is still revealed, such as the choice of a certain woman who could prevent AIDS. One of the participants, even challenged by the others, actually said he did not believe that AIDS existed. "It's just another form of cancer."

Specifically concerning AIDS, they still have some questions to clear up. Even the one who seemed so skeptical about its existence. "Can you get it through

oral sex?" "Few women get AIDS—why?" "There are people who say it's a homosexual disease. Is it?" As to mode of transmission, they state that anal sex is the most dangerous, but admit that, without preventive measures, the risk is the same for other types of sex. Among other ways of transmission, they mention blood transfusions and injectable drugs.

As preventive measures, they say they always use condoms. But at the same time, they let it slip that they still believed in certain false measures. "I always go to a mature woman. She is more experienced and knows better what she is about." "With my wife I never use a condom. She'd give it to me—she'd think I was playing around."

CONCLUSIONS

All group participants mentioned their approval of the signs, but emphasized the fundamental importance of the Radio, adding that it needed longer hours and a better sound system. They suggested debates be held and reminded everyone of one of the messages broadcast: "Hey, man! What's the catch? for me, nothing—I do it with a rubber." Although they stated that they began using condoms after the Radio started, one of the participants told of a case in which neither he nor the woman had a rubber, so they "did it anyway."

VOICES OF VILA MIMOZA

*Como sofreis, que silêncio
eis, que silêncio
Nao deve gritar em vós.
Esse imenso, atroz silêncio
Dos santos e dos heróis!
E o contraponto de vozes
Com que ampliais o mistério
Como é semelhante às luzes
Votivas de um cemitério
Esculpido de memórias!
Pobres, trágicas mulheres
Multidimensionais
Ponto-morto de choferes
Passadiço de navais!*

(Vinicius de Moraes
"Balada do Mangue")

Sair do Estácio é que é o xis do problema.
(Noël Rosa)

Comments from
prostitutes:

"Vila Mimoza is sex; it is the fantasy of men and women."

"I love my husband. If he earned more (he's a mason), I wouldn't be a whore."

"I get along, but I don't like it. Out there, it's really tough."

"I won't get out because prostitution is much more profitable."

About the
family and the
children:

"I'm drinking like crazy. I can't stand it...nobody cares. I'm all alone. They took my two kids away from me."

"They took my kids too. They tried to take my second kid. This kid I had—it wasn't me who gave him life—it was he who gave life to me, got me out the abyss. I get a kick out of him. I enjoy life, and this, for me, is marvelous... Your pain doesn't let you see that there are people right beside you who love you. Right in the middle of all these people, there is someone!"

"I'm not angry... Mother and children care about each other."

"Life is love, comprehension, companionship, getting back to my friend, having a home, always making friends, giving and getting love."

About the
customer:

"The customer comes, fucks, and it's over."

"There are two types of treatment: like a person and like an animal."

"There is the violent customer who, because he's paying, wants to do everything (to mark, to bite and get a blow job), to humiliate in gesture and in word."

"The violent men are the ones that don't get sex at home."

"I don't talk, talk holds me up, and the madam tells me off."

"We get judged. It's all worthless. I won't stand for a blow job or to come in the mouth."

"There's the academic type, quite well off, and the poorer types. One can't do without the other, and neither can we."

"Nothing is obligatory. The woman just does what she wants to. She has to bend her man."

About the
"steady client":

"We aren't only whores. Men also come to talk and to be friends."

"Here, we're everything at the same time: psychologist, friend, doctor."

"I'm affectionate because they always come back."

"The customer always comes back to the same woman when he's well treated."

"Most married men come so they have a chance to talk, which they can't do at home. We try to encourage them not to separate from their wives; just because we don't have husbands doesn't mean that we don't want anyone else to."

"I've got a customer who's been coming to me for a long time, many years. He was my first one as a prostitute. He's married and I have sex with him without a rubber."

"If he's an old client, that's better, because then he'll agree to use a rubber without any problems."

About the
madam:

"There are madams who don't care about the rubber. All they care about is their profit."

"Only the prostitutes care about me—the madam certainly doesn't."

About HIV
infection:

"It's a lie that you can get AIDS through a tear or a kiss."

"You can only get AIDS through blood or wounds."

"Only God can prevent it."

"By the vagina or oral sex; only if you've got a little cut."

"Isn't AIDS transmitted through the sperm? Then if a woman doesn't come, she won't transmit it to the man."

"What about vaginal secretions?"

"Actually, I don't believe that AIDS exists. It's like another venereal disease that they gave this name to."

"I don't know how you get it, 'cause I never got AIDS."

About HIV infection:	<i>"I think if you got to get it, you get it, even if you use a rubber."</i>
	<i>"If you're weak, it shows really fast, but if you're strong, it might take four, five, or even ten years before you get sick."</i>
	<i>"Some men are such pigs—they won't let us disinfect them."</i>
	<i>"Some men won't let you see."</i>
	<i>"Even with my own man, I swab with alcohol."</i>
About using rubbers:	<i>"Nobody better than us to encourage men to use it."</i>
	<i>"We use rubbers, but there are some men who have such reactions when we show it to them like, "You think I'm sick? I don't use a rubber because I'm married."</i>
	<i>"There are some customers who are afraid and bring their rubbers, and always ask for the same woman."</i>
	<i>"The woman who says all her customers use rubbers is lying."</i>
	<i>"I'll never lose a client because of a rubber. I'd rather run a risk than take a loss."</i>
	<i>"The rubber doesn't prevent anything. Most of them burst."</i>
	<i>"I don't trust any man. He might be good-looking or an old client, but I don't know what he's been up to. Some men won't agree to use a rubber."</i>
	<i>"When we insist, the man thinks the woman's got problems."</i>
	<i>"There are men who even will fight to use one, but there are women who will kick out a man if he wants one."</i>
	<i>"The prostitute is here for whatever may come. We run a risk all the time, even with rubbers."</i>
	<i>"There are customers who just can't do it with a rubber. They put it on, but just can't come. It's just psychological."</i>
Regarding love without the rubber:	<i>"Love is without the rubber."</i>
	<i>"With the customer, it's one thing; but with your friend, it's quite something else."</i>

Regarding love without the rubber:

"Our own men don't want it; my friend hates it."

"Everybody does it with a rubber, except at home, with our own men. But if I get it, I'll kill him, because it will have to have been with him."

"The time to enjoy is not the time for a rubber. If I take out a rubber, instead of love, I'll get a swift kick."

Objections to using the condom:

"I've got a friend who died with a piece of condom inside her."

"There's no pleasure with a condom. You can't feel the penis throb inside."

"The guy comes twice and only pays twice."

"Using a rubber is having a candy without removing the wrapper."

QUANTITATIVE RESEARCH

Quantitative research—in which standardized questionnaires are applied to components within a certain scope or a representative sample within this scope—are important steps in comprehending the reality to be studied and evaluating the impact and corrections of measures taken.

Numerical data obtained through quantitative research may present information on a certain group as a whole as well as complement subjective information which, for focus group techniques, come in the form of dialogues and words. Furthermore, these data are a means of confirming if what is true for a small group is also true for the majority of people within the wider scope. If, in this case, the prostitutes who were willing to collaborate with BEMFAM were really representative of the Vila Mimoza women and if they thought and acted the same.

Two precautions should be taken when planning to carry out quantitative research. First, certain very strict technical standards should be followed in choosing the sample, the makeup of the questionnaire and tallying of results. These proceedings for techniques and standards are fundamental for:

1. Being sure that the sample chosen really represents the whole group of women and reveals individual behavior in its variations; and

2. Comparing the results for two surveys carried out at two different times, within two different scopes.

The second precaution is to remain careful not to believe blindly in the data. In spite of its apparent precision, it must be taken into account that the results do not always tell us the "truth." Occasionally, the interviewees will "lie," even though involuntarily. They tend to try to guess at the desired answer and respond accordingly. At times the interviewer is not clear in putting forth the question, or mistakenly interprets the answers. Thus, a little caution does no harm to anyone.

However, this is not to say that data should never be believed. It is blind faith that should be discarded while, at the same time, keeping in mind the tendencies that data indicate—that is, data that should be taken as mobile. Social reality is mobile. Its images and representations can be also.

In Vila Mimoza, there were two quantitative studies at two different times. Before the actual field work, there was a test to evaluate the questionnaire as well as field logistics. This test was fundamental. It was thus possible to adjust the questionnaire to the reality of those interviewed and check if the questions would really allow for the information desired.

The first study was carried out in January 1991 before the Radio was inaugurated. Fifty women were in Vila Mimoza on the day set for interviews. It was thanks to one of the questions answered in this study that the community radio was finally baptized: Radio Mimoza.

Because so few people were actually interviewed and also because of the characteristics of this special group studied—a greatly transient group—this research should be considered as being exploratory.

In February 1992, six months after Radio Mimoza first began broadcasting, the same questionnaire was once again applied, in an effort to compare this group setting at two different times and evaluate whatever changes might have occurred in this group's behavior.

The second survey, "Pesquisa Coração" (Heart Survey), was also carried out at two different times: February/April and September/October, 1991.

The objective was simple: to compare the total number of sexual relations with the number of times condoms had been used. It was termed "Pesquisa Coração" (heart survey) because the card used to get these data that was given to the prostitutes who had agreed to participate, carried the design of a heart printed on it. Results should be discerned with caution, since there was no control over the answers given.

Nome :

Semana :

**THE PROSTITUTES:
AGE, PLACE OF BIRTH,
COLOR, FAMILY, EDUCATION**

TABLE 1 - AGES
(Distribution by percent)

AGES	1991 %	1992 %
< 20	0.0	4.0
10-24	0.0	22.0
25-29	24.0	28.0
30-34	14.0	24.0
35-39	18.0	8.0
40-44	18.0	4.0
45-49	6.0	4.0
> 49	0.0	6.0
TOTAL	100.0	100.0
N	50	50

Table 1: Shows a greater concentration of women in the 20-24 and 25-29 age groups. From 1991-1992 "younger women," an increase in the age group up to 34, and a decrease in older women.

TABLE 2 - PLACE OF BIRTH OF PROSTITUTES
(Distribution by percent)

PLACE OF BIRTH	1991 %	1992 %
SOUTHEAST	84.0	80.0
Rio de Janeiro	56.0	50.0
Minas Gerais	16.0	20.0
Espírito Santo	10.0	0.0
Sao Paulo	2.0	10.0
NORTHEAST	14.0	14.0
Sergipe	0.0	4.0
Pernambuco	6.0	2.0
Bahia	4.0	2.0
Ceara	2.0	2.0
Paraiba	2.0	2.0
Maranhao	0.0	2.0
MIDWEST	0.0	4.0
Goiás	0.0	2.0
Mato Grosso	2.0	
NORTH	2.0	0.0
Amazonas	2.0	0.0
SOUTH	0.0	2.0
Rio Grande do Sul	0.0	2.0
TOTAL	100.0	100.0
N	50	50

Table 2: The majority of women interviewed came from the Southeast, about half from the state of Rio de Janeiro. There was no significant change for either year.

TABLE 3 - SKIN COLOR
(Distribution by percent)

SKIN COLOR	1991 %	1992 %
COLORED: (darker skin; paler shade of skin)	44.0	52.0
WHITE	40.0	30.0
BLACK	16.0	18.0
TOTAL	100.0	100.0
N	50	50

Table 3: As for color, there were more mulatto and black women. Over a one year span, the number of white women decreased.

TABLE 4 - MARITAL STATUS
(Distribution by percent)

MARITAL STATUS	1991 %	1992 %
SINGLE	62.0	58.0
MARRIED/ CONSENSUAL UNION	14.0	22.0
SEPARATED/DIVORCED	22.0	10.0
WIDOW	2.0	10.0
TOTAL	100.0	100.0
N	50	50

Table 4: More than half of the women were single. 62% in 1991 and 58% in 1992, but there were significant changes in all other categories over the one year span.

