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**The Cultural, Class, and Gender Politics
of a Modern Disease:
Women and AIDS in Brazil**

by

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Executive Summary

Objectives

The epidemiological picture of HIV/AIDS in Brazil has changed significantly as the number of women infected has steadily increased. It is estimated that by the year 2000, the number of AIDS cases among women will equal that of men, and that poor women will be particularly hard-hit by the disease.

- analyze women's and men's private discourse about sexuality and AIDS;
- draw from this analysis to develop appropriate HIV/AIDS educational materials for women; and
- foster collaboration between the feminist and AIDS activist communities in order to develop HIV/AIDS prevention programs for women that more accurately reflect the reality of gender roles and relations in Brazil.

Methodology

This study was a collaborative research project between an anthropologist from the University of California, Berkeley; the Associação Brasileira Interdisciplinar de AIDS (ABIA), a national non-governmental organization that works to educate the public about AIDS issues; and the Coletivo Feminista Sexualidade e Saúde, a feminist organization that focuses on women's reproductive health.

Three complementary data collection methods were used. These were individual in-depth interviews conducted with 20 male and 40 female factory workers in São Paulo; three rounds of group discussions held with women from six *favelas*, or low income neighborhoods, in Rio de Janeiro and São Paulo, and participant observation of everyday life in two *favelas* in Rio de Janeiro.

The purpose of the first round of group discussions was to elicit information on sexuality and HIV/AIDS. This information, together with data from the individual interviews, was used to develop a video and pamphlet. The second round of group discussions was used to pretest the video. Feedback on a draft of the pamphlet was obtained during the third round of group discussions.

Results

The findings provided insights into six aspects of sexuality; communication on sex between partners, condom use, fidelity, virginity, homosexuality/bisexuality, and anal sex. The findings also revealed men's and women's level of knowledge about and attitudes toward HIV/AIDS.

Overwhelmingly, the women who were interviewed both individually and in groups reported that it was difficult to talk to their male partners about sexual matters. Those women who found it easier to communicate with their partners tended to be older in age or were in relationships with men who were younger than they were. In addition, women who were in second marriages or in relationships with men outside of marriage generally found it easier than women in first marriages to communicate with their partners about sex. Many women described their first sexual experiences as traumatic and attributed the trauma of that event to their lack of communication with their partners and their own lack of knowledge.

Talking about contraception with their partners was also reported by women to be difficult and a source of conflict. Many women mentioned, however, that talking about such matters was not necessary because they were sterilized or on the pill.

Of the 40 women interviewed from the factories, 34 had never used a condom. It was not surprising, therefore, to learn that women's attitudes towards condoms were predominantly negative. The barriers to condom use was most commonly mentioned included: interference with pleasure; fear that the condom would break during sexual intercourse, and that pieces of the condom would be left inside the vagina and cause infection; and the association of the condom with "women of the street" or prostitutes. This latter barrier was mainly expressed by older women; conversations with younger women indicated that they have begun to disassociate condom use with prostitution. Another obstacle to condom use mentioned by some women was that it prevented the feeling of semen inside them during intercourse. Another major barrier commonly mentioned was the prohibitive cost of condoms.

Men's attitudes toward condoms were similar to those of the women. None of the men interviewed described the condom positively, and the barriers to condom use they

mentioned were very similar to those described above. They said they would be more likely to use a condom with a woman they did not know or trust, and they would use one with their stable partner only if she could not use any other contraceptive.

According to the women, negotiating condom use within stable relationships was highly problematic. They felt that by asking their partners to use a condom, they would be implicating themselves or their partners as unfaithful and thus would have to bear the repercussions of anger and violence.

With regard to fidelity, while the women acknowledged that some women have "affairs" they felt that men were more likely to do so. Men also agreed that women were generally more loyal than men. Some women reported being worried about their husband's infidelities, but felt powerless to do anything about it. Men, on the other hand, said that they would separate from their wives if they knew they were having "affairs." Men who were having "affairs" demanded fidelity of all their partners, even while claiming that they did not follow the same rules themselves. Interviews with women who were in relationships with married men revealed that they did not feel the need to use a condom because they believed that their male partners were only having sex with them and their wives. By their logic, therefore, fidelity within infidelity precluded condom use.

In general, women interviewed in Rio de Janeiro did not feel that virginity before marriage was important anymore. In São Paulo, however, respondents mentioned that there was still some importance attached to virginity. Although there was a great deal of public discourse about sexual freedom, young women reported feeling pressure from their families -- particularly from brothers and fathers -- to remain a virgin until marriage. Some women thought that their male peers continued to attach a great deal of importance to it, and feared that losing their virginity would make them unmarriageable. In retrospect, older women equated their virgin status with being stupid and naive. They felt that their need to be recognized as virgins prevented them from telling their partners what they liked and wanted sexually.

A consistent finding across interviews with both men and women was the spontaneous negative reaction to men having sex with men. None of the men interviewed admitted having a homosexual experience. It was clear from interviews with both women and men that the repercussions for a man of having a relationship with another woman were far less negative than that of having sexual relations with a man.

In group discussions as well as in interviews, women talked about their experiences with anal sex. Some women reported liking it whereas others did not. Several women spoke of the pressure that their partners exerted on them to engage in anal sex, with threats that they would find what they wanted on the street if the woman did not comply. Many of these women cited anal sex as a source of conflict (and violence) in their marriages. The majority of men who were interviewed, however, felt that "decent" women would not participate in anal sex. They also considered anal sex more appropriate in relationships outside of marriage. In explaining the pleasures of anal sex for men, some of the men compared it to the pleasure of having sex with a virgin. One man described anal sex as a "conquest."

There was great variation with regard to knowledge about HIV/AIDS; while some were very well informed, others said they were confused. The greatest confusion centered around the modes of transmission. Several respondents believed that HIV could be spread through public bathrooms and mosquitoes.

These findings were used to develop an AIDS educational video and a pamphlet entitled "Ousadia! Prazer de Viver." The video was informational and was designed to educate viewers about HIV/AIDS transmission and prevention using humor and a documentary format. Pre-testing of the video indicated that while women generally liked the format, it did not succeed in clarifying all of their doubts about transmission. The discussions following the screening of the video, however, helped to identify sections of the video that needed improvement. The pamphlet was designed as a way to stimulate discussion about shared experiences and the factors that shape and perpetuate the social norms that influence sexual behavior and thereby increase women's risk of HIV infection. The pamphlet consists of a series of drawings, questions, and statements regarding women's bodies, gender relations, partner communication, and non-consensual

sex. Use of this pamphlet with groups of women during the third round of group discussion was successful in generating discussion on the above topics.

Conclusions

The findings revealed the double standard that exists for male and female sexual behavior and the ways in which sociocultural norms and ideals increase women's vulnerability to HIV infection. Women's inability to communicate with their partners about sex, for example, makes it difficult for them to assess the risk that their partners may pose for them. The importance of virginity and fidelity for women, and the condoning of multiple partnerships among men, are other examples of the way in which women's health is compromised. Women's ability to protect themselves from infection is also limited by the prohibitive cost of condoms and the negative attitudes towards their use in intimate relationships.

The project team was successful in carrying out all proposed activities and in opening a dialogue between the feminist and AIDS action communities on the importance of gender issues in AIDS prevention. Findings from this action research project underscore the importance of continued collaboration.

1. Introduction

Researchers have estimated the number of HIV-infected people in Brazil (total population 150 million) to be as high as 1 million.¹ Under-reporting is very high, however, and the actual prevalence of AIDS in Brazil may be 40 percent to 60 percent higher than the official numbers reflect.² According to data reported to the Pan American Health Organization, the distribution of AIDS cases in Brazil by cause of infection is as follows: 42 percent through homosexual sex, 29 percent through intravenous drug use, 21 percent through heterosexual sex, 5 percent through blood transfusion, and 2 percent through perinatal transmission.³ Most of Brazil's 33,938 reported AIDS cases⁴ have been concentrated in the major cities of Rio de Janeiro, São Paulo, and Porto Alegre.⁵ The World Health Organization predicts that the state of São Paulo alone will have at least 250,000 cases of AIDS by the year 2000.⁶

The number of women with AIDS has been growing steadily in Brazil, thus rapidly changing the epidemiological picture of AIDS, as well as popular conceptions about the disease. In 1985, 3 percent of Brazilians ill with AIDS were women. As of 1992, 20 percent of those afflicted with the disease were women.⁷ The proportion of women with AIDS in São Paulo has risen both absolutely and proportionally over the

1. Brooke, James, "In Deception and Denial, an Epidemic Looms," *New York Times*, January 25, 1993, p. 1.

2. AIDSCAP Semi-Annual Report 1, AIDS Control and Prevention Project, Family Health International, 28 August 1991-31 March 1992.

3. Brooke, James, "An AIDS Epidemic in Latin America Looms Amid Deception and Denial," *New York Times*, January 25, 1993, p. A5.

4. Brooke, James, "An AIDS Epidemic in Latin America Looms Amid Deception and Denial," *New York Times*, January 25, 1993, p. A5.

5. "Brasil terá 425 mil aidéticos até 95," *Jornal do Brasil*, August 18, 1992.

6. "São Paulo tem 10 mil doentes de Aids," *O Estado de São Paulo*, February 26, 1991.

7. Brooke, James, "An AIDS Epidemic in Latin America Looms Amid Deception and Denial," *New York Times*, January 25, 1993, p. A5.

last five years: in 1985 the ratio of male to female patients diagnosed with AIDS was 38-to-1, while in 1990 the proportion was 7-to-1.⁸ This suggests that by the year 2000, the number of women with AIDS will approximate the number of men with AIDS. It also suggests that, proportionally, the number of AIDS cases will diminish in the early identified risk groups of homosexual and bisexual men and will grow among women, and the general population at large.

During the early years of the AIDS crisis (1980-90), national government and public health officials seemed relatively uninterested in the dangers this epidemic would present in Brazil.⁹ Beginning in 1990 and continuing into 1991, however, the government's attitude shifted. The Ministry of Health created a series of public education campaigns, which were broadcast during certain periods daily on television and radio. These mass media campaigns were technologically sophisticated and costly (\$500,000 U.S.). Yet, a poll conducted by the *Folha de São Paulo* in March 1991 revealed that only 52.5 percent of respondents remembered *any* of the AIDS campaigns, and only 29.4 percent remembered the 1991 campaign.¹⁰ Mass media messages concerning AIDS prevention are neither reaching the public's ear nor providing specific information about preventive behaviors. In Brazil, mass media campaigns have emphasized the incurability of AIDS and have barely hinted at risky sexual behaviors and methods for preventing transmission, such as condom use.

8. "Aids' No Estado de São Paulo," *Boletim Epidemiologico*, Centro de Referencia e Treinamento SUDS-SP, February 1991.

9. As recently as August 1990, an article in the *Jornal do Brasil* stated that according to the Ministry of Health, AIDS was not an immediate priority. This was stated at a time when Brasil was more immediately threatened by the possibility of a dengue epidemic. See, "Programa da Aids não é Prioridade Para O Ministério da Saúde," *Jornal do Brasil*, August 1, 1990.

10. The 1991 campaign consisted of a radio campaign with a jingle that stated, "If you are not careful, you are going to get AIDS." The television version consisted of various faces "confessing" that they have different illnesses for which there are "cures" (cancer, syphilis, and tuberculosis are mentioned). The last face, however, admits he has AIDS, a disease for which there is no cure and of which he is going to die. See, "'Grupos de Segurança' Mudam Ritual do Amor Para Conviver Com A Aids" and "Campanha Não Atinge Resultado Esperado," *Folha de São Paulo*, March 31, 1991, for polls on the effectiveness of the campaigns.

Large-scale polls have shown that some general knowledge and fear about AIDS *does* exist in the population, but this knowledge and fear has not translated into behavioral change.¹¹ In 1991, Data Folha, the research section of *Folha de São Paulo*, conducted a study with 2,533 persons in the cities of São Paulo, Rio de Janeiro, Belo Horizonte, and Recife and found that 71 percent of those interviewed were fearful of getting AIDS. Many interviewees, however, held beliefs that were based on inaccurate information. For example, 52 percent believed that one could become contaminated through a mosquito bite; 44 percent, by toilets; and 38 percent, by kissing on the mouth. However, 65 percent of those interviewed reported they had not changed their sexual behavior because of AIDS.¹² This finding highlights the fact that sexual behavior patterns in Brazil, as elsewhere, are difficult to alter and cannot be changed through mass media alone.

Factors that Contribute to Women's Risk of HIV in Brazil

Insights from the Experience of Family Planning

Long before the AIDS epidemic became a reality in Brazil, the issues of birth control and family planning stimulated many public debates and became a rallying point for women's organizations, the feminist movement, and the Afro-Brazilian movement. Despite their importance, however, these topics never became the subjects of massive government interventions in the same way as AIDS has become. Moreover, the issue of family planning hardly became an issue for most men, since women assumed primary responsibility for contraception.

There are some obvious similarities in the issues involved in family planning and in safer-sex planning, specifically in how they affect women's perceptions of their bodies, sexuality, and responsibility concerning "protection." Similarities also exist in the ways

11. See, "Medo da doença atinge hoje 71% das pessoas" and "Prevenção através de mudança de hábitos sexuais ainda é pequena," *Folha de São Paulo*, January 13, 1991.

12. See, "Medo da doença atinge hoje 71% das pessoas" and "Prevenção através de mudança de hábitos sexuais ainda é pequena," *Folha de São Paulo*, January 13, 1991.

that public and private discourse¹³ about these issues have been constructed. For example, the public discourse concerning family planning and safer sex planning has been influenced largely by both conservative and progressive church elements and political parties. Another similarity is that both family planning and safer sex planning are limited by the kinds of technologies available.

One important difference, however, is that most family planning methods do not require direct male participation for their use, while safer sex (that is, using a condom or engaging in non-penetrative sex) does require male cooperation. In the case of family planning, women have options other than the male condom to protect themselves against an unwanted pregnancy--they can take a pill, choose sterilization, or slip in a diaphragm, without having to raise the issue with their partner prior to each sexual encounter. The ability for women to have some level of autonomy in contraceptive decision-making is now being accepted as one explanation for the significant decline in fertility that occurred in Brazil from 1965 to 1980. Moreover, among Brazilian women, the popularity of sterilization over other less intrusive forms of birth control is proof of their reluctance to discuss or share contraceptive decision-making with their partners. Understanding this "reluctance", and in particular the power dynamics in gender relations that contribute to that reluctance, is important within the context of AIDS prevention and safer sex planning because women's diffidence in discussing sexual and contraceptive options with their partners could, and often does, act as a significant barrier to the adoption of preventive behaviors.

13. By discourse, this report refers to the actual language and the content of messages displayed by institutions and individuals in either public or private settings. Implicit reference also is made to the work of Michel Foucault, the French historian whose method involved analyzing the discursive practices of various institutions--for example, the way the medical establishment defined sexuality (both abnormal and normal) through the use of scientific language and how this language became self-evident truths at the local level. See *The History of Sexuality*, (New York: Vintage, 1980) and *Herculine Barbin: Being the Recently Discovered Memoirs of a Nineteenth-Century French Hermaphrodite*, (New York: Pantheon, 1980).

Other Risk Factors

Another important factor to consider in the rise of AIDS cases among Brazilian women is the hidden bisexual activity of Brazilian men. As of February 1991, approximately 19 percent of women with AIDS could attribute their infection to a bisexual partner.¹⁴ Because of the construction of bisexuality in Brazil, men who have sexual relations with other men are not likely to report this behavior to their female partners. A recent study in Rio de Janeiro's Gafreé and Guinle Hospital (the largest institution treating AIDS patients in Rio de Janeiro) found that 30 percent of bisexual men seeking anonymous advice at the hospital did not use condoms at all. The high incidence of male bisexuality as well as the growing number of male and female intravenous drug users in Brazil's urban centers is contributing to the risk of HIV infection among sexually monogamous women. It was recently found that six of every 10 HIV-seropositive newborn babies born in the Gafreé and Guinle Hospital have mothers who indicated that their only risk factor was having sexual relations with their husbands.¹⁵

AIDS in Brazil also needs to be understood in relation to Brazil's social and economic situation, including its diverse and culturally specific notions of sexuality. During the last three decades, Brazil has experienced a rapid transition to urban life. The World Bank predicts that by the year 2019, 85 percent of all Brazilians will live in cities and the majority of them will be poor.¹⁶ Brazil already is one of the most economically unequal societies existing today: 10 percent of the population account for 47 percent of the country's total income. A large proportion of migrants to the cities, unable to buy or rent standard living spaces, live in urban slums known as *favelas*. Due to the debt crisis and economic stagnation in the 1980s, the government, despite a

14. "AIDS No Estado de São Paulo," *Boletim Epidemiologico*, Centro de Referencia e Treinamento SIDS-SP, February 1991.

15. "Grupo bissexual despreza camisinha," *Folha de São Paulo*, October 7, 1992.

