



AIDS AND WOMEN IN BRAZIL: THE EMERGING PROBLEM

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Abstract—This paper compares and problematizes the public discourse on AIDS and sexuality with the actual private discourse of low-income urban women in Brazil. Women's perspectives on sexuality are explored by examining what they say about anal sex, virginity, and fidelity and are seen as approximating culturally scripted ideals for sexual behavior. AIDS discourses that are being proposed by the Brazilian government, Brazilian AIDS activist groups and the women's movement are examined in light of these perspectives. Condom literacy, a central component to the Brazilian AIDS activist campaign, is problematized within the context of low-income women's lives.

Key words—HIV/AIDS, Brazil, poverty, discourse, sexuality, gender, power

1. AIDS AND URBAN POVERTY IN BRAZIL

According to the World Health Organization [1], Brazil has the third highest absolute number of people with AIDS. According to Brazilian government statistics 21,650 [2] cases of AIDS have been identified in the country as a whole; 60% of those live in the highly industrialized state of São Paulo [3]. According to epidemiologists, however the rate of under-notification may be as high as 100% and the number of HIV positive people may be as high as five times the number of officially reported AIDS cases. The World Health Organization predicts that the rapid acceleration of AIDS will mean that by the year 2000, the state of São Paulo will have at least 250,000 AIDS patients [4]. Given the present crisis state of the public health and hospital care system in São Paulo and throughout the country, this prediction is alarming. It would be alarming even with the best hospitals in the world.

This paper compares and problematizes the public discourse on AIDS and sexuality with the actual private discourse of low-income urban women in Brazil [5]. This research/action project [6], draws on interviews with 60 male and female factory workers and 18 interviews with all-female focal groups (mostly black women) in favelas (urban shantytowns) in Rio de Janeiro and in poor neighborhoods in São Paulo as a basis for developing AIDS education prevention material geared towards Brazilian low-income urban women. I argue that AIDS is politicized in Brazil, but that the most pressing needs of women and their children have remained relatively untouched. In the present structure of AIDS discourse,

male sexual freedom is protected in the name of sexual freedom for all, while women's sexuality, protected in the private sphere, remains unchanged and locked into Brazilian cultural norms. In the struggle to protect citizen's rights to privacy and sexual freedom, Brazilian female citizens lose the discursive right to question a pervasive set of double standards surrounding sexuality. Unfortunately, there seems to be no easy solution to these contradictions.

In the last few years, the number of HIV positive and AIDS infected women has risen sharply in Brazil and throughout Latin America and the Caribbean. In the state of São Paulo (1980-1991), 1816 of the 14,138 AIDS cases were women [7]. Approximately 31.7% (577) of these women contracted AIDS from a heterosexual or bisexual male partner, 41.5% (747) from intravenous drug use, and 8.5% (150) through blood transfusion [7]. The proportion of women with AIDS in São Paulo has risen both absolutely and proportionally over the last 5 years: in 1985 the ratio of male to female patients diagnosed with AIDS was 38/1 while in 1991 the proportion rose to 7/1 [7]. This would suggest that by the year 2000 the number of women with AIDS will approximate the number of men. Moreover, if Brazil even minimally follows the U.S. pattern of transmission, the proportion of AIDS cases in the early 'risk' categories of homosexual and bisexual men will diminish as it grows among intravenous drug users and heterosexual men and women. From the perspective of a poor Brazilian woman in 1992, however, these numbers do not directly impinge upon her life. Statistically, and in her own subjective view of the world, she is more likely to die of hunger, of a poorly done abortion or other health complication before dying of AIDS. This makes the problem of education for this particular group even more difficult.

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AIDS in Brazil needs to be understood in light of Brazil's social and economic situation, including diverse and culturally specific notions of sexuality. In the last three decades, Brazil has passed through a phase of rapid transition to urban life; the World Bank predicts that by 2019, 85% of all Brazilians will live in cities and the majority of them will be poor [8]. Brazil is already one of the most unequal societies existing today: 10% of the population earn 47% of the total income [8]. A large proportion of migrants to the cities, unable to buy or rent standard living spaces, live in urban shantytowns. The debt crises and economic stagnation in the 1980s has meant that the government, despite a process of democratization (and in 1989 the election of the first civilian president in 20 years), has not invested in education and in health at previously achieved levels. Diverse urban cultures, including sexual cultures, have emerged in the context of urbanization and urban impoverishment.