TABLE 5 - NUMBER OF CHILDREN
(Distribution by percent)

NUMBER OF CHILDREN	1991 %	1992 %
NONE	14.0	14.0
ONE	22.0	32.0
TWO	36.0	24.0
THREE OR MORE	28.0	30.0
TOTAL	100.0	100.0
N	50	50

Table 5: Interviews for both years showed that 14% of the prostitutes said they had no children. Over the one year span, there was a significant change between those who said they had no children and those who were said to have one, or even two or more.

TABLE 6 - LEVEL OF EDUCATION
(Distribution by percent)

LEVEL OF EDUCATION	1991 %	1992 %
NONE	16.0	0.0
LESS THAN 4 YEARS OF SCHOOLING	40.0	20.0
4 YEARS OF SCHOOLING	22.0	32.0
8 YEARS OF SCHOOLING	18.0	44.0
15 YEARS OF SCHOOLING	4.0	4.0
TOTAL	100.0	100.0
N	50	50

Table 6: In 1991, more than half of the women had not finished grade school, or said they had no education (56%). In 1992, they all said they had some education: 20% had at least started grade school, and 32% had finished grade school. There were other changes. Mainly, those who said they had finished grade school: 18% in 1991 and 44% in 1992. It is possible that difficulties on the job market lead women with more education to turn to prostitution.

**DISEASES:
KNOWLEDGE AND FEARS**

One of the objectives of this research was to verify exactly how these women see these disease: their knowledge, stereotypes, information. In addition, it was desired to know what type of disease prevention was employed. The questionnaire concentrates mainly on questions on AIDS and use of the condom.

TABLE 7 - DISEASES THAT CONCERN PROSTITUTES
(Percentage of times disease mentioned)

DISEASES	1991 %	1992 %
AIDS	96.0	88.0
GONORRHEA	46.0	32.0
SYPHILIS	32.0	28.0
CANCER	26.0	2.0
GYNECOLOGICAL CANCER	24.0	2.0
TUBERCULOSIS	14.0	0.0
CHANCROID	6.0	12.0
Lymphogranuloma Venereum	6.0	2.0
TRICHOMONIASIS	6.0	0.0
STDs IN GENERAL	6.0	18.0
PAPILLOMA VIRUS (HPV)	4.0	8.0
DIABETES	4.0	0.0
HEART DISEASE	4.0	0.0
MENTAL DISEASES	4.0	0.0
OTHERS	4.0	0.0
N	50	50

Table 7: For both years of research, AIDS was the main worry of almost all of these women, although in 1992, there was a slight fall in percent mentioned. This is not very significant, while it might suggest that the disease is less feared due to better information as well as preventive measures encouraged. Gonorrhea and syphilis are the two most mentioned diseases.

Between the two surveys, there are some great changes with respect to other diseases: cancer and gynecological cancer, for example, fall from 20% to 2%. All diseases, except for soft chancre and venereal disease in general, have become less worrisome. However the decreases in percentages are sharp and should not be misleading.

TABLE 8 - STDs OF GREATEST CONCERN TO PROSTITUTES
(Percentage of times STD mentioned)

STDs	1991 %	1992 %
HIV/AIDS	98.0	76.0
GONORRHEA	84.0	80.0
SYPHILIS	84.0	66.0
TRICHOMONIASIS	76.0	38.0
HERPES	62.0	36.0
CANDIDIASIS	68.0	16.0
CHANCROID	48.0	14.0
PAPILLOMA VIRUS (HPV)	56.0	10.0
Lymphogranuloma Venereum	62.0	2.0
OTHERS	18.0	6.0
N	50	50

Table 8: Once again, AIDS, syphilis and gonorrhea are the most mentioned. Once again, there was a decrease in the number mentioned for 1992. It was not being contradictory to imagine that this was related to better support and education in preventive measures, especially concerning AIDS, because of the messages to encourage use of the condom broadcast over the Radio. Final observations made at the end of Table 7 are also appropriate here.

TABLE 9 - OPINIONS CONCERNING MODES OF TRANSMISSION
(Percent mentioned)

MODES OF TRANSMISSION	YES	NO	DON'T KNOW	TOTAL
— 1991 —				
RECEIVING BLOOD BY TRANSFUSION	98.0	2.0	0.0	100.0
SHARING NEEDLES AND SYRINGES	98.0	2.0	0.0	100.0
ANAL SEX	94.0	6.0	0.0	100.0
VAGINAL SEX	92.0	8.0	0.0	100.0
ORAL SEX	84.0	16.0	0.0	100.0
DONATING BLOOD	84.0	14.0	2.0	100.0
UNSTERILIZED SHARP INSTRUMENT	82.0	16.0	2.0	100.0
BREASTFEEDING (MOTHER TO BABY)	78.0	20.0	2.0	100.0
KISSING ON THE MOUTH	36.0	62.0	2.0	100.0
BY MOSQUITOS	34.0	52.0	14.0	100.0
BY USE OF TOILET	32.0	66.0	2.0	100.0
LIVING WITH HIV+ PEOPLE	28.0	62.0	10.0	100.0
THROUGH BATH TOWELS AND SHEETS	28.0	62.0	10.0	100.0
Stepping out of Bed Barefoot after Orgasm	22.0	74.0	4.0	100.0
HAND SHAKING	4.0	96.0	0.0	100.0
KISSING ON THE FACE	2.0	98.0	0.0	100.0
N				50
— 1992 —				
RECEIVING BLOOD BY TRANSFUSION	100.0	0.0	0.0	100.0
SHARING NEEDLES AND SYRINGES	100.0	0.0	0.0	100.0
ANAL SEX	94.0	2.0	4.0	100.0
VAGINAL SEX	94.0	6.0	0.0	100.0
ORAL SEX	80.0	14.0	6.0	100.0
DONATING BLOOD	86.0	14.0	0.0	100.0
UNSTERILIZED SHARP INSTRUMENT	92.0	14.0	0.0	100.0
BREASTFEEDING (MOTHER TO BABY)	64.0	26.0	10.0	100.0
KISSING ON THE MOUTH	18.0	82.0	0.0	100.0
BY MOSQUITOS	30.0	60.0	10.0	100.0
BY USE OF TOILET	32.0	60.0	8.0	100.0
LIVING WITH HIV+ PEOPLE	16.0	82.0	2.0	100.0
THROUGH BATH TOWELS AND SHEETS	26.0	72.0	2.0	100.0
Stepping out of Bed Barefoot after Orgasm	12.0	86.0	2.0	100.0
HAND SHAKING	2.0	98.0	0.0	100.0
KISSING ON THE FACE	0.0	100.0	0.0	100.0
N				50

Table 9 For both years of research, most of the prostitutes proved to be well informed on the main modes of disease transmission. The idea that daily contact with people with AIDS can transmit HIV was less significant in 1992, indicating a less stereotyped attitude. However, many erroneous ideas still prevail: that AIDS is transmitted by giving blood (86%), mosquito bites (30%), and stepping onto a cold floor after orgasm (12%).

TABLE 10 - OPINIONS ABOUT PEOPLE
(Distribution by percent)

OPINIONS	YES	NO	DON'T KNOW	TOTAL
— 1991 —				
THEMSELVES	74.0	12.0	14.0	100.0
CLIENTS	50.0	38.0	12.0	100.0
PEOPLE WE KNOW	72.0	14.0	14.0	100.0
N				50
— 1992 —				
THEMSELVES	82.0	12.0	6.0	100.0
CLIENTS	48.0	28.0	24.0	100.0
PEOPLE WE KNOW	88.0	12.0	0.0	100.0
N				50

Table 10: During the second stage, 82% of the women proved to be aware of the risks they run; in 1991 there were 74%. There was a drop in the per cent of women who thought the customer did not get AIDS (from 38% to 28%) and, in general, a decrease in the number of women in doubt.

Data not presented in the tables: All who were interviewed were asked if it were possible that a person could have AIDS and still be asymptomatic. In 1991, most of the women (86%) responded affirmatively. 82% added that these people could transmit the disease. In 1992, this percentage went from 96% to 98% for the same questions. Such positive variations may indicate that the information they have received contributed to increase their awareness of risk.

AIDS PREVENTION

Although for both years of the research more than half of those interviewed affirmed that "a rubber is not so safe," indicating serious doubts about the efficiency of this method, it was unanimous that the main preventive measure for AIDS is to "use a rubber." In general, a change was observed in these women's behavior. However, most of them still continue to state that "the customer does not like the rubber" or "they get upset" if asked to use one—although they admit it is a preventive measure.

TABLE 11 - HIV/AIDS PREVENTION METHODS
(Percent mentioned)

AIDS PREVENTION METHODS	1991 %	1992 %
USING CONDOM	96.0	100.0
AVOIDING ANAL SEX	84.0	30.0
Using only Disposable Syringes/Needles	94.0	28.0
BEING INFORMED	96.0	24.0
OBSERVING CLIENT FOR SYMPTOMS	80.0	22.0
AVOIDING ORAL SEX	72.0	22.0
EATING WELL	86.0	22.0
TAKING ANTIBIOTICS	72.0	22.0
BEING MORE CLEAN	0.0	20.0
TAKING VITAMINS	78.0	6.0
USING SPERMICIDES	48.0	0.0
OTHERS	16.0	12.0
N	50	50

TABLE 11: There was a sharp drop in erroneous preventive measures, such as eating well, taking antibiotics and vitamins, and examining the customer. This shows that the women had become better informed. Rare mention of measures such as the use of disposable needles and syringes and better information indicate that future campaigns should focus on these items too, and not just concentrate on the condom.

TABLE 12 - HABIT CHANGES OF WOMEN INTERVIEWED
(Percent mentioned)

HABIT CHANGES	1991 %	1992 %
STARTED USING CONDOM	97.0	93.0
MORE CAREFUL CHOICE OF CLIENT	84.0	34.0
STARTED TO AVOID ANAL SEX	84.0	23.0
BECAME MORE CLEAN	84.0	23.0
STARTED TO AVOID ORAL SEX	55.0	16.0
REDUCED NUMBER OF INTERCOURSES	66.0	4.0
OTHERS	13.0	4.0
N	38	44

TABLE 12. In 1991, when asked if their habits had changed due to the existence of AIDS, three fourths of the women interviewed (77%) responded affirmatively. In 1992, these rose to 88%, showing greater awareness. As for the changes made, the first survey mentioned the condom as most common, as well as more careful choice of partners, better hygiene and refusal of anal sex. During the second survey, only the use of condoms got the same mention, and other measures dropped in percentage. This might indicate that the prostitutes began to focus their attention on the condom, due to the encouragement over the Radio and from the signs.

TABLE 13 - INTENDED CHANGES BY WOMEN
(Distribution by percent)

FUTURE INTENTIONS	1991 %	1992 %
QUIT PROSTITUTION	73.0	98.0
QUIT THE VILA/THE PLACE	23.0	0.0
SELECT PARTNERS	0.0	2.0
DECREASE USE OF DRUGS	4.0	0.0
TOTAL	100.0	100.0
N	24	40

TABLE 13: The preferred solution is to leave prostitution. It is possible that this radical behavior might be associated with a change in awareness of the risks of this profession. In 1991, the percent of women who desired to change their habits in the future was 48%, in 1992, most (80%) desired this change (data not presented in the table).

