Bisexual Behavior and AIDS in Brazil

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Academy for Educational Development
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This publication is one of a series of occasional papers prepared by AIDSCOM staff and consultants to provide health promotion and behavior change program planners with information that can help guide their HIV/STD prevention activities.

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The AIDS Public Health Communication (AIDSCOM) Project seeks to develop, test, and refine the application of the Public Health Communication (PHC) Framework to AIDS prevention and control. PHC draws upon and integrates the successful experiences of the Agency for International Development (A.I.D.) in development communication and social marketing and focuses on planning, intervention, and monitoring and evaluation. Given the challenges of controlling the spread of HIV/AIDS and other sexually transmitted diseases (STDs), AIDSCOM has worked to increase understanding of the integral role communication plays in effecting behavior change.

AIDSCOM has shown that behavioral and operations research must form the foundation of effective communication strategies. The project has also demonstrated that full involvement of the target population significantly increases the effectiveness of behavior-change interventions. Implementing these interventions has shown that communication efforts offer a unique opportunity for influencing social norms and making behavior change an option for individuals at risk.

Since 1987, AIDSCOM has conducted assessments of HIV prevention opportunities and programs in some 67 countries worldwide and implemented extensive technical assistance in 42 of those countries. AIDSCOM assists governments and a wide variety of nongovernmental and private organizations throughout Africa, Asia, the Caribbean region, Latin America, and the Near East.

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Although bisexual behavior appears to have played a role in HIV transmission in a number of different regions throughout Brazil, increasing evidence indicates that it has been especially important in shaping the AIDS epidemic in Latin America (see Parker and Tawil 1991). In spite of the fact that early epidemiological reports from throughout the Americas focused on HIV transmission principally in relation to homosexual males, high numbers of AIDS cases were recorded as well among men reporting sexual relations not only with other men but also with women. This information suggests the possibility that male bisexual behavior might serve as a type of bridge between populations involved in high-risk behaviors and the general public.

Within less than a decade, the predominant pattern of HIV transmission identified in Latin America by the World Health Organization had gradually shifted from Pattern I to Pattern I/III, a combination of homosexual and heterosexual transmission, and, in the absence of extensive transmission due to intravenous drug use, the possibility that bisexual behavior may have played a central role in this transformation seems increasingly likely (see Chin and Mann 1990; Parker and Tawil 1991). Many of these tendencies have been especially evident in Brazil, the country with the highest number of reported cases of AIDS in the Latin American region and with one of the most potentially explosive AIDS epidemics anywhere in the world (see Parker 1990). During the first decade of the AIDS epidemic in Brazil, for example, approximately 20 percent of the reported cases of AIDS were classified as bisexual males (Rodrigues and Chequer 1989). It was even suggested that at least some cases of AIDS classified as the result of heterosexual transmission might in fact be behaviorally bisexual men who had failed to report their same-sex sexual contacts (Castilho et al. 1989).

While data on seroprevalence, as opposed to reported cases of AIDS, have been limited in Brazil, as in other parts of Latin America, they have tended to confirm the general picture presented in analyses based on AIDS case reporting: a study of 58 bisexual men in Rio de Janeiro, for example, found a seroprevalence rate of 28 percent for HIV-I and 7 percent for HTLV-I (Cortes et al. 1989), while a study of 131 female sexual partners of bisexual men, also in Rio de Janeiro, reported a seropositive rate of 25 percent among those women who reported engaging in vaginal intercourse and 62 percent among those who reported anal as well as vaginal intercourse (Sion et al. 1989). On the basis of relatively limited epidemiological data, the potential importance of bisexual behavior for HIV transmission in Latin America as a whole, and in Brazil in particular, is clearly evident. The role of bisexual behavior in HIV transmission, in turn, has raised a number of difficult dilemmas for AIDS prevention activities because bisexuality has traditionally been
among the most hidden and poorly understood patterns of human sexual behavior. A fundamental lack of understanding, together with a paucity of reliable research data, has made it exceptionally difficult to respond to the spread of HIV infection through AIDS education and health promotion activities (Parker 1987, 1988; Parker and Carballo 1991).