The increase in HIV positive and AIDS infected women stems directly from a number of factors, including an increasing population of intravenous drug using poor and also the cultural construction of sexuality in Brazil. In Brazil, sexuality is defined in symbolic gender terms of sexual activity and passivity [9] rather than on homosexual identity [10] (although this construction dominates in elite circles) and this self-definition makes it possible for a large number of self-defined heterosexual men to engage in homoerotic sexual activity without defining themselves as homosexual and without publicly acknowledging these activities. Additionally, and despite the celebration of sexuality in general by Brazilians themselves, there is a very well-developed level of homophobia and disgust with homosexual and effeminate men found across the Brazilian classes. Popular culture and daily speech is riddled with sayings which warn and tease, especially boys, about the dangers of becoming a 'bicha,' a derogatory term which approximates 'faggot' in the English language [11]. The combination of this culturally inscribed definition and homophobia has created a situation where in fact, a large proportion of men are sexually active with both men and women but define themselves publicly (including to their female partners) as exclusively heterosexual.

The steady growth of AIDS among the female population in Brazil has altered programs of AIDS activist organizations as well as popular conceptions concerning who is at risk. The changing epidemiological picture, as well as an ever-increasing awareness about the level of drug use, male bisexuality, and non-monogamy in general, has caused increased concern about women on the part of AIDS activist organizations and other international organizations concerned with AIDS education, prevention, and care. But how these realities ought to be presented to the general public and how they ought to be presented to specific populations is contested territory.

AIDS activist organizations in Brazil, as elsewhere, have favored the eradication of the notion of 'risk-group' categories feeling that this notion did not take into account the peculiarities of Brazilian sexuality and more importantly, the fact that almost anybody could be at risk through the practice of risk behaviors. To rhetorically eradicate the notion of risk categories may have positive long-term effects on how the population perceives AIDS, i.e. as not specific to homosexual men, but it may be highly problematic in other respects. If virtually everyone is at risk, then everyone ought to be educated for prevention and ideally be able to take preventative action.

In fact, though, it is difficult to teach prevention to a population of heterosexual women who are unaware of their risk precisely because they are unaware of or unable to openly acknowledge the sexual practices of their male partners. One advantage of eradicating the notion of risk-group from public AIDS discourse is that it forces the population to face the fact that AIDS does not exclusively 'belong' to homosexual men or to intravenous drug users. Eradicating the notion of risk-group may thus make it easier to educate the general population about safe-sex without permitting them to deny their own vulnerability. On the other hand, unlinking AIDS from the question of risk groups may make it more difficult for women to decipher the facts about Brazilian male bisexuality and other risk behaviors that they ought to know about. Suggesting that everyone is *equally* at risk may serve to mystify AIDS and make it impossible for women to believe that there is anything they can do to protect themselves short of using a condom in every future sexual relation. To suggest to heterosexual women that they practice safe-sex with their long-term partners becomes problematic in a general context where women are not equals either in their sexual practices outside of the relationship or in their ability to negotiate their sexuality with their stable male partners. Women in long-term relationships are left to ponder about how and in which situations to negotiate safe-sex practices with their partners.

The implications of these new developments for AIDS prevention and education programs are enormous as they necessitate a re-examination of conventional programs. There exists a need to scrutinize the shortcomings of conventional AIDS campaigns as they begin to address women since they were basically designed for and addressed to homosexual men and drug users. We are now in a unique position to monitor these developments since they are so new, and to attempt to look critically upon programs that may not adequately address the new audiences. Additionally, it is important to ask by whom and from whose perspectives these programs were developed. Until recently, a female perspective was missing [12].

The epidemiological changes call for activists and educators who are able to develop programs that reflect the reality of women's lives. The programs need be accompanied by a new set of AIDS

prevention strategies which do not merely recycle the material which until recently was directed at homosexual men, intravenous drug-users, and commercial sex workers. These latter programs focused on condom literacy, and hence addressed men generally and women in non-stable relationships. The condom became an entry ticket for safe and healthy sex. Ironically, groups that are traditionally viewed as oppressed, such as homosexuals and commercial sex workers, possibly have greater possibilities for demanding safe-sex from potential partners than do women in stable heterosexual relationships. In this construction of safety, women's only power is to say 'no' when their protection is not safeguarded. It does not apply as well to the reality of that segment of Brazilian middle-class women who are not in long-term monogamous relationships. Neither is it appropriate to the experiences of poor Brazilian women who, in many cases, still feel the pressure to remain virgins until becoming 'noivas' (fiancées), and then become wives and mothers who vow fidelity, experience few possibilities for affairs, and receive less societal approval of female infidelity as well. Risk for this latter group exists primarily in their relations with their own long-term partners.

The reduction of AIDS activism to condom literacy for prevention of HIV infection allowed the AIDS campaigns until now to work as a politicized public health activism, leaving the private lives of both men and women untouched. Examining this issue from a feminist perspective, however, one wonders whether it is possible to entirely exclude 'the private' from AIDS prevention. A question that needs to be asked is whether or not women in stable relationships have the power to say 'no' or to negotiate safe-sex with their partners. AIDS activism in the Nineties needs to take into account everyday male-female power relations to prevent AIDS among heterosexual women. Perhaps this is more than most activists bargained for. AIDS activists in Brazil are not necessarily feminists and feminists are only slowly becoming interested in AIDS.