TABLE 14 - REASONS FOR NOT USING CONDOMS ALL THE TIME
(Distribution by percent)

REASONS FOR NOT USING CONDOMS	1991 %	1992 %
SOME CLIENTS WON'T ACCEPT ONLY WITH UNKNOWN CLIENTS	57.0	54.0
OTHER REASONS	40.0	33.0
TOTAL	100.0	100.0
N	30	15

**TABLE 15 - ATTITUDES ABOUT CLIENTS WHO REFUSE
CONDOMS**

(Distribution by percent)

ATTITUDES	1991 %	1992 %
DID NOT HAVE INTERCOURSE/LOST CLIENT	22.0	63.0
INSISTED AND CLIENT ENDED BY USING ACCEPTED TO HAVE INTERCOURSE WITHOUT A CONDOM	32.0	21.0
	46.0	16.0
TOTAL	100.0	100.0
N	47	49

TABLE 15: Practically all women interviewed had experiences with customers who refused the condom. A significant increase in the number of women who preferred not to have relations upon this refusal was seen to rise, as was a fall in the number who decided to have relations without the condom. Once again, this showed more awareness of the importance of the condom as a preventive measure.

TABLE 16 - OPINIONS ON USING CONDOMS
(Distribution by percent)

OPINIONS	YES	NO	DON'T KNOW	TOTAL
— 1991 —				
Condoms protect against AIDS and STDs	100.0	0.0	0.0	100.0
Clients get upset if you ask to use condoms	76.0	22.0	2.0	100.0
Clients usually do not like to wear condoms	70.0	30.0	0.0	100.0
Clients consider you are protecting their health if you ask them to wear condoms	68.0	22.0	10.0	100.0
Condoms decrease sexual pleasure	58.0	38.0	4.0	100.0
Condoms are not that safe	54.0	34.0	12.0	100.0
Asking to wear condoms suggests that one is sick	42.0	48.0	10.0	100.0
Condoms interfere with sex	34.0	62.0	4.0	100.0
Condoms are too expensive	20.0	80.0	0.0	100.0
I don't know how to ask clients to use condoms	12.0	88.0	0.0	100.0
N				50
— 1992 —				
Condoms protect against AIDS and STDs	96.0	4.0	0.0	100.0
Clients get upset if you ask to use condoms	86.0	12.0	2.0	100.0
Clients usually do not like to wear condoms	84.0	16.0	0.0	100.0
Clients consider you are protecting their health if you ask them to wear condoms	76.0	24.0	0.0	100.0
Condoms decrease sexual pleasure	60.0	38.0	2.0	100.0
Condoms are not that safe	38.0	62.0	0.0	100.0
Asking to wear condoms suggests that one is sick	32.0	68.0	0.0	100.0
Condoms interfere with sex	20.0	78.0	2.0	100.0
Condoms are too expensive	12.0	88.0	2.0	100.0
I don't know how to ask clients to use condoms	10.0	88.0	2.0	100.0
One is ashamed of asking clients to use condoms	6.0	94.0	0.0	100.0
N				50

TABLE 16: To wind up the questionnaire, a series of alternatives concerning the condom were presented to the women interviewed, to test their attitudes and stereotypes, the problems the clients had in accepting the condom were clearly seen. Although there was a certain awareness as to the protection this measure affords, over 80% of the women still declare that their clients don't like the condom, or get upset when requested to use one, even though they consider it a preventive measure (76%). Nevertheless, they felt better about asking the customer to use a condom. In 1991, 18% did not even know how to go about requesting a condom. In 1992, this percentage fell to 10%. Before, 12% were embarrassed, after, only 6% were. Most of the prostitutes are adopting a more positive attitude, a less stereotyped position. In 1991, 34% declared that the condom upset the relation. In 1992, only 12% did. A change in attitude concerning the idea that the condom reduced pleasure was also observed. The percent confirming this hypothesis fell from 58% to 32%.

Data not shown in the tables. In the second phase of this study, all those interviewed declared they had already used the condom. 70% declared they used the condom for all relations.

In the former study, only 39% said they used the condom for all sexual relations. The rest say that certain clients won't accept it, or that they "only use one with unknown customers." The comparison shows a significant rise in the practice of convincing the client to use a condom. The rise in this practice is confirmed when they are questioned on the use of the condom in their last relation. 94% of the women answered affirmatively (data for the former study was only 75%).

HEART SURVEY

A numerical research study called "Pesquisa Coração" was carried out together with the Rio de Janeiro Prostitutes' Association in order to evaluate the impact of the project on the use of prophylactics. A card with a heart printed on it was distributed to the prostitutes who would note the number of sexual relations as well as the number of times condoms were used. The women who took it upon themselves to collaborate with this study would register whether or not they had used a condom each time a customer left them. However, there was no type of control over using the card and it is to be expected that many of them left the card to be marked at some other time, in their own particular way. The study was carried out in two stages: the first, from February to April 1991—before, however, the inauguration of Radio Mimoza; the second was from September to October 1991.

After Radio Mimoza had been on the air two months, ten brothels were chosen with five women from each. In February, after two weeks of research, a total of 2,980 sexual relations were registered. In 1,873 of these, condoms had been used signifying 63%. In March, after three weeks of research, there were 6,378 sexual relations, in which 3,556 used condoms, or 56%. In April, after two weeks of research, 3,294 sexual relations in which 1,995 used condoms, or 61%.

To finalize this first stage, there were a total of 12,652 sexual relations, in which 7,424 used condoms, or 59%.

In the second stage of research, in September, after three weeks of research, there were 4,247 sexual relations. In 3,401 of them, condoms were used, or 81%. In October, in only one week of research, there were 2,420 sexual relations, in which 1,995 used condoms, or 80%.

At the end of the second stage, there were a total of 6,667 sexual relations, 5,356 of which used condoms, or 80%.

In the first stage, the condom prevailed over 59%, and in the second stage, 80%; an increase of over 35%, or 21 percentage points. According to the data gathered, it can be concluded that Radio Mimoza achieved its objective—contributing to the dissemination of information on STD and AIDS, and promoting a substantial increase in the use of condoms.

The children and teenagers who walk the city streets come from poor and broken homes, and their parents are usually unemployed or just barely getting along. The conflicts and necessities at home are enormous, and the family support they receive is minimal or nil. For these young people, the dichotomy of home/street does not mean the same thing as it does for the rest of society. For its terrible living conditions, the "home," when it exists, is often a problem, and the "street," as much as it may seem to contradict good sense, just might hold the answer. So it is no wonder that for these kids, leaving the streets is seen more as a threat.

They live in extreme poverty, having to struggle to survive every single day, to find food every single day, and somewhere to sleep every night. Obviously, under these conditions, their adaptation to a traditional school, or to any type of formal institution, is quite difficult. They are, in general, illiterate or semi-literate. Their code of values varies drastically from that of the society that ostracizes them. It is difficult, but not absurd. From their perspectives:

- "In this world, the major hero is the world we have."
- "Our hero is God."
- "It's just that there's so much fighting, so much violence in this world. The cops pick us up with money and take it away from us, set fire to our shelters, and beat us up for doing nothing at all."

This diversity of codes and truths is not only in relation to the stealing they do all the time, but also in relation to something that interests BEMFAM, AIDSCOM, and the Brazilian Center for the Defense of Children's and Adolescents' Rights:

From the tenderest age, the kids who live out on the streets use sex as their basic language in communicating with their companions, as well as with the indifferent adult world. These children and teenagers are pressured into using their bodies as a way of forming social ties, leading, at times, to prostitution as a last alternative for survival. Furthermore, these kids tend to snuggle up together

*to sleep, which gives them a feeling of security, since their lives are always being threatened. Precocious initiation into sex is, therefore, a fact.**

The social groups these street kids form are totally ignorant of the care they should give to their own bodies, and they are constantly exposed to wounds and infections. Added to this is an extreme lack of information on the modes of transmission of STDs and AIDS, a precocious sex life, and the difficulties of access to public health services, all of which are pre-emptory indications of the necessity for effective preventive measures.

EXPLORATORY RESEARCH

Early research made clear the problem to be faced—HIV/AIDS and STD prevention—and the proposal for action—to encourage the use of condoms and sex without penetration. It was necessary to identify the group's specific information needs, as well as the most efficient means of communication. Greater knowledge of these kids' needs, practices and attitudes was also essential. Thus, we opted for a qualitative group study, once again, using the focus group technique. The objectives of this exploratory research were:

- *Gather data capable of explaining certain behavioral aspects of these group members.*
- *Learn the street kids' language.*
- *Trouble-shoot the obstacles the program might encounter.*
- *Gather data for the development of the plan for behavioral change communication.*

Three experimental meetings were held with the participation of 11 to 14 kids from each group; their ages varied from 8 to 14. These meetings were held on the very tumultuous downtown streets. There was some interference from passersby, a few of the kids showed up intoxicated—from glue sniffing—others complained of toothaches or were sick, had boils on their bodies, or types of trauma.

However, it should be noted that the group leaders had no difficulties in establishing an atmosphere of trust with the participants. To a great extent, this atmosphere was

**LIFE AND DEATH
IN THE STREETS**

due to the moderator, a street educator with whom the kids had already built up a relationship of friendship and trust.

Any opinion voiced within the group tended to become collective. What one kid would begin to speak about was taken up by another, then another, and so on. However, this should not necessarily be taken as group thinking but perhaps as an extreme desire to talk about their ordinary day. The language they used could be described as the typical language of adult bums.

There were various questions asked initially about the everyday lives of street kids—things that threatened them, what their feelings were on health and disease, what they knew about AIDS. It is by way of questions and answers that the results of this exploratory research are presented:

What is life like for you? How do you live out on the street?

"It's the whole street story. That's the way it is for us. We go over to the Amarelinha Bar and ask for some grub, and you know what we get? The guy tells us, 'you gotta eat bones, because you're all dogs.' That pisses us off and makes us wanna grab his watch. And then, know what the cops do to us? They take out their sticks and run after us, and we get it on our back."

"So I sniff up a whole lotta glue and go crazy."

"You just gotta take it as it comes out on the street...we ain't got no blankets when we wanna sleep."

"You ask these broads for a handout, but they ain't givin' none. All we can do is steal."

"If you don't steal, you don't eat."

"There's lots goin' on out on the street; the cops give it to us. They say they're gonna kill us."

In this type of group, any broader theme always gives way to more immediate matters, the daily occurrences on the streets. The anguish of their lives is always at the surface:

For the street kids, health: "is the best thing in the world;" "is good for the body;" "is not sniffing glue" ("but even if we wanna stop, we can't"). "If I'm healthy, I can play and have fun." "Cancer, lung disease, AIDS, fever, headaches," were how these kids defined sickness.

"The 'sheriff' (a cop) woke us up one day with his stick, beating us and stamping on our throats."

"Crazyboy (a mentally retarded child) swore at a cop. Now he says if he catches any of us, he'll drag us off and tie us up and then kill us at night."

Do you know how a person gets sick?

"I know, it's when you start feeling sad."

What are the most common types of sickness here on the street?

"You get hurt, gonorrhea, lice, itching, boils, and AIDS."

What do you do for the disease you get?

"When I get scratched, I piss on it, but I don't go to no doctor. I let myself heal right here."

"I don't like to go to the doctor, I let my wounds heal by themselves. Just look at my foot, all swollen, out of joint."

"Even if we go to the hospital, they won't see us."

"They want us to stand in line."

"Once I got bit by a dog, and there was this enormous line there, and I had to stand all that time, waiting."

"Whenever I get anything serious, I go to my mom's house and she takes me to the hospital. Then I get better, and I'm out here again."

"When we get sick, our friends help us."

What is the worst disease that exists?

The unanimous response was AIDS, because:

"We won't have the money to buy the medicine."

"We can't start buying medicine and running all around the doctors, because we're out on the street. I'm out here because my father doesn't even work. He's an alcoholic."

"There's no cure for AIDS."

"The medicine for AIDS shouldn't be sold. It should be given out free."

One of the kids spoke of the origin of the virus:

"AIDS didn't come from Brazil. It came from Orope. There from Orope, the gringos brought to Brazil. So that's why you can get it from a needle in the vein."