16. *Health Policy in Brazil: Adjusting to New Challenges*. World Bank, May 1989.

process of democratization,¹⁷ has not been able to halt the deterioration of the education and health sectors. Diverse cultures, including sexual cultures, have emerged in the context of urbanization and urban impoverishment. Furthermore, AIDS cases in Brazil are growing fastest among the poor.¹⁸

While many studies of sexual behavior and AIDS have been conducted in urban settings, they have concentrated on either commercial sex workers or elite populations. For example, a February 1991 study by Data Folha interviewed 774 persons ages 16 to 45, all of whom earned 20 or more minimum salaries¹⁹ per month.²⁰ Information about the poorest women, those who live in the urban slums of Rio de Janeiro and São Paulo, is sorely missing. Therefore, our study has been designed to understand the way in which women living in *favelas* and low-income neighborhoods in Rio de Janeiro and São Paulo understand sexuality and AIDS prevention, and to develop appropriate AIDS educational intervention materials for them.

Women living in the *favelas* constitute a considerable portion of Brazilian women who live in socioeconomic and cultural conditions that increase their risk of HIV. These women, ages 15 to 40 years, form a majority of the country's population. They lack access to primary health care and most other urban services. At the same time, they typically work outside the home (often in factories or the homes of the middle and upper classes), take care of their households and children practically without assistance from men, and consider their men to be, for the most part, transitory members of the household. Accordingly, it is mostly women who contribute to community activities and

17. In 1989, the election of the first civilian president in 20 years was held. In 1992, however, the same president had resigned under the threat of impeachment.

18. AIDSCAP Semi-Annual Report 1, AIDS Control and Prevention Project, Family Health International, 28 August 1991-31 March 1992.

19. Minimum salaries is the standard by which Brazilians discuss wages. In 1991, it varied between approximately \$50 and \$80 per month, depending on the region and how far the inflationary cycle had gone before a new adjustment. Standards are set at the national and sometimes state level to insure a minimum monthly salary to workers.

20. "Paulistano se diz satisfeito com vida sexual," *Folha de São Paulo*, February 17, 1991.

actions, through residents' associations, local religious groups, basic sanitation campaigns, samba schools, community health posts, feminist or women's groups, school parents' associations, etc. The organization of community work in the *favela* enormously facilitates the development of networks through which AIDS prevention programs can be multiplied, since these networks are based on long histories of joint work between *favela* residents and various organizations of civil society.²¹

For AIDS prevention to succeed, we need to know more about these women and how they perceive their sexuality and options for risk reduction. By listening to their perceptions and views, educational strategies and materials that better respond to their needs and constraints can be developed. Listening to their views is also more likely to increase our understanding of sexuality and AIDS in contemporary Brazil.

21. Ramos, Silvia. Projeto AIDS e Mulher. Associação Brasileira Interdisciplinar de AIDS, 1990.

2. Review of Literature

Recently, anthropological theory has been concerned with reclaiming *the body* as a primary locus for research - a level of analysis which seems appropriate in providing a theoretical foundation for further inquiry into sexual attitudes and behaviors and their consequences for HIV/AIDS prevention. Scheper-Hughes and Lock²² suggest three perspectives from which the body may be viewed: as a phenomenally experienced individual body-self; as a social body, a natural symbol for thinking about relationships among nature, society, and culture; and as a body politic, an artifact of social and political control. These perspectives are useful for examining women's perceptions of their bodies and sexuality and their relation to the AIDS epidemic and safer-sex planning.

This study is based on the assumption that women's notions of their bodies, sexuality, and AIDS are culturally constructed. Low-income women's perceptions of sexuality often are at odds with the elite or public discourse about sexuality and AIDS, yet it is the elite conception of sexuality that is studied more frequently and often presented as universally Brazilian. For example, a recent series of popular studies (published in the *Folha de São Paulo*) examined conceptions of erotica among individuals earning 20 minimum salaries and above or approximately the top 5 percent of the population.²³ Polls such as this focus on the erotic notions of an elite minority of Brazilian society. Other studies, discussed below, that are more broad-based and examine the relationship between class and sexuality are, however, of limited use for prevention because they do not draw linkages between the construction of sexuality and the spread of AIDS.

22. Scheper-Hughes, Nancy and Margaret Lock, "The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology." *Medical Anthropology Quarterly* 1(1):7-41, 1987.

23. The *Folha de São Paulo* carried out a poll on February 14 with 774 persons from the middle-upper class (20 minimum salaries or above). The poll obviously was admittedly not directed at the popular classes. See, "Utilização da Camisinha Ainda é Insatisfatória," February 23, 1991 and "Paulistano se diz Satisfeito Com Vida Sexual," *Folha de São Paulo*, February 18, 1991.

Muraro's²⁴ studies of Brazilian women clearly point out the ways in which rural peasants, middle-class urban women, and factory women differ from one another and from men in their conceptions of their bodies and expressions of their sexuality. Her analysis emphasizes the gender differences in the discourse of these groups. She also notes that class position and work are key determinants of women's expressions and attitudes about their bodies and sexuality. For example, she found that both bourgeois men and rural peasant men are highly focused on the sexual aspects of their genitals. However, peasant women, because of their relationship with work and production, experience and speak of their bodies much more in terms of motherhood and reproduction than in terms of pure sexuality and pleasure. Muraro's study shows that the expectation and the discourse of sexual pleasure depends to a great extent on gender and on class.

Esteves²⁵ also focused on gender and class and found significant differences in the perspectives of sexuality that emerged from court cases of rape, moral offense, and kidnapping that occurred in Rio de Janeiro in the early 1900s. During the court proceedings, she reports, the lower-class women making accusations of rape, for example, were forced to adopt sexual attitudes that approximated elite judiciary views of sexuality to win their cases. According to Esteves, both medical and judicial discourse embodied a view of women analogous to the mother-prostitute dichotomy.²⁶ This discourse was likely to influence the judging of a woman's innocence based on her moral/sexual behavior. Because the local cultures of women differed according to class position, women from the lower classes--who Esteves suggests might not, for example, have

24. Muraro's sociological studies of female sexuality focus on the class dimensions of sexuality. See, Muraro, Rose Marie, *Sexualidade da Mulher Brasileira, Corpo e Classe Social no Brasil.*, (Petrópolis: Vozes, 1983) and *Sexualidade, Libertação e Fé*, (Petrópolis: Vozes, 1985).

25. Esteves, Martha de Abreu. *Meninas Perdidas: Os Populares e o Cotidiano do Amor no Rio de Janeiro de Belle Époque.* (Rio de Janeiro: Paz e Terra, 1989).

26. According to this ideal of marianismo, there are two images, one of the mother, which most often connects her to a saintly image, and that of the prostitute, or the sexually liberated woman. See, Stephens, Evelyn P. "Marianismo: The Other Face of Machismo in Latin America." In: *Female and Male in Latin America.* (Pittsburgh: University of Pittsburgh Press, 1973).

remembered or placed much importance on their loss of virginity--were forced to feign interest in their virginity to prove themselves to be "honest" women. These lower-class women had to hide their true values and beliefs about sexuality from their more middle-class neighbors and bosses, who would not have approved of their attitudes and/or their behavior. Esteves credits these women, residing in the precursors of today's *favelas*, with living out a very early "sexual revolution."

Other anthropological studies of sexuality in Brazil have explored cultural conceptions of the body and sexuality by examining the language people use to express concepts of erotic ideology. Parker²⁷ recently explained how the question of gender and notions of masculinity and femininity are intertwined with the patriarchal tradition, the language of the body, and sexual categories which are all situated along a hierarchical continuum. Of Parker's 31 informants, 17 were male and 14 were female. Seven of the 14 women interviewed by Parker came from lower-middle-class backgrounds, and the rest were from middle- or upper-class backgrounds. Because low-income women were not included in his sample, Parker's study does not provide an understanding of low-income women's sexuality and how it differs from men's conceptions of their sexuality.

Scholars of Brazilian sexuality (Fry, MacRae, Parker, Trevisan, and Perlongher)²⁸ point out that the male sexual world is more varied than most people realize, and those who are probably least aware of this variation are women. In Brazil, it has been found that a man's sexual role (active or passive) significantly defines his sexual identity; Parker²⁹ clearly explains, male homosexuality in Brazil permits the active

27. Parker, Richard. *Bodies, Pleasures and Passions: Sexual Culture in Contemporary Brazil*. (Boston: Beacon Press, 1992).

28. In addition to the works of Fry, MacRae, and Parker cited above, the works of Trevisan and Perlongher also are very important to our understanding of male sexuality. See especially, Trevisan, João Silvério, *Devassos no Paraíso: A Homossexualidade no Brasil, Da Colônia à Atualidade*. (São Paulo: Editora Max Limonad Ltda, 1986) and Perlongher, Nelson, *O Negócio de Michê: A Prostituição Viril*. (São Paulo: Editora Brasiliense, 1987).

29. Parker, Richard. *Bodies, Pleasures and Passions: Sexual Culture in Contemporary Brazil*. (Boston: Beacon Press, 1992).

partner (the one who penetrates) to maintain his male and macho status. The active partner in sexual relations with other men may not, therefore, consider himself, nor will others necessarily consider him, to be homosexual or "gay." However, sexual activity with another man regardless of the sexual role is not seen very positively and therefore, a man is not likely to talk openly about it.

Much of the erotic ideology in Brazil is centered around men and tells us very little about women's sexual ideology and discourse. According to the prevailing feminine cultural ideal, women are supposed to be "innocents" and not very knowledgeable about sexuality. Since women are not supposed to know about sexuality, they are expected to lack a discourse about it. Descriptions of "marianismo," or the cult of female spiritual superiority commonly found in Latin American cultures, breeds a discourses of suffering and sacrifice rather than pleasure among women. According to Stephen's³⁰ analysis of *marianismo* in Latin America, the ideal woman is supposed to be prenuptially chaste and postnuptially frigid. To speak of sexual pleasure after marriage would be to lessen the female power inherent in this ideal which expects women to suffer more and, through this suffering, become more saint-like. This "ideal", however, may differ significantly from the reality of low-income women's lives. There is, therefore, a critical need for more research on low-income women's discourse, perception, and experience of sexuality, particularly in the context of AIDS prevention.

It is important to understand women's sexuality, desires, and power to control a situation in the context of Brazilian culture in order to understand the possibilities women have to negotiate safer sex with their male partners. We also need to understand how male sexuality functions in the context of a public ideology that supports male

30. Stephens (1973) sees marianismo as the other side of machismo. Marianismo, the cult of female spiritual superiority, idealizes women as morally and spiritually superior, strong even while being passive and submissive to men. See, Steven P. "Marianismo: The Other Face of Machismo in Latin America." In: *Female and Male in Latin America*. (Pittsburgh: University of Pittsburgh Press, 1973).

infidelity³¹ and fails to engage men as partners in contraception or family planning. Safer-sex planning for AIDS prevention has become a new territory where some old issues concerning male-female relations have re-emerged. Low-income women, their sexual interactions with men, and their discourse on sexuality have so far been left off the research agenda. This action research project was designed, therefore, to focus primarily on them.

31. A number of studies, both older and more contemporary, suggest that women in Brazil have a tendency to tolerate men's extramarital affairs, but there can be absolutely no toleration of women's extramarital affairs. For a classic version of how this is played out among the families in Cruz das Almas, Brazil, see, Pierson, Donald, "Familia e Compadrio Numa Comunidade Rural Paulista," *Sociologia*, 16,4:368-389, 1954.

3. Methodology

The purpose of this action research study was to analyze the cultural and gender context within which poor urban women risk exposure to HIV in Brazil. To fulfill that goal, the study had the following three objectives:

- To analyze women's and men's private discourse about sexuality and AIDS. Private discourse is defined as what individuals say to one another in group interactions as well as during individual interviews conducted in a private setting.
- To draw from the analysis of private discourse to develop appropriate AIDS education materials for women.
- To create a dialogue and foster collaboration between the feminist and AIDS activist communities so AIDS prevention programs for women would better reflect the reality of gender roles and power dynamics in Brazil.

Description of Collaborating Institutions

This study was a collaborative action research project between the principal investigator (PI), Donna Goldstein, an anthropologist from the University of California-Berkeley; the Associação Brasileira Interdisciplinar de AIDS (ABIA), a national nongovernmental organization (NGO) that works to educate the public about AIDS issues; and the Coletivo Feminista Sexualidade e Saúde, a feminist health collective.

ABIA was formed in 1985 in response to the growing AIDS epidemic in Brazil and has successfully conducted educational programs with diverse populations. ABIA's collaboration with this project fits its broader program of creating AIDS educational materials for women. ABIA lobbies the national government, protests discriminatory practices against persons with HIV/AIDS, and is a leading intellectual force in the AIDS solidarity movement in Brazil. ABIA is the most visible AIDS activist group in Brazil; it organizes and coordinates many of the conferences that unite other groups doing similar work in other parts of the country. ABIA also produces a monthly newsletter.

The Coletivo was formed in 1981 and originally called itself Grupo Sexualidade e Política. In its early years, the group organized courses and discussion groups on health

and illness, body consciousness, contraception, maternity, and sexual pleasure.³² Today, the group works closely with a variety of popular women's organizations in São Paulo and operates women's health clinic that uses a sliding-scale fee schedule. The organization's members are recognized leaders of the feminist movement in São Paulo and Brazil. Many of the founding members of the Coletivo hold or have held important political posts within the São Paulo city government's Women's Advisory Council.³³

Research Questions and Variables

The specific research questions that guided our exploratory study were as follows:

- In what way does the discourse of low-income men and women concerning sexuality differ, and how much is this due to differing concepts of erotic ideology?
- What are the barriers that make it difficult for low-income women to discuss risky sexual behaviors with their male partners?
- How do the culturally sanctioned sexual roles that encourage male infidelity and female fidelity and purity manifest themselves in the daily lives of these low-income women?

The study focused on five variables, or dimensions, of sexuality. These were sexual communication, condoms, anal sex/bisexuality/homosexuality, virginity, and fidelity. Data also were collected on AIDS related knowledge and beliefs.

For each variable, the individual interviews and the group discussions elicited attitudes, behaviors, and life experiences of the respondent as well as their perceptions of what others felt and did. For example, respondents were asked whether or not they communicated with their partners and/or others about sexuality and to describe their interactions. They were asked about their attitudes toward condoms as well as their

32. Coletivo Feminista Sexualidade e Saúde, "Por uma Alquimia da Utopia," Seminário Metodologia de Práticas em Saúde da Mulher, Olinda, May 1988.

33. This situation may have changed in 1993 when Paulo Maluf, a political conservative, was elected mayor of São Paulo, taking over from the Worker's Party mayor Luísa Erundina.

experiences with using condoms. Respondents' attitudes towards anal sex, bisexuality, and homosexuality were explored, and their personal stories regarding infidelity and the loss of virginity were elicited. In addition, the study attempted to identify how respondents perceived AIDS as an illness and how it could be prevented.

Data Collection Methods

Three qualitative methods of data collection that complement each other were used. These methods are described in Table 1 and were used to fulfill the three objectives listed earlier.

Table 1: Data Collection Methods

Data Collection Methods	Individual interviews: women and men interviewed in private setting	Group discussions:	Participant Observation: natural participation in everyday conversations and activities
Setting	2 factories in São Paulo: 40 women interviewed 20 men interviewed	6 <i>favelas</i> : 3 in Rio de Janeiro and 3 in São Paulo 18 group discussions	Close observation of daily life and conversation in 2 <i>favelas</i> , Rio de Janeiro
Kind of Data	Attitudes and behavior with reference to sexuality and HIV/AIDS	Private discourse among women on sexuality and HIV/AIDS	Public discourse on sexuality and HIV/AIDS

The methods were:

- individual interviews (lasting approximately 1 to 1 1/2 hours) with women and men who worked in factories;
- group discussions in *favelas* with women ages 15 to 60; and
- informal participant observations in Rio de Janeiro *favelas*.

A total of forty women and twenty men who worked in two factories were interviewed individually (see Appendix A for the individual interview guides). In the

first factory, twenty women and twenty men were interviewed. In the second factory, an additional twenty women were interviewed. All interviews were recorded and data from these interviews were used to design the guides for the group discussions.

The project team conducted three rounds of group discussions in each of six *favelas* in São Paulo and Rio de Janeiro (see Appendix B for the group discussion guides). All group discussions were recorded. In the first round of discussion groups, we gathered data about women's sexuality and AIDS transmission and prevention. This information was used to fulfill the second objective: to design educational materials for low-income urban women. These materials consisted of a pamphlet and video (see Appendix C for description of materials). During the second round of group discussions, the project team presented a draft version of the educational video and used the women's feedback to re-edit and improve the video. In São Paulo, during the third round of group discussions, we presented the women with draft designs for the educational pamphlet and used their feedback to re-design the pamphlet. In Rio de Janeiro, the third round of group discussions was used to evaluate the final draft of the educational pamphlet entitled "Ousadia! Prazer de Viver." A page of the educational pamphlet is presented in Appendix D to illustrate the kinds of issues that were brought up for discussion. Table 2 summarizes the aims of the 18 group discussions conducted with women.