2. THE RUA, THE CASA: PUBLIC AND PRIVATE DISCOURSES ON GENDER AND SEXUALITY

Roberto Da Matta [13, 14], following Gilberto Freyre's important analysis in *Casa Grande e Senzala* [15], has described the modern Brazilian social categories of *rua* (street) and *casa* (house). Da Matta found that cultural categories in Brazil are clearly divided between practices that belong to the public life, i.e. the *rua*, and another set of activities and attitudes that are private and belong to the *casa*. The two spheres of action are also gender specific. Men are associated with the public and political life, whereas women are associated with the private, non-political, non-public space. The Brazilian dichotomization of the *rua/casa* is not only key to understanding the cultural construction of male and

female, but also in understanding the gender division of personal/political, clean/dirty, safe/dangerous, stability/instability and continuity/change.

As Da Matta points out, the house and that which constitutes private and feminine are neither considered part of the political world nor are they part of practices that can undergo transformations, modification, reforms, or revolutions:

It means that we live in a divided universe, but we don't realize this. Thus, when we speak of movement, transformation, modification, reform or revolution, we are referring exclusively to the plane of problems that emerge in the public world: the universe of the political and of the street. The house and the supernatural are rarely englobed in our proposition for transforming the world, the place where time doesn't pass and history rarely knocks at the door [14, p. 114].

Following this dual categorization, we would expect that sexuality also, clearly restricted to the private sphere and seen as a practice *entre quatro paredes* ('between four walls') [16], would not be subject to much transformation. Parker, who has extended the significance of the *rua/casa* dichotomy to the description of Brazilian sexual culture in important ways [16, 17] claims, however, that in erotic ideology, the sharp dichotomy between these domains temporarily breaks down and the sexual freedom (and the danger) of the 'street' invades the secluded space of the home. In these moments of sexual encounters, according to this perspective of erotic ideology, anything can happen. Parker's analysis suggests that as a result of this mutual infusion of the private and public, sexual practices that are publicly prohibited become privately acceptable as long as they are kept "between four walls" [16, p. 4].

In Parker's analysis of Brazilian sexual culture, transgression is viewed as part of a culturally scripted sexuality. Transgressing moral boundaries, violating normative expectations, and crossing over distinct cultural spheres becomes an erotic act. Parker's attempt to frame the Brazilian ideology of sexual freedom as an ideology which eroticizes transgression and sexual playfulness is not without its problems, however. It runs the risks of ignoring the question of power and differences of class, race, gender and sexual orientation. Here I examine the problem of gender differences.

While Parker's studies provide an excellent analysis of Brazilian male discourse on sexuality and erotics, a discourse which, in fact, is structured by a transgressive ideology, his studies fail to grasp women's perspectives on the same issues. He fails to recognize that men's erotization by transgression depends, by design, on having mothers and spouses whose role in cultural play is to set the boundaries. Women are positioned as the 'Others' who take over the role of spoilsports to men's playful and transgressive sexual behavior. Men, in turn, find erotic the sexual practices in which women do not want to engage in. Cultivating the myth of a transgressive sexuality

threatens to erase not only any possibility of female agency and choice, but also neglects the reality that sexuality becomes a site of power and struggle in all sexual relationships. This seems especially true among women of the poor urban classes who have neither participated in any sexual revolution nor benefited from Brazil's myth of a sexual democracy. Male transgressive sexual behaviour can be seen, in addition to being playful, as part of a complex set of eroticized practices of disempowering women.

The discourse of low-income Brazilian women calls into question the existence of a universal Brazilian ideology of sexual transgression. My interview data instead suggests that men practice transgressive sexuality, whereas women are often times positioned in the role of boundary setters. I highlight below a few areas in which this role split and inequality is expressed most clearly: the exploration of new sexual practices such as anal sex, and in sexual initiation, the 'loss of' virginity. I then re-examine the question of condom literacy in view of these gendered constructions of sexuality.

3. MALE TRANSGRESSORS AND FEMALE BOUNDARY-SETTERS

Women in both individual and in focal group interviews complain openly about their husbands' curiosity about and attraction to anal sex, while at the same time claiming their own disinterest, dislike, or active opposition to it. Most of the women say that they tried it and decided that they do not enjoy anal sex. On some occasions, women go on to explain that anal sex is something dirty, incorrect, unnatural and connected somehow with those 'women' or 'galinhas' [18] on the street. I am not making behavioral observations here; rather, I am making a discursive observation. One interviewee states:

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 . . . who wants to please their husband, good—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, Woman Factory Worker, 34.)