These kids think that "starting to feel weak," "getting sleepy" and "losing your appetite" are all signs that a person has AIDS. Other references to the disease's symptoms:

"AIDS is a disease that once you get it, you can't tell right away if you got it. It can stay a year inside you, and only then show that it's got you..."

"Also, if you get AIDS, you get sad, and nobody wants to talk to you. Then you get blurry in the head, and start to get afraid."

"With AIDS you can't get out of bed, you lose weight. On my street, there's a guy who got AIDS. When he has to go to the bathroom, someone's got to help him to hold it over the toilet, to give him a bath. The woman can't have sex, can't keep visiting, you have to be isolated."

The question on **what they would do if one of their group's members got AIDS** aroused a lot of excitement in the group. Some said they would help their friend, because "one hand washes the other." But they would "help without touching, because, otherwise, they would get it, too." One participant said he would "take his friend to the hospital, so he would still be his friend and get well." Another boy, interrupting, asked, "What good is it to take him to the hospital if AIDS has no cure?" To which he answered, "Horse's blood cures AIDS."

To the question of **what they would say to a group member who had AIDS**, the answers were shadowed by fear, initially emphasizing that the only thing to do was to separate the sick ones:

"You gotta leave us, you can't go around with us no more, because if we get too close, or touch you, we'll get sick, too."

"You gotta go to the doctor, so we won't get AIDS, too."

WHAT IS AIDS?

"You gotta go to the hospital, so the doctor can give some kind of stuff to kill you off fast, because I never got AIDS and I don't never want to."

However, their solidarity became apparent in other answers, in the opinion that a person with AIDS "is a human being just like us," who "got AIDS and is sick now and we gotta help him; he's sad," and through their gestures, showed that he was a weak, fragile person and would need help.

The answers to the question "What is AIDS?" showed the often confused notions the street kids have concerning the main modes of infection and transmission:

"AIDS is when you get cocaine, and stick it in your vein. Then when you have sex with someone, you transmit your blood to them."

"You get AIDS making it with fags."

"You stick it in your vein and toss the syringe somewhere, and then another guy comes along and uses the same syringe, and gets AIDS."

"You get AIDS from a tattoo needle too."

"I also knew a girl who had AIDS, but she happens to be a whore over at Marreca. There, the other whores threw her out, or else she'd give it to the other guys."

"You can play around with the fags, but you don't go all the way with them. When they start wanting to fuck, you say no, and you just fool around."

"You can get AIDS with a woman, too."

"When I was in jail in Padre Severino, I learned all about AIDS, all on the television."

To keep from getting disease, you have to "not eat from the same plate," "not smoke the same cigarette," "not fuck those whores and fags all out there," "not have sex with anyone who has AIDS," "not have sex with anyone who has gonorrhea," "not stick anything in your vein," "not take injections." In their opinion, "you don't get it from a cut, but do from the wrong blood." However, one of the leaders thought:

"You don't get AIDS eating from the same plate, off the same spoon. You don't get it drinking from the same glass. The way you do get AIDS is from blood and from sex."

Is it easier for you to get AIDS because you live out on the street?

"I think it's easier."

"I don't worry about all this nonsense about AIDS. You have to die one day anyway. When God says, "Your time is up," you gotta go. You might have AIDS or you might be very healthy."

"One day, you might even get AIDS, but if you're careful, you won't."

"Someone with AIDS, you don't even have to think about whether they have AIDS or not—you gotta just think of your rubber right away."

However, when we asked them if, for living out on the streets they were closer to getting AIDS or not, they all answered, "Closer."

Why?

"Because you get it faster."

"Or the street, you can't stand around waiting for a clean person. You might meet someone very neat and nice-looking, but you never know what they've got inside."

"You wanna fuck some girl, but you ain't got no girl. So you fuck a queen, and then you get AIDS. Out on the street, if you ain't got no girl to fuck, you gotta fuck a queer."

"To stay out there on the streets, you gotta be real careful, you gotta have experience."

When asked what their sexual relations were within the group, they stated they had more sex with "gays," "with people from the same area":

"Every afternoon, Chicabom goes over to the expressway just to fuck queers."

"Once we were all over in Lapa, and Barriga was fucking a queen, and we were all scared."

We asked the kids how they would like to get information on AIDS and the answers were: "other people can tell us," "from someone who has studied a lot," "from people who only say they'd kill us, we don't want any information at all," "on the television" (while mentioning the fact that they would like a TV), "hear it on the radio," "at the theater," "special news reports on TV," "through TV variety shows."

Concerning the content of the information, they said:

"I'd like to know how you get AIDS, how it gets you and how it doesn't..."

"we'd like to know how AIDS began," "some way to prevent AIDS," "I'd like to know how bad AIDS is and if there is no cure," "I'd like to know how to stop this AIDS," "AIDS is bad for us, but not for the rich guy, because he has the money to pay for medicine."

**COMMUNICATION:
REALITIES AND DIFFICULTIES**

After this experimental study, the education program coordinators said they had come to know the everyday life of the street kids a little better, as well as the difficulties of transmitting the desired information. The work of communication would have to consider a lot of different information on behavior, everyday life and desires of what was considered their target public.

1. Their needs are the most basic: the main concern of all of them is to survive—to be able to eat, have somewhere to sleep, and escape civil and police violence.
2. The street kids have been deterritorialized. They are like groups of nomads roaming all over the town, with no set place for them. Obviously, this makes it impossible for any action to be taken within a certain defined area where they might be gathered together. At the same time, since they are illiterate, the street kids cannot take advantage of written material, and are not at all motivated to have any traditional educational material such as cards of checklists, signs or pamphlets.
3. It is fundamental to consider the sexual behavior of the street kids themselves. In general, they have no sense of sexual responsibility, exercising their

sexuality spontaneously, seeking immediate pleasure, whether with homosexuals or street girls, beggars, or within their own group.

4. Other points to consider: the fact that they consider death as part of their destiny; their lack of power to consent to having sex with adults (either with homosexuals or with women); lack of information on AIDS, actually doubting its very existence and believing that the rich can be cured while they cannot; and lack of information on preventive measures. In summary, these kids show no immediate worry concerning infection. In their opinion, it is an adult disease.

Furthermore, there is another obstacle to consider concerning the preventive measure that has been proposed: there are no condoms available which are appropriate for many of these adolescents.

THE COMMUNICATION PLAN

How can we show these kids that they are exposed to the risk of infection, and that they must learn how to prevent this disease?

It seemed viable to work with this idea of sexual desire and with the constant need they had to flee violence. At the same time, at various times during contact with these kids, it was seen that the only material goods they really gave any value to were literally the clothes on their bodies. Furthermore, they did show a little interest in comic strips. So, it was considered that giving them T-shirts with comic strips printed on them might be an interesting and effective means of communication.

Recognizing the fact that they have the right to escape violence suggested the idea of creating stories based on their daily lives, in an effort to associate police brutality to AIDS brutality—both capable of taking them off the streets and away from groups—telling them they should flee from AIDS the same way they fled from police brutality.

It was decided to present three options to them: masturbation (an unriskey form of sex), rubbers (as protection), and interaction with educators willing to help them.

To add to the T-shirts, the creation of a memory game was suggested, to be used by the educators. The aim of

the T-shirt was to enhance the idea that AIDS can be prevented, that you can get away from it; and the goal of the memory game was to clear up any questions that might arise.

The communication plan was approved in meetings with the group representatives, according to the methodology of participatory work foreseen in the project's objectives. The development of definite material for the communication plan followed these basic stages:

- a. Approval of the communication plan
- b. Training of leaders and educators
- c. Production of prototypes
- d. Pre-test
- e. Revision
- f. Final production
- g. Diffusion
- h. Evaluation

The objectives were defined as follows:

- a. **Short-term:** *Create an awareness of HIV/AIDS prevention as well as knowledge of how to protect oneself.*
- b. **Long-term:** *Effect a change in behavior to reduce the risk of HIV infection, encouraging condom use and sex without penetration.*

MESSAGE CONTENT

Since the street kids are not aware of how to escape from AIDS brutality, but are quite aware of how to escape from police brutality, it was decided to create educational material which associated a strategy for HIV/AIDS prevention to the strategies used against violence in their everyday lives, using the character of a boy-hero to be the star of the stories.

If the street kid knows that the police represent a threat because of the violence and physical suffering they can cause, and they know how to escape from this, they can also learn how to escape from AIDS, as this disease causes the same physical suffering.

Thus, certain basic messages were developed:

- AIDS is physical violence because it makes you weak so that you can't play out on the streets anymore.

MATERIALS AND PROCEEDINGS

- You can avoid the violence of AIDS.
- Masturbation is a way of escaping from AIDS.
- Sex without penetration is another way.
- A tough kid knows how to escape from the cops and from AIDS.

1. *Condoms*

Street kids feel they are the owners of the clothes they wear and they like comic strips. Thus, this means of communication was adopted. As their objective, the condom promotion message would try to create an awareness of the need to prevent the danger of AIDS, mobilizing the kids to seek information they found necessary. Over 400 T-shirts were printed in several different colors, carrying two different stories, to be distributed over three months.

2. *The Memory Game*

To aid the information process, a memory game was made up using the same story lines as the comic strips. Both were part of the educational process. The shirt served to arouse the interest of the street kids concerning the disease, and the game motivated them to ask about the means of HIV/AIDS transmission and prevention. Ten copies of the game were produced for "play and learn," in which the street educator would play a fundamental role.

3. *Training of Leaders*

BEMFAM trained 12 educators from the Brazilian Center for the Defense of Children's and Adolescents' Rights. The objective of this training was to enable and motivate them to spread the informative/educational material on HIV/AIDS prevention throughout the groups of street kids. There was a theoretical part on AIDS and sexuality as well as the dynamics of street work, with discussion on the various forms of communication: motivation, information, orientation and education. Finally, the memory game was presented to them.

The objective of this game was to facilitate through entertainment the informative/educational process of the street kid. As a helper, there was an Educator's Manual, explaining the objectives, basic rules and game sequences. It should be remembered that the memory game was similar to the other information channels: the comic strips printed on the T-shirts.

4. *The T-shirt: Model and Pre-test*

Once the most appropriate items for the street kids were identified, the next phase began of creating schemes and illustrations, to be tested through focus groups, questionnaires and direct observation. Once in possession of these outlines for the Communication Plan, the illustrator was called in to collaborate with the program and talk over his ideas with the street kids and the project's technical group, to create and develop the characters.

To create characters similar to the street kids, so that they could identify with the story characters, photographs were taken of the street kids. This way, the illustrator could more nearly approximate their physical characteristics. From the first character suggested (a kid who looked like a classic little schoolboy), to the last, there were eight models drawn, one evolving from the other, ever keeping in mind the street kids' opinions. At the time of the first layouts, four meetings had been held to define better the objectives.

The stories went through eight pre-tests—two focus groups of eight kids each—and the project, as a whole, received a more global approach, in which ten kids met for a whole day. During the first pre-test, the group showed interest in the stories, but did not identify with the characters. When identification did occur, the kids would say that the character in question looked like one of the street kids they knew, but this did not happen then. Once the corrections were made, for the second pre-test, the idea the street kids got was the one desired, which led the project's coordinators to continue to the next phase.

**SCHEME 1:
First Pre-test**

Interpretation desired:		Interpretation received:	
Frame 1:	Boy eating an apple on the steps of a public building.	Frame 1:	Boy eating apple.
Frame 2:	Police arriving to threaten the boy. Boy runs.	Frame 2:	Police arriving.
Frame 3:	The police go after the boy, but he is clever and escapes.	Frame 3:	Police throwing the boy into the paddy wagon.
Frame 4:	Boy looking at pornographic movie poster with sexual desire.	Frame 4:	The boy had been looking at a movie poster and was beginning to think of having sex.
Frame 5:	Boy thinking of having sex.	Frame 5:	Not understood.
Frame 6:	Boy sitting on a park bench, masturbating.	Frame 6:	Boy falling, touching his dick and fooling around with someone.
Frame 7:	Boy with a look of contentment on his face.	Frame 7:	Boy getting punched by the police.
Frame 8:	Message: "A real tough guy is not a sucker for AIDS."		