Table 2: Objective of Group Discussions held in São Paulo and Rio de Janeiro

	<u>São Paulo:</u>	<u>Rio de Janeiro:</u>
Group Discussion #1 Total: 6	Elicit information on sexuality and AIDS for documentation and analysis Design educational materials	Elicit information on sexuality and AIDS for documentation and analysis Design educational materials
Group Discussion #2 Total: 6	Obtain feedback on draft of video	Obtain feedback on draft of video
Group Discussion #3 Total: 6	Obtain feedback on draft of educational pamphlet	Assess final version of educational pamphlet

Informal participant observation was conducted in two *favelas* in Rio de Janeiro. The PI spent time living in these *favelas* and recorded everyday conversations (without

prompting) that concerned female sexuality, sexual behavior, reproductive health, and AIDS knowledge and beliefs.

The project team accomplished its third objective, to foster collaboration between the feminist and AIDS activist communities through the participation of a feminist and an AIDS activist organization in some aspects of the research and in the creation of the educational materials so that AIDS prevention programs for women would better reflect the power dynamics in gender relations in Brazil. By talking and working with each other, these groups increased their understanding of the complexity of issues related to women and AIDS.

Sampling Procedure and Description of Study Population

Individual Interviews

The individual interviews were conducted in two metallurgical factories in the São Paulo area. Factory 1 produced metallic pieces for cars, and factory 2 produced metallic pieces for elevators. In both factories, women formed a small percentage of the workforce (excluding cleaning women and cooks), and women earned significantly less than men doing the same or similar work. This work involved the actual production of metallic pieces with heavy machinery--ferreting out the good pieces and, in some cases, performing the first quality control test on the pieces.

In factory 1, due to the growing strength of the union movement, women recently had been moved into positions that had normally been held by men.³⁴ These women considered themselves economically better off relative to other women in the factory (for example, the cleaners and cooks). It is interesting to note, however, that these "better paid" women earned between one and two minimum wages, and men earned between three and six minimum wages.

Employers in factory 1 provided the PI with a small, private room in the infirmary in which to conduct her interviews. The PI asked for women and men to volunteer to be interviewed. After the first few women had been interviewed, all of the women wanted to be interviewed. Volunteers were interviewed on a first-come first-serve basis. The

34. According to researchers in this field, replacing male workers with female workers was one strategy that employers used to keep wages low and break up potential union organizing in the factories and strikes. Women, grateful to be earning a "man's wage," were less likely to support the union movement or the fight for higher wages since they did not want to jeopardize their newly won positions.

factory medical staff had held an AIDS informational session at the factory only a few months before the interviews began, and some of the interviewees had attended. There were approximately 400 workers in the factory; between 10 percent and 20 percent of the workers were women.³⁵ Of these, the PI interviewed 20 men and 20 women, who were mostly between the ages of 23 and 45.

The men, interviewed from factory 1 did not form a similar sample to the women, for a number of reasons. First, the men in the factory, whether justly or not, were categorized as "skilled" workers and earned an average of three to six times the salary of the women in the same factory. This categorization implies that many of these men attended technical training schools and were, overall, better educated than their female co-workers. Also, the men, on average, had spent more time in São Paulo (some for more than 20 years) than the women, many of whom had migrated to São Paulo only within the past 10 years. The men then represented a second generation of migrants who had more clearly established themselves within the São Paulo working class and had access to higher-paying positions. Table 3 summarizes the ages, marital status, and the number of years that each interviewee from factory 1 had spent in São Paulo.

In factory 2, the PI made presentations to two work groups, one in the morning and one in the afternoon. In the afternoon session, 100 percent of the women volunteered to be interviewed. This factory had held a two-hour AIDS informational session only a month before our interviews. Women were interviewed on a first-come first-serve basis. The PI accepted five volunteers from the morning session and 15 from the afternoon session. A large proportion of the women were in their late 30s and early 40s and, on the average, had migrated to São Paulo much earlier than the women interviewed in factory 1. Table 4 summarizes the ages, marital status, and the number of years each interviewee had spent in São Paulo.

35. The factory directors were reluctant to give out this information, as they were in the process of firing men and then hiring women at lower salaries.

Table 3. Demographic Characteristics of Men and Women (N=20) from Factory 1, São Paulo

Marital Status	Men	Women
Married	17	5
Unmarried	3	8
Separated	-	7
Age Group		
Below 25	3	8
25-29	6	3
30-34	3	4
35-39	3	5
40 and above	5	-
Number of Years in São Paulo		
Native	8	2
Migrant	-	-
Not sure	3	1
Less than 5 years	1	2
5-9 years	2	5
10-14 years	-	4
15-19 years	2	5
20 years and above	4	1

Table 4. Demographic Characteristics of Women (N=20) in Factory 2, São Paulo

Marital Status	Women
Married	8
Unmarried	5
Separated	6
Widow	1
Age Group	
Below 25	-
25-29	2
30-34	3
35-39	6
40 and above	9
Number of Years in São Paulo	
Native	5
Less than 5 years	-
5-9 years	1
10-14 years	3
15-19 years	2
20 years and above	9

The women and men interviewed in the factories lived in peripheral neighborhoods in São Paulo, the same neighborhoods where the São Paulo group discussions took place. The samples for the individual interviews were purposive and, therefore, the data are not generalizable to the entire population of low income women and men in São Paulo. Instead of selecting individuals randomly, we wanted volunteers who would talk willingly about sensitive issues so that we could better understand the

complexities of their lives in relation to AIDS prevention. We particularly were interested in women's language, histories, and stories; the expressions they used to describe sexuality as well as their beliefs and attitudes about AIDS; and their perceptions of their ability to negotiate changes in sexual behavior.

Group Discussions in Favelas

The project team worked in six different communities (three in São Paulo and three in Rio de Janeiro) to conduct a total of eighteen group discussions. Each group discussion consisted of community members, but did not necessarily include the same participants in each meeting. In some communities we were able to maintain consistent attendance, in others, we could not because new participants arrived for subsequent meetings. It was impossible to exclude people from this type of event, although it would have been more convenient for the discussion leaders to have had smaller and similar groups.

The content of the discussions was influenced by the unique characteristics of each community or the community organization that organized the meetings. In São Paulo, group discussions were organized by the following community organizations:

Casa Lilith. Located in the southern zone of São Paulo, Casa Lilith was inaugurated in 1989 and has conducted activities and courses for community members and professionals on women's health, sexuality, reproductive rights, violence, mental health, adolescence, and aging. It plays an active part in the larger women's network or women's movement in São Paulo. Casa Lilith integrated our group discussions into a mini-course they conducted on Women and AIDS.

Participants in the discussion groups were mixed with regard to age, racial composition, marital status, and income. They ranged in age from 15 years to 55 years and were married, never married, or separated. Many of the participants were not working outside the home and had a slightly higher standard of living than the working women who were mostly domestic workers. The attendance at the first group meeting was 12; the second, nine; and the third, nine.

Casa da Mulher do Grajaú. Casa da Mulher do Grajaú is located in the eastern periphery of São Paulo and started as a women's group that discussed community problems. Today, the organization has its own house, runs its own courses, and has a training center for sewing, hair-cutting, typing, gymnastics, and literacy. The organization provides gynecological exams on the premises. Its members hold events and discussion groups on women's issues. Casa da Mulher do Grajaú also is a part of the larger women's network in São Paulo and held our group discussions as a mini-course on Women and AIDS. The group was mixed racially and divided between women who worked outside the home (one minimum wage) and those who worked only in the home. The group consisted of both married and single women who ranged in age from 14 years to 58 years. The attendance at the first group meeting was 11; the second, six; and the third, two.

Centro Comunitário do Jd. Guarará-Santo André. Santo André is a city (its own municipal area) located about 35 kilometers from the center of São Paulo. The Centro Comunitário is a "typical" periphery community center, offering literacy courses at night, *capoeira* (Brazilian martial art) for young boys, and other mini-courses. It is a place adolescents can spend their evenings. The women at this site generally were poorer than those in the other two São Paulo locations. Most of the women connected with the community center were domestic workers and cleaning ladies in private homes or commercial businesses, where they earned one minimum wage monthly or worked occasionally for a day's wage. They ranged in age from 17 years to 56 years and were both married and single. The attendance at the first group meeting was 18; the second, 43; and the third, 35. These women were the lowest-income group of the São Paulo groups, as evidenced in the number of minimum salaries earned per month. In this group, employment was highly irregular, and unemployment levels were high.

In Rio de Janeiro, group discussions were held in the following three *favelas*:

Morro dos Prazeres. Morro dos Prazeres is a *favela* located on a giant hill in Rio de Janeiro's liberal artist neighborhood Santa Teresa. The *favela* has existed for about

20 years and is very well-organized, with a community center and child-care facilities. Most of the residents have lived in Morro dos Prazeres for two or three generations; nevertheless, the community is poor and most of the female residents are domestic workers in the homes of the middle and upper classes in the surrounding neighborhoods and in Rio de Janeiro's wealthy South Zone. About 90 percent of the *favela's* 4,000 residents are people of color. The attendance at the first group meeting was eight; the second, seven; and the third, eight. Again, the groups consisted of both married and single women who ranged in age from 19 years to 53 years.

Rocinha. With an estimated 500,000 residents, Rocinha is Latin America's largest *favela*. We organized women to attend the group discussions through a health post located in the *favela*. The women attending these group discussions were very diverse. A few of them were health volunteer educators from the community, who knew more about AIDS than some of the other group members. The attendance at the first group meeting was eight; the second, 12; and the third, six. Like in the other groups, the participants were of varying ages (29 years to 60 years) and were married, never married, widowed, or separated.

Vila do João. Located just across the highway from FIOCRUZ (a major public health research center in Brazil), Vila do João is a flat *favela* with mostly well-built houses. Here, as in Rocinha, group discussions were conducted with women who were directly connected with the health post, as well as with women from the community. The attendance at the first group meeting was six; the second, eight; and the third, five.

Participant Observation

The participant observation was conducted in two *favelas* in Rio de Janeiro, Morro dos Prazeres (described above) and União da Paz. União da Paz is located in the Western Zone (between Padre Miguel and Bangú) on the periphery of Rio de Janeiro. Although it has existed for 15 years, this *favela* has a large number of people

moving in and out and many immigrants arriving from the Northeast. This differentiates this *favela* from the other three Rio de Janeiro *favelas* in our study, which have more stable populations and fewer first-generation immigrants. União da Paz has fewer than 5,000 residents. The PI lived in the *favela* for four months, accompanying three families closely and recording conversations that referred to the body, sexuality, AIDS, and other aspects of reproductive health and everyday life.

Data Analysis

The transcripts from the individual interview and group discussions, as well as the notes from the participant observation, were analyzed to identify references to each of the variables or dimensions of sexuality listed before. The analysis was directed, in particular, to identify the kind of language used to describe each dimension of sexuality and the cultural rationale that motivated the beliefs, attitudes, and behaviors. The analysis was also directed to identifying the behavioral strategies for AIDS prevention used by low-income women, the language used to describe them, and the cultural factors that inhibited behavioral change. Our strategy was to analyze the women's responses within a wider cultural, gender, racial, and class context to design effective educational materials and program interventions.

4. Research Results

The data gathered through the group discussions, individual interviews, and participant observation were categorized and analyzed to better understand each of the five dimensions of sexuality that were the focus of the study -- sexual communication; condoms; anal sex, bisexuality, and homosexuality; virginity; and fidelity -- as well as knowledge and attitudes about HIV/AIDS.

Sexual Communication

Talking about Sex

Overwhelmingly, the women interviewed (either in groups or individually) reported that talking about sexuality with their partners was difficult. They reported that they talked more easily about sexual matters with friends or specific family members, usually their sisters or mother, rather than with their male partners.

Women who were in relationships with lovers or second husbands found it easier than women in first marriages to communicate with their partners about sex. Communication also was reported to be easier when the man was younger than the woman. The ability to talk openly appeared to increase with the woman's age. Some of the most common stories told by older women in group discussions and individual interviews were about discovering "good sex" or *realizou-se* (achieving a "positive sexuality," or orgasm) after many years of marriage, when they finally spoke up, or in their second or third marriages, sometimes with younger men. One woman from Santo André said:

I was married when I was 12 years old and I didn't know a thing about sex...my husband would mount me like a horse...I bore 17 children...later, when I was 33, I married a man of 23 and that is when I discovered what pleasure is. (São Paulo, Group Discussion #1, Santo André).

Many women interviewed thought that speaking with men about sex was not easy and could ruin the sexual "climate." As one woman from Rocinha said during the third group discussion, when she didn't like a certain sexual activity, she made a *cara feia* (ugly

face); she would gesture rather than speak. Speaking about sex was problematic, even when talking about something pleasurable. In general, women found it easier to talk with their spouses about economic or medical problems than to discuss sexuality or family planning with them. Women often mentioned that, when they *did* talk with their partners about the need to use a condom because of an infection or because they had a bad reactions to the pill, their partner would accuse them of having AIDS or of infidelity. But many women reported that talking about such matters was no longer necessary since they were sterilized or were taking, without problems, the pill or injections to prevent pregnancy.

Women's lack of experience in talking to their partners about sex was vividly illustrated in the process of developing the educational pamphlet. Initially, the pamphlet was supposed to use examples of conversation on sex between partners to elicit discussion. It was impossible, however, to get examples of such conversations from women because of their lack of experience with this type of communication.

The women also claimed that they could not ask their husbands or partners about sexual experiences outside of the marriage or prior to the marriage. Women were supposed to accept male infidelity and not pry into male sexual activity outside of the home. Women mentioned, however, that when they suspected infidelity, they could joke with their men about it rather than directly confront them. They said that it was particularly difficult to suggest to a partner that he engaged in homosexual sex because it would be perceived as insulting and as an act of aggression. Women mentioned that, in some cases, suggesting condom use in a heterosexual relationship could be interpreted as mistrust of the heterosexuality (and manliness) of the male partner--something a woman would not want to suggest to any man.

The vast majority of women over 35 years of age said they had their first sexual experience with their spouse. Women claimed that they were very young and naive during their first sexual encounters. Some said that they had never seen a penis before. The women's stories of their "first times" generally were quite traumatic and were characterized by a complete lack of communication. As described in the section on *Virginity*, many of the women who shared these negative experiences, now viewed them

with a great deal of humor. Numerous women reported that in their first marriages, especially when they married as virgins, they did not talk about sex very much.

It is interesting to note that many women claimed that they would like to be able to talk openly about sexuality and family planning with their partners. An overwhelming number of women also said that they did not want their daughters to have the same type of experiences that they had--of being innocent, of not knowing anything about sex. Most agreed that it was easier to orient their daughters than their sons about sexuality. Speaking openly with their sons about sex was more difficult for most of the women. Their sons, they seemed to agree, are educated *na rua* (on the street) with other boys and men. There were, however, clear exceptions to this in all of our groups. Some women described situations in which their sons came to them for advice about sexuality and medical problems that might affect them sexually. Many women, however, spoke about their loss of control over their sons and their powerlessness to influence them after a certain age.

The 20 men who were interviewed were hesitant to reply to questions about their communication patterns. Reluctantly, six of the men said that when they had general problems, they spoke with their wives; two mentioned their own mothers; and two preferred not to talk with anyone, but to work things out by themselves. When asked whom he would speak with if he had a difficult problem, one man said, "You can't count on other people." Another said he enjoyed speaking with his girlfriend. The men did not speak much of well-developed friendship networks among men. When one interviewee was asked why he didn't speak more with friends, he said, "They would criticize me if I talk about serious things with them."

In addition, the men avoided answering the question about sexual communication with their spouses. Only one man answered this question directly. The man said that once, when he was passing through a period of impotence, he spoke with his wife and a friend, and they both reassured him that it would pass, and it did.

Sexual Joking

Favorite forms of joking heard in all of the research settings had to do with *viados* (queers or faggots) and *bichas* (literally a worm or intestinal parasite). Both terms are negative slang for a homosexual man, more specifically for the passive partner. Boys were observed insulting one another with accusations of being a *bicha* or *viado*. Any behavior that was perceived to be effeminate, such as helping in household work, led to teasing or sometimes even to extreme forms of humiliation such as stripping off the clothes of the boy who displayed such behavior. During in-depth interviews and group discussions, women said they did not want their sons to be homosexuals. Women were also frequently observed joking among themselves about homosexuality, such as touching a baby's penis and saying it should not be a penis of a *viado*.

We observed that women talked among themselves about sex and shared sexual jokes about men. There was a well-developed set of jokes and ideas about penis sizes, particularly in the Rio de Janeiro *favela*. Universally, women said small penises were no good, that they didn't give women much pleasure. A woman would, for example, raise her pinky finger to say, "Do you think this can give me pleasure?" Such comments were made jokingly and therefore, it was not clear how important penis size actually was to women's erotic ideology.

Talking about Contraception

Women talked about contraception with their partners and husbands, but they described it as a major source of conflict. Many women spoke of having asked or suggested to their partners to use condoms because of negative side-effects of the contraceptive pill or injection; however, their partners often refused. It is interesting that the suggestion to use condoms was raised only when alternative methods of birth control had failed. Attitudes toward condoms are discussed in the section that follows. A universal response in both individual and group interviews was that condom use for sustained birth control was not very secure or able to be maintained.

The majority of the older women in our study had been sterilized. Sterilization, they said, liberated them from all of the pills and injections and from discussions about the condom. Some women claimed that sterilization made them *fria* (uninterested in sex), but the majority said they experienced no change in their sexual interest, only peace of mind. In every group discussion and in most of the individual interviews women were overwhelmingly positive about sterilization/tubal ligations. Men, on the other hand, seemed to have some reservations. One woman from factory 2 related a dramatic story about how she wanted to have a *laqueadura* (tubal ligation) because she had delivered two children with serious health problems. However, her husband was terrified of being a *cornudo* (cuckold) and felt that women who were sterilized could more easily betray their spouses.

