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Determinants of the use of preservative among adolescents in Belo Horizonte/Brazil in an era of AIDS

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1 Introduction

Brazilian population is going through a phenomena known as “*young wave*”². This phenomenon consists in a growth in absolute terms of age groups between 15 and 24 years, which is a fruit of previous demographic dynamic. Besides that, teenager population has been attracting the attention of demography because the relative participation of fecundity of this age group is increasing, whereas a one can notice a decrease of these same phenomena on the other age groups. The high index of teenager pregnancy reveals sexual intercourses without the use of contraception, which suggests that teenagers are not “*worried*” about the possibility of a pregnancy, and much less with AIDS. Another extremely important factor is that teenagers have shown themselves as very vulnerable to the HIV virus since they are starting their sex life increasingly earlier in life; also, because it is extremely common among them to have occasional sexual relationships, and because they show special characteristics as to their affective, love, and sexual process – stay for a night, go out with someone to do it with someone – which influence their decision for the preventive behavior.

The sexual behavior of Brazilian teenagers may have demographic impacts both in relation to fecundity, and to morbidity and the death rates. When they are not treated, STDs cause damage to the health of women, such as womb colon cancer and the decrease of fertility. Among the existing STDs, AIDS is considered today as an epidemic in Brazil. Between 1980 and 1999, Brazilian women from 15 to 19 years of age which were infected by the HIV represented 2.8%, whereas mean accounted for 1,9% of the accrued total (BRASIL, 1999). Since the HIV virus stays dormant an average of six to ten years without manifesting any morbid signs, the sexual behavior of this age group can generate grievous consequences, in spite of their small relative participation (MONTAGNIER, 1995:80; CASTILHO &

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² A term used by MADEIRA (1998).

CHEQUER, 1997:17; BRASIL, 1997:8). Besides that, there is a rate difference between the contagion by the disease, the moment the symptoms start to appear, and the notification of ADIS cases (BASTOS et al., 1995:257).

As for the ways the HIV is transmitted among teenagers, one may notice that, among men there is the predominance of the category of injectable drug users (IDU); among women contamination through the heterosexual intercourse prevails (CASTILHO & SZWARCOWALD, 1998:202). BERQUÓ & ARAÚJO & SORRENTINO (1995:133) point out that, even though the use of drugs may consist in one of the main ways through which AIDS is transmitted among teenagers, from the beginning of the 1990s on, heterosexual transmission surpassed the drug-related means of contagion. In the case of teenagers, the ratio of sex among HIV-infected people was of 11 men for each woman in 1985. This scenario becomes frightening in 1998: for each woman diagnosed as carrying the virus, there are 1.25 infected men (BRASIL, 1999).

In spite of the coming of AIDS having imposed changes in the behavior of individuals, it has been noticed that Brazilian teenagers are showing not a precautionary but a risk-taking behavior. According to the National Survey on Demography and Health (NSDH) undertaken in 1996, in Brazil, among adolescents who do not have a steady relationship and who have been sexually initiated and have already heard of AIDS, 67% of the girls and 42% of the boys showed they have not used a condom during their last sexual intercourse. Thus, an attempt to understand the reason for the risk-taking behavior of teenagers in relation to this disease is extremely important for formulating social policies.

This article aims at understanding the reasons that favor vulnerability to AIDS among teenagers from two schools in Belo Horizonte, one of which is public and the other private. In order to do that, eight discussion groups involving these teenagers were formed³. In spite of this methodology not allowing for generalizations, it offers information that will serve as tools for the planners of those programs directed for the reproductive and sexual health of teenagers; it also indicates possible deficiencies in the information-gathering chain, risk

³ The author of the present article conducted these discussion groups in November and December 1999.

awareness, decision-making, access to and adoption of a precautionary behavior in relation to AIDS among teenagers.

2 Theoretical Basis

With the AIDS epidemic, the need has been perceived for an intensification of the debate about sexuality, for the sexual behavior of Brazilians may cause demographic impacts in several areas. For example, throng of infected women can have future implications on morbidity. In the present state of the disease, and infected individual is condemned to death and may transmit the virus through the sexual network if he or she has sexual relationships without using a condom, thus condemning other individuals to die. In the case of a throng of infected women, besides an increase in the death rate with the through itself, the disease will affect the throng of children which will be infected through vertical transmission⁴.