Second pre-test:

Evidently, the character had to be changed, as well as the interpretation of several frames. In order to be correctly interpreted, Frame 3 showed the boy running away and making a face at the police—showing just how clever he was. In Frame 4, at the movies, the poster was highlighted. In Frame 5, which was trying to show a desire to have sex, a boy was pictured thinking of a woman like the one in the poster. In the other frames, it was decided to make the boy appear happier, in ecstasy, so that it could be concluded that as he wanted to have sex, he masturbated and was content.

After the illustrations had been reformulated, a second pre-test was carried out with two focus groups of eight kids each.

This time, the group found it easier to recognize the character, with descriptions such as: "the street kid was eating an apple; the police arrived and he escaped, sneering at the policeman; he saw the woman in the movie poster and wanted to have sex with her; he sat on the park bench and masturbated."

The street kids laughed a lot when they told what they had understood of the story, and mentioned several occasions in which they had seen movie posters that had

really made them masturbate. Finally, they concluded that the T-shirt story was really anti-AIDS.

**SCHEME 2:
FIRST PRE-TEST**

Interpretation desired:	Interpretation received:
Frame 1: Boy getting arrested by the police and getting beaten.	Frame 1: Boy getting beaten by police.
Frame 2: Clever boy screams and dodges the police. He gets away with the help of other street people.	Frame 2 & Frame 3: A crowd gathers, encouraging the police to really give it to the boy, who is then thrown into the paddy wagon.
Frame 3: Boy walking carefree through the town.	
Frame 4: Boy meeting girl.	Frame 4: Boy meets a girl.
Frame 5: Boy and girl appreciate each other.	Frame 5: Boy and girl appreciate each other.
Frame 6: Boy thinks of having sex with girl.	Frame 6: They argue, and she smacks the boy.
Frame 7: Boy asks for information and an adult friend suggests a condom.	Frame 7: The educator winds up giving some money to the boy.
Frame 8: "A real tough guy is not a sucker for AIDS."	

In this case, as well, it was necessary to change the way the strips were drafted. The artist tried to make the idea of the boy getting away from the police more explicit. The idea of the crowd was discarded. To show the boy's desire for sex, a balloon was used to illustrate his thoughts. The first frames were combined, with the educator offering the boy a condom, indicating that it was to be placed on his penis. It was also decided to number the frames to make it easier to follow the story.

**Second
Pre-test:**

Thus, just as in the first story, the boys found it easy to follow along, finding the boy to be like one of themselves. They understood that the boy had wanted to have sex with the girl, and that in the last frame, the educator instructed him to use a condom. The story's message was immediately associated with HIV/AIDS prevention. With these results, and the subsequent modifications deemed necessary, the project group had what they needed to develop the models for the T-shirts. Ten were printed to evaluate the impact of the final product through one last test.

**The
Final Test:**

The final evaluation followed a methodology which combined direct observation with some type of yardstick. It was thus decided to gather the street kids for a whole day for activities which would allow the direct observation of their reactions so the impact produced by the T-shirts could be evaluated. Furthermore, two interviews, which were also recorded, were carried out with the kids, one before and the other after the T-shirts had been distributed, to measure just how effective the messages would be.

There were two soccer games, followed by a lunch, snacks and games out on the playground. Besides, of course, there were the interviews, the distribution of T-shirts and lots of talk. A communication expert and an educator participated in these activities, with a group of ten kids, four of whom had already participated in other groups.

The site chosen was the Sao Bento Institute, in Duque de Caxias, in the region known as Baixada Fluminense. This also made it possible to observe the reactions of people involved with the Catholic Church work, as well as other children, as the street kids spent the whole day with 200 boys and girls who regularly came to the Institute.

**The
Activities:**

The kids arrived at the Institute at 9:00 in the morning. They all had showers and then all met in the locker room, where the educator explained they would all get a T-shirt as a gift, thus creating a lot of excitement.

Then the first series of interviews was held, in which the T-shirts were handed out. They were so excited that there was a great commotion and order had to be re-established, as they thought there wouldn't be enough for all of them.

The whole group seemed greatly interested in the comic strips. The other kids who had come to the Institute also did. It was noted that the street kids were able to answer the questions of the other kids about the T-shirt. "They're anti-AIDS" or "this shirt is 'the answer'."

During the soccer game, in which two opposing groups of street kids played each other—one with T-shirts and the other without—a few interesting things were

noteworthy. The first was that the team wearing T-shirts won the game, which made them all say, "We're so fucking good, not even AIDS can get us." The second, was that the goalkeeper refused to trade shirts. He was supposed to wear a long-sleeved shirt to protect his elbows, but was afraid his new T-shirt wouldn't be returned to him. The third, was that two boys, the oldest of the group, wore their T-shirts inside-out. Asked why, they said they "didn't want to get them dirty." After the game, one boy still kept his shirt on inside-out, alleging he didn't want to get it dirty.

As for the drawings, they would always try to identify themselves with the character. For the female character, they tried to identify her with one of the street girls they had relations with, or for whom they had felt some attraction, commenting "This is so-and-so, just look at her butt—it's exactly the same," and so on.

Interviews:

Two boys were unwilling to take part in the first interview. The second, however, had the participation of all ten boys. The questions and representative answers follow:

What is AIDS?

Before the T-shirt campaign:

- "It's a really bad disease."
- "It's a really bad disease that I don't know anything about."
- "It's a disease a kid gets from a transvestite."
- "I don't know. I think it's something you get fucking a whore."
- "It's a disease you get from a woman."
- "It's something serious."

After the T-shirt promotion, seven of them answered,

- "It's a disease."

Other answers:

- "It's something that's got no cure and you get it from a sick person."
- "It's a disease that Cazuzza brought us." (A popular recording artist and composer who died of AIDS).
- "It's a disease, a virus."

Is there some way to get away from AIDS?

In the first interview, six boys answered there was no way to avoid AIDS, and only two said there was. After the T-shirts were given out, five answered that there was a way to avoid AIDS. One said, "you shouldn't fuck a sick boy." Four stated there was no way to avoid AIDS.

How can you avoid AIDS?

In the first interview, four answered "using a rubber." Other answers:

- "What's the name of that thing again."
- "Buying medicine."
- "First, examine the woman and see if she's sick or not."

After the T-shirts were given out, six answered: "using a rubber." Other answers:

- "Using a rubber on your dick."
- "Stick a rubber on your dick, because AIDS has no cure."
- "I'll go by your office to get some rubbers."
- "Going to church."

If you want to have sex, what should you do to avoid AIDS?

In the first interview, four did not answer. Others said:

- "Use a rubber."
- "Use a rubber, but I can't find any small sizes."
- "There's no way."

In the second interview, five answered that the way was to "fuck with a rubber." And five answered, more explicitly, "stick a rubber on your dick."

Do you know how to use a rubber?

In the first interview, three did not answer. Three answered that they knew. One thought that he knew, and only one said he didn't know. To complement this question, six did not know how to answer how to use a rubber. One said, "roll it up on your dick," and another said he didn't know. In the second interview, six

answered: "I know. Stick it on your dick." Other answers:

- "I know."
- "Put it on your pecker."
- "I know. I buy rubbers at the pharmacy and use them with the girls."
- "I know, you put it on the tip of your dick."

Have you ever masturbated?

In the first interview, five boys answered affirmatively, and only one said he hadn't. Other answers:

- "Several times."
- "I have—thinking of him." (pointing to another boy)

In the second interview, four said they hadn't and three said they had. Other answers:

- "I have, thinking about that guy over there."
- "Sure have—lost track of how many times."
- "I have, but nothing came out"

Can you get AIDS by masturbating?

In the first interview, one boy didn't answer, and five said no. Other answers:

- "I don't think so."
- "You can even get it from sweat."

In the second interview, all ten said no.

Conclusions:

From the results presented on the day they were evaluated, it can be concluded that the T-shirts produced the expected impact, and also had an influence on changing opinion, as could be observed in the comparative analysis of the answers given at the beginning and end of the day.

Based on these results, the team made the decision concerning final production of the T-shirts. Instead of using only white shirts, they decided to print various colored ones, so they would not appear so uniform, a concern noted on that same day.

THE MEMORY GAME

The creation, test, production and diffusion of the memory game followed along the same proceedings used for the T-shirts. This called for constant interaction with the target public. Therefore, the description of a process in which everything was the same will not be repeated here. It is recommended to reproduce the Educator's Manual put out by BEMFAM, entitled, "A real tough guy knows how to take care of his health," an original and explicative publication.

THE MEMORY GAME

Target Public: *Street Kids*

Objective: Aid the educators in the education/information process to develop awareness of HIV/AIDS prevention with street kids.

Introduction

The objective of this game is to facilitate the educational/information process of the street kids, through entertainment. It was elaborated based on research with focus group methodology with kids. The research results guided the choice of material as well as of its content.

All the steps of this study were carried out together with trained BEMFAM personnel as well as those of the Brazilian Center for Defense of Children's and Adolescents' Rights. The memory game includes a program which also involves a means of information via comic strips, printed on T-shirts, based on the street kids' everyday life, as well as training educators and kids as multipliers of information.

Basic Game Rules

Two or more children play. The educator presents the game to the group and asks if they are interested in playing the game, which helps "for us to talk about AIDS." The cards should be shuffled and turned face downwards, placed side-by-side so their positions can be memorized. Then the kids turn them over one by one and try to guess their match card is. At the end of the game, the winner is the one who has accumulated the most matches.

The winner, as his prize, is invited by the educator to help set a story with the game cards on a white, numbered game board. Then the educator asks each child to try to tell a story, in which he tries to clear up any questions the kids might have.

SEQUENCES:

These sequences presented were suggested by a group of 11 educators from the Center for Defense of Children's and Adolescents' Rights and from the Sao Martinho Foundation, which work with street kids. The educator can use any one of them, or make up something he or

she thinks is more appropriate for the particular group he or she is working with.

FIRST SEQUENCE:

Frame 1: Boy with AIDS

Basic information: AIDS is a disease which makes you weak. You can't play anymore and, many times, you can't stay out on the street anymore either, because you can't get food for yourself and you can't even run when you have to. (Talk only of fatalities if there are questions from the kids. It is best to show the relation between AIDS with their everyday fears).

Frame 2: Boy and girl street kids kissing

Frame 3: Boy and girl street kids having sex

Frame 4: Homosexual proposing sex to a boy

Frame 5: Boy having sex with another boy

Frame 6: A girl prostituting herself

Motivate the debate on sexuality, involving the street kids' reality, taking up subjects such as prostitution, homosexuality and risk of HIV infection.

Basic information: Anyone can get AIDS having sex with a contaminated person. It's difficult to tell if someone has AIDS. So it's better not to risk it; it's best to prevent. One of the ways to avoid AIDS is to use rubbers. The educator should ask if the group knows what a rubber is and explain, showing one, how it is used.

Frames 7, 8, & 9: How to use a rubber

Basic information: Hold the tip and squeeze tightly to force out all the air. Still holding the tip, unroll and pull the condom up to the testicles. After coming, remove it and throw it away. A rubber can only be used once.

Frame 10: Boy in hospital bed

Steer the debate around solidarity, showing the importance of friendship and support and also draw attention to the fact that if you are sick, you can't play on the street any more like you used to do with the other kids. Also, you don't get AIDS when you treat AIDS patients.

Frame 11: Boy running from police

Message: You can run from AIDS because you already know how to get away from the dangers out on the street. AIDS makes you suffer physically, too.

Frame 12: Boy looking at movie poster

Ask for the boys' interpretations and then take up these interpretations in a debate.