None of the women in these interviews had thought of using a diaphragm. Only a few women in the group discussions that were organized by the women's organizations knew what a diaphragm was. A select few in São Paulo were using intrauterine devices (IUDs).

Of the 20 men interviewed four had had vasectomies. This is an unusually high rate of vasectomies when compared to the rate of vasectomies in Brazil. The four men said they made this decision because their wives were unable to use other forms of birth control and they did not like the condom. Five other men said they were not using any contraception because they did not need to; four of the five had partners who were trying to become pregnant and the other had a partner recuperating from a Cesarean section. Six other men had partners who took birth control pills, one man's partner took an injection, and another man's partner used the rhythm method known as the *tabelinha*, and another three had partners who had been sterilized.

Condoms

Attitudes about the Condom

The general attitude about condoms among almost all the women was negative. Women repeated the commonly cited barriers to condom use: it's like sucking a candy with the wrapper on, eating a banana with the skin on, like clothes rubbing against each other, you don't feel anything. In the words of one woman: "I don't like them. I like to feel meat with meat, or to feel two bodies together without a piece of rubber in between."

Moreover, women were afraid of condoms breaking. They worried that, with all of the friction, the condoms were bound to break. They were afraid that breakage would result in a piece of condom being left inside of them, which they felt could cause infections and further complications. In all the groups and most of the individual interviews, this fear of the condom breaking was extremely strong. In the first group discussion in Santo André, for example, the women overwhelmingly agreed that even if their husband would want to use a condom, they would be against it because they were afraid it would burst and stay inside of them.

Women also expressed the view that the condom was used *na rua* (in the street) and usually with a prostitute, not with your own wife or permanent partner. This image of the condom--its inherent connection with prostitution and with "indecenty"--was repeated more often by the older women than the younger women in our study and discussed more often in São Paulo than in Rio de Janeiro. In the last few years, this image of the condom has changed a lot. Younger women are beginning to adopt more positive images of the condom, ones dissociated from prostitution and instead associated with being "modern."³⁶

Also, the image of the condom took on almost metaphorical proportions with women who were expressing the manliness of their partners. Some women felt that there was no condom big enough for their husbands. This kind of belief also fuelled the

36. Particularly, the younger generation of women may be getting more exposure to condoms since AIDS activist organizations are working on condom promotion and distribution. This process, however, is still in its early stages.

idea that a small condom on a large penis would be more likely to break. We often heard these kind of declarations spontaneously in the Rio de Janeiro *favelas*, in all group discussions, and in a few individual interviews.

Some women said they liked the feeling of *porra* (semen) inside of them, but others found it disgusting and *nojento* (nauseating). For those who liked the feeling, the fact that the condom prevented them from feeling the semen inside of them was another barrier to condom use.

The women also said that the cost of condoms was prohibitive. According to the women we spoke to, condoms were considered female consumer items, but women's low wages and the high cost of condoms made it difficult for women to purchase them. Moreover, because male partners often resisted using condoms, there was very little incentive for women to buy them.

Of the 20 men interviewed, seven had never used condoms, five had used it once, and eight had used them on occasion, but never for a sustained period of time. All of the men, however, said they did not like condoms and would use them only "under obligation." This meant that the men would use condoms if, for some reason, their partner could not use anything else (for example, because of a negative reaction to pills or injection). The men preferred what they called a "direct connection" with their sexual partners, which the condom, they felt, did not provide. One man who had never used a condom said he preferred to get a vasectomy (which he did) rather than use a condom. He feared that the condom would burst, and the pieces would stay inside of the woman. Another man who said he had used condoms very occasionally stated that condoms do break and wondered whether the fibroids from which his wife suffered resulted from the time the condom had broken and remained inside of her.

The following are some of the phrases that the men used repeatedly to express their feelings about the condom: disagreeable, without charm, like eating a candy with the wrapper on, like eating a banana with the peel on, it is something to be used outside the house, something to be used with somebody you don't know, an unnecessary trapping, to use in an adventure, it is less pleasurable, uncomfortable, breaks, and it is to

be used with an "easy" woman. The only positive comment was that condoms help to avoid pregnancy and illnesses.

Both men and women mentioned that it was disruptive to have to stop during sex to put a condom on. Moreover, because both men and women equated "good sex" with multiple male orgasms, by definition a good night of sex entailed more than one interruption to put on a condom. It is interesting that for the women interviewed the ideal of good sex was defined in male terms and that it was equated to multiple male orgasms rather than to the length of time that a man maintained an erection or the amount of time spent in foreplay. The men's interviews revealed that men shared this view. When sharing stories of successful sexual adventures with each other, men often said "fu dei 5 veces" (I came five times) rather than describing any other aspect of the sexual experience.

Negotiating the Use of Condoms

The major problem with condoms, as reported by the men and women we talked to, was that it was impossible to introduce them into "stable" relationships. During the second round of group discussions, women viewed a film which described the lives of various women who were not intravenous drug users and were in monogamous relationships with their husbands, yet were HIV positive. A common reaction after viewing the film was: "Does this mean that I am going to have to ask my husband to use a condom after 20 years of marriage?" As mentioned before, the younger women interviewed expressed fewer problems with suggesting condom use and less resistance to the idea. They said, however, that as soon as a relationship became more stable (that is, the decision to have a monogamous relationship was made), the need to use a condom was not perceived to be as high. It was as if the condom was a sign of a lack of trust between a couple who had made a commitment to stay together.

One of the most common strategies the women used to introduce condom use to their husbands, as reported in the group discussions and individual interviews, was to suggest that their husband use condoms with "the others." The idea, the women said, is to preserve the health of the woman and the family by having the man use a condom when

he *pula a cerca* (jumps the fence or has a sexual relationship with someone else).

Although some women suggested this strategy, many did not trust that the men *would* use a condom with other lovers. One woman from factory 1 said, "Many men say they use a condom with the others, but I don't have the confidence to believe they really do."

Another woman said:

There are men who can't last a week without sex. Of course they are going to look for another one if they need to. He doesn't use a condom with me and probably not with any other. He is Pernambucano (implying machista, potent), you know. (São Paulo, Factory 1 Worker, aged 39).

The findings suggest that women who have relationships outside of their marriages may be more at liberty to talk with their lovers than with their spouses. One woman from factory 2 described her relationship with her lover in the following way:

I had confidence in him. I was married and he was too. I spoke. (I said) I am going to be sincere with you, if you jump the fence (see another woman)...you should take care... but I never used a condom. He said he didn't like them. When the doctor told me once to use one after my operation, he spoke with my husband to see if he would agree. I had more liberty to speak with my lover than with my husband. My husband is without shame. If he wants something that I don't want, there is a fight. (São Paulo, Factory 2 Worker, 34)

Interestingly, women who were in relationships with married men often mentioned that they did not need to use a condom because they believed that the only other woman their man had sex with was his wife. In such cases, all the partners depended on the man's fidelity to two women and both women's fidelity to that man. One woman (São Paulo, Factory 1 Worker, ages 42) explained that she was the "other woman," and that her lover demanded that she not have affairs with anybody else. This "other woman" felt very confident that her lover had sexual relations only with his wife and with her, and this made her less fearful of STDs and AIDS. She assumed, of course, that this man's wife was monogamous. When asked why she believed that, she said, "Because he would kill her if it were otherwise." She added that this man would kill her, too, if she were unfaithful.

The women stated consistently and overwhelmingly that group discussions on condom use ought to be planned for men. They said men were resistant to condoms and

had been resistant even before the spread of AIDS. Women expressed the desire to avoid conflict over this issue, especially in their stable relationships.

When interviewed, the men reported that they would use a condom with a woman whom they did not know, somebody outside the house, or with somebody they did not trust. They said that they would use a condom with their regular partner only if she needed to prevent pregnancy and could not use anything else. It is interesting to note that even when men were in relationships outside their primary relationship, the relative stability of the "outside" relationship and the perceived faithfulness of that partner created a sense of security that precluded the necessity for condoms.

Knowledge about Condoms

Of the 40 factory women interviewed, 34 had never used a condom and most of these women had never seen one. Of the six women who had used one, none had used it for a sustained period of time for birth control or for AIDS prevention. These six women tried the condom for a time following sterilization or temporarily until they found a more comfortable birth control method.

During the individual interviews, the researcher asked the women how to put on a condom correctly. None of the women mentioned the need to hold the tip of the condom to prevent air from getting in or the need to hold on to the condom and remove the penis from the vagina while it was still erect. This lack of knowledge most likely contributes to condom breakage, which is both a real and perceived problem for the men and women interviewed in our study. For example, the few women who had used condoms mentioned breakage as a key negative characteristic of the condom. One woman from factory 2 reported the following:

He didn't want many children, but I did. But during the moment, the condom failed, burst. I tell him sometimes, kidding, that it was because the condom broke. It was on correctly, but at the time it broke. I don't know why. (São Paulo, Factory 2 Worker, 40).

Compounded with the lack of knowledge about how to use condoms correctly were the problems of storage in Brazil and the receipt of condoms from sites that did

not always guarantee their freshness. For example, in Rocinha, the health workers complained that one shipment of condoms (made in Korea) was very dry and weak and broke most of the time. Also, media coverage, which plays a role in influencing poor women's attitudes, has often been negative about the quality of condoms. In February 1992, a report from the International Consumer Research and Testing Limited in Holland showed that five of the seven principal brands of nationally produced condoms were not effective in preventing HIV transmission.³⁷ This story was announced before the Carnival, which is well known to be associated with increased sexual activity, and led people to believe that condoms were not reliable.

As most of the women in our sample were not very knowledgeable about nor comfortable with condoms, it was not surprising that the women who participated in the second round of group discussions overwhelmingly liked the unedited version of the educational film developed through this study. This version included various repetitions of how to put on a condom correctly. The women thought that seeing the condom demonstration three times gave them a chance to mentally "record" how to put it on correctly.

Anal Sex, Bisexuality, and Homosexuality

Anal Sex

From our interviews and discussions with men and women, it was clear that the buttocks or *bundas* are considered to be the most erotic part of the body in the communities that were included in this study. Many words are used to describe *bundas*, such as *bum-bum*, *nádegas*, *edi*, *cú*, *bundão*, and *bundinha*. It was noted that people frequently comment on each other's *bundas*. One can have a *bunda impinada* (buttocks that are slung high on the body) or a *bunda de geleia* (buttocks that move like jelly). Many negative expressions associated with the buttocks also were heard. Somebody who is considered an idiot is called a *bunda mole* (soft-ass). One of the most negative things that can be said to someone refers to being on the receiving end of anal sex. This

37. "Brasil Revê Teste de Qualidade de Camisinha," *Folha de São Paulo*, February 12, 1992.

expression, "*vai tomar no cú*" or go take it in the ass is a very common insult heard in the *favelas* of Rio de Janeiro.

While *bundas* were reported to be a very erotic part of the body for both women and men, data from the study indicate that women feel differently about anal sex than men. Most of the women we spoke with said they did not like anal sex. During the group discussions and the individual interviews conducted with women from São Paulo, anal sex had more of a negative connotation and was considered more taboo than in the Rio de Janeiro context. In Rio, many women in the group discussions admitted trying anal sex at the request of their partners, but most said they did not enjoy it. In São Paulo, anal sex was associated with *bichas*, *viados*, and prostitution. None of these women admitted during the group discussions or individual interviews that they liked anal sex. They said, however, that they knew women who liked it and that they knew many women practiced it to please their husbands and to prevent the men from finding satisfaction *na rua* (on the street).

Women described anal sex as dirty, incorrect, unnatural, and connected somehow with "those women" or *galinhas da rua* (literally, chickens on the street, or prostitutes). Following are some of the women's responses to the questions regarding anal sex. One interviewee stated:

I only know one thing, I would never submit myself to it [anal sex], never. It has nothing to do with humiliation or with exploitation, I just find the position ridiculous, uncomfortable. When you are doing sex, you want to relax, not be in this position, on all fours (de quatro)--when you have anal sex, you have to be on all fours, and I find this position ridiculous, you get hurt that way, no way. That's my impression...sometimes the men don't accept that the women don't want this position, but mine knows and he isn't going to force me--that's rape and he isn't going to do this. But what pleasure can they possibly get from this position. I don't believe that they get pleasure, there are those *galinhas da rua* that say they like it, but then, they don't even know what pleasure is. I know what pleasure is...you see these magazines with people doing it over and over again in these weird positions, I don't believe it and I am 34 years old. (São Paulo, Factory 1 Worker, aged 34).

Another one said:

I am a woman that never had relations in the anus. There are women that have. If I don't want it, then it seems bad. My first and second (husbands) wanted it.

My second even forced me, entered by force more or less. He always remained angry at me. I think it is horrible, dirty, nauseating. The men want to do something that the women don't like. It is a big ignorance on the part of the men. There are some that you say no to and they accept it well. And others that don't accept it. I didn't want to do what I don't like to do. I told him that if he tried it with me another time, I was going to separate from him. I told him that if he liked that, go find himself a woman that likes to do it with him. (São Paulo, Factory 2 Worker, aged 32 years).

The women said most men liked anal sex or at least wanted to try it. In many of the women's stories, anal sex seemed to be a contested sexual territory, an act that men insisted upon, but women did not particularly like. In São Paulo, women told stories about men wanting to have anal sex and the women saying that they didn't want it.

During many interviews, women spontaneously remarked that if men could not have anal sex with their female partners, they would look for it with others--in some cases, other men. During the individual interviews, many women said their partners pressured them to engage in anal sex and often threatened that they would find what they wanted "on the street." One woman from factory 1 expressed this fear:

My husband wants to have anal sex with me. He says that he would like to, that he is my husband and that it is common. But I find it difficult to accept. He thinks it is pleasurable, but I don't. He gets angry. He says that I am his woman and I have to accept these things, but I don't think so... I don't think anal sex is correct. I don't think we were made for that. Some think it is fine, but I don't. I think that my husband possibly looks outside for this. Not with another man, but with another woman. I have this impression. If there was a woman who would do it with him, he probably would. (São Paulo, Factory 1 Worker, 29).

Five of the 20 men interviewed in our study said they had never tried anal sex. The other men implied that they had tried anal sex, but only one said he liked it. The latter said he preferred anal sex because the opening was smaller than that of the vagina, thus giving him more pleasure. The other men who implied that they had tried anal sex were reluctant to say openly that they liked it. Only one said he practiced anal sex with his wife. All of the men said that, in general, most men liked anal sex.

Some of the men also expressed opinions about anal sex and those who practiced it. One man said, "I don't practice it, but others do. Some people take their own wife and treat them like a slave." A third man said:

Machismo makes it possible that men look for a woman to do it [have anal sex] with. I have a friend who is always looking at the back of a woman and saying that they have a good one [ass] to eat--he is addicted, he only speaks of asses. He says, 'that one there must be a delicious one.'

The majority of the men felt that most "decent" women would not participate in anal sex. The men also seemed to consider anal sex an act a man would do with a mistress or prostitute, but not with his wife. One man said:

It is still taboo. With other women, it is okay, but between husband and wife, it's a question of respect, at least from the woman's side. It is uncomfortable for women and can give her problems.

Some of the interviewees compared the pleasure of anal sex to the pleasure of sex with a virgin. One of the men made this connection explicitly:

[Anal sex] is a conquest because women never want to give there. One must be careful because it is an intimate part of her. When you do it there, 'he did her over again,' like a virgin again. I got something that is difficult to get. When friends talk and say 'I got to do everything with that woman,' everything doesn't mean normal sex because normal sex isn't everything. There are various kinds of sex. Each position is just one part. Anal sex is the ultimate, the final barrier. Many people feel this way. Many women feel that it is a lack of respect on the part of the man. (São Paulo, Factory Worker, aged 24).

Male Bisexuality and Homosexuality

In the Rio de Janeiro group discussions, we asked the women how they felt about the possibility of their partners having a sexual encounter with a man. They almost unanimously said they could pardon their partner if he "jumped the fence" for another woman, but not for a man--even if he were the active "macho" partner. They said they would not accept the man back if they knew he was having sexual relations with a man.

One woman from Morro dos Prazeres described her feelings about male infidelity with another man:

Even the very macho, even the real men will take (screw) another man. They take who they can get. I have seen it. If he hasn't arranged someone by the dawn, they take the *viado* and they eat him. That is how the AIDS problem comes to us. I have a really good friend, a big *viado*, he is a great friend. He does everything for me. You know, with men, just one little look and everything is happening. The women don't know. That little look. I know many things that I don't talk about. We have homosexuals here, but not lesbians, we don't accept this. If I knew my husband was eating another man, I would kill him. (Rio de Janeiro, Group Discussion #1, Morro dos Prazeres).

The most consistent result from interviews with both men and women was their spontaneous negative reactions to homosexuality. In São Paulo, women described anal sex and homosexuality with the same words: *errado* (wrong), *não é natural* (it's not natural), *desnatural* (unnatural), *acho mal* (bad), etc. The response was less negative in only one group discussion. It is important to note that this group included women who were active in the women's movement who were, perhaps, more likely to hold liberal views.