This paper is intended to develop a future understanding of, and response to, the role of bisexual behavior in relation to HIV transmission in Brazil. It reviews the existing knowledge drawn from anthropological and sociological research on homosexuality and bisexuality in the sociocultural context of contemporary Brazilian life. In addition, it discusses a set of largely unpublished empirical data collected in Rio de Janeiro on bisexual behavior and the risk of HIV transmission. Finally, it explores the implications of existing data for the development of further research on bisexual behavior and the elaboration of more effective intervention and education strategies.

THE SOCIAL CONSTRUCTION OF BISEXUAL BEHAVIOR

The role of bisexual behavior in the dynamics of HIV transmission in Brazil, as in other parts of Latin America, has posed a number of problems for existing epidemiological models or paradigms. In view of social and behavioral research carried out over an extended period on patterns of sexual behavior in Brazil, however, the importance of bisexuality comes as little surprise. Indeed, long before the emergence of the AIDS epidemic, anthropologists and sociologists working in both rural and urban Brazil had pointed to an important pattern of sexual interaction in which occasional, or even frequent, same-sex sexual interactions between men need not necessarily call into question male gender identity (see Fry 1982, 1985; Parker 1985). The implications of this pattern for HIV transmission, as well as for AIDS prevention activities, in turn, have recently been explored in some detail, as it has become increasingly evident that bisexual behavior has been an important element in the rapid spread of the HIV/AIDS epidemic in Brazil (see Parker 1987, 1988, and 1990).

A fuller understanding of many of these issues depends upon a sense of how relatively recent, and, at some level, superficial, terms such as homosexualidade and heterosexualidade are in Brazilian culture. While categories such as homosexualidade and heterosexualidade are certainly present in Brazil, and have in fact become increasingly common terms, particularly with the emergence of HIV and AIDS, they are not necessarily the most important or salient classifications used to structure the sexual universe in daily life. On the contrary, categories such as homossexualidade and heterosexualidade have traditionally been less significant than words such as atividade (activity) and passividade (passivity), which are understood both as distinct roles within the sexual act and as profoundly different manifestations of masculinity and femininity (see Parker 1987, 1988, 1989, 1990, and 1991).
Given this focus on activity and passivity as primary coordinates of the sexual universe, the selection of a sexual object may be less significant in the subjective construction of an individual’s identity than is the role performed in his or her sexual interactions. Particularly among members of the popular classes for whom more elite medical and scientific categories, such as homosexuality or bisexuality, are perhaps particularly distant, the so-called active (inserter) partners in same-sex interactions do not necessarily consider themselves to be either homosexual or bisexual, and their equally active interactions with members of the opposite sex, or their social roles as husbands or fathers, may be more significant in the constitution of their own sense of self than are the occasional relations that they maintain with other males (see Parker 1987, 1988, and 1990).

This is not to say that active or passive role separation among men who have sex with men in Brazil is necessarily absolute or exclusive. On the contrary, a relatively high erotic value is placed upon a certain flexibility in sexual encounters, a willingness to transgress rules and prohibitions (see Parker 1987, 1989, and 1991). This is no less true in the dynamics of sexual activity and passivity than in any other area. Indeed, preliminary findings in the study of homosexual and bisexual behavior among men in Rio de Janeiro, for example, suggest that active or passive role exchange may occur rather frequently—particularly when compared with other Latin societies (Parker et al. 1991).