Another interviewee states:

With me, thank god, it never happened because I find it very disrespectful. Everyone knows their own likes and dislikes. I don't know what kinds of men like it, maybe *bichas* (derogative for homosexual man), but I think that things have to be done with love and the head has to be fresh. It has to be when you are wanting to do it. Not only to satisfy

them. Sometimes women themselves like it, each one has their own opinion about it, but many think that anal sex is going to keep their husbands with them. I think this is barbarous. Sometimes a woman goes to have sex and she winds up having to give her anus. I have a friend who is going out with someone now—she has to give it to him—I think this is barbarous, doing it for money and for presents. For me, it has to be for love. Not me, I have to preserve my body. I am very happy, tranquil right now, I am not missing sex at this moment. (São Paulo, Woman Factory Worker, 43.)

Another interviewee used reference to her husband's mother in order to stop his insistence about anal sex:

I don't comment on my private life with my friends but they comment. My personal response to this is that I don't like it, I don't want it. In my sexual life it can be EVERYTHING except anal sex. The men do it in order to say that that they did EVERYTHING. Some women that don't have pleasure the normal way, have it that way. Some only have pleasure that way. And about the men? I think they like it. My husband asked and I told him he can do it with his mother but not with me. There are some couples that only have anal sex, they don't have normal relations. Each one decides. (São Paulo, Woman Factory Worker, 39.)

Another one says:

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. Many times I was surprised (I fell from the bed). He told me that I am screwed up as a woman, that I had too many problems, an attractive woman, but when he came close to me, that I was a negation (sexually). 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, Woman Factory Worker, 32.)

In these discourses, men are portrayed as more sexually active and knowing of what they like and women are in the role of boundary-setters, stating that the limit to sexual licentiousness is the anus. Women also want to distinguish themselves as part of a group of 'good women' who do not engage in unpleasurable acts merely to please their husbands. What this can mean is that men are the transgressors and women are more conservative in their practices, or alternatively that they are as women prohibited in their talk from admitting publicly that they might like this 'taboo' act. A very strong double standard exists about what is sayable depending on one's gender. What women do often say is that when they do agree to anal sex, it is out of fear that their men find their pleasures elsewhere, *na rua*, or in the street. They, as decent women 'in the home,' do not feel positively about anal sex in the same way that men do, or at least this is what they say. How one would measure this would be difficult since it is precisely a matter of 'what people are allowed to say' which is at stake here. What is sayable varies directly with

gender. Women are supposed to not like anal sex, but the majority of men, in interviews, say they (men) prefer it. If what people say can offer us any insight into the construction of sexual culture, then it seems that sexuality is eroticized through transgression, but it is only the man who is transgressing in this case and the woman whose role it is to set the limits.

Men, in interviews, are compelled to say that they like and prefer anal sex. Some of my interviewees linked the pleasure of anal sex to the pleasure of having sexual relations with a virgin. One informant makes this connection explicitly:

I am going to be honest here, every man likes to have a virgin. Who doesn't like to be first? I am going to explain. Every man is egotistical, likes to be the first one. To be first is to be the best. To not be forgotten. After 40 years, you are remembered. In the past, women waited and they were praised for waiting, it is the same today. When it [the hymen] is broken with love and tenderness . . . it could be that she loves me and I don't love her but I 'do her,' I am the first man in her life and she never forgets that, never. But 90% of the women aren't virgins today. It is something of the past. It is a fantasy to think that you are going to marry a virgin. (São Paulo, Male Factory Worker, 24.)

He goes on to explain how anal sex is also a type of conquest, a type of sexual intimacy that has some commonalities, from the male perspective, with virginity.

It (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 [people say], '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. (*Ibid*)

We can see from these informant statements that anal sex is contested territory and a source of conflict between men and women. Gendered perspectives on anal sex are informed by the cultural logic of male-transgressor, female boundary-setter. This logic is also important in the social construction of vaginal virginity, which as we saw above is integral to attitudes toward anal sex.

(a) *Virginity*

In February 1992, a series of articles were published in the newspaper *Folha de São Paulo* [19] that described the practice of selling young girls in miner's zones in the state of Pará. The Brazilian public was shocked by a photograph of a young girl whose back bore a sign which said 'For Sale.' The series denounced the sexual enslavement of minors and described in detail how they were promised decent work and then indebted and forced to work as prostitutes. In one part of the series the author, Gilberto Dimenstein, pointed out that young 'virgins' were highly desirable and required a higher price [19]. In his book [20] on the same topic, Dimenstein described the

auction of young virgins and recognizes that the young sons of the 'fazendeiros' (Brazilian plantation owners) in this particular region, to 'deflower' a virgin, after having paid for her, was a status symbol. While this is not the norm in Brazil, that young girls can be bought and sold in a certain region and that young virgins demand a higher price perhaps offer some clues about the construction of normal sexuality. The important point to recognize is that while it is an extreme case, many 'normal' people had to participate in order for the system to function: parents must, in some cases, sell their daughters and within this logic value virgins as more precious, others must buy them, and still others must pay in order to have sexual relations with them.