None of the men in our study spoke of their own bisexual or homosexual experiences. Rather, the men reacted to the idea of men having sexual relations with other men in an extremely negative way. When asked whether or not sexual relations between men was common, the men automatically responded with phrases such as, "It may be common for others, but not for me." One man said, "I don't think it is common. I am against it--a man is born masculine, who wants to be feminine?" Another said, "Homosexuality -- I am not in favor of it." Others mentioned that there were many popular notions about homosexuality, such as the idea that young boys who fooled around and whose behavior was not curbed would become addicted to this type of behavior. Many of the men said they believed homosexual behavior occurred mostly in prisons. Two of the men expressed more liberal attitudes. They believed that each man had the right to do what he wanted.

Virginity

In Rio de Janeiro, none of the respondents thought virginity before marriage was important anymore, and they seemed to have a difficult time remembering when it was. In São Paulo, on the other hand, the respondents still attached some importance to virginity, but claimed that its importance was fading. The São Paulo meetings included women from the Northeast, who reported that female honor as expressed by virginity before marriage was still highly valued in that region.

The younger participants in two of the São Paulo group meetings (Casa Lilith and Casa Grajaú) said that, although everyone spoke publicly about the unimportance of virginity, as adolescent virgins themselves, they felt that their male peers still attached much importance to it. These participants said they feared losing their virginity and being unmarriageable. One adolescent told of the time she and her sister (aged 14 and 15) went to a party and were humiliated for their naivete. She said:

We went to a party for the celebration of a friend's 15th birthday. There was a live band and some guy said, let's hear only the men singing, and they sang, then he asked for the women, and they sang, and then he asked for the virgins and nobody else sang. I screamed, however. I had the urge to run out of there crying because aside from me, nobody else sang. Everybody was laughing at me. It was to show that this doesn't exist anymore, therefore nobody sang. But the truth is that there were many virgins there. That's how virginity is nowadays. Before, everybody was and they had to admit it. Now, everybody is, but nobody can admit it. I made a scandal by singing. (São Paulo, Group Discussion #1, Casa Lilith).

On the one hand, given all of the public discourse about sexual freedom, some young women said that they would like to enter into sexual relationships and lose their virginity without having to make further promises to their partners. They said that they are embarrassed to admit that they are virgins among their peers. On the other hand, however, the young women also felt a very strong pressure, because of the discourse of boys their age, to remain virgins until marriage. They also felt pressure from their families to remain virgins.

The older women interviewed frequently mentioned that they were virgins when they married, but they linked their virginity to being sexually stupid (*burra*) in their

marriage for many years. The older women constantly lamented the fact that they were sexually naive at the time of their marriage and that their inexperience prevented them from telling their partners what they liked and wanted. One woman said:

I didn't even know what masturbation was until about 15 years ago. I suffer from poor information about sex. Unfortunately I married as a virgin and waited for my husband to teach me [many of the women agreed here]...later I entered the women's movement and discovered that I had rights over my body. (São Paulo, Group Discussion #1, Casa Lilith, aged 45).

In their stories about their loss of virginity, the older women described themselves as innocent and unknowing. When asked in individual and group settings to reflect on their "first time" (their loss of virginity), many older women told incredible stories about their naivete and fright. The women expressed their recollections in a language that conveyed their feelings of powerlessness and entrapment. Women spoke of losing their virginity as their loss of honor and loss of innocence. The stories were strikingly similar.

A typical example is:

My god. It [virginity] was so important. I don't even like to talk about it. I was a little girl. My mother had died when I was 13. My father was a good father. He cared for us as he could being poor and with no schooling. It was my mother who oriented us. At 16, I found that boy in the church and married. Before marrying, I couldn't go with him alone or be with him alone. When he visited, I stayed in the kitchen and he in the living room. That was it, nothing more. I didn't even know what was going to happen. I was lying down when he arrived and took a bath. He surprised me, I didn't want him to see me nude. He didn't do it calmly. He tore off my underwear, I screamed, I was making a scandal, I never had a man close to me and he was on top of me. There was no caressing, he just entered all the same. I was screaming. I screamed, 'Don't do this with me.' He said, 'You have to do it.' It was a sad bloodbath, the next day I couldn't even walk. Everything swelled. I died of fear when he came close to me. My neighbor grabbed me and took me to the doctor and he gave me a pomade, it was all wounded. I put on the pomade and the antibiotic and the doctor said that I could only have relations when I got better. He said, 'The guy doesn't know what a woman is.' (São Paulo, Factory Worker, aged 32, migrant to São Paulo from Pernambuco).

Women used the stories about their loss of virginity to explain how stupid and naive they were:

After a few months, a horrible thing happened--I got pregnant. The sad part was that it had been my first time. It was terrible. I was practically raped. A certain night I was downstairs in front of the building where I worked as a nanny. I was there, passing the time. Suddenly, a guy passed. He presented himself to me. I thought he seemed nice. From there, he said that he wanted to see me again. I said, okay. We began to talk, he said he was a doctor and everything. I think we spoke about four times as friends. I was about to turn 19. He invited me to a friend's party. There we went at 8:00. When we got there, I asked, 'Where is your friend's house?' and he said, 'Come with me.' There we went to a bar but I wasn't someone who drank much. I thought it was a bit strange, he was always very nice to me. He said that he would never force me to do a thing that I didn't want to do. I was going to ask for a soft-drink but he wanted to know why I don't drink something [alcoholic]. So he asked for a beer and we began to drink. The more I drank, the more stupid I became. I had never drank like that in all my life. A caipirinha. I tried one, but I had already drank some beers. I know that in the end, I was super-dumb. I got super-drunk, really drunk. Finally, he made me drink a lot so that he could have a chance. I knew that at 11:00 there was no more public transportation. When I think about it...I shouldn't have drank...I don't have the courage to tell this story to anyone, I have only told my sister. Nobody would believe it. When I realized what was going on, he was holding me and we were climbing the stairs for a motel. There the guy at the desk wanted some identity papers. Later they said that we didn't need any. We entered the corridor, then a room and he threw me on the bed. I couldn't distinguish anything. When I lay down, he was on top of me and I was screaming of pain. I was more sleeping than I was awake. I wasn't conscious of anything. He was like an animal. Not even a kiss, he said that he is going to finish already. I was such a dreamer, I couldn't imagine something like this. 'Be calm,' he said, 'this happens with everyone.' I felt so much pain. I felt he was ripping everything in me. I was crying. He said that he couldn't resist, that he was a man. The next day we went to my house and without trying to hide anything he bought me a pomade along the way, at a pharmacy, for me to pass on my body...I told him to forget that I existed. I didn't want to talk with him. When he called, I didn't speak with him. I spent a week repenting, with anger, anguished. My dreams went down the drain, everything that I had dreamed...I wanted to marry correctly, have a honeymoon. For a time, I didn't want to see another man in front of me. (São Paulo, Factory 1 Worker, aged 31, migrant to São Paulo from Maranhão).

In one of the group discussions, one woman held the attention of more than 20 women for almost a half hour, telling the tale of how she finally lost her virginity after resisting for many months by feigning various sicknesses. The story began with her mother telling her that she should not "lose herself," meaning her virginity, of course. At the time, however, the woman interpreted her mother's words to mean "not getting lost

in the wild areas" around the fazenda (homestead). She also remembered her father threatening to cut out her tongue if she "got lost." The woman reported the following experience:

I got married when I was 12 and I didn't know about anything...in those times, street diseases existed. He was 33. They told me that he had one of these diseases. My mother forced me to marry him. She said, 'If you don't marry him and you lose yourself, I am going to have them cut out your tongue.' But it was the truth. I would go out to the fields and I was terrified of getting lost. I was going to marry on the 22nd of November and everyone was saying that he was full of street diseases...I got married at 4 in the afternoon, how he drank and drank. When I went to go to sleep, he said, 'Come here.' He said, 'Let's sleep,' and I said that I wasn't tired. He called me, I wasn't tired. I entered the room. 'Come here,' he said. I said, 'What is this? What!' He grabbed me. I ran for my mother. I don't know whether I was afraid of the disease or afraid of him. It rained the entire night and him bothering and bothering. I had a pain...then I had a headache...three or four days like that and he found a woman on the street. Everyone saying that I was a virgin and me saying, 'What is that?' I left for six months. I was so scared. First, I made myself become mute, then unattractive so that he wouldn't want me. (São Paulo, Group Discussion #1, Jardim Guarará-Sto. André, aged 50).

During individual interviews many factory women who were single and/or never married said that the men in their families--brother and fathers--were very concerned about their virginity ("honor"). Many women said the fear of disobeying their brothers or fathers kept them from getting into intimate relationships with men. One woman from factory 2 talked about her father:

It was a miserable childhood. My father was very severe, nervous. He didn't get along well with his kids. I was always in the middle of the fights. He wanted me to remain a virgin. He would always say, 'If something happens, I will kill both of you.' I always had to leave secretly... It took me till the age of 38 to get married. (São Paulo, Factory 2 Worker, aged 39)

Nine of the 20 men interviewed said virginity was important to them and that their wives had been virgins. One stated that it was important because a man could "throw it in his wife's face" later in the marriage if she had not been a virgin. Another said it was especially important because "he had met this girl as a child and dreamed of having her for his own." The man said, "The loss of virginity marks a woman forever, she

never forgets the first time." The men interviewed mentioned the connection between virginity and a woman's honor and the fact that in the Northeast, virginity was still a very live and respected concept. One father, referring to his daughter, mentioned that she could ruin her life if she "delivered herself to a man".

Two men added that virginity was important to them "in their time," but not now. Another said virginity wasn't important if a man really liked a woman. Five men said virginity was not important and that they had married separated women or women who were not virgins. However, almost all the men talked about how special it was to be the first man to have sex with a woman and mourned the fact that most women were not virgins anymore.

Fidelity

When we asked women about fidelity, they all claimed that women on the whole were more loyal than men, but that women also could *pular a cerca* (jump the fence, have affairs). But the women said that usually women do it less often and have a good reason to do it. One woman from Casa Lilith related that her husband was impotent and had agreed to a separation, but still demanded that she not take on another lover.

My husband drank too much in his life and is impotent, and I am dying with yearning. Now he thinks that I am a cat in heat. He accepts a separation, but won't accept to be a cuckold. He wants details, he wants to know everywhere I go. (São Paulo, Group Discussion #2, Casa Lilith)

When asked whether they thought their partners were loyal, the women all said they were not sure, that they would not *por o mão no fogo por ele* (wouldn't swear by it, put their hand in the fire). Another popular saying was *mulher fiel ainda existe, homen fiel não existe* (a faithful woman still exists, a faithful man, no.) The women had a very well-developed discourse about men's infidelity. For example, they often made statements such as "men can't resist the advances of another woman, or men have greater sexual needs than women, or men like diversity or men are animal-like, or men are men after all". Women who had a certain degree of awareness about AIDS admitted to worrying that their husbands may not be monogamous. However, these women felt

powerless to do anything about that situation in their own homes. As mentioned in other sections of this report, some women, when they were able to bring up the topic of AIDS with their male partners, had considered suggesting that the men use condoms with their "other" partners.

This is not to say that the women accepted this fate without being annoyed about the double standard and the biased manner in which society judged the two sexes. From participant observation data, it can be verified that the double standard functions very well, and women form part of the system that enables it to function. The women judged women who were having affairs much harsher than they judged men doing the same thing.³⁸ To a large extent, a woman having an affair was immediately called a *galinha*, *piranha*, or *puta* (whore), whereas a man suffered very little from this kind of labeling.

Men were quite worried, however, about becoming a *cornudo* or a *cuckold*, which literally means "growing horns," or losing one's honor. The term is used to refer to a man whose woman is having sexual relations with another man. To avoid such labeling, a man may attempt to prohibit his woman from drinking without him at a local bar or from leaving the house. Despite certain liberal attitudes about sexuality found in the Rio de Janeiro *favelas*, these sorts of "rules" were relatively common.

As we know from other cultural constructions of the *cornudo*,³⁹ no similar term exists to describe women's loss of honor when their husbands have affairs. On the contrary, a woman's honor is bound up in her virginity, and the men in her family do all that they can to protect it. One possible reason why some young girls kept quiet in

38. The tendency for women to blame the other woman, even when the "other woman" is a child, was illustrated by a poignant story told by Ana Vasconcelos, founder and director of Casa de Pasagem, a project for street girls and adolescent prostitutes in Recife, Brazil. In describing how she came to adopt her own daughter, she told the audience the following story: "I want to show some photos. This is my daughter. When she was 1 year and 7 months, she was raped on the street. She sniffed glue. Her mother gave her to me because, she said, 'I don't want her anymore. Why do I need to have a daughter, why should I want a daughter, that isn't a virgin anymore? And this daughter was only 1 year and 7 months old. This is machismo, this is cultural, this is reality.'" Ana Vasconcelos, May 10, 1993, Talk given in Mill Valley, CA.

39. See, Stanley Brandes, "Like Wounded Stags: Male Sexual Identity in an Andalusian Town." In: S. Ortner & Whitehead (eds), *Sexual Meanings: The Social Context of Gender and Sexuality*. (Cambridge: Cambridge University Press, 1981).

group discussions was because they could not reveal to others that they had sexual experiences. They probably feared that they would be judged to be "bad" and that the information, if made public, would reach their father's or brother's ears.

Women had many stories to tell of *cornudo* and the hostility of the *chifrado* (a man who had at some point been a cuckold). Because of the likelihood of violence, if women were having affairs they certainly would be more discreet than men. As one woman in São Paulo described:

My uncle was betrayed and he caught them. The lover ran. He cut off my aunt's ear. He said that she would never again betray another man and every time she would look at her ear, she would remember the horn. I don't know what happened to her. She ran away from him. There in the north, if you see a woman without an ear, you know what happened. (São Paulo, Factory 2 Worker, Migrant to São Paulo from Pernambuco, aged 32).

HIV/AIDS Knowledge

The data indicate that AIDS is still a very confusing disease to *favela* dwellers and that they are unsure of the accuracy of the information that they have. In the first group interview in Morro dos Prazeres (Rio de Janeiro), the women wholeheartedly agreed that one caught AIDS by using the public bathrooms or from the *rua*, a term used to refer to many kinds of activities, including men visiting prostitutes or having sexual relations with other men. In fact, the generic name for all venereal diseases is *doenças da rua* (diseases of the street). In Rocinha, many participants in the group discussions were community health workers who knew HIV could be contracted from sperm and from blood. However, almost all the interviewees--whether or not they were health workers--thought that one could become exposed to HIV by donating blood. They did not understand the difference between "blood transfusion" and "blood donation" and were very fearful of donating their blood.

The women interviewed had a difficult time remembering any of the television commercials aired during different AIDS prevention campaigns. They did remember, however, one of the campaigns which stated that "AIDS has no cure." They also

remembered the death of Cazuza⁴⁰ and of the "other one" (actor Lauro Corona), whose name nobody could remember. We conducted some of the interviews near the time of Magic Johnson's pronouncement that he was HIV-positive, and many of those interviewed cited his name as someone who also was infected.

When asked how they could protect themselves, the women said, "first, you have to know who you are screwing around with." They felt that if they "knew" the person their risk would be reduced.

Many women knew of people close to them who were HIV-positive or who had AIDS, but they mentioned that most of them were *viados* (passive homosexual partners) or transvestites. These women did not know of other women like themselves who were HIV-seropositive or who had AIDS.

In the first round of group discussions, only a small minority spontaneously said condoms could be used to prevent AIDS. However, none of these women used condoms with their partner, even when they knew that their partner was having sexual relations outside of the marriage. The women said it was not possible to use a condom with their partner even when they were aware of the infidelity of their partners because condom use would suggest that one partner had been having an affair, and this would jeopardize the relationship.

The second round of group discussions highlighted the extent of women's confusion about HIV and AIDS. During these sessions, the women viewed an unedited version of the educational film. Afterward, we asked the women questions to see what they retained and what they found confusing. Because AIDS is a relatively new disease, most of the women were very skeptical about any information they received about it. They knew from other experiences that science was sometimes wrong, and they feared trusting any information too much. In the film, an actor demonstrated how to disinfect a syringe using clean water and *agua sanitária*, a common household cleanser. Many women protested that they didn't believe it was possible to kill this deadly virus by

40. Cazuza was an extremely popular singer in Brazil who died of AIDS. He was openly pan-sexual and sang protest songs about AIDS and sexual repression until his death. He has become an important symbol of AIDS activism in Brazil.

washing a syringe in this manner. The women found it difficult to understand that the virus is relatively "weak" outside of the body and yet so "strong" once inside the body and, therefore they thought it would be better to use a new syringe.

The women were concerned about which kinds of sexual practices transmitted HIV. They wondered whether or not, for example, one could transmit HIV during oral sex. They also were very concerned about the safety of kissing if one had cuts and bruises in the mouth. They worried, since they received poor dental care and had many cuts in their mouths, that they could contract HIV in this manner. The women wanted to know how to tell whether a person is sick--for example, what the physical symptoms of the disease looked like. They wanted to know how to recognize AIDS.