Prevention sexual behavior can also have fecundity-connected demographic implications, both by diminishing and by increasing it. If the fear of contracting AIDS makes people reduce their number of partners, this may result in a reduction in unplanned pregnancies, thus leading to a decrease in fecundity. If those individuals who formerly did not use condoms start using them, this may also lead to a decrease in fecundity. Nevertheless, if condom is exchanged for the pill and the pill fails, the result may be an increase in fecundity (BERQUÓ & SOUZA, 1991:5). The reduction of fecundity may also come from STD-connected gynecological complications.

According to PARKER (1994) so that we can understand in depth sexual behavior in relation to ADIS, the establishment of development of efficacious responses in face of the epidemic is of paramount importance. This author, however, points out that it will be useless to diagnose the sexual behaviors if these are not analyzed in view of those social and cultural systems terming the sexual practices (PARKER, 1994:142). Sexual experience of individuals is the fruit of complex social, cultural, and historical relationships. ***Brazilian sexual culture*** is inserted in "*the matter of diversity and in the social and historical construction of sexual diversity in Brazilian culture*" (PARKER, 1991:13). In other words, sexual

⁴ Vertical or perinatal transmission can happen during pregnancy, within the womb, during birth, after the birth, during the immediate post-birth period or after the birth through maternal breast-feeding (CASTILHO & CHEQUER, 1997:23).

culture is defined as “*those practices, beliefs, and values that are both sexual and reproductive, and contraceptive*” (LEAL, 1998:3). Sexuality does not mean the same thing to everyone. The importance attributed to each person to sexuality is a fruit of psychological differences and social processes originated from the value conferred to the sexuality by each social group; also by the trajectory of socialization undergone by individuals (HEILBORN, 1999:40).

In Brazil, the interpretation of Brazilian sexual practices has been putting the greatest emphasis the matter of gender. The distinction between male and female, of masculinity and femininity, has determined the world of sexual significances built up within the context of a deeply patriarchal social order (PARKER, 1991:13; 89).

Teenagers’ sexual scenario reflects the norms of Brazilian sexual culture. As it happens with adults, sexual values and practices are determined by social class, race, gender, age, etc. (ARILHA & CALAZANS, 1998:689). Gender relationships among teenagers reproduce a social and cultural context and their sexuality of molded from the sexuality of adults.

Individual autonomy in the field of sexuality seems crucial for preventing vulnerably to the infection by the HIV virus (MANN & TARANTOLA & NETTER, 1993). It is very complex, however, for individuals to put into practice their autonomy and change their sexual behavior in relation to the prevention of AIDS. Several factors that make up the sexual scenario and determine the sexual trajectory of individuals have an influence on this individual autonomy. It is very complex, nevertheless, for individuals to exert their autonomy and alter their sexual behavior in relation to the prevention of AIDS. Several factors, which compose the sexual scenario and determine the sexual trajectory of individuals, have a bearing on this individual autonomy. In the case of teenagers, the exertion of this autonomy is even harder because they are beginning to experiment on the dimensions of the affective, the loving, and the sexual. These dimensions include also changes in the body arising from hormonal explosion (which increases sexual appetite), the first sexual intercourse (coming increasingly at an earlier age), dating, the stay together and the occasional sexual relationships.

Besides dating, the important aspect in teenagers' sexual culture is "staying together" consists in a temporary relationship determined by physical attraction that does not involve a commitment between the "stayers". Contrary to the staying, dating involves a serious commitment to which mutual affection and fidelity between partners is fundamental (RIETH, 1998:114). Staying or dating is an important matter when the use of the condom is involved, since the decision of protecting oneself has a sentimental aspect. When there is a love link to the relationship, teenagers tend to avoid using condoms (MONTEIRO, 1999:147). In occasional sexual relationships, teenagers tend to use the condom more often than in relationships based on commitment, such as dating. The authors point that that in the "*moment of changing from staying to dating*", girls stop using the condom and start using the pill, which shows a greater concern with pregnancy (LEAL & RIETH, 1998:32).

Both in staying and dating, inequalities of gender go beyond the use of the condom and the practice of staying differs between boys and girls as to the frequency – that is, "staying" a lot for boys means virility and staying a lot for girls means they are "hookers", "people talk about them", etc. So, from the point of view of genders, one can see "*the same action, different reactions, different standards*" (MIRANDA-RIBEIRO, 1998:41).