The ideological structures that simultaneously distinguish between activity and passivity, while at the same time opening up possibilities for the transgression of this distinction, create a social and cultural context in which the constitution of sexual and gender identities can easily find what might be described as points of escape within the system itself—contradictory or parallel meanings which make it possible for the assumption of unwanted or socially undesirable characteristics (such as male passivity or, more recently, homosexuality) to be avoided or ignored. An active partner in same-sex as well as opposite-sex interactions can thus relatively easily ignore his homosexual behaviors, while the active partner who is also occasionally passive can choose to disregard his passivity, and so on. Sexual identities may thus be situationally contingent, while specific contexts or situations must necessarily be negotiated in the flow of social interaction (see also Parker 1987).

Although a distinct sexual subculture, or set of subcultures, developed around same-sex interactions has become increasingly evident in Brazilian life, the boundaries of this social universe have been considerably more flexible than in the gay communities of the United States or in many parts of Western Europe. The same-sex subcultures in most major Brazilian cities have been focused less on a shared sense of sexual identity than on the search for sexual partners and the diverse play of sexual desires. At the same time, a wide range of sexual “types” have tended to intermingle within the space of these subcultures: effeminate bichas (“queens”), highly masculine bofes (“studs” or “trade”), miques (“hustlers”), travestis (“transvestites”), and entendidos (perhaps the most general and all encompassing category, which literally refers to “those who know” the rules of this social universe, and functions more or less like the notion of “gay” in English), to name just a few of the most common categories. Entry and exit to and from these
subcultures, however, is relatively fluid, and the sexual classifications that take shape within them may well be transformed, or even cease to function, outside their particular boundaries (see Parker 1987, 1989, and 1990).

This emphasis on changing situations and the negotiation of sexual meanings on diverse sexual types or classifications and open-ended sexual subcultures thus offers a relatively high degree of fluidity and flexibility in the constitution of sexual interactions. It has been especially important in shaping the spread of the AIDS epidemic in Brazil, with its high incidence of cases among behaviorally bisexual men, and, more recently, its rapid increase of HIV infection among women (Parker 1990; Guimaraes 1990). At the same time, it has perhaps limited many of the most effective channels for developing HIV/AIDS prevention activities, as it has offered little opportunity for targeting clearly defined or self-identified groups involved in high-risk behaviors with subjectively meaningful health promotion messages. Precisely because many men who have sex with other men, as well as with women, fail to identify themselves as either homosexual or bisexual, AIDS education messages directed to these audiences are limited in their impact (Parker 1987, 1988, and 1990).

**BISEXUAL BEHAVIOR AND THE RISK OF HIV TRANSMISSION**

The difficulties posed for AIDS education by the social and cultural construction of same-sex behavior in Brazil are magnified, as well, by the lack of reliable data concerning the actual risk behavior and AIDS-related knowledge, attitudes, and beliefs of behaviorally bisexual men. While anthropological and sociological research on sexual culture and ideology has offered important insights into the structure of many same-sex interactions, and into the ways in which sexual experience often escapes the categories and classifications of much epidemiological thinking, it has provided less information on the actual incidence of sexual risk behaviors or on the ways in which behavior may be changing as a response to AIDS. Empirical studies of sexual behavior in Brazil have been almost nonexistent, and it is only recently that social and behavioral research focusing on sexual behavior in relation to HIV transmission and AIDS has been initiated in order to address such questions in Brazil (see Parker et al. 1991).

The general lack of research on sexual behavior has been magnified, as well, by the inherent difficulties of sampling behavioral patterns such as bisexuality (see, for example, Turner, Miller, and Moses 1989; Parker and Carballo 1990; and Parker, Herdt, and Carballo 1991). As in much behavioral research in relation to AIDS, the construction of representative random probability samples of gay or bisexual men, or, for that matter, intravenous drug users, in Brazil as elsewhere, is essentially an impossible task. Whenever social stigma exists in relation to a given behavioral pattern, the chance that at least some (if not most) individuals sampled through statistically generalizable methods will hold back
information concerning socially disapproved behaviors not only exists but also is highly likely. Attempts to gather representative data on questions such as the incidence of bisexual behavior are thus fundamentally problematic. Much of what can be known about sexual risk among such populations must necessarily rely upon targeted sampling strategies that are inevitably limited by the options open for recruiting participants (see Turner, Miller, and Moses 1989).