When compared to the women, the level of general knowledge about AIDS was very high among the group of male interviewees. All of the men interviewed knew that HIV was transmitted through sexual relations, and most also mentioned drugs and blood as sources of contamination. However, some men believed that HIV could be transmitted in other ways as well. One man mentioned that a person could get AIDS by kissing, another mentioned tears and saliva as possible vectors, and yet another brought up oral sex as a mode of transmission. Another man mentioned the donation of blood as well as blood transfusion as being risky practices. Despite their knowledge on the modes of transmission, all the men perceived themselves to be at low risk, they seemed to have a lot of confidence in the fidelity of their wives/partners. Most men said that they would use a condom only with an unknown woman or a woman who was "easy," such as a prostitute, but not with somebody they knew.

During the individual interviews as well as all of the group sessions, many women showed a spontaneous interest in testing to find out one's HIV status. They generally felt that it would be a good idea for their husbands (and themselves) to get tested so they would know their HIV status. This feeling was reinforced by their desire to avoid requesting condom use in their marriages if there was no need to do so. Women also were particularly interested in the idea of a product that they could use and control, similar to birth control pills or injections, that would enable them to protect themselves from HIV infection, without having to talk with their partners.

5. Discussion

This study focused on analyzing the discourse and cultural construction of sexuality and AIDS among low-income women living in Rio de Janeiro and in Sao Paulo, with the aim of developing educational materials for women that met their needs and addressed the constraints that they faced in safer-sex planning. By listening to women's perceptions in group and individual settings, as well as in their daily lives, a culturally contextualized vision of their world could be painted. In this way we learned about the power dynamics that characterize gender relations and sexuality in Brazil and the specific ways in which the distribution of power makes it difficult for women to adopt safer-sex in their daily lives. Through an analysis of the five dimensions of sexuality and women's knowledge of, and attitudes towards HIV/AIDS, we learned that the cultural construction of sexuality and gender relations makes behavioral change for safer-sex a threat to "normal" sexual relations.

Sexual Communication

According to the women in the study, talking openly about sex and sexuality with their male partners was not easily achieved. The data suggest that Brazilian women lack the discourse and the cultural support that would allow them to discuss sexual pleasure or risk. In particular, they lack the power to inquire about a male partner's sexual activity, especially if it involves another man. Such questioning would be an invasion of a man's right to sexual privacy and could make a woman seem knowledgeable about sex and thus jeopardize her femininity. Being knowledgeable about sexuality is culturally taboo for women and thus, silence about sexuality is enforced. As Grupo Ceres (1974)⁴¹ conclude in their classic work on the social and sexual identity of Brazilian women, silence about sexuality is integrally connected with being a woman. According to Grupo Ceres:

41. Grupo Ceres. *Espelho de Venus: Identidade Social e Sexual da Mulher*. (Sao Paulo: Brasiliense, 1981).

The hiding, the silence about sexuality, is not a void. It is a silence that transmits a model of "being woman." Inside this model, the not knowing is seen as something "natural," appropriate, the conduct considered adequate to the feminine condition.⁴²

Data from the study suggest that women's contraceptive choices, to some extent, reflect their culturally sanctioned passive role in sexual communication. The number of women involved in our study who have been sterilized are extremely high, as are in Brazil, in general.⁴³ The large numbers of sterilized Brazilian women are communicating loudly a truth that is reflected in our study: contraception without the need for constant dialogue is highly valued. Although sterilization is typically thought to be a highly intrusive means of contraception for low-income Brazilian women, talking about or discussing sexuality is also considered to be very intrusive. Therefore, the preferred option appears to be sterilization and silence. Open communication, it was hinted, could ruin the fun--may indeed be contrary to the culturally hegemonic vision in Brazil that sex ought to be fun and playful.

Barrosa (1984)⁴⁴ posits that a number of factors contribute to women choosing sterilization. According to Barrosa, women's reproductive "choices" are limited by a lack of alternatives. Additionally, the disadvantaged position of women in the family, the work force, and the patriarchal culture collude with a health care system that is drastically unequal to further limit women's choices. Our study adds to this list the sexual communication problems embedded within Brazilian culture.

42. Grupo Ceres. *Espelho de Venus: Identidade Social e Sexual da Mulher*. (Sao Paulo:Brasiliense, 1981), p.329.

43. The percentage of women sterilized in Brazil varies according to the study, the region surveyed, and other socioeconomic factors. What all of the studies agree on however, is the inordinately high percentage that exists across the board. Data Folha's study in 1986 (total # interviewed=625) claimed that 20 percent of Paulista women between ages 15 and 45 had been sterilized. Bemfam's (Bem-estar Familiar no Brasil) national study found that 27.7 percent of the women interviewed (total=6,620 married women) between ages 15 and 49 had been sterilized. See, "Esterilizadas 20% das paulistanas de 15 a 45 anos," and "Maioria das mulheres casadas usa anticoncepcionais," *Folha de São Paulo*, October 22, 1986, p. 31.

44. See, Barrosa, Carmen. "Esterilização feminina: liberdade e opressão." *Revista de Saúde Pública*. São Paulo, (18): 170-80, 1984.

Sexual joking between partners and among people in general was, perhaps, seen as a kind of sexual communication -- a playful alternative to serious conversation about sex. The data suggest that sexual joking also was used to sexually socialize people. Lancaster⁴⁵ points out how sexual joking is used in Nicaragua to warn against homosexual behavior and promote *machismo*. In this sense, joking functions as yet another ritualized control of sexuality. Similarly, the frequent references to *bichas* and *viados* in Brazilian culture constantly remind young boys not to be effeminate and not to develop a sexual attraction for the same sex. From this, we can surmise that homosexuality is taboo and that men would not want their sexual experiences with other men to be known publicly. Women, thus, cannot freely ask their male partners about such experiences and therefore cannot accurately assess the risk that they are exposed to because of the behavior of their male partners.

In effect, our study suggests that Brazilian sexual meanings are constructed in a way that women lack both the power and the appropriate vocabulary with which to ask men about their experiences; thus, they lack vital information which they could use to make informed decisions about their own sexual risk. Even women who have had contact with mass media information and AIDS education materials and are aware of their risk behavior may be powerless to assess their partner's risk and to demand changes in their partner's behavior because of the strong social sanctions against women talking about sex with their partners.

The restrictions on talking about sex seemed to vary by age . Younger women seemed to be less free to discuss issues related to sexuality than older women. This was reflected in our group discussions -- older women seemed much more willing to talk about and share their sexual experiences than younger women. This may have been, in part, because the younger women felt less experienced and more embarrassed to share their sexual experiences because they were not married and/or had not yet had children, but it also reflects the problems involved in carving out an identity as a "good" woman

45. Lancaster, Roger. *Life is Hard: Machismo, Danger, and the Intimacy of Power in Nicaragua*. (Berkeley: University of California Press, 1992).

when one is sexually active. The young women expressed their concerns about being considered "bad" within the group or community by participating in the group discussions on sexuality. As a result, their participation was low. Even in groups with a more varied age distribution, the younger, childless women (ages 14 to 18) had trouble participating equally in the group discussions.

Condoms

According to both men and women in our sample the condom is not viewed as a sustainable method of contraception. It is always used as the last resort, when all else fails. The women in our sample repeatedly mentioned their fear of the condom breaking. They were relieved when we explained that even if condoms break, there is no place for the condom to go and that it could easily be removed. The women, as well as the men, feared that things can get lost inside women's bodies. They lacked information about reproductive and sexual anatomy. It is important to note that the women in our study rarely used the diaphragm or even tampons, so their experience of intravaginal products was limited compared to higher-income groups.⁴⁶

Women also lacked basic knowledge about how to put on and take off a condom. This lack of knowledge may help to explain why there were so many complaints about condoms frequently breaking. In the national television propaganda about AIDS, the condom was never mentioned. The power of the Church in Brazil partly explains the lack of public advertising of the condom; even progressive sectors of the Church do not openly promote the use of the condom for safer-sex purposes. In recent years, AIDS activist groups have produced educational materials that detail how to use a condom correctly, but this material has not necessarily reached low-income women and men.

46. The diaphragm is not common among the women in this study. The price of tampons in Brazil are prohibitively expensive for low-income women and simply beyond the economic reach of most of them.

The association of condoms with prostitution was much more prevalent among the São Paulo groups and among older women, in general. Brasil and Guimarães⁴⁷ found this association to exist among the women they interviewed as well.

When the advantages of condoms were mentioned during group discussions, it was clear that women's negative attitudes about condom use were related not so much to the condoms per se, but rather to the prospect of having to *talk* to their partners about using them. Condom use was especially problematic to introduce into established and, what were considered to be, stable or monogamous relationships. While women recognized that many of their partners were not monogamous, they reported having great difficulty confronting their partners and suggesting condom use. Speaking openly about the possibility of infidelity by suggesting condom use was simply not acceptable. This was related at least partially to the wish to avoid violence, which often was associated with cases of infidelity. If a partner put on a condom or asked to put on a condom after years of an established relationship, it invariably resulted in a conflict.

Men also reported being reluctant to bring up condom use in their marriages, even when they were aware of the risk of infection. It is interesting to note that even when men had multiple partners, they felt safe from infection because of their strong faith in each of their partner's fidelity. Women, too, felt safe when their male partners had multiple partners because they believed that men always demanded fidelity from their partners, and because they believed that women, in general, were always faithful. Through this complex rationalization process, both men and women in multiple partnerships felt safe from infection and did not feel the need to use condoms to protect themselves from infection in their primary or secondary relationships.

Another barrier to condom use is the prevalent definition of a "good night of sex." The data indicate that both men and women judged the quality of sex by the number of male orgasms. Since the condom was perceived as prolonging the time between sexual excitement and ejaculation, it was viewed as a constraint to "good sex." The condom,

47. Brasil, Vera Vital and Carmen Dora Guimarães. "Percepção de Risco e Possibilidades de Prevenção da AIDS em Mulheres." Projeto: AIDS No Brasil, June 29-July 1 1992, Sub-Group Mulheres e AIDS. Unpublished Paper.

therefore, challenges some of the deepest held cultural beliefs of what is regarded as good sex by these communities of men and women. If speed is essential to ensure a high number of orgasms, taking the time to put on a condom could also be seen as a negative in erotic play.

The women in our study became distressed when they become aware of AIDS, since the disease brought an old problem (one that they thought they had solved with sterilization or the pill) back into the picture. They had not convinced men to become full partners in family planning, and they did not necessarily expect men to become their equal partners in safer-sex planning by using condoms.

Anal Sex, Bisexuality, and Homosexuality

In São Paulo, women seemed to think that admitting to anal sex was a bit like admitting to being an indecent woman. They associated anal sex with homosexuality and used words like "wrong" and "unnatural" to describe it. In Rio de Janeiro, however, women did not view anal sex as abnormal and stated that it was part of many people's sexuality. It is possible that the Rio de Janeiro and São Paulo groups differed in this way because many of the São Paulo informants were recent arrivals from the Northeast and lived in somewhat homogeneous communities that generally were more conservative in their attitudes about sexuality.

In both São Paulo and Rio de Janeiro, many of the most violent stories came from women who refused to engage in anal sex with their partners. The majority of factory women cited anal sex as a source of conflict and fighting in their marriages. Women often said that when they did "give in" to anal sex, it was out of fear that their men would find their pleasures elsewhere, *na rua* (in the street). Many women felt that the only reason women agreed to engage in anal sex was to please their partner. In women's discourse, men were portrayed as more sexually active and aware of their preferences, while women were the boundary-setters, who felt that the limit to sexual experimentation was the anus. Men, therefore, were the transgressors and women were more conservative in their practices.

It is also possible, however, that the gender differences in attitude towards anal sex was because women did not feel free to talk positively about a sexual act that was so clearly "de-linked" from reproduction, or that they were reluctant to speak about sexual pleasure, in general. In other words, the gender difference may reflect a true difference in feelings of men and women about anal sex or merely the differing abilities of men and women to speak about and celebrate sexual pleasure. If people's public statements had any truth in private, sexuality was eroticized through transgression, but it was only the man who was allowed to transgress. The woman's role was to set the limits.

It was clear that men did not want to admit publicly that they had sexual relations with a man. This was particularly true for men who were the passive partners. The repercussions of having an affair with another woman were far less than admitting sexual relations with a man. Bisexuality, even for the "macho" active partner, was not something that the men wanted to admit. None of the men interviewed admitted to any bisexual or homosexual experiences, even in their youth.

The interview data concerning attitudes about homosexuality was not consistent with the participant observation data which showed that several women had friendships and positive relationships with *bichas* (as they described gay men) and *travesties* who were their neighbors. In some cases, we observed that women had very strong friendships with their gay or transvestite neighbors. However, during the group discussions, these same women expressed very negative attitudes regarding homosexuality. For example, in the first group discussion held in Rocinha, the women, knowing that the discussion had been planned for women only, insisted that a few men (who reportedly were *viados*, or homosexuals) participate. During the discussion, these same women, who accepted homosexual men as close friends, expressed extremely negative views about homosexuality. It is possible that the women may have reported a culturally sanctioned negative attitude toward homosexuality, rather than the reality, where such attitudes are often overcome to develop a friendship with a particular individual.

It is interesting to note that the women in the group discussions were willing to accept these *bichas* (as they referred to them) as women, at least during their discussion

group. This did not mean, however, that the women accepted what they did sexually. This highlights the varying and often coexisting systems of gender classification that exist in different Brazilian subcultures.⁴⁸ This is somewhat consistent with the anthropological literature on the construction of gender in different societies, especially regarding the category of the *berdache*,⁴⁹ or a respected spiritual status of males who enter a different gender category of "not male," despite their anatomical maleness.

Virginity

Although less prominent today than in the past, the norm of virginity at marriage is still prevalent among women in many urban enclaves in both São Paulo and in Rio de Janeiro. There seemed to be an important link between virginity and a woman's honor. Virginity may not be important in the same way that it was at the turn of the century, but some of the women interviewed were still concerned about what others would think of them if they were not virgins. Also, boys and men still highly valued being "the first."

Two recent books about the construction of love during the Belle Époque in São Paulo and in Rio de Janeiro reach opposite conclusions about the importance of virginity at the beginning of the 20th century. Esteves⁵⁰ believes that, in 1900, lower-class women in Rio de Janeiro were already becoming less concerned with elite notions of female chastity and hygiene and were in fact rebelling, especially against virginity. She

48. See, Fry, Peter, *Para Ingles Ver: Identidade e Politica na Cultura Brasileira*, (Rio: Zahar, 1982).

49. Berdache is a kind of spiritual hermaphrodite who is biologically a man, but who achieves a different liminal but often spiritually superior gender status within the community. The word is derived from the Arabic word for male prostitute and translates as something similar to "half-man, half-woman.." See, Devereux, George, "Institutionalized Homosexuality of the Mohave Indians," *Human Biology* 9:498-527, 1937. Devereux was one of the first anthropologists to speak about the Berdache among the Mohave. See also, Callendar, Charles and Lee M. Kochems, "Men and Not-Men: Male Gender-Mixing Statuses and Homosexuality," *Journal of Homosexuality*: 165-178, 1986 for a contemporary review of the berdache concept and other cross-cultural examples where gender status and sexuality are negotiated differently than along the heterosexuality/homosexuality dichotomy.

50. See, Esteves, Martha de Abreu. *Meninas Perdidas: Os Populares e o Cotidiano do Amor no Rio de Janeiro de Belle Époque*. (Rio de Janeiro: Paz e Terra, 1989).

argues that these women were creating their own subculture, which placed less importance on virginity than did the elite culture. She notes that she differs in opinion from Fausto⁵¹ who, based on an analysis of archives in Sao Paulo, claims that virginity was indeed highly valued at that time and in all social classes. Their disagreement may actually be documenting a real difference between the São Paulo and the Rio de Janeiro milieu, rather than a difference in the interpretation of data. Data from the present study highlights similar differences between the two cities in terms of attitudes toward virginity.

There is evidence that virginity is highly esteemed in other regions of Brazil as well. Dimenstein's⁵² recent book on the sale of young girls in miner's zones makes it clear that "deflowering" a virgin is still a status symbol in some regions and a pleasure for which many men are willing to pay a high price. Because it is much more of a migrant town than Rio de Janeiro, Sao Paulo may be better representing the attitudes that are prevalent in regions that maintain traditional attitudes toward virginity, than Rio de Janeiro.

Data from this study and others indicate that while premarital virginity is viewed as being essential for women, premarital sexual experience is seen as being a natural part of being a man. Our data suggest that Brazilian men often have their first sexual experience with an older woman or a prostitute, but rarely with their spouses. Women, on the other hand, usually have their first sexual experience with their boyfriends or husbands. Data Folha's 1991⁵³ poll of sexual attitudes among the various socioeconomic classes of São Paulo found that, of those interviewed (total sample size = 1,080), 70 percent believed that men should not marry as a virgin, whereas only 47 percent believed that women should not marry as a virgin.

51. Fausto, Boris. *Crime e Cotidiano: A Criminalidade em São Paulo (1880-1924)*. (São Paulo. Brasiliense, 1984).

52. Dimenstein, Gilberto. *Meninas da Noite A Prostituição de Meninas-Escravas no Brasil*. (São Paulo: Editora Ática, 1992). In this book, Dimenstein documents the sale of young girls into prostitution, which functions much like modern slavery. He emphasizes that virginity is a characteristic that is more highly valued in this marketplace.