In sum, in spite of all the changes in the sexual scenario of teenagers, both boys and girls are still on different levels in relation to sexuality, with important implications as to the HIV. Having this scenario as a background, the several factors mentioned in the literature that may be influencing the use of condoms in sexual relationships among adolescents will be presented below.

There are several **factors related to the use of the condom itself**. (i) information, (ii) access, (iii) prejudice, (iv) allergic reactions, (v) doubts as to its efficacy, (vi) the use of the condom as a contraceptive measure, (vii) the use of some other contraceptive method. As for information – as we have already mentioned, 99.7% of women and 100% of men from 15-19 years of age declare they know the condom (BADIANI & QUENTAL & SANTOS, 1997:49,51). It is not enough, however, to be informed about it, it is necessary that one knows how to properly use the method and has access to it. Several studies show that not using

the condom during sexual intercourses is not due to ignorance as to the need for it, but to several factors that make using it difficult (LOYOLA 1994:39; LEAL & RIETH, 1998:33; BÉRIA & MORRIS & CARRET, 1998:47-48). LEAL & RIETH (1998:33) also point out that girls think that not using the condom shows that the partner is committed. According to a survey done by PAIVA (1994:238), boys affirm they do not like the condom and teenage girls declared that they do not use it because their partners do not like it. Condom prices is one of the factors that make it impossible for teenagers to use it (CAMPOS, 1998:88; PAIVA, 1994:238). Public services, which are able to regularly both oral contraceptives and condoms are unable to answer the demand (SANTOS JÚNIOR, 1999:226). Besides, there are also those who show allergic reactions to latex or the lubricating gel used. Another adverse factor to the use of condoms is the doubt as to their efficacy (LOYOLA, 1994:42). Many times, however, the lack of efficacy of the method is due to the ignorance as to the correct way of using it (SANTOS JÚNIOR, 1999:227).

Among young people the use of condom is more associated to a concert with an undesired pregnancy in adolescence than to STDs (PAIVA, 1994:237), which corroborates a study done by LOYOLA (1994) involving adults; in this study, it was observed that most people that use condoms do not use them to avoid diseases. The author also noticed that people who use some contraceptive method other than the condom find it difficult to negotiate this method with their partner in sexual relations – it is easier to negotiate the use of the condom with the partner to prevent a pregnancy because it is in both their interests and it also does not put into question the physical integrity and sex life of the partner.

Factors related to the perception of risk to be contaminated by AIDS may be classified as: (i) knowledge of the disease, (ii) proximity to STD/AIDS, (iii) perspective of death, and (iv) a feeling of omnipotence and invulnerability. The literature reveals that most people have already heard of AIDS and know that sexual relations are one of the means of contagion (PAIVA, 1994:236; LEAL & RIETH, 1998:30). According to LOYOLA (1994), people have only a superficial and fragmented knowledge about the disease.

The fact that people have had some STD and know that AIDS is a STD too, are ***factors related to the AIDS-contracting risk perception***, for this makes the person feel more vulnerable to the disease. Another factor is the proximity to the disease; that is, being acquainted with someone who has it. People consider AIDS a disease other people have and perceive the risk of contracting it as something distant (LOYOLA, 1994:47; PAIVA, 1994:235; KNAUTH & VÍCTORA & LEAL, 1998:182). A survey done in Porto Alegre, however, has revealed that familiarity with the disease does not necessarily lead to a greater awareness of the risk of contracting AIDS. It is possible for this proximity to lead to a banalizing of the disease, which involves also a certain discredit as to prevention methods (KNAUTH & VÍCTORA & LEAL, 1998:174).

The perspective of death is another factor that will determine risk perception, both in terms of increasing and reducing it. Most people *“think that, since young people find it difficult to envisage the perspective of their own death, take not account of the risks involved in the disease”* (LOYOLA, 1994:57). KNAUTH & VÍCTORA & LEAL (1998), however, have noticed in a survey done in Porto Alegre that familiarity with AIDS leads people to think about it as of something from which *“nobody is safe”* (italics from the author, p.198). In this case, death is conceived as natural and can be either associated or not to a disease. Another factor leading to risk perception is the feeling that teenagers have of themselves as superheroes, as though a pregnancy or a STD could never happen to them.