Frame 13: Boys masturbating

Message: touching yourself does not transmit AIDS (if possible, encourage this theme, asking the kids to relate their own experiences, in an effort to destroy myths and taboos concerning this theme).

Frame 14: Boys on the stairs

Ask for the boys' interpretation and, if possible, approach the problem of glue-sniffing, showing how it can weaken a child even further and make his efforts to avoid AIDS more difficult.

Frame 15: Adult holding hands with child

Ask for the group's interpretation and try to show that there are cases in which a child can trust an adult, for example, in the case of the educators.

Frame 16: A real tough guy isn't a sucker for AIDS!

Message: A real tough guy tries to look out for his health, asks for help from adults he trusts, doesn't sniff glue, uses a condom to have sex, etc.

Second Sequence:

Frame 1: Boy running from police
(violence, suffering)

Frame 2: Boy looking at movie poster
(sexuality)

Frame 3: Boy masturbating
(sexuality)

Frame 4: Boy kissing girl
(sexuality)

Frames 5, 6, & 7: How to use a rubber
(*prevention*)

Frame 8: Boy having sex with girl
(*sexuality, with a rubber, so you don't get AIDS*)

Frame 9: Man propositioning boy
(*sexuality, anal sex transmits AIDS*)

Frame 10: Boy having sex with another boy
(*sexuality, anal sex transmits AIDS*)

Frame 11: Girl prostituting herself
(*sexuality, prostitution*)

Frame 12: Boy with AIDS
(*basic information on AIDS, how a person gets sick*)

Frame 13: Boy in hospital
(*the wish to be out on the streets, the importance of solidarity*)

Frame 14: Boy on the stairs
(*abandonment/dangers sniffing glue brings to the lungs.*)

Frame 15: Adult reaching out for children's hands
(*trustworthy adults who can help*)

Frame 16: A real tough guy isn't a sucker for AIDS!
(*a tough guy knows how to care of himself*)

THIRD SEQUENCE:

Frame 1: Boys on the stairs
(*abandonment/danger that glue sniffing brings for the lungs*)

Frame 2: Boy running from police
(*a danger he knows how to get away from/how to get away from AIDS*)

Frame 3: Adult hand reaching toward children
(*some adults are trustworthy and really can help*)

Frame 4: Boy with AIDS
(*a weakening disease, ways of transmission, risks, etc.*)

Frame 5: Boy in hospital
(*he'd rather be out on the streets playing, at least solidarity exists*)

Frames 6, 7, 8, & 9: How to use the rubber
(*how to protect yourself*)

Frame 10: Boy staring at movie poster
(*sexual desire*)

Frame 11: Boys masturbating
(*sexuality and masturbation do no harm and don't
transmit AIDS*)

Frame 12: Boy and girl kissing
(*sexuality, dating*)

Frame 13: Couple having sex
(*sexuality, prevention of STD/AIDS*)

Frame 14: Man propositioning boy
(*sexuality, prevention of STD/AIDS*)

Frame 15: Boy having sex with another boy
(*sexuality, debate on homosexuality between boys*)

Frame 16: Girl prostituting herself
(*the question of prostitution*)

CIRCULATION OF THE MATERIAL

Distribution of T-shirts and use of the memory game by the Brazilian Center for Defense of Children's and Adolescents' Rights, as well as the publicity of the work and the follow-up on the kids who were given T-shirts were the most important phases of the circulation process. The T-shirts were distributed over three months, during which it was quite common to encounter kids on the street wearing these shirts. According to the Center's educators, the kids came to the Center more often, due to their worries over AIDS. The memory game as well as the T-shirts were shown to other organizations working with street kids, such as the "Cruzada do Menor," and their interest in using this material was noted—on the condition that the Center's name be removed. At a meeting called by the Ministério da Saúde, at which all organizations working with street kids in Brazil were present, both items were unanimously approved and recommended for use in various regions of the country.

A waiting period of five months was decided upon before final analysis of the program proceeded. This stage, however, suffered the effects of the loss of

EVALUATION

headquarters and the technical group of the Brazilian Center for Defense of Children's and Adolescents' Rights, which had to go on to form a new group. At the same time, the kids that the Center had been working with began to scatter all over downtown Rio. Some disappeared; others were arrested and some even murdered.

Thus, the final evaluation of the desired answers from these kids came basically from observation, due to the difficulties in getting the group of kids together again. The impact of the program can be ascertained mainly in the statements made by the people who worked with the street kids.

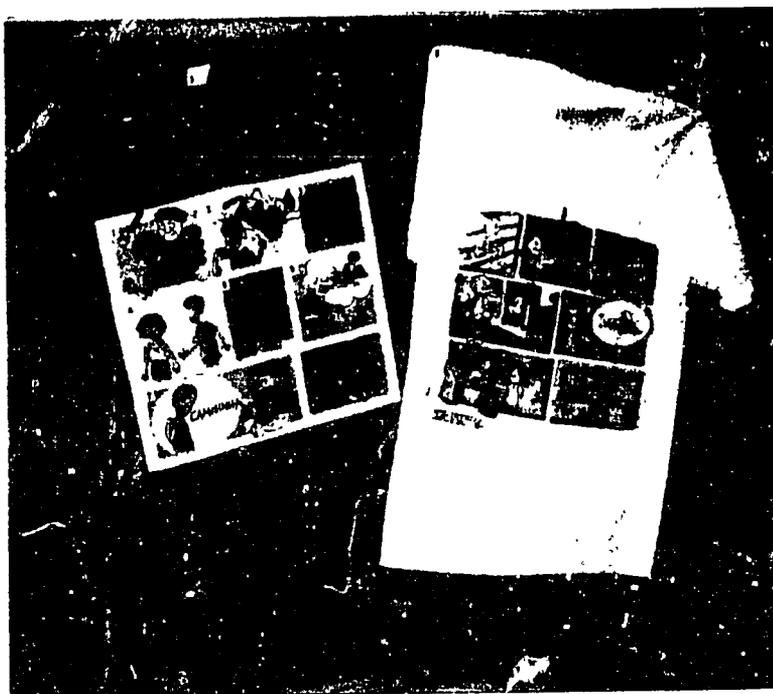
In areas where T-shirts were distributed—downtown Rio de Janeiro—it was common to find kids wearing these shirts. According to certain declarations, the T-shirts attracted a lot of attention, from adults as well as from kids.

"The T-shirts played an important role in this process, inasmuch as the kids were thus motivated to talk about their content. Other street kids as well as adults asked the meaning of the stories, and the kids wearing the T-shirts felt obliged to answer. Furthermore, the T-shirts were fundamental in spreading the messages, since the groups of street kids roam from area to area, this also being one dramatic aspect of working with them. Today, we have a group we work with, but in two months, it will be another group and the T-shirts will have gone. Actually, the material made these kids into multipliers. With time, they became aware of a certain danger. At first, they thought AIDS was a gay disease, but all of a sudden, they became aware that AIDS was already present among them.

Although it is difficult to follow any specific study with these kids, because they can just seem to disappear into thin air, we can still say that today, they have quite a different attitude concerning AIDS. Some time ago, the street kids were not aware of any danger and did not seem to be worried at all. Now, they have begun to show their fear. Today, we are de-dramatizing their fear, giving more emphasis to information and solidarity, by use of the memory game and other instruments. The memory game has been quite helpful, because the kids accept it well. It holds their attention. When they play, it clears up any questions they might have and they understand the message. I consider it excellent."

Ana Figueiras

Coordinator of the Brazilian Center for
Defense of Children's and Adolescent's Rights



**MALANDRO
QUE É
MALANDRO,
NÃO DÁ MOLE
PRA AIDS!**

CHAPTER III

HOMOSEXUALS: DIAL AIDS FOR LIFE

A public information project on HIV/AIDS and the encouragement of its prevention by using condoms, could not leave out a social group of such importance as homosexuals. For this program's studies in the homosexual sphere, participation was provided by the Atobá Homosexual Emancipation Movement—a non-profit civilian association based in Senador Câmara, on Rio de Janeiro's west side. The objective of this organization is to combat all forms of prejudice and support homosexual men and women in their struggle for their rights and the preservation of their dignity.

Atobá had already been active in HIV and AIDS prevention and dissemination together with a certain group of homosexuals within the community, collaborating with BEMFAM in the free distribution of condoms and other HIV/AIDS preventive measures. They had also sponsored lectures and other cultural and recreational activities as well as circulating pamphlets. In addition, they had received financing from the Ford Foundation to begin a hotline telephone service called "Dial AIDS Atobá."

DIAL AIDS

The objective of "Dial AIDS Atobá" was to attend to any person requesting information on this disease, answering their questions, or if necessary recommending a specialist. One of the characteristics of this service was to guarantee anonymity to all users. All callers had to do was to dial the number, from Monday to Saturday, from 9 a.m. to 5 p.m. and they were promptly attended to. If the line was busy, they were encouraged to keep trying.

BEMFAM decided to collaborate in perfecting this hotline. Working together with AIDSCOM, they organized a seminar on an exclusive telephone line for AIDS information, which was realized from May 15-18, 1990. The objective of this seminar was to train BEMFAM personnel as well as Atobá representatives in hot-line methodology. Twelve persons participated. This training program defined the purpose of "Dial AIDS Atobá," its objectives and the benefits it offered, as well as the methodology to be followed.

On completion of the training program, the service was reformulated and re-inaugurated on May 20, 1990—International People with AIDS Day.

To insure permanent evaluation of the direct-dial service, there were forms to complete for each caller, to include his socio-economic status (place of birth, sex, education and occupation), as well as the reason for calling and the questions asked. Each caller was also asked how he had learned of the hotline.

Initially, the service operated from Monday to Saturday, from 7 am to 10 pm and, eventually, to Sundays—which proved to be an unproductive, tiring schedule. Because of financial and managerial difficulties which arose, the number of hours was lessened. Also, a few of the volunteer workers left the project making it necessary to hire a greater number of employees.

EXPLORATORY RESEARCH

For the HIV/AIDS information program in the homosexual sphere, the first step, as in previous cases, was through a focus group technique, gathering information on behavior, values, and group desires, and pinpointing their real need for information concerning AIDS prevention. The study's objectives were:

1. *Define certain general traits of behavior of a group of homosexuals.*
2. *Pinpoint their needs for information concerning HIV/AIDS and STDs in general.*
3. *Ascertain just how the condom was seen by the target public and what reasons they had for not using it.*
4. *Pinpoint the major obstacles found in a study for HIV/AIDS prevention communication.*
5. *Define the most efficient means of communication.*

Three male homosexual focus groups were formed, all from the outskirts of Rio de Janeiro, ranging in age from 19-46 years. They belonged to various occupations. Some were unemployed. The question of employment, interestingly, was always first among the group's worries: "The sex part is not a problem, our only problem is a job—there's no job security."

1. Group Behavior

All emphasized stereotypes, discrimination, rejection that they suffered from their society.

Many of the focus group's participants had, in addition to their homosexual relations, relations with women, although they refused to be called "bisexuals." Many said they acknowledged their homosexuality in society, but hid it from their families, with whom, they said they had difficult relationships, and it seemed clear, then, that this was not one of their main worries.

They also stated that this discrimination had increased once the link between homosexuality and AIDS had become clear. They mentioned, for example, that whenever they went to see a doctor for whatever might be the reason, they were always immediately labelled as "AIDS patients."

2. Knowledge of STDs and AIDS

The groups showed they had little knowledge of sexually transmitted diseases, admitting in several cases, their almost complete ignorance. For example, in their opinion, gonorrhea "was caused by a virus that may remain latent." The disease symptoms might disappear without the disease being cured, and there was one participant who stated he had gotten gonorrhea just by scraping himself climbing over a wall. Besides gonorrhea, syphilis and soft chancre were also mentioned, but the group still held that with physical and mental health, mainly based on a healthful diet, you could build up greater resistance to all types of disease, including AIDS.