53. "Mulher é menos convencional no casamento," *Folha de São Paulo*, October 1, 1991, p. 4-4.

The women in our study told very richly embroidered stories about their first sexual experiences. They emphasized that they lacked experience, knowledge, and control in their sexual lives. This female innocence and lack of knowledge was described by them as being integral to being female in Brazil and, to some extent, was a theme that was carried on throughout women's lives. Grupo Ceres⁵⁴ found the same emphasis among the women they interviewed. While this theme may be advantageous to men in the construction of sexual desire, it is highly problematic for women in light of the growing AIDS epidemic. The threat of AIDS makes it imperative that women be sexually knowledgeable as well as empowered in sexual decision-making.

Given the double standard of morality that prescribes chastity, purity, love, and monogamy for women while leaving men free to experience sexuality outside these restrictions, it is not surprising that the women interviewed in this study often spoke of their male partners as being their sexual teachers. This "man-as-teacher-woman-as student" theme was a dominant theme in the present study. For example, the older women we interviewed stated that their husbands were the first to explain menstruation to them because they had not yet menstruated when they got married. For these older women, the role of men, especially husbands, as their sexual teachers was very important. Ironically, these women often mentioned that they were more satisfied with their relationship years later in their second or third relationships, sometimes with younger men.

A cultural ideal that casts men in the role of sexual teachers and women as their students significantly constrains women who become aware of AIDS and want to initiate sexual behavior change in their partnerships. The women interviewed said emphatically in every group encounter, "You ought to do these groups with men," because they believed that men were the sexual teachers and, to initiate behavioral change, we should talk with the teacher.

54. Grupo Ceres. *Espelho de Vênus: Identidade Social e Sexual da Mulher*. (São Paulo: Brasiliense, 1981).

It is interesting to note that although older women in the study clearly articulated the disadvantages of naivete and lack of sexual knowledge, they expressed some reluctance to inform their daughters about their bodies or sexuality for fear that such information could lead to sexual activity.

Fidelity

As mentioned earlier, a part of the ideal of being a female and a mother is sacrificing pleasure and being monogamous. The ideal for men, on the other hand, is *machismo*, which celebrates male hierarchy and authority and perhaps, as suggested by this study, the right of men to pursue sexual pleasure. The Brazilian cultural celebration of sexuality through transgression and the pursuit of pleasure as described by Parker seems to capture the male, but not the female, ethos. The women in our study found it difficult to communicate about sexual pleasure with their partners, because mothers and chaste women, under the ideal of *marianismo*, are not supposed to appear interested in their own pleasure.⁵⁵

The data clearly indicate that culturally it is very important that the facade of monogamy be maintained publicly, even when everyone knows privately that this is not the case. The cultural construction of fidelity makes it very difficult for women to assess their true risk. As mentioned earlier, women simply do not have the right to ask about male infidelity since, to some extent, masculinity and maleness are constructed to encourage male sexual activity with many women.

Stories of fidelity and infidelity were inevitably linked with violence. This connection between infidelity and violence has serious repercussions in the era of AIDS because it threatens free communication about exposure to risk of HIV. Traditionally, in Brazil, male honor was allowed to seek vengeance in the case of a wife's infidelity. There

55. Despite the sexual revolution of the 1960s, which was more an American and European phenomenon than a Brazilian one, and despite Parker's findings concerning the playful attitude of Brazilian culture toward sexuality in general, low-income women, especially those from the Northeast are reluctant to speak and communicate about their own sexual pleasure.

is a cultural acceptance, and perhaps even an expectation, of violence in response to certain kinds of infidelity.

This cultural tradition makes any dialogue on fidelity and infidelity almost impossible. Both men and women want to avoid communication about infidelity or even about the sexual history of a partner. As a result, rather than attempt to encourage this kind of communication between sexual partners, AIDS activist groups in Brazil suggest that everyone wear a condom at all times. This suggestion, however, is unrealistic for the low-income women in stable relationships who participated in this study.

HIV/AIDS Knowledge

Unfortunately, it appears that until this population of women know people like themselves who are sick with AIDS, the disease will seem relatively distant to them. In 1992, when this study was conducted, AIDS was not very high on the list of things that a poor *favelada* was likely to die of. In the lives of poor Brazilian women there are many other day-to-day problems that are of much higher priority than AIDS.

Despite the mass media campaigns on AIDS and, in some cases, educational sessions in factories, the women in our study lacked basic facts about AIDS and doubted the veracity of the information that they had received. They were quite skeptical, for example, about the information presented about modes of transmission. The fact that they consistently mentioned that they had sores in their mouths and feared transmission through kissing is an example of this lack of trust in the information they had received.

Results from our study suggested that when the women in the sample became aware of the protection that the condom offered, they appeared willing to entertain the idea of condom use. Still, they could not imagine using condoms consistently in their household. This was true even when they accepted themselves as part of a population at risk. At best, they could imagine reaching an agreement with their partner that he use a condom outside of the house.

The women in this study felt strongly that HIV testing should be an important component of behavioral change for risk reduction. They believed that if they could know for certain that they were not already infected they may be motivated to take

measures to protect themselves from infection. They also expressed a need to know their HIV status before deciding to get pregnant. In some ways, the interests of low-income heterosexual women and their concerns about reproduction are at odds with the anti-testing sentiments of many AIDS activists. The women in our study emphasized the importance of knowing their HIV status both to motivate behavioral change and for safe reproduction, whereas activists stress the importance of practicing safer sex at all times and discourage testing.

Educating low income women about HIV/AIDS and empowering them to protect themselves from risk within the cultural construction of gender relations and sexuality in Brazil remains a challenge.

6. Conclusions and Recommendations

The study focussed on low-income Brazilian women from many different favelas and factories in Sao Paulo and Rio de Janeiro. Despite the fact that the women interviewed belonged to different subcultures, there were some noticeable consistencies in the obstacles that they faced in making changes in their private sexual lives in order to protect themselves from HIV. Women were aware of and annoyed about male infidelity, but felt powerless to do much about it. They wanted more sexual communication, but did not want to ruin the fun, or risk the possibility of violence or abandonment. They seemed to erase themselves from the sexual experience by talking about the number of orgasms that a man had during a sexual encounter, rather than their own pleasure. They were not enthusiastic about anal sex but seemed willing to try it to keep their husbands from searching elsewhere for sexual pleasure. They said they believed in the equality of the sexes but they assumed complete responsibility for reproductive planning and could not advocate condom use in their households.

In sum, women's identities as women seem to work against them being active and equal partners with men in sexual relationships. Silence and passive acceptance seem to be their lot. The image of the prenuptial, honorable woman as virginal, innocent, and passive is superceded only by the marianist ideal of the "sacrificing mother." This ideal woman is accorded respect and power as a result of her spiritual chastity, denial of pleasure, and the suffering that she experiences in childbirth and other activities associated with motherhood. It is female innocence and virginity that are eroticized; women who are not innocent and who appear sexually knowledgeable are either symbolically associated with prostitution or are seen as evil. In sharp contrast, the ideal man seeks numerous sexual conquests and embodies much more of the pleasure-seeking aspects of Brazilian erotic ideology than that of the woman. This transgressive male ideal, combined with machista double standards concerning fidelity, make it particularly difficult for women in Brazil to protect themselves from the risk of HIV infection.

In addition to highlighting the many cultural and social gender-related barriers that stand in the way of women protecting themselves against HIV, the data from the study, as

well as the process of conducting the research, suggested possible interventions that could help to overcome those barriers. The study, therefore, offers the following recommendations for action:

- **Educate women about reproductive anatomy, sex, and HIV/AIDS.** The low level of knowledge about women's bodies, particularly about their reproductive anatomy, acts as a major constraint to risk reduction. Providing women and men with such information, as well as accurate information about HIV/AIDS, would help to reduce some of the barriers to sexual communication and condom use.
- **Provide opportunities for women to talk about and share their experiences and fears about sex.** The group discussions we conducted to collect data had an unintended beneficial effect on the women -- they provided women with a forum in which they could talk openly about sexuality and develop a woman's perspective on issues that are rarely talked about otherwise. The women who participated in the discussion groups described the sharing and talking as a very positive experience. It encouraged them to think about issues and served to promote conversations on sex with others at home and with their partners. They also derived strength from the commonality of their experiences and as a result reported feeling less isolated.
- **Provide opportunities for AIDS activist and feminist groups to work together.** The complex issues of power, gender, and sexuality which play an integral part in determining women's risk of HIV are an important component of the feminist agenda. As this study showed, collaboration between AIDS activist and feminist groups can enrich research and the design of interventions. AIDS prevention projects that work with feminist groups are more likely to recognize the need to make deeper cultural changes in sexual and gender power relations.
- **Involve men in safer-sex planning.** The women in the study voiced the need to involve men as equal partners in safer-sex planning. They felt strongly that group discussions and other educational forums specifically designed for men would raise men's consciousness about safer sex. The possible advantages of mixed-gender groups should be explored as well.
- **Design mass media campaigns that are responsive to women's needs.** The women and men who participated in this study expressed the need for more information on condoms. Efforts must be made to design mass media campaigns that provide such information in a forthright way.

- **Promote social marketing programs for condoms.** Condoms need to be marketed as pleasurable, sensual, and safe and should be readily available at a minimal cost.
- **Support efforts to develop and distribute a female-controlled technology for HIV prevention.** Given the gender power imbalance in Brazil, it is essential that women have access to a technology for prevention that does not require the participation of men. The women in the study expressed great interest in the female condom and were very interested in the idea of a viricide that could be used intravaginally. They were very enthusiastic about the possibility of a technology that they could control and use without communicating with their partners.
- **Develop counseling and testing programs that meet women's needs.** The women in the study were interested in learning more about perinatal transmission of HIV and in testing and counseling prior to getting pregnant. Testing and counseling programs that are sensitive to women's reproductive concerns need to be developed.
- **Conduct operations research to test the effectiveness of support groups and group discussions to empower women.** The study suggested the value of group forums for providing support to women. It is necessary, however, to determine through operations research the extent to which such group discussions empower women to act individually to negotiate safer sex with their own partners and to act collectively to impact the community and its social norms. It would be useful to also test the appropriate age ranges for such groups. While a limited age range may work best in some circumstances, there may be a value in having intergenerational groups in which older more experienced women can help younger women resolve their concerns and anxieties.

**Guia de Entrevista
Sexualidade e Aids
Para
Individuais**

I. Características Gerais:

- a. Idade?, Casado/Solteiro? Primeira Vez? Quantos anos casados? Quantos filhos?
- b. Onde Mora? Com quem? Quanto tempo para chegar no lugar de trabalho?
- c. De onde vem sua família? e voce? Quando é que voce mudou para SP? Quando voce chegou, voce tinha que idade? Por que veio (por exemplo do Nordeste)? E sua família? Por que veio? Tinha família aqui já?
- d. Que tipo de trabalho voce fez antes de trabalhar na fabrica? Quanto tempo? e depois? e depois? Quantos anos de escola tem voce?

II. Comunicação e Decisões:

- a. Como é que se ve as responsabilidades de homens e de mulheres dentro duma relação? esposas e esposos, por exemplo?
- b. Voce fala com seu parceiro? (o ex-parceiro) Que tipo de coisas fala e que tipo de coisas não fala?
- c. Por exemplo, sobre doenças ou problemas do corpo, pode falar com ele?
- d. Ele fala com voce sobre problemas de corpo?
- e. Voce acha que homens e mulheres falam entre si sobre sexo? Que dissem? Voce fala com seu parceiro sobre sexo? Que tipo de coisas falam juntos? Que tipo de coisas não podem falar?
- f. As mulheres falam com os seus parceiros sobre contracepção?
- g. No momento está usando um método anti-concepcional? Qual? Como é que seu parceiro sente sobre este tipo de anti-concepção? Ele foi parte de decisão ou não?
- h. Onde conseguiu ou consegue este tipo de anti-concepção? Farmacia? Médico? Posto de Saúde?
- i. **Role-Play:** Tenta lembrar a primeira vez que fazia amor com o seu companheiro? Que falou? Como foi a sedução? Que fez ele? Que dizia ele? (antes, durante, depois) Que fez você? Que dizia voce? (antes, durante, depois)
- j. O que é que a mulher acha sensual/prazeroso sobre sexo?
- k. O que acha voce sensual/prazeroso? Voce pode falar com o seu parceiro sobre seu corpo, por exemplo o que voce gosta, acha sensual?
- l. Quem decide quando e como vai fazer amor?
- m. A mulher pode dizer "NO" se ela não quer? No que situação? Por exemplo, voce tem dito 'no' em que situação?
- n. As mulheres falam entre si sobre sexualidade? Que falam?

III. Camisinhas

- a. Que acha de camisinhas? O que imagem tem quando as pessoas falam de camisinha? Em quais situações voce usaria uma camisinha? Quando? por exemplo. No que momento voce coloca a camisinha?
- b. O seu parceiro alguma vez queria usar uma camisinha? Como respondeu voce? Como responderia se ele quisesse usar?
- c. Voce tem pedido seu parceiro usar camisinha? No que situação? Que pasou?
- d. Se voce pedisse seu parceiro usar camisinha, como reacionaria?
- e. Quanto é que custa uma camisinha o caixa de camisinhas? Onde é que voce pode comprar? Sabe algum lugar onde pode conseguirlos mas baratos o gratis? Se precisasse uma camisinha, onde iria para comprar?
- f. Voce tem tido problemas usando a camisinha? Quais são? Voce gostaria usar a camisinha mais frequentemente? Quais coisas te previne de usarlo?

IV. Sexo Anal/Bissexualidade

- a. Alguns pessoas acham que Brasil é uma cultura que adora a bunda. Acha isso verdade?
- b. Sabemos já que o sexo anal é muito comun no Brasil... Que acha do sexo anal? É algo que homens e mulheres gostam? É uma coisa común entre seus amigos? Que tipo de pessoas gostam de sexo anal?
- c. Que significado tem quando uma mulher se der no sexo anal? e um homem? Que acha dela/dele?
- d. Alguns mulheres me disseram que se não der no sexo anal, os homens tem ameaçado procurar afora, na rua...isse é verdade? Conhece alguns casos assim?
- e. É ou não é "decente" para uma mulher dizer que ela gosta ou practica sexo anal?
- f. Sabemos que no Brasil existe muitos homens bissexuais...Existe situações onde pode imaginar homens tendo relações sexuais com outros homens?
- g. Que tipo de situações pode imaginar este acontecimento?
- h. Voce acha que um homem que voce conhece possivelmente tinha relações com homens? E tinha relações sexuais com voce e também tinha relações com homens?

V. Virgindade

- a. Virgindade era/é uma coisa importante? para escolher seu parceiro? Para ele escolher voce?
- b. Acha mulher deve ser virgem? Homen?
- c. Acha que é uma coisa para sua filha/filho?
- d. Acha que os homens ainda se importa com a virgindade? Que achou do Felipe de novela 'Dono do Mundo' quando ele queria mais a Marcia quando soube que ela era virgem?

VI. Fidelidade

- a. Que tipo de entendimento tem com seu marido/esposa? Voce espera fidelidade dele? Ele espera fidelidade de voce?
- b. Acha que ele é fiel? Como sabe? Se voce suspeita que ele não é fiel, voce fala alguma coisa? Que tipo de coisa falaria se descobrisse que ele não era fiel?
- c. Que tipo de informação precisasse se ia ter uma aventura com outra pessoa? Como perguntaria essas coisas?
- d. Que acha de homens que não são fieis? E mulheres que não são?
- e. Alguma vez voce tinha uma doença sexualmente transmissivel? Se sabe como pegou?
- f. Muitas pessoas acham que os homens gostam fazer ou que é proibido? Quero dizer, que os homens tentam ou gostam fazer ou que não deveriam fazer?? O que é sua opinião?
- g. E a mulher...é igual? Ela também gosta fazer ou que é proibido? Ou gosta dizer "não?"

VII. Conhecimentos sobre Aids

- a. O que é que sabe sobre Aids?
- b. Como é que se transmite Aids?
- c. Que lembra sobre Aids da televisão, radio, ou outros fontes?
- d. Voce concorda/acha legal essas mensagens sobre a prevenção?
- e. Podem fazer o que as mensagens disserem fazer? Porque?
- f. Que pode fazer para protegerse?
- g. Voce tem falado com quem sobre Aids?
 - parceiro(s)?
 - amigas?
 - filhos?
- h. Acham que as pessoas estão mudando o seu comportamento por causa de Aids?
- i. Se voce tivesse que preparar uma campanha para prevenir a Aids, que diria os homens? e as mulheres?
- f. Que podem fazer as mulheres para se prevenir de pegar Aids?

g. Voce acha que tem risco de pegar AIDS?

Questões Finais

- a. Estamos fazendo este estudo no Rio e São Paulo. Voce acha que as pessoas no Rio pensam diferente sobre sexualidade e Aids que as pessoas aqui?
- b. Voce acha que pessoas ricas pensam diferente sobre sexualidade e Aids que as pessoas pobres?
- c. Religião? Practicante? Seus Pais? auto-definição de raça
- d. Salario no momento? (quantos salarios minimos?)