Finally, all ***factors related to sexual behavior, to the very use of the condom, and to the perception of risk of contracting AIDS*** may be related to the ***process of negotiation between partners***. Literature has been suggesting that usually people consider it a preventive behavior the fact that they ‘know’ their partner; this knowledge is based on the kind of ***sexual behavior of the individual*** and in how long the relationship has been going on. There has been observed that partners choose to use the condom during sexual intercourses while they see each other as “strangers”. Involved by romantic love, the partners start thinking that it is totally unconceivable to use the condom in a relationship where they “know” one another. In a study done in Tasmania ABBOTT-CHAPMAN &

DENHOLM (1997) found out that the influence of romantic ethics explains the gap between intentions and the actual practice of “safe sex”. Not recurring to STD/AIDS-protection is due to a ‘trust on the partner’. This kind of attitude supports romantic values in sexual relationships, as though ‘love’ could offer a protection against the transmission of HIV/AIDS. RIETH (1998) corroborates the argument by pointing out that the use of condoms is determined by regimen of gender relationships and the assumption of a love bond.

Factors related to the use of the condom can also be related to the process of negotiation between partners, since the small power women exert in this process increases the risk of exposure to AIDS, as has been mentioned above. The negotiation of the condom with the partners leads to notions such as that of the ‘woman’s sexual availability’ and the ‘devaluation of the partner’, for since it is a masculine resource, it escapes the control of women (CAMPOS, 1998:88). Many women are even more afraid of suggesting the use of the condom than of getting infected with the HIV virus (BARBOSA, 1993:420).

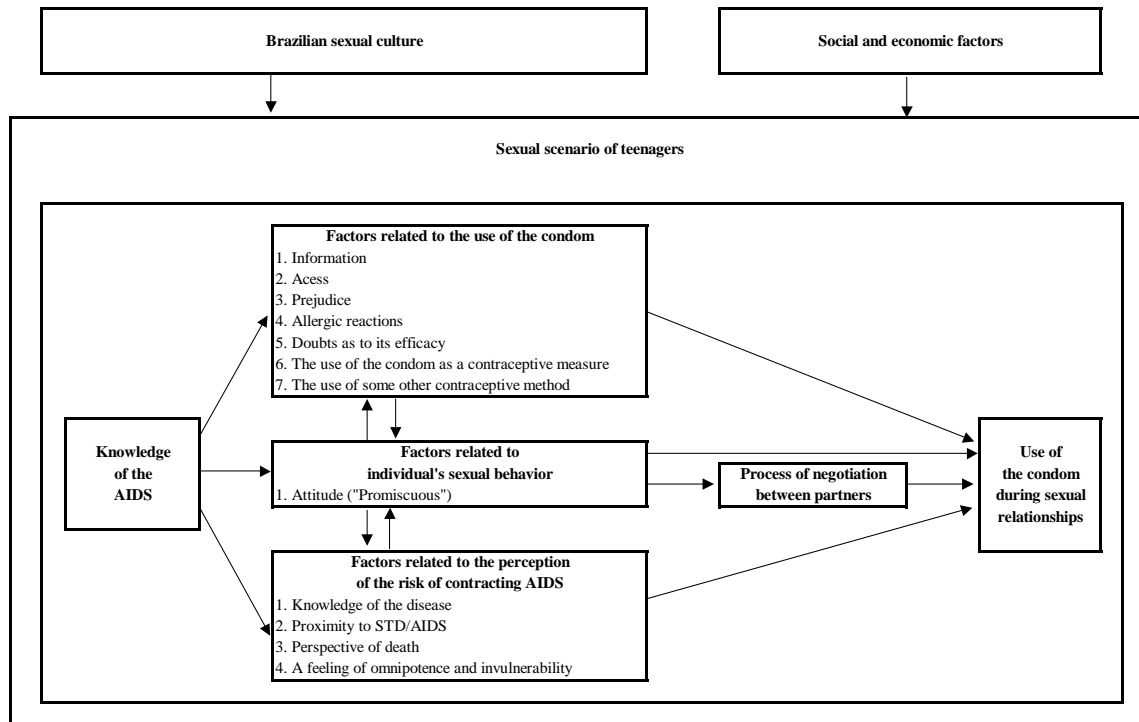
In the context of gender relationships, the literature suggests that girls show a smaller **perception of the risk of contracting AIDS** than boys do, for they are not trained to this perception. Parents still use to act in a more liberal way towards their sons than their daughters. In the field of sexuality, power is defined in an unequal way between the sexes, and women are put in a subservient position in the organization of social life (SAFFIOTI, 1992:187). These inequalities between genders surface also at the time of making a decision about the use of the condom during sexual relations.