In most of my interviews with poor urban women in São Paulo, adolescent girls admit that they are tortured by their confrontation with conflicting ideals concerning virginity. On the one hand, given all of the public discourse about sexual freedom, they would like to lose their virginity and enter into sexual relationships without having to make further promises to their partners. In public, among their peers, they are embarrassed to admit that they are virgins. However, they also feel a very strong pressure, expressed in the discourse of boys their age, to remain a virgin until marriage. Likewise, they also feel pressure from their families to remain virgins. While older (40 and above) women mention frequently their virgin status at marriage, linking it to what they call 'sexual stupidity', or sexual ignorance during the early years of their marriages, they state that their inexperience prevented them from telling their partners what they liked and wanted.

I remember talking with my husband about the goat he took to school . . . [and used sexually] and with another colleague who talked about the younger boys (he was having first sexual experiences with). I thought that there is something wrong with what we women are doing. 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 . . . later I entered the women's movement and discovered that I had rights over my body. (São Paulo, Woman, 45.)

In their interviews, women constantly lament the fact that they are sexually naive at the time of their marriage and in their own stories about their loss of virginity they describe themselves as innocent and as unknowing. Men, they agree, have much more sexual experience before entering marriage, whether with other boys, animals, or sex workers.

When asked to reflect on their 'first time,' many women both in individual and group settings, offer exaggerated stories concerning their own naivete and fright. The language the women use in these recollections is detailed with their own feelings of powerlessness and entrapment. Women speak of their loss of virginity as their 'loss of honor' and as a loss of their innocence. The stories are strikingly similar.

My God. It [virginity] was so important. I don't even like to talk about it. To begin with, 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 [after we married]. 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, Woman Factory Worker, 32, migrant to São Paulo from Pernambuco.)

Women use the stories of their own loss of virginity to explain how 'stupid' and 'naive' they were in their youths:

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, O.K. 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 . . . I got super-drunk, really drunk. I knew that at 11:00 there was no more public transportation . . . When I realized what was going on, he was holding me and we were climbing the stairs of a motel. 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, dreaming of all white, 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. In his head, everything was just right. He knew that I was very stupid and that he could trick me. 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, Female Factory Worker, 31, migrant to São Paulo from Maranhão.)

In the context of one of the focal group interviews, one woman held an audience of more than 20 women for almost a half hour telling the tall-tale of how she finally lost her virginity, but how she resisted this for many months by feigning various sicknesses. The story begins with her mother telling her that she should not 'lose herself,' meaning her virginity. At the time, however, she interpreted this as 'not getting lost in the wild areas' around the fazenda. She also remembers her father threatening to cut out her tongue if she 'got lost.'

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. At 4 years of age, my father almost cut off my tongue, and until today, I never forget that. 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 . . . 3 or 4 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 6 months. I was so scared. First, I made myself become mute, then distorted so that he wouldn't want me. (São Paulo, Woman in Focal Group Discussion, 50.)

These richly embroidered initiation tales also emphasize the point that the women were without experience, knowledge, or control in their sexual lives—or at least wanted to appear that way. In fact, this female innocence (and male knowledge) is part of what it means to be female in Brazil and to some extent is a theme that is carried on throughout their lives. While this may function 'well' in the construction of sexual desire, it is highly problematic in light of the growing AIDS epidemic and the need to make women sexually knowledgeable.

(b) Fidelity

In interviews with poor urban women, they admit to being worried (and this worry predates AIDS) that their husbands are not monogamous, but feel powerless to do anything about that situation. They also reveal their anger about the prevailing double-standard which they experience and which serves as a deterrent to their own possible interests in having affairs. In a DataFolha study about love [21], 49.8% of the women interviewed revealed that they had had sexual relations with only one partner, while only 7.2% of the men were in this situation. One woman explained how her husband worried about becoming 'corno or cornudo' (literally 'growing horns,' meaning the loss of one's honor and used when a woman belonging to one man has sexual relations with

another). As we know from other cultural constructions of the *cornudo* [22] (cuckold), no similar term exists to describe a woman's loss of honor when their husbands have affairs. Women have many stories to tell of *cornudos* and the violence of the *chifrado* (a man who has at some point been a cuckold). If women do have affairs, they are more discreet about them than the men:

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, Female Factory Worker, Migrant to São Paulo from Pernambuco, 32.)

In the following sections of this paper, I am going to discuss three agencies which have, for the most part, contributed greatly to the construction of the prevailing AIDS discourses in Brazil today and who have attempted to come up with education and prevention campaigns which would presumably address the needs of low-income women.

4. AIDS DISCOURSES AND CONDOM LITERACY

The three agencies predisposed to deal with issues of women and AIDS, the *Brazilian government*, *Brazilian AIDS activist groups* and *the women's movement*, are only beginning to discuss what kinds of prevention and intervention the new epidemiological picture requires. Their positions may not be entirely compatible.