Concerning means of transmission, they did not believe that these diseases could be transmitted from a toilet bowl, towels, etc. They all agreed that it was very important to learn about sexually transmitted diseases, so they could be avoided.

As for AIDS, there were still some who denied the disease existed (*"it's an old disease with an updated name; it's gonorrhea by another name"*).

They all seemed to know that an apparently healthy person could transmit the disease, and that could stay hidden "for up to five years." They also knew certain symptoms, such as spots or lesions on the skin, diarrhea, weakness and weight loss. They also knew that AIDS weakened the body's immune system and that a person thus affected was thereby subject to various other diseases which could lead to death.

Concerning modes of transmission, they knew that HIV could be transmitted by sperm, blood transfusion, injectable drugs, non-sterilized surgical instruments, and from mother to child during a pregnancy. They also

knew that transmission was not restricted to homosexual relations, but occurred as well in sexual relations between men and women.

They further stated that they believed in the possibility of transmission through oral sex "when you have a little cut in your mouth," and were doubtful as to whether it could be transmitted by saliva or kissing on the mouth. In the case of anal sex, they said that the partner who was penetrated runs a greater risk of infection than the other.

They all said they were aware that solidarity and caring for AIDS patients did not transmit the disease, and they proved to know that the advent of AIDS had caused substantial changes in people's behavior.

3. Using the condom

Most of the study group's homosexuals said they used condoms in their sexual relations. This was true even for those who said they did not believe in the existence of the disease.

In many cases, they thought that a condom was not necessary for relations with their steady partners, although one referred to the case of a friend, who, for just this reason, had gotten the disease. Certain members of the group mentioned there was a lot of infidelity and that you could not always rely on your partner to be faithful and, thus, prevent contagion.

They all thought that a condom reduced the risk of sexually transmitted diseases, although it had an effect on the quality of the relation.

In general, the group was aware of the need to prevent, but a few let it be known that they considered the condom a "barrier," that talking about the condom "ruined the atmosphere," indicating that it was entirely possible, in certain cases, that they would not use one.

According to the participants, there was a general lack of knowledge on how to use the condom correctly, and it was difficult to imagine a pleasurable use of it. When faced by partners who refused to use a condom, they all said they would try to talk their partners into using one, going into the dangers of AIDS and reminding them of the possibility of infidelity.

As for making the use of condoms more widespread, there was lack of agreement. Some stated that the best way was to convince people to use condoms showing them the most shocking aspects and manifestations of

AIDS, "people dying in hospitals," while others were against this type of "terrorism." However, they all agreed that information was fundamental, through conversation, "making people more aware," and creating a sense of responsibility not only among homosexuals, but also among all groups within society.

4. The main obstacles

From what was said and discussed in the focus groups, it was noted that the main obstacles to developing means of communication were certain, deeply rooted convictions within the group.

There was a mystical trust in inefficient measures of prevention, a certain fatalism as to infection, and doubts about certain modes of transmission of the virus, especially in cases of oral and anal sex.

The majority believed that a "steady" or "long-term" partner did not represent a risk, and in many cases, the partners refused to use a condom.

Besides detracting from pleasure, condom use got in the way of seduction, was expensive, and untrustworthy: "it's always bursting on you."

In addition to these factors, it is also important to consider the profound disbelief expressed by the group concerning the informative campaigns already carried out. They believe the campaigns "all come at you wrapped to the hilt in prejudice and discrimination."

5. Educational material

According to the group participants, educational material on HIV and AIDS should be practical, in colloquial language, easy to understand. It should bring us real information, expressed with frankness but without alarmism, and it should not be aggressive, but explain that AIDS is not only a homosexual disease, but one that affects all groups.

The group thought that the language of this material should be concerned, above all, with combatting homosexual discrimination, emphasizing erotically but not vulgarly, the affection that exists in a homosexual relationship.

The messages should make it clear that the intention of these HIV/AIDS preventive measures was to avoid losing your friend, your loved one, and not express the selfish idea that everybody should try to protect himself from his partner—that his partner is the one threatening him. The most important thing, they all agreed, was that the educational material did not resort to fear messages.

They believed free distribution of this material should include condoms, "because it's not good to encourage us

6. Content of the messages and means of communication

to use condoms if we can't afford to buy them." They all agreed that it was necessary to encourage the condom, adding that foreplay might include some types of creams or lotions to reduce any detraction.

Means of communication suggested were pamphlets, posters and videotapes, all including discussions which might serve as support for the Dial AIDS Atobá.

The focus groups allowed us to identify obstacles, define objectives and outline strategies for an informative campaign, considering that the target population had, until then, strongly rejected the stereotyped content of the messages of the majority of these widespread campaigns.

It was thus defined that the messages would make an effort to meet the needs expressed by the group in the following ways:

1. *Stress respect and dignity of the homosexual, as well as his right to homosexuality, without stereotypes or discrimination, never opting for any type of censure and at the same time, make it clear that the forms of sensuality important to this group were acceptable.*
2. *Clear up specific doubts concerning oral sex, use of condoms, and the safest way to exercise one's sexuality.*

It was concluded that the means of communication to reach this segment that would be the most efficient to aid in informing the public of the Dial AIDS Atobá, would be small printed cards, like the ones with pictures of saints. Posters would be effective, since they would be in evidence in places where homosexuals gather, such as nightclubs, certain streets, bars, theaters and restaurants to reach directly their target public, cards because they are a traditional part of Brazilian culture, discreet and easy to carry and able to contain more explicitly sensual messages.

Thus the objectives of the communication program would be:

Long term: *promote the practice of safer sex and the use of the condom*

Short term: *encourage the use of "Dial AIDS Atobá"*

DEFINITION OF STRATEGIES AND MATERIAL

This program's strategy was to outline the publicity campaign to support "Dial AIDS Atobá."

It was decided that the following basic messages should be emphasized on all "Dial AIDS" related material:

- *You can call, because it's for you.*
- *The service is trustworthy.*
- *The service is confidential.*
- *Your anonymity is guaranteed.*

DEVELOPMENT OF MATERIAL

The original communication plan foresaw production of billboards to be placed in strategic positions, 500 posters and 50,000 cards which would be distributed in places where homosexuals regularly went, according to the Atobá map.

While the models were being drawn up, five meetings with homosexuals were held to discuss the messages and illustrations. During these meetings, material from other institutions as well as photographs and magazines were used to serve as ideas.

The poster idea examined at the first meeting was based on the following message: "If you're one of those who think that using a condom is like a candy with the wrapper still on, get with it—Dial AIDS Atobá." The objective was to work on this sentence, which had become well known among homosexuals, encouraging them to call the hot line. The model, however, was not accepted by the group, and the idea was discarded.

At the following meeting, three more messages were presented.:

- *"Is love dangerous? Get with it: Dial AIDS Atobá."*
- *"We have safe sex. What about you? Get with it: Dial AIDS Atobá."*
- *"There is no cure for AIDS. But we have the solution. Get with it: Dial AIDS Atobá."*

It was further decided that to produce the models, photographs which had been taken by a photographer from the Atobá Group would be used—professional models with physical characteristics attractive to homosexuals, healthy and happy people.



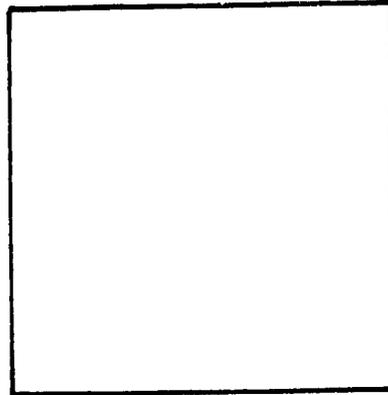
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O QUE É SEXO SEGURO?
QUAIS AS FORMAS
DE SEXO SEGURO?



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During other meetings, models for the cards were defined, using these messages and illustrations:

- *Will a steady affair avoid AIDS?* (sensual photo of two healthy men)
- *Is oral sex risky? If this is making you anxious, call us.* (sensual photo of two men, one with his face at the level of the other's waist)
- *What is safe sex? What ways of sex are safe?* (photo showing two men putting a condom on a plastic penis)
- *What to do so the rubber won't burst.* (photo of man in motion with a veil, as if dancing)

In all cases, the initial question was followed by the message: "Get with it. Dial AIDS Atobá," accompanied by the hotline number. It was recommended that the photos not be pornographic, and the format for the cards was defined as 7 X 11 centimeters in thick "papier couché."

The idea for the billboard was put off due to its elevated cost.

PRE-TEST OF THE MATERIAL

Models for the first posters were submitted for evaluation by thirty homosexuals chosen from the customers of a popular bar in downtown Rio de Janeiro, where homosexuals often meet. The posters had these messages:

- *Is love dangerous? Get with it. Dial AIDS Atobá.*
- *AIDS has no cure, but we have the solution. Get with it. Dial AIDS Atobá.*
- *We have safe sex. What about you? Get with it. Dial AIDS Atobá.*

The first poster was not approved. Most of those interviewed thought the question "Is love dangerous?" might suggest that love really was dangerous, especially among homosexual men, since the illustration was of two men.

The other two were quite well accepted, especially the second. However, it was pondered whether the poster was offering the false hope that a cure for AIDS had been found. The solution decided upon was to reword the message to read: "AIDS can be avoided. We know how."

Two models for the cards were shown to twelve people. The message on the first was "Will a steady affair prevent AIDS?" and the second, "Is oral sex risky?." In answer, those interviewed suggested merely changing the illustrations, showing more sensuality and less implicit sex.

The other card models were not pre-tested, as it was decided to await the results of the first two.

CIRCULATION OF THE MATERIAL.

Circulation included launching of the campaign "AIDS can be Avoided," supported by a hotline, and a program for distribution of campaign material.

"AIDS CAN BE AVOIDED" CAMPAIGN

On February 28, 1991, "Dial AIDS Atobá" received a boost. During a ceremony at the "Assembléia Legislativa do Rio de Janeiro" press room, the Atobá Group and BEMFAM launched the campaign "AIDS can be Avoided. We Know How." The immediate objective was ample publicity for the existence of an exclusive line. With the support of the "Secretarias de Saúde do Estado e do Município," the ceremony to launch the campaign received the participation of various congressmen and health authorities.

Launching of the campaign made the headlines in the main newspapers and received ample coverage by the Rio de Janeiro radio stations, and even aroused some interest by certain TV programs. It also received ample coverage in the "O Caso" newspaper, published by the Atobá group.

DISTRIBUTION OF POSTERS AND CARDS

The plan for the distribution of support material was first carried out in Rio's West and North sides, as well as the downtown area, where the Atobá Group was most influential. The South side was considered of secondary importance.

For the distribution of material, the Atobá Group set up a special scheme with the participation of five volunteers. Rio de Janeiro City was split up into seven areas: the West area, including Bangu, Campo Grande and Pedra de Guaratiba; Barra area, including Jacarepaguá; North area, including Madureira, Leopoldina, Penha and Ramos; Downtown, corresponding with the so-called "Cultural Corridor;" South area, including Botafogo,

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Copacabana and Ipanema; and the University area, including Rio de Janeiro Federal University, Pontifícia Universidade Católica, Rio de Janeiro State University and the Fluminense Federal University, where the material underwent debate in communication courses.

In all these areas, priority was given to saunas, bars and nightclubs—places where homosexuals frequently met.

In the initial period of the "Dial AIDS" operation, managerial and financial problems greatly influenced the quality of service rendered. It should be added that funds for the program were "blocked" by the Collor Plan, making it difficult to hire employees. Beginning January, 1991, the services were almost all carried out by volunteers. Also, between May and December 1990, "Dial AIDS Atobá" answered 2,036 calls, almost all from young men who lived in Rio's North area. Information requested was mainly about the risks of oral sex, where blood exams could be had, modes of transmission of the disease, symptoms, and information on condoms (where to get them, how to use them, and which were the best).