Acknowledging such limitations, research carried out since 1989 in Rio de Janeiro suggests that the incidence of high-risk sexual behaviors continues to be significant among homosexual and bisexual men in Brazil. On the basis of a convenience sample constructed through snowball or network sampling and targeted recruiting, a study of 503 homosexual and bisexual men carried out between October 1989 and November 1990, for example, suggests that high-risk behaviors continue to be practiced by more than half of the individuals interviewed. The study also revealed that the incidence of risk behaviors is particularly high among those men who report sexual contact with both male and female partners (Parker et al. 1991). While the focus of this study was to gather information on homosexual behavior and behavior change, and no concerted attempt was made to specifically target behaviorally bisexual men, 88 of the 503 men interviewed reported having engaged in sexual intercourse with female partners during a six-month period prior to being interviewed. Only 27 percent of these men, however, described themselves as bisexuals. While nearly 14 percent of these behaviorally bisexual men described themselves as homosexual and another 2 percent as gay, 12 percent described themselves using some other category, and 44 percent failed to respond at all (Parker et al. 1991).

Independent of the ways in which they classify their sexuality, when asked about their knowledge of HIV and AIDS, the majority of the behaviorally bisexual sample showed a relatively high level of AIDS awareness (though less than was reported by the exclusively homosexual respondents). All 88 had heard of AIDS, and 91 percent reported that HIV is either definitely (75 percent) or probably (16 percent) transmitted through semen. Nearly as many (89 percent) reported that the use of condoms could definitely (50 percent) or probably (39 percent) reduce the sexual transmission of HIV. And although 23 percent reported having made no changes in their sexual behavior after having learned of AIDS, another 25 percent reported having made some changes, and 35 percent reported having made major changes.

As important as these indications of AIDS awareness and self-reported behavior change might be, an examination of sexual practices makes it apparent that high levels of risk behavior continue to characterize a significant part of the sample. A relatively high incidence of insertive and, to a lesser extent, receptive anal intercourse were reported with male partners, for example, while condom use was reported to be relatively limited. While 75 percent reported having anally penetrated another male during the previous six months, 57 percent reported having done so without a condom. And while 41 percent reported having been anally penetrated, 19 percent reported having been penetrated without the use of a condom (Parker et al. 1991).

Perhaps not surprisingly the incidence of risk behaviors with female partners seems to be even more significant. Fully 56 percent reported
having engaged in anal intercourse with a female partner during the past six months, and 43 percent reported having done so without the use of a condom. Of the 100 percent of the sample reporting having engaged in vaginal intercourse during the six months prior to being interviewed, 89 percent reported having done so without the use of a condom (Parker et al. 1991).

In short, then, within this limited sample of behaviorally bisexual men, risk behaviors continue to be practiced with relative frequency, and condom use continues to be relatively limited. Patterns of risky behavior can be found in relation to both male and female sexual partners, with even more significant levels of risk apparently characterizing heterosexual interactions, particularly due to the lower level of condom use in both anal and vaginal intercourse with women. The reasons for this continued practice of high-risk behaviors are multiple and most probably vary depending on the specific situation. Among this particular sample, however, data suggest that complicated, and sometimes contradictory attitudes related to risk, sexual excitement, and condom use, are clearly crucial. Of the men sampled, for example, 75 percent classified anal penetration of another male without a condom as high-risk behavior, while only 7 percent considered it risky when using a condom. While 73 percent classified anal penetration as highly exciting without a condom, only 23 percent still considered it to be exciting when using a condom.

Much the same association seems to hold true in relation to sex with women as well. Fifty-one percent of the sample considered vaginal intercourse to be high-risk without a condom, while only 6 percent considered it risky with the use of a condom. While 76 percent found vaginal intercourse highly exciting without a condom, only 35 percent found it highly exciting when using a condom (Parker et al. 1991).