According to PAIVA (1996:216-217) and individual is capable of regulating his or her sex life only if he or she have a habit of saying no, of standing by this decision, and of being respected; developing a relationship negotiated with the norms of culture, family, and couple groups; exploiting (or not) the sexuality by his or her own initiative; negotiate consentive and pleasant sexual relationships by the couples; negotiate safe sex; having access to the means that allow for their reproductive, contraceptive, and safe sex choices. All these actions are summed up by the idea of empowerment. According to BATLIWALA (1994), quoted by SEN & GERMAN & CHEN (1994:8), an empowerment approach shows a new view

of women: women are seen as subjects and active agents and not as passive objects of a social change.

The literature then suggests that several factors may be interfering with the **use of the condom** during sexual relationships. **Social and economic factors** and **Brazilian sexual culture** mould the **sexual scenario of teenagers** and, together, they act as conditioning factors of the entire process, as has already been mentioned in the former chapter. It is believed that these intervening factors may be associated to (i) **an individual's sexual behavior**, (ii) **factors related to the use of the condom itself** and (iii) **to the perception of the risk of contracting the disease**. Besides these, the use of the condom may depend on the **process of negotiation between partners**. The several factors involved in this process are inserted in the differing gender roles that are socially defined and surface in the ways teenager sexuality finds expression, such as dating and staying. Thus, based on assumptions and conclusions of the several authors approached in this chapter, an analytical diagram⁵, presented below, is being proposed, which reveals the possible relations and interrelations that explain the determinant process for the use (or not) of the condom in sexual relationships by the survey's target population.

⁵ It is important to make it very clear that the arrows used in the analytical diagram do not show a causal relationship, but an association among the categories.



3 Data Sources and Methodology

To operationalize this analytical diagram, eight⁶ focus groups were arranged with students from 15 to 19 years of age from two schools in Belo Horizonte: a public one and a private one. On choosing these schools, we have looked for extremes: a private school frequented by the middle class and a public school frequented by the lower class from Belo Horizonte. This class division allowed for the groups to be very different from one another. Internal homogeneity of the groups was defined by sex and age group; that is, we arranged for two separate groups of boys and girls of 15 and 16 years, and two of boys and girls of 17 and 19 years in each school.

4 Analysis of the results

Lack of knowledge about condoms and the ADIS is not a factor preventing the use of the condom for, according to surveyed teenagers, “*everybody knows about it*”, television, parents, friends, and school being the main sources of

⁶ The ideal number of focus groups is given by saturation, a criterion used in many qualitative surveys. According to this criterion, focus groups should have the same profile until one exhaust the volume of new information. Due to time and resource restrictions, though, only one group for profile was organized.

information. Prejudice against the use of condoms was mentioned in the discussions. Girls both from the private and the public schools revealed that boys think that having intercourse wearing the condom is the same as “*eating a candy still wrapped on the paper*”. According to boys, the condom is uncomfortable during the intercourses because it breaks the mood and impairs erection.

In all groups, teenagers agree that there is no problem with allergic reactions to latex and the lubricating gel of the condoms; they have suggested that, in that case, the solution is changing to a different brand, since there is a whole array of options in the market.

The lack of efficacy of the condom was discussed, but the teenagers themselves have pointed out that it is due to the quality of the condom or the lack of proficiency for putting it on. Boys themselves assume that the efficacy depends on themselves in the sense that they spend little time for training and learning to use the condom.

As for the use of the condom as a contraceptive measure and the use of some other method, teenagers in the focus groups have mentioned that the use of the condom is unnecessary when they are using some other method; thus, it is suggested a greater concern with pregnancy than with AIDS, specially among girls.

The access, as suggested by the literature, is a subject discussed among teenagers. The price of the condom is not a problem for teenagers in private schools, but it is so for the ones in public schools. CAMPOS (1998:88) points out that, for the majority of the Brazilian population, the price of the condom is beyond their reach. Public school teenagers agreed that the condom is too expensive and made a whole discussion around that; they have, however, mentioned the possibility of getting it in a public clinic. They consider, however, that free condoms are uncomfortable and are in doubt as to their quality. Besides, they point out that public clinic condoms, like the ones distributed during the carnival season, are not certified by INMETRO (Standardization National Institute), as can be seen from the following deposition.

Participant: You can get them in clinics.

Participant: But they are not brand ones.