**Guia Revisada de Entrevista
Sexualidade e Aids
Para**

I. Grupos Focais de Mulheres

I. Comunicação e Decisões:

- a. **Role-Play:** Tenta lembrar a primeira vez que fazia amor com o seu companheiro? Que falou? Como foi a sedução? Que fez ele? Que dizia ele? (antes, durante, depois) Que fez você? Que dizia você? (antes, durante, depois)
- b. Você fala com seu parceiro? (o ex-parceiro) Que tipo de coisas fala e que tipo de coisas não fala?
- c. Por exemplo, sobre doenças ou problemas do corpo, pode falar com ele?
- d. Ele fala com você sobre problemas de corpo?
- e. Você acha que homens e mulheres falam entre si sobre sexo? Que disseram? Você fala com seu parceiro sobre sexo? Que tipo de coisas falam juntos?
- f. O que é que a mulher acha sensual/prazeroso sobre sexo?
- g. O que acha você sensual/prazeroso? Você pode falar com o seu parceiro sobre seu corpo, por exemplo o que você gosta, acha sensual?
- h. Quem decide quando e como vai fazer amor? A mulher pode dizer "NO" se ela não quer? No que situação?
- i. As mulheres falam entre si sobre sexualidade? Que falam?
- j. As mulheres falam com os seus parceiros sobre contracepção?
- k. No momento está usando um método anti-concepcional? Qual? Como é que seu parceiro sente sobre este tipo de anti-concepção? Ele foi parte de decisão ou não?

II. Camisinhas

- a. Que acha de camisinhas? O que imagem tem quando as pessoas falam de camisinha?
- b. O seu parceiro alguma vez queria usar uma camisinha? Como respondeu você? Como responderia se ele quisesse usar?
- c. Você tem pedido seu parceiro usar camisinha? No que situação? Que passou?

III. Sexo Anal/Bissexualidade

- a. Alguns pessoas acham que Brasil é uma cultura que adora a bunda. Acha isso verdade?
- b. Geralmente, Que acha do sexo anal? É algo que homens e mulheres gostam? É uma coisa comum? Que tipo de pessoas gostam de sexo anal?
- c. Que significado tem quando uma mulher se der no sexo anal? e um homem? Que acha dela/dele?
- d. Alguns mulheres me disseram que se não der no sexo anal, os homens tem ameaçado procurar afora, na rua...isse é verdade? Conhece alguns casos assim?
- e. Existe situações onde pode imaginar homens tendo relações sexuais com outros homens?
- f. Que tipo de situações pode imaginar este acontecimento?

IV. Virgindade

- a. Virgindade era/é uma coisa importante? para escolher seu parceiro? Para ele escolher você?
- b. Acha mulher deve ser virgem? Homen?
- c. Acha que é uma coisa para sua filha/filho?
- d. Acha que os homens ainda se importa com a virgindade? Que achou do Felipe de novela 'Dono do Mundo' quando ele queria mais a Marcia quando soube que ela era virgem?

V. Fidelidade

- a. Que tipo de entendimento tem com seu marido/esposa? Você espera fidelidade dele? Ele espera fidelidade de você?

- b. Acha que ele é fiel? Como sabe? Se voce suspeita que ele não é fiel, voce fala alguma coisa?? Que tipo de coisa falaria se descobrisse que ele não era fiel?
- c. Que tipo de informação precisasse se ia ter uma aventura com outra pessoa? Como perguntaria essas coisas?
- d. Que acha de homens que não são fieis? E mulheres que não são?

VI. Conhecimentos sobre Aids

- a. O que é que sabe sobre Aids?
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- d. Voce concorda/acha legal essas mensagens sobre a prevenção?
- e. Podem fazer o que as mensagens disserem fazer? Porque?
- f. Que pode fazer para protegerse?
- g. Voce tem falado com quem sobre Aids?
 - parceiro(s)?
 - amigas?
 - filhos?
- h. Aham que as pessoas estão mudando o seu comportamento por causa de Aids?
- i. Se voce tivesse que preparar uma campanha para prevenir a Aids, que diria os homens? e as mulheres?

Guia de Entrevista
Segunda Entrevista de Grupos Focais
Baseado no Filme 'Aids e Mulheres'

I. Antes do Filme/Evaluação da última reunião

- a. Como foi para vocês depois da última reunião? Havia coisas que falamos a última vez que achou interessante, que gostaria compartilhar com o grupo hoje?
- b. Vocês falaram de alguns das temas em casa? Com seus maridos? pais? filhos? amigas? Como responderam ele(s)?

Hoje, gostaríamos lhes mostrar "uma rascunha" dum filme feito para mulheres. O filme não é completo ainda, não é perfeita. Queremos muito que prestem bastante atenção ao tudo o filme para depois opinar detalhadamente sobre o filme. Por favor, precisamos muito de sua sinceridade e honestidade.

Mostra o filme. (Esta rascunha é longo--55 minutos)

II. Impressões Gerais/Retenção Geral do Filme

- a. Vocês gostaram do filme ou não? Porque?
- b. Havia coisas dentro do filme que vocês não entenderam, coisas que eram confusas?
- c. Que coisas do filme são mais impactante, emocionante para vocês, que lembram-se? Porque lembrou-se? Que mais? Porque lembrou-se? Que mais? Porque lembrou-se?
- d. Nós precisamos cortar coisas do filme. Que coisas acharam que seria melhor cortar? Em outras palavras, as coisas que basicamente não são muito importante?
- e. Que novidades havia no filme para vocês?
- f. Que coisas já sabia antes de ver o filme? Acha bom repetir essas informações no filme?
- h. Acha que este filme deveria ser mostrado a quem? (homens? mulheres? tudo mundo?) Acha que o filme usa linguagem apropriada para mulheres como vocês?
- i. Acha que tem coisas que esta faltando no filme, por exemplo, algo que queria saber sobre Aids que não aparece?

III. Retenção de Informação/Controle de Compreensão

- a. Se lembra a diferença entre o virus HIV e Aids? (Qual parte do filme explicava isso?)
- b. Se lembra como usar o preservativo? (Qual parte do filme explica; quais dos repetições gostam mais?)
- c. Quando é que um homen deveria usar a camisinha? Depois do filme, que opinam vocês?
- d. O filme te ajuda pensar em como falar francamente com seus companheiros sobre a Aids? (Qual parte do filme te ajuda fazer isso?)
- e. Se lembram quais coisas passam Aids? (Qual parte do filme é?) Havia coisas que vocês ainda tem dúvidas e que acham deveria ser incluído no filme?
- f. Se lembram quais coisas não passam Aids (Qual parte do filme é?) Havia coisas que vocês gostariam que sejam incluído no filme?
- g. Se lembra como é que passam a Aids as crianças geralmente? (Qual parte do filme é?)
- h. No filme, tem um caso dum homen que é HIV positivo, ele não usou camisinha mas em este caso, por sorte, a mulher dele (grávida) não era HIV positivo. Acha que deveríamos dechar aquele escena como é ou é confuso?)
- i. Se lembra como é que passam a Aids por drogas? Ficou claro ou não muito claro que as parceiras dos viciados, apesar de não tomar drogas elas, pode pegar Aids do

parceiro viciado? Voce acha que a parte sobre como lavar a seringa é bom saber ou desnecessaria?

- j. Como é que pode saber com certeza se uma pessoa é infetada com o vírus?
- k. Em quais situações deveria perguntar seu companheiro sobre a vida sexual dele? Quando deveria pedir que ele usa camisinha?
- l. Se lembra dos preconceitos das pessoas? (Quais partes te tocaram muito?)
- m. O sangue no Brasil é seguro? Se sabe a diferença entre transfusão e doação? Se pega a vírus do Aids em qual situação--transfusão o doação o ambos?

IV. Formato do Filme

- a. Gostou do formato dum filme com comerciais?
- b. Gostou das duas mulheres dando as informações, tipo cabeças dando informações?
- c. Gostou das partes que te preparem para que vai seguir?
- d. Gostou das partes com Brivaldo falando na rua?
- e. Gostou das partes que repetiam?
 - 1. como colocar camisinha
 - 2. os cuidados dos grupos religiosos
 - 3. as historias das crianças, uma que ficou doente, outra que se sarou?

V. Material Complementaria do Filme

Em nosso trabalho, gostaríamos fazer materiais educativos que complementam o filme.

- a. Quais formatos voces acham apropriadas?
 - 1. Posteres?
 - 2. Folders? Com fotos, palavras, pinturas?
 - 3. Livrinho de forma fotonovela?
 - 4. Que ideias voces tem para uma material gostosa--que mulheres como voces gostariam ver?

VI. Material que Falta no Filme

- a. Que material acha que esta faltando no filme?
 - 1. por exemplo, ideias sobre como falar com seus companheiros?

VIII. Material Sendo Pensado Para Folhetins

Estamos pensando em folhetins que fala sobre as seguintes temas. Pode nós dizer se acham essas temas bom, médio, ou ruim.

- a. Ideias para como falar com seus companheiros sobre Aids, por exemplo quando voce tem dúvidas.
- b. Quando é que voce deveria ter dúvidas.
- c. Informação sobre como tratar de camisinha dentro de casa apesar de que voce já é casado muitos anos.
- d. Saber mais sobre quais atos sexuais são mais arriscados e que menos arriscados.
- e. Saber mais sobre bissexualidade dos homens.
- f. Saber onde ir para pedir exames de HIV.
- g. Dizer que uma pessoa pode aparecer saudável mas ainda ter o vírus HIV.
- h. Dizer que apesar de ser operado ou vasectomizado, pode ainda ter a passar o vírus HIV.
- i. Explicar mais sobre a possibilidade duma mulher passar a HIV para o seu filho.
- j. Falar sobre a desigualdade de poder nas relações entre homens e mulheres (por exemplo, fidelidade ou virgindade) e que pode fazer na situação de Aids.

Appendix C

Description of Intervention Materials

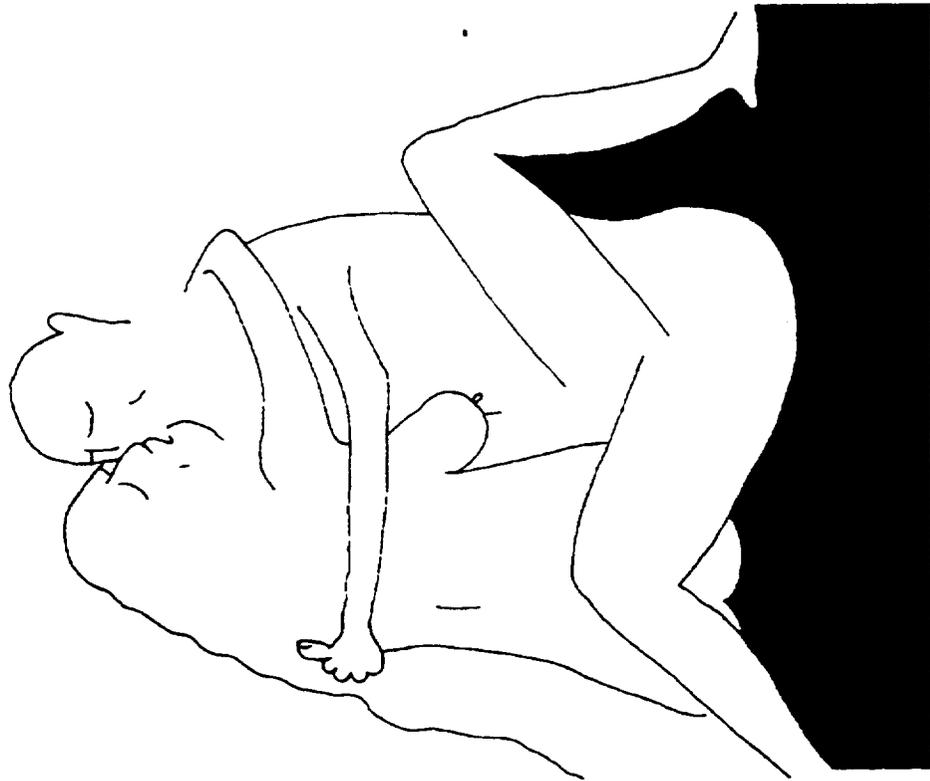
The video film, produced by ABIA, is about 45 minutes long and is modelled after a popular Brazilian television show called 'O Fantasiaco' where two journalists talk with one another and with others about a specific theme. The film is called 'Se Você Me Ama' (If You Love Me) and was directed and produced by the journalist Mônica Teixeira. It is focused on the stories of low-income women and their children who are touched by AIDS. There are a number of commercial breaks and other cuts which include a well-known artist fitting a condom onto a banana, various simulated 'negotiated sexual encounters' between a couple (both well-known actors) in which one or the other of the couple does not want to use a condom. There is information about how to clean a syringe and how to use and sterilize instruments for participation in Afro-Brazilian religious ceremonies. There is medical information, presentation of statistics and graphic representations of the HIV virus and of the way AIDS develops. Most importantly, though, the film presents an emotionally moving account of the life situations of poor women who are HIV-positive or who have people close to them who are sick with AIDS.

The educational pamphlet and poster, produced by the Coletivo Feminista Sexualidade e Saúde, was designed specifically for the use in women's discussion groups and as a complement to a more informational set of materials, such as the film mentioned above. Ideally, they would be used as part of the same set of educational/consciousness-raising sessions. The pamphlet raises a series of issues for discussion by asking questions about women's sexuality, partner communication, and AIDS. It asks women to examine their particular situation in relation to their partners and to think about their own risk level and come up with suggestions for what they might do to protect themselves against HIV infection. In feminist consciousness-raising style, it questions the double standards concerning sexuality and points out the importance of these questions at the present time.

Participation in the group discussions themselves had an effect on the women. The success of these group discussions led to the design of the educational material as it presently exists--as a series of questions and issues that are meant to be presented in a

group setting of women so that they can discuss and come up with their own solutions to these dilemmas.

Sexo é assim: cada um tem um jeito, um gosto, um cheiro, um denço.



T e m gente que só transa papai-mamãe, outras têm nojo da gala ou porra, outras dizem que é proteína de qualidade excelente para máscara de beleza.



ABOUT THE WOMEN AND AIDS RESEARCH PROGRAM

The Women and AIDS Research Program was initiated in August 1990 with support from the Offices of Health and Women in Development of the U.S. Agency for International Development. The objective of the program was to support research in developing countries to identify the behavioral, sociocultural, and economic factors that influence women's vulnerability to HIV infection. The program also sought to identify opportunities for intervention to reduce women's risk of HIV infection.

The first phase of the program supported 17 research projects worldwide: seven in Africa, five in Asia, and five in Latin America and the Caribbean. The studies focused on women and men in rural and urban communities, school-based and nonschool-based adolescents, and traditional women's associations. The focus of the second phase of the program, which began in August of 1993, is to support eight of the original seventeen projects in the design, implementation, and evaluation of interventions developed from the research findings of the first phase of the program. The second phase of the program is expected to be completed by February of 1996.

Publications from the Women and AIDS Research Program

ICRW Policy Series

Women and AIDS: Developing a New Health Strategy by G. Rao Gupta and E. Weiss.

Research Report Series

AIDS Prevention Among Adolescents: An Intervention Study in Northeast Thailand by E. Thongkrajai, J. Stoeckel, M. Kievying, C. Leelakraiwan, S. Anusornteerakul, K. Keitisut, P. Thongkrajai, N. Winiyakul, P. Leelaphanmetha, and C. Elias.

An Investigation of Community-Based Communication Networks of Adolescent Girls for HIV/STD Prevention Messages in Rural Malawi by D. Helitzer-Allen.

Young Women, Work, and AIDS-Related Risk Behaviour in Mauritius by S. Schensul, G. Oodit, J. Schensul, S. Seebuluk, U. Bhowan, J. Prakesh Aukhojee, S. Ragobur, B.L. Koye Kwat, and S. Affock.

Sociocultural Factors Which Favor HIV Infection and the Integration of Traditional Women's Associations in AIDS Prevention in Senegal by C.I. Niang

Women and AIDS in Natal/KwaZulu, South Africa: Determinants to the Adoption of HIV Protective Behaviour by Q. Abdool Karim and N. Morar.

Female Sexual Behavior and the Risk of HIV Infection: An Ethnographic Study in Harare, Zimbabwe by M. Bassett and J. Sherman.

Understanding Sexuality: An Ethnographic Study of Poor Women in Bombay by A. George and S. Jaswal.

Evolving a Model For AIDS Prevention Education Among Underprivileged Adolescent Girls In Urban India by A. Bhende.

Women and the Risk of AIDS: A Study of Sexual and Reproductive Knowledge and Behavior in Papua New Guinea by C. Jenkins and the National Sex and Reproduction Research Team.

Experimental Educational Interventions for AIDS Prevention Among Northern Thai Single Female Migratory Adolescents by K. Cash and B. Anasuchatkul

The Culture, Class, and Gender Politics of a Modern Disease: Women and AIDS in Brazil by D. Goldstein.

AIDS and Sexuality Among Low Income Adolescent Women in Recife, Brazil by A. Vasconcelos, A. Neto, A. Valença, C. Braga, M. Pacheco, S. Dantas, V. Simonetti, and V. Garcia.

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