The *Brazilian government*, during the early years of the AIDS crisis (until 1985), seemed relatively uninterested in the dangers such an epidemic would present in the Brazilian context [23]. There are many sources documenting the level of denial and outright ignorance expressed by the federal government about the profundity of the crisis. The government did, at various times, create massive educational campaigns for radio and television. These were criticized later, especially by Brazilian non-governmental organizations (NGOs), for having created mass hysteria and panic rather than being informational [24]. The campaigns rarely mentioned how one could actually contract or prevent getting the HIV virus; instead, it told the public that AIDS was an incurable illness and that "if you aren't careful, AIDS will get you" (*se você não se cuidar, AIDS vai te pegar*) [25]. Despite a large output of money (\$500,000 for one television campaign), a recent poll carried out by the *Folha de São Paulo* revealed that only 52.5% remembered *any* of the AIDS campaigns and only 29.4% remembered the most recent one [26, 27].

AIDS activist or *non-governmental organizations* (NGOs) such as ABIA (Associação Brasileira Interdisciplinar de AIDS) and GAPA (Grupo de Apoio e Prevenção de AIDS) have taken on the burden of publicizing and politicizing AIDS and conducting

AIDS education. In fact, AIDS NGOs have done miraculous educational campaigns with minuscule budgets and few full-time personnel. They can also be lauded for having politicized AIDS as a public health issue in Brazil. Because of the blatant homophobic reactions in the population, AIDS activists in Brazil, many of whom are male and homosexual, were very careful to separate the question of AIDS from homosexual rights issues. AIDS activists created a discourse on AIDS which excluded the private sphere, i.e. individual sexual practices, in order to gain a broad coalition to support AIDS prevention and education. Excluding the private sphere was also a means of protecting AIDS patients from moralist attacks and from attempts to blame the victims, which AIDS patients and any other group associated with AIDS still experience. In public, AIDS activism was detached from a pure identity politics.

Instead, the discourse on AIDS was turned into a public issue, more specifically, into a public health issue focusing on prevention, which in turn emphasizes condom literacy. This tactic of focusing on public health rather than on identity politics was strategic for coalition building and the focus on condom literacy necessary, especially given the fact that the Brazilian government's campaigns were so mis-informational that they 'forgot' to tell people that condoms could be used for AIDS prevention. In fact, condom literacy has been and needs to continue to be an important aspect of any AIDS prevention program, especially in the short-run. From a more long-term perspective, however, condom literacy alone may be very short-sighted and inadequate given the peculiarities of AIDS in Brazil.

Brazilian NGO's gained broad support from, and formed strong political alliances with Churches, union officials, and health advocates through their adoption of a public health approach to AIDS. AIDS activist groups were also acknowledged by international cooperation agencies as experts in AIDS education. Because of their pioneering role in AIDS information, their expertise in planning AIDS education material, and their commitment to the issue, AIDS activist groups managed to attract a sizeable piece of the growing international funds available for AIDS prevention and education.

Partly because AIDS activism in Brazil is mostly funded by European and American international cooperation agencies, the strategies and programs developed are oftentimes strikingly similar to the ones developed in Europe and the United States. Their concern is mainly with protecting the rights of citizens to act freely in terms of sexual choices, to demand adequate health care, and to urge the public to use condoms and practice 'safe-sex.' These latter strategies, indeed, have been extremely successful in Europe and in the United States, and partly successful with homosexual and commercial sex workers in Brazil. This model of AIDS education, however, only works where men assume homosexual identities and

acknowledge their risk behavior, or where women have the power to negotiate with their male partners their sexual preferences and conditions for safe-sex practices. It is questionable what the gay-identified and male 'First World' model, focusing exclusively on condom literacy and safe-sex, says to low-income Brazilian women who often cannot choose when, how, and how often to interact in a sexual relationship, let alone to demand that their husbands or partners use a condom. Protecting women's bodies by educating men to use condoms tends to neglect women and may even enforce the existing unequal power-relations in which men are the 'sexual transgressors,' enjoying full sexual freedom and not having to speak with their female partners about their sexual activities. The gender division in activity and passivity is perpetuated; men's responsibility is to act, to use the condom in risk-situations, and women's fate is to re-act, to trust that he does so.

Given the Brazilian context of unequal power relations between heterosexual partners, AIDS prevention and education programs are placed in a peculiar predicament: they are attempting to protect women's bodies by condom literacy workshops and campaigns oriented to men, while neglecting women's powerlessness in heterosexual partnerships. To address safe-sex education to women is to educate bodies who in principal are sexually controlled. There is a tendency for condom literacy to simply reinforce the Brazilian male's view of sexuality; it protects men's access to various partners as long as safe-sex regulations are guarded. It enforces the ideal that partners don't need to talk to one another, that they merely need to slip on a condom (or condoms). Teaching men to slip on a condom, or women to simply demand one, is one possible strategy among many, but it reinforces the idea of silence between sexual partners, an aesthetic rejected by my Brazilian female informants. This view of sexual liberation, understandable as it is among a post-1968, modern, and influential group of male activists, unfortunately has very little to do with the contemporary reality of the vast majority of poor Brazilian women who have little information about their own bodies and less ability to make informed choices.