Participant: Yeah, certification from, from INMETRO.

Participant: They do not have the INMETRO label. They are distributed just as they do during the carnival. (Group VIII – Public Schools, boys, 15 an 16 years)

The literature studied does not contemplate embarrassment as a factor contrary to the use of condoms. In the focus groups, however, both from the public and the private schools, embarrassment was treated as an important factor that prevents access to them. This reason is expressed among the boys, as can be seen from the phrase “*thank God someone gave me a condom*”. For male teenagers, it is very embarrassing to buy a condom, especially when the shop clerk servicing them (in the case of teenagers from the private school) or in the public clinic (among teenagers from the public school) are females. Thus, boys reveal a great difficulty in admitting and exposing the exertion of their sexuality; this constituted a challenge to be overcome when it comes to an unknown person (drugstore clerk or public clinic nurse), but especially when it comes to their mothers. Faced with another man, they feel at ease.

Participant: I remember I went to the clinic to buy a condom. Then I entered that business they have in the clinics, you know, and I looked around, you know, and there was a lady there, the nurse was a lady. Then I started to stall, you know? Scared, embarrassed... then I went over to the lady: do you have a condom? (laughter) I was very red, you know? Totally red with shame, man... (Group II – Private School, Boys of 15 and 16 years)

It would appear embarrassment is not a problem solely of boys, but of girls as well. In the following deposition in one of the groups girls had, just as the boys, a long discussion on the embarrassment of purchasing condoms at a commercial establishment. Among girls, embarrassment is associated to their reputation; that is, what will the drugstore clerk think of them?

Participant: Oh, I don't know... I don't think everyone could act natural in a drugstore...

Participant: I think that it's not the price, but the embarrassment of getting there...

Participant: I think I would never have the guts to enter a drugstore and ask for... I would just die, you know?

Participant: This think of being ashamed stinks, man.

Participant: Because people always look at you... they always do... (Group III – Private School, Girls from 17 to 19 years)

Parents have a relevant role in sex life of children. In the case of boys, when their mothers put the condom in their sons' drawers, they legitimate the exertion of their sexuality. Among girls, there is no dialogue with their parents about condoms because, for a mother to adopt with her daughter the same behavior she has with her son may, in her imaginary, be an incentive to pre-marital sexual relationships. It was verified that both for boys and girls, relations with their parents when it comes to sexuality are obscure and complicated still. According to the depositions of the boys, their mothers have differentiated behaviors according to their children's sex. On the can see that, within the home environment itself, the inequality of genders is retransmitted and established. When they offer a condom to their boys, mothers are already assuming they are exerting their sexuality. LEAL & RIETH (1998:32), on discussing the findings of a survey involving teenagers, point out that the main source of information for boys is the family. On buying condoms for their sons, parents – especially mothers – are controlling their sexuality. The same does not happen, however, with girls. Female teenagers have revealed that their parents will never offer a condom to them for that, according to the authors, would be a way of legitimating and consenting on the possibility of their having or starting sexual relationships. In our focus groups boys have confirmed that when they said that it is very unlikely that their mothers would offer a condom to their daughters because that would suggest an incentive to the precocity of sexual intercourse.

Ana Paula: Do mothers offer condoms to both boys and girls?

Participant: For girls I don't think they would give a condom because it may seem that they are saying to their daughters they should go do it, you know? (Group VIII – Public School, boys, 15 and 16 years)

Also in relation to sexuality, it seems parents are still more liberal to their sons and more conservative with their daughters. In the girls groups, when the subject was a condom their mothers were never mentioned; they are mentioned only when it came to sexuality. One of the girls said “*some moms think their daughters will be a baby, a little doll for the rest of their lives*” (Group I – Private School, Girls of 15 and 16 years). This corroborates the point made by ZAGURY (1996) when she says that the girl is taught to take over the role of the fragile and submissive, of the giver, and boys the one of strength, power, and the productive. The family approves of the sexual relationships of the son and expects their daughters to save themselves for the marriage. The author also points out that girls are raised in a more conservative way and boys in a more liberal one.