These statistics suggest that the perception of risk may not always be enough to overcome a negative image of condom use as erotically unsatisfying, regardless of the sexual practices or partners involved. They also suggest that even lower empirical rates of condom use with female partners than with male partners may be linked to a greater perception of risk in homosexual than in heterosexual relations. This is a possibility that may well be accentuated, in turn, by the fear that condom use (associated in popular thought with AIDS and hence with homosexuality) may also open up suspicions concerning the possibility of involvement in nonheterosexual behavior (Parker et al. 1991).

It is important to remember, of course, the limitations of these findings. While confirming many of the potential problems that may be posed by bisexual behavior in relation to AIDS, the only behavioral data thus far available concerning bisexuality in Brazil stems from a limited, nonrepresentative sample constructed to examine homosexual behavior and behavior change rather than bisexual behavior. Precisely because much of the recruiting took place through homosexual friendship networks, with no special effort to target bisexual men who may not participate in such networks, the subsample of bisexual men within this population should not necessarily be considered typical. On the contrary, it is in all likelihood characterized by higher levels of AIDS awareness and behavioral risk reduction than would be the case of more socially isolated individuals whose bisexual behaviors are more hidden or disconnected from the homosexual subculture in Rio de Janeiro. This fact in turn,
should underscore the urgent need for more extensive research focusing on behaviorally bisexual men and, whenever possible, their female sexual partners, as the key study population (Parker et al. 1991).

**IMPLICATIONS FOR AIDS PREVENTION AND RESEARCH PRIORITIES**

The more qualitative research on the social and cultural constitution of same-sex interactions, along with the more quantitative investigation of homosexual and bisexual behavior initiated shortly after the emergence of AIDS, offer important background for assessing bisexual behavior in relation to the risk of HIV transmission in Brazil. In particular, these studies already offer a number of useful insights for designing and implementing AIDS prevention programs. They also, however, point to a number of important issues that must be examined in greater detail and among a broader sample population to more effectively evaluate information, education, and prevention activities.

The ethnographic mapping of same-sex sexual subcultures in urban centers such as Rio de Janeiro can clearly offer a point of departure for segmenting and identifying points of access to the population of men who have sex with men as well as with women. Sensitivity to the complexities apparent in the categories and classifications used locally to distinguish different sexual types would suggest that somewhat distinct target populations should be approached in somewhat different ways.

While *michês, travestis, entendidos, bojes*, and the like may all exhibit bisexual behavior at least occasionally, the particularities of their different situations, and their identifiable association with different spaces within the sexual geography of the city, suggest different intervention strategies. Programs developed for male prostitutes, for example, must clearly address the issue of bisexuality, but within a framework in which a whole range of other issues (for example, IV drug use and power dynamics) may be equally important. The same is true of programs designed for men in institutional settings (such as prisons or the military) or for adolescent men involved in exploring sexual identity. Precisely because multiple patterns of bisexual behavior in fact exist, the specific AIDS prevention activities designed in response to these patterns must vary according to the needs of the populations involved (Parker and Carballo 1991; Parker and Tawil 1991).

On the basis of this type of ethnographic understanding of sexual diversity in Brazil, however, it is also apparent that there exists a sizable population of men who are uninvolved in any specific activities or situations (such as prostitution or institutional settings) that may result in bisexual behavior, but who nonetheless actively seek out sexual interactions with other men as well as with women, often without the development of a distinct sexual identity or sense of self as a result of these interactions. Precisely because of their relative lack of a distinct sexual identity, many of the important AIDS prevention activities developed for and by homosexual men and gay organizations have largely failed to reach the population of behaviorally bisexual men, who clearly do not...
see themselves as the members of a group involved in high-risk behavior and who may or may not perceive the risks involved in their own sexual interactions, whether with other men or with women.