Despite the fact that the heterosexual population became increasingly aware of the proximity of AIDS by such international pronouncements as Cazusa's (a popular Brazilian musician who died of AIDS) and Magic Johnson's and massive educational campaigns on the part of the Ministry of Health and Brazilian NGOs, sexual behavior in the general population and specifically the use of condoms is resistant to change. For instance, despite the constant talk about AIDS in the media and the drastic rise in the number of AIDS cases, the sale of condoms in Brazil stagnated over the last 2 years while the number of AIDS cases in São Paulo rose 432% [27]. To complicate the situation, in February 1992, a report from International Consumer Research and Testing Limited (IT) in

Holland showed that 5 of the 7 principal brands of nationally (Brazilian) produced condoms were not efficient in preventing HIV transmission [28]. The timing of this consumer news could not have been worse; it was announced only days before Carnival, a time of high sexual activity and high risk. Increasing the general population's fatalistic and already negative feelings about the 'made in Brazil' condom was quite irresponsible. On the other hand, it later had the effect of forcing inadequate condoms off the market.

AIDS activism in Brazil seems to face an important political crossroads: that is, whether to avoid the question of female empowerment and stick to the easier techno-fix condom literacy programs or to attempt to negotiate the morass of gender inequality and address the needs of sexually disenfranchised women.

The *Brazilian women's movement*, the third agency predisposed to act on the women and AIDS issue, only started to discuss AIDS in late 1991. To date, however, the women's movement and feminist political discourse more generally operate in extremely limited arenas. Furthermore, those established feminist organizations which do exist have been slow in responding to the crisis. For example, AIDS became a public feminist concern only in 1991 at the Eleventh National Feminist Conference (XI Encontro Nacional Feminista, 12-15 September, Goiás 1991). At the same time it also became a concern of black women movement leaders [29]. In general, however, there is a serious lack of a public feminist discourse in Brazil. To the extent that prevention issues for women are linked to their actual sexual negotiating positions within the family, the absence of a feminist empowering discourse can be seen as a serious problem in AIDS prevention efforts. Likewise, the slow response in tackling the tough sexual power issues embedded in the Brazilian AIDS context by well-established feminist groups, including the well functioning women's health networks dealing with reproductive health, has led to a lack of feminist politicization with respect to AIDS.

5. STERILIZATION AND CONDOM LITERACY CAMPAIGNS: A SUBSTITUTE FOR NEGOTIATION?

Long before the AIDS epidemic became a reality in the Brazilian context, the issues of birth control and family planning were topics which stimulated many public debates. These issues became a rallying point for women's organizations and the feminist movement in Brazil. Despite the importance of such topics, they never became the subject of massive government propaganda in the same manner as the more recent AIDS campaigns. The issue of family planning, likewise, hardly became an issue for the majority of men since women were expected to assume responsibility.

Family planning and safe-sex planning share a common ground. Both must be seen in the context of

how women perceive their own bodies, sexuality, and responsibility concerning protection. They both reflect the powerlessness of women to demand shared responsibility in heterosexual relationships.

James Walsh reported in his *Time* [30] article 'A Battle Over Sterilization' on the Brazilian sterilization campaign and summarized the recent debate in Brazil about the causes of Brazil's high percentage of sterilized women. The facts concerning sterilization are quite astounding and indeed call for an explanation: among women of childbearing age who either are married or live with a steady partner, 71% practice birth control. Of those, 41% use the pill, and 44% have been sterilized [30]. The article enumerated some of the reasons why so many women have chosen sterilization: "larger numbers of females in the job market, a general lack of day-care services, and an emerging image of women as something more than just mothers. Another factor is machismo: less than 2% of couples who practice birth control use condoms, according to studies, while vasectomies remain anathema" [30].

Walsh also refers to one Brazilian black human rights group, CEAP (Centro de Articulação das Populações Marginalizadas) in Rio, whose director views the sterilization trend as "another instrument of extermination of the black population" [30]. During the 1980s, a polemic existed within the Brazilian intelligentsia concerning the reasons behind women's sterilization. Carmen Barroso [31] for example, found that there were many abuses in the process of obtaining informed consent by women, but that in fact most of the women themselves solicited sterilization within a complex that individual women themselves were impotent in altering: the disadvantageous position of women in the workplace and family, the patriarchal culture, the politics of health care and demographic politics. At that time, Elza Berquó [32] favored the explanation that family planning programs were privileging sterilization as a method. In a 1986 study of birth control methods, DataFolha [33] found that 76% of the interviewed women ($n = 625$, stratified sample) had never heard of a condom and 89% had never heard of a diaphragm. Obviously they had heard about sterilization. Many scholars are recently agreeing that sterilization is becoming the preferred 'consumer's dream,' but it is still unclear why exactly this 'choice' has evolved so dominantly in Brazil.