To evaluate the impact of the publicity campaign, by means of posters and cards, a global statistical survey was made, based on information taken from the calls.

1. Number of Calls

During the first months of hotline operation, still in 1990, the number of calls per month varied greatly. During the first month, May, there were 359 calls—an exceptional number, which was not repeated. During the following months this number fell to less than half. In June, there were 156, in July, 148, and in August, 138. In September, there was a drop to 115 calls, which fell during the following months until December, to an average of 70 calls per month. In January, 1991, there was a new drop—a sharp fall to 19 calls.

In February, 1991, upon the launching of the "AIDS can be Avoided" campaign, and the beginning of poster and card distribution, the number of calls increased to 86 and, in March, to 136. In April, the Atobá Group had problems in distributing posters and cards for lack of personnel, and there was a drop to 52 calls. In May, with new distribution of pamphlets, there were 211 calls. In June, calls fell to 172 and continued to drop during

July and August: 83 and 55 respectively. It is noteworthy that in June, all the posters and cards had been distributed from stock, and no more were distributed. During the last half of August, no more information was noted from the calls due to a lack of qualified personnel to operate the hotline due to financial problems.

2. Information Requested

Information requested from the "Dial AIDS" was basically, as expected, about the disease—in a proportion of two-thirds in relation to other services offered by Atobá Group: information on group activities, "Centro de Valorização da Vida" and others. The most common questions had to do with infection, exams and services related to AIDS. It should be noted that the nature of the information requested suffered no change with the service's publicity campaign.

3. The Users

- a) *Localization.* Before the campaign, the users were mostly from the South side (Copacabana, Botafogo, etc.) and the North (Tijuca) of Rio de Janeiro. With the campaign, there was an increase in the number of calls from the North, West, Barra, South, Downtown and University areas, places where pamphlets had been distributed.
- b) *Sex.* Hotline users were, in the majority, males. There were also women who benefitted from this service, in varying proportion, from month to month, but they were always less than half the number of men.
- c) *Education.* Users' level of education showed slight variations. During the first months of the project, from May to July, 1990, there was a predominance of college level callers. In subsequent months, there was a levelling off of college/high school users. However, the difference in the number of calls was quite clear between these levels (college vs high school) and grade school level callers—showing that few people of low educational level appreciated or were able to use this service. With the campaign, there was no observed difference in this tendency.

- d) *Occupation.* Before the campaign, there was initially a great variety of users' occupations, especially students, who showed how much more sensitive the younger public was to this service. Following were bank employees, people in commerce, teachers and lawyers. After the campaign, the predominance of students was observed as well as teachers, which shows this segment's response to the distribution of informative material at the universities.
- e) *Obtaining the phone number.* During the period prior to the campaign, users affirmed having obtained information on this service mainly over the radio and television. With the campaign, the "cards" handed out were emphasized as the main source of information. During the month of May, 1991, the main source for obtaining the Dial AIDS number was the press (109 cases), followed by the "cards" (54 calls). This result was probably related to the publicity efforts made during that month through the press.

In June 1991, the pamphlets reached their peak, resulting in a total of 172 calls, of which 105 were due to the "cards."

"O CASO" NEWSPAPER

Besides the support for publicity, the Atobá Group also originated the idea of publishing its own bi-monthly newspaper to contribute to promotion of the hotline operation. It was intended to be financially self-supporting, delving into the work of information and education on prevention and infection of HIV/AIDS. The newspaper was called "O Caso."

The program foresaw the edition of three numbers of "O Caso" for September and December of 1991 and January of 1992, with 5,000 copies each. BEMFAM provided technical assistance for editing. Their technicians wrote articles on the activities developed for AIDS prevention and the hotline services, besides helping in selecting texts submitted by collaborators and leaders of the main homosexual groups. BEMFAM also oriented the layout, photocomposition and final art.

BEMFAM trained and guided three Atobá Group members to commercialize and obtain funding through advertising. Circulation was through the mail, free of charge, at newspaper stands and direct sales (by

HOMOSEXUAL VOICES

voluntary salespeople). After the first number had been distributed, 90 subscriptions were obtained. However, evaluation of the newspaper's impact was precarious as the Atobá Group had difficulties in controlling its distribution and sales.

On bisexuality:

"I'm married, homosexual and have a daughter who knows, as does my wife, that I'm a homosexual. My wife still thinks that one day I'll tell her: 'I only give to the others what I don't give to you.'"

"I live in a two-story house, and I take the boys there, but only to the second story, where my daughter and my wife don't go. They never do, because they know when I've got a boy up there. I always go to the Realengo Movie theater, where they show porn movies, and where the boys in the audience often masturbate. Then I approach them, and say I've got my car parked right outside and ask them if they wouldn't like to go home with me. Besides my wife and my daughter, the neighborhood and all my family know."

"My father is a homosexual. I've got a wife who knows and really likes me. I've brought her to the group and I've also taken her to a gay club. She just doesn't understand why I don't use rubbers with her. I really love her."

"I've been married and I've got two kids. I get along with my daughter, my ex-wife and her husband. I just got separated because I got along better with my lover than with my wife."

On secrets:

"My family doesn't know."

"My family doesn't know, but if they did, my mother would be really upset and my father would kick me out of the house."

"My family knows but they never bring the subject up."

"My family knows and accepts me the way I am."

"My family says I'm a free person and that I've got to deal with my own liberty, whatever it is."

On stereotypes:

"If you're on the outside, you don't know what kind of human beings we are; society is more rotten than we are."

"People not involved should respect our problem."

"As far as society is concerned, a queer is trash."

On AIDS:

"I believe that AIDS is a type of ignorance. AIDS is more a personal problem, from lack of knowledge."

"There didn't used to be AIDS. I don't believe in AIDS. It's just an old disease with a new name."

"AIDS is just gonorrhoea by another name. The Americans brought it to us when they came for 'Rock in Rio'."

"AIDS is an open door for a whole mess of diseases."

"AIDS doesn't kill, but the other diseases take their opportunity to do so."

How you get AIDS:

"In some stupid operation."

"At the dentist, if he doesn't sterilize his instruments."

"There's a chance that you can get AIDS from oral sex, because I've read something about that. There are a lot of people who don't like to use rubbers for oral sex; they say it's like sucking a candy with the wrapper still on."

"Taking care of an AIDS patient won't give you AIDS."

On behavioral changes:

"The heterosexual is slower, he stays home more with his family."

"People didn't give any importance to their own worth anymore and now, there's more care, more affection."

"On this summer night, I'm here, participating in this group. Some time ago, I was down at the Flamengo Park,

fuck five or six persons and not using anything. Not now, but before, I wouldn't even talk about it. Today, I talk, I ask who you are, what you do, if you've got a rubber, etc."

"I know this guy, he wanted sex with penetration but without a rubber and I said no. So there was no deal."

The rubber:

"I wasn't really worried about using a rubber because of the guy I was with; he said he didn't like homosexuals."

"I don't use a rubber because I've got a steady partner."

"This faithful stuff doesn't exist between homosexuals, and if you believe it, you've got your head in a bag."

"I started using rubbers way before this AIDS stuff, because I had VD."

"I didn't use to wear a rubber, because it made it harder for me to come, but you have to use one. Though you have to, its tough, because you don't have that skin to skin contact."

"I think that with someone you like, the rubber creates a barrier. If you have a test, then another and then a third, and they're all negative, then you don't have to use a rubber."

"I think this business of having to use a rubber is crazy. You die, but at least you die happy, because, just imagine, just when the moment arrives, here comes that talk about rubbers..."

"The first experience with a rubber is traumatic, because it's so dry, and people don't know how to make a rubber pleasurable. If there's no affection, there are people who won't adapt to a new way of love-making."

"I know lots of well-informed people who don't use rubbers. I think they're the type of people who are still not aware of the danger. I guess they won't become aware until they the danger firsthand."

"For me, it's a choice: you use it or you die."

"I say that fucking without it is dangerous, and I try to convince them that a rubber can be pleasant."

"The homosexual is unfaithful, I'm unfaithful, the flesh is weak, and that's why I think you have to wear a rubber."

How to conduct a campaign:

"I don't think it's enough just to distribute rubbers, to give them out, you have to tell people how to use them."

"Show the truth to people, that there are people dying in hospitals. I saw two friends die, and I think that not showing this is stupid discrimination."

"I don't think that terrorism is the way to convince people."

"You have to make people aware, talk about it."

"Make people see their responsibilities, not only the homosexuals, but also the schools, religions, associations, government, etc."

"I think information is fundamental, from someone who knows what he's talking about, who homosexuals can trust. If he's a doctor, he'll just be rejected. If he's a homosexual, he'll be more easily accepted in a homosexual community."

CHAPTER IV

FAILURES AND TRIUMPHS, LOSSES AND GAINS

At the end of this study, there would be nothing more natural than to ask: were the results we desired achieved? Did the work we developed affect reality in any way? What is the present status of the three programs?

RADIO MIMOZA

Because of a series of conflicts inherent in Vila Mimoza, the community radio was obliged to end operations at the end of the first semester of 1992. The equipment was placed in storage, to await a possible change in plans.

After a few weeks, however, thieves broke into the place where the equipment was kept, and stole the amplifier, tape recorder, microphones, etc. leaving only the speakers.

T-SHIRTS AND RUBBERS

The street kids program continued until September 1991. That month, the Brazilian Center for Defense of Children's and Adolescents' Rights ceased, basically, its activities. It lost its headquarters and the group participating in the program was practically dissolved. The kids that the Center was working with spread out over the city. Some disappeared, others were arrested and others were murdered.

DIAL AIDS ATOBÁ

The hotline continued to operate, but precariously. Actually, the Atobá Group could not maintain enough initiative. Aside from problems related to the group's own difficulties, a series of setbacks that they suffered must also be taken into consideration. From the Collor Plan's freezing of their bank funds, to the death of some of their main members.

Thus in all cases there was the interference of some type of violence. Violence from thieves, in the case of Radio Mimoza. Institutional violence in the case of the dissolved Brazilian Center for the Defense of Children's and Adolescents' Rights. And the violence of AIDS, in the case of Atobá. And these programs were powerless to resist this violence.

Could the groups have done anything?

No. Their purpose, their reach and their possibilities of intervention were much less than the obstacles. In the final analysis, they had only tried to spread information for safer sex, and not assure the continuation of initiative or associations thus related.

Nevertheless, any type of social intervention is necessarily obliged to deal with some type of violence in society. The lack of power of our programs in the face of more global realities in no way signifies that their course of action was incorrect. Much the opposite. The intimate interaction with people belonging to the groups we worked with, allowed that, in some way, the ideas raised would remain in these groups. And these ideas are ready to bear fruit whenever conditions turn favorable.

In the case of Vila Mimoza, the program strengthened the Rio de Janeiro Prostitutes' Association. The Radio's operation was not limited to obtaining more funds and support from other institutions. It also awakened the community to a resource it had always possessed, but was not itself aware of.

As for the street kids, the Brazilian Center for the Defense of Children's and Adolescents' Rights is being restructured and its priority is to take up the work of HIV/AIDS prevention with this group. Thus, as soon as possible, it intends to begin producing T-shirts and using the memory game created for the program.

For the Atobá group, it should be noted that the newspaper "O Caso" is still published, and two more issues have been published without any help from BEMFAM. The great problem here, is still the managerial difficulty of volunteer work, inherent to this type of organization, a difficulty that is not exclusively Brazilian, much less exclusive to homosexual groups. It exists all over the world, and in any type of social intervention based on volunteer work.

The results obtained, although limited, indicate that the methods adopted were correct. We believe that few health information programs have spoken so directly to those interested or had such positive results in terms of transmitting their messages. It is not by its obstacles that reality imposes its purpose of action, as in this case, in which we should not resort to inertia.