While these men are often extremely difficult to identify, and may indeed be likely to hide or even deny their same-sex interactions, access to them can nonetheless be achieved not only by targeting the underdetermined mass of Brazilian males but also by focusing on the relatively well-known geographic locations where same-sex interactions are sought out. Such locations are obviously sites in which a number of behaviorally distinct subpopulations intermingle—exclusively homosexual (and perhaps self-identified) males and behaviorally bisexual men mix and interact in proportions and ways that are not yet fully understood. They thus provide an important focus not only for intervention activities but also for research aimed at developing a fuller understanding of the dynamics of sexual interaction.

A number of research and prevention activities can be identified as important priorities to more effectively understand and respond to the role of bisexual behavior in relation to HIV and AIDS in Brazil. First, there is an urgent need for further research aimed at documenting, through both qualitative and quantitative methods, the extent and patterning of bisexual behavior. Random probability samples focusing on bisexual practices would be of great interest, but are financially impractical, particularly given their lack of reliability in assessing stigmatized behaviors. As an alternative, more extensive targeted samples should be given high priority, and attempts should be made to broaden the sampling strategies as much as possible.

While network, or snowball, sampling may continue to be a useful strategy for studying bisexual behavior, particularly if bisexuality itself is taken as the principal characteristic used to construct the sample, every attempt should be made to develop more extensive targeted recruiting outside such networks. Targeted recruiting in locations that serve as a focus for same-sex interactions should be a special priority because these locations arguably serve as the most available points of concentration for the populations under study. The use of both ethnographic observation, along with the application of a standardized questionnaire, should make possible an assessment of the percentage of behaviorally homosexual and bisexual men frequenting different locations as well as at least some indication of the levels of behavioral risk characterizing the different groups present at any given site. Ultimately, such data would be more useful, at least from the point of view of developing focused or targeted intervention activities, than the types of information collected through other research methods.

In seeking to move from research to intervention, a number of related directions can also be recommended. While it is exceptionally difficult to identify the principal issues that may be responsible for continued practice of high-risk behaviors, particularly on the basis of the relatively limited behavioral data that are currently available, it is nonetheless likely that both attitudes toward risk and those toward the desirability of condom use and the erotic satisfaction of different sexual acts are also important factors. The sociocultural background, as well as the association made in popular culture between AIDS and homosexuality, may make many nonself-identified bisexual men unaware of their own risks,
as well as less sensitive to the risks involved in relations with their female partners, and may even result in a process of denial in which confronting one's own risk would be tantamount to acknowledging carefully unacknowledged homosexual behaviors.

All of these factors, together with the persistent hidden or clandestine nature of so much bisexual behavior, clearly suggest that outreach activities, risk assessment counseling, and social support structures may be more important than information alone in reaching bisexual men and in stimulating behavior change. AIDS prevention activities developed thus far in Brazil have generally placed greater emphasis on developing educational materials than on establishing social support structures. More interpersonal interventions, while not altogether absent, have nonetheless been lacking. Yet, it is precisely such interpersonal interaction, which may be necessary to build a bridge between the social-sexual isolation that many bisexual men experience and the types of support that are necessary for risk-reducing behavioral change (Parker and Carballo 1991).

The challenge of responding to the risk of HIV transmission in relation to bisexuality in Brazil is clearly a complicated challenge. Further research aimed at documenting patterns of bisexual behavior, assessing empirical levels of risk, and identifying possible strategies for risk reduction should be carried out as soon possible. At the same time, the elaboration of strategies and techniques for outreach work and counseling should move forward, and the evaluation of intervention strategies should be an integral part of AIDS prevention activities. The work that has already been carried out provides an important foundation for the work that must still be done. The rapid spread of HIV in Brazil and the continuing shift from predominantly homosexual to heterosexual transmission, however, suggest that the question of AIDS prevention in relation to bisexuality must be viewed as increasingly central to both research and intervention agendas in the future.
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