There are some similarities in the way that public and private discourses about these issues are managed. For example, the public discourse concerning family planning was, to a great extent, limited by both conservative and progressive Church and political parties and influenced by the kinds of technologies available to women, most of which did not depend directly on male participation for their effectiveness [34, 35]. In the case of family planning, women had options other than male condom use in order to insure their protection against an unwanted preg-

nancy; women could silently take a pill, slip in diaphragm or choose sterilization without confronting their partner directly. In Brazil, the numbers concerning sterilization speak loudly a point that Brazilian feminists have not tackled directly: namely that less intrusive (in terms of the physical body, not the sexual body) forms of birth control for women have not had as much success in Brazil. The numbers may be partly due to imperialist plotting in the form of suggestive or coercive sterilization, but we also need to ask why women choose these forms over others, and what constrains their choice, leading them to prefer the method which requires the least communication with their partners. Furthermore, the women's movement has fared poorly on many private issues, especially those which deal directly with women's sexuality or women's bodies in general. Part of the explanation can perhaps be found in the complex ways that Brazilian national culture represents itself—as a sensual and sexual culture. To challenge these notions by recognizing the enormous contradiction in this construction would be to challenge the deeply rooted belief that women's bodies, reproductive health, and most importantly sexuality are unproblematic in Brazil.

Women's issues, peripheralized into the private sphere, have a more difficult time reaching the public's ear. The lack of availability of safe and legal abortions, for example, in a country where over four million abortions are induced every year, points to the failure of the women's movement to gain support and consensus around a key corporeal issue. In the 1980s, in order to build broad alliances across the political spectrum, gender-specific issues, or issues that were potentially divisive were left aside [35, p. 109], as the women's movement remained heavily dependent on the Church and in many cases, political partys were unwilling to take a pro-abortion stand.

6. BEYOND CONDOM LITERACY

In the Brazilian context in which women cannot easily discuss with men their concerns over their husbands' infidelity, women commonly express the problem of how to bring up the question of prevention.

If I ask my husband to use a condom now, he is going to ask 'why?' He is going to think I am fooling around or that I am accusing him of fooling around, two things that shouldn't be happening. (São Paulo, Woman in Focal Group Discussion, 46.)

In our focal group discussions, we found that young women, before getting married, could more easily request the use of a condom, but no married women, even those who knew that their husbands were not monogamous, were able to ask their husbands to use a condom. Most Brazilian women say that they do not like the condom and repeat the common phrase *é como chupar bala com papel* (like eating a candy

with the wrapper on). One informant added that she prefers *carne batendo com carne* (literally, flesh beating with flesh), i.e. bodies without a condom separating them. In addition to the well-documented male resistance to the condom [36], women's own ambivalence about the use of condoms makes condom literacy difficult. Compounded by the unequal power relations—innocence/knowledge, passivity/initiation, boundary-setter/transgressors—and women's inability to ask their partners about their sexual activity, condom literacy programs are extremely problematic.

The inequality of sexual ideology among men and women requires a reexamination of AIDS campaigns, only recently also directed to women. Condom literacy, certainly a key aspect of any AIDS educational campaign, runs the risk of simply reinforcing women's inability to make informed choices and certainly does nothing to challenge the status-quo. Limiting AIDS prevention and education to condom literacy fails to take on the challenge of changing women's position as sexually naive, passive, and sometimes powerless in the sexual sphere. 'Decent' women are prohibited from acting knowledgeable and active and from being transgressors. Interviewed women clearly expressed their interest in the so-called 'female condom;' they felt that it would give them better control over the situation. Since, in Brazil, the present market price of the male condom is still prohibitively expensive for most poor people, it may be a very long time before these poor women see a reasonably priced female condom on the market.

Condom literacy has been central to the Brazilian AIDS campaigns (by NGO's) that address women. Women are, one more time, taught to say 'no' when safe-sex regulations are not in place. AIDS-campaigns that focus solely on condom literacy may inadvertently enforce the traditional role-split, placing women as boundary setters and men as transgressors. Campaigns that allow women to reconstitute themselves as sexual subjects, empowered to negotiate sexual practices and safe-sex regulations with their partners are urgently needed. Before they can begin to demand safe-sex, they first need to be empowered as women with knowledge of their own sexuality and their own desires. Perhaps female consciousness-raising groups could be established as precursors to AIDS education so that women can begin to restructure and recreate the deeply embedded culture of erotica which so often leaves them disempowered. This calls for a new phase of AIDS activism—one that is clearly feminist, as well as a new phase of feminist activism—one that is not fearful of confronting the need for cultural transformations in the private sphere.

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