As for those factors connected to the perception of the risk of contracting AIDS, it has been noticed that in the focus groups organized, girls with knowledge about the ways of transmitting AIDS need to learn more about that. The fact of having had a STD and knowing that AIDS is a STD have not been mentioned by the groups. The perspective of death has not been noticed in the focus groups as well. However, it has been noticed that teenagers from all the groups consider AIDS as something distant, which leads to a lesser awareness of the risk. It has been noticed that the interviewees never think about the possibility of some teenager like them having the HIV virus. That is, can “a common guy” have AIDS? In terms of discourse, the fact of knowing someone close to you that has AIDS, according to the teenagers, leads to a change in behavior and a greater perception of the risk. In one of the boys group, however, participants suggested that, at first, proximity leads to a preventive behavior, but then you fall back into the same routine; this suggests perhaps a banalizing of AIDS. Finally, it has been noticed that AIDS as a far away disease is associated to the feeling of invulnerability teenagers have.

The groups have revealed that a concern about pregnancy or the condom seems to be determined by the individual's sexual behavior, defined by the affection, love, and sexual process. When they are dating, they see they pill. If they stay, it is the condom. According to LEAL & REITH (1998) teenagers stop using the condom when they stop staying and start dating. The fragment of discourse below reinforces this view.

Participant: That's the different between dating and staying, you see? Because when you date someone, you trust the person, you know if she takes the pill or if she has some disease, those things. (Group II – Private School, Boys of 15 and 16 years)

MONTEIRO (1999:147) points out that the condom is used then the boys are “bitches” and “hookers” (quotation marks from the author). The same can be noticed in those groups that do not call girls by these names, but say they are “naughty”, which shows that on having sexual intercourse with this kind of girls they are afraid of the AIDS and use the condom. The deposition of the participants from the focus groups have also confirmed the opinion of the author when she says that the decision for a preventive behavior is imbued of a sentimental character: the practice of staying and the dating are a determining factor in the use of the condom. Prevention also depends of knowledge: the tendency is not protecting oneself with a partner you know. As can be seen from the depositions, partners who date consider they know each other and have become fixed partners when they start dating. Knowledge leads to a sort of trust that seems a very important feeling that has a bearing on the decision for using the condom or not. ABBOTT-CHAPMAN & DENHOLM (1997) mention trust in the partner as one of the reasons for the non-implementation of the condom. Notice that the perception of the risk of contracting AIDS decreases when they start dating because you “know” your partner.

According to ABBOTT-CHAPMAN & DENHOLM (1997) the influence of romantic ethics explains why people do not use the condom. In spite of knowing the risks of contracting AIDS, the lack of precaution in relation to the disease is due to a trust in the partner. This trust is supported by romantic values, as though love was some protection against the transmission of the HIV. REITH (1998:116) corroborates this argument by point out that not using the condom is shown as a

proof of love by the partner because as one person gets more intimate with the other, you start to know that partner and a basis of trust is established. In the following deposition one can see that, in the presence of a love bond, one trusts one's partner and it is unbelievable and inconceivable to think that the loved one may be an HIV virus carrier.

Participant: You don't think the person you live with will have it (AIDS). I don't know, women imagine a lot of ideal situations, you know? They wanna feel like that, you know? They wanna a prince. And they will never dream he might pass that to them. (Group III – Private School, Girls from 17 to 19)

ABBOTT-CHAPMAN & DENHOLM (1997) draw attention to the fact that if in all sexual relationships this feeling of love, trust, and fidelity predominates among teenagers with each of their partners, the succession of these relationships will increase vulnerability to HIV. That is, a sexual network without protection will be established among teenagers.

As for the process of negotiation between partners, according to male teenagers, in spite of knowing about AIDS and being aware of the risks of contracting it, they do not wear the condom, moved by sexual impulses, at which time, according to them, the emotional factors override their rationality.

Participant: I think that men know (AIDS) but they let their male hormones take over their heads, yeah, that's it...

*Participant: [**] not to mention their IQ, right?*

Participant: Emotional quotient and rational quotient, get it? When one gets the better of the other, men act by instinct only. (Group V – Public School, Boys from 17 to 19 years)

The explanation for this kind of attitude can be found in PAIVA (1994:235) when she says that:

"The use of condoms confronts the basic notion of virility, which states that to be a man is to "naturally" be less in control of one's sexual and aggressive impulses, to have them in a higher degree than women. To wear the condom, to rationalize or control one's sexual impulses, to have to take the partner into account is to betray their virility."

For the author women, on the other hand, are fragile, less aggressive than men and it falls to her the duty of controlling her sexual impulses. MONTEIRO (1999:137) in his survey involving youths from a Rio de Janeiro slum concludes

that differences in sexual experience in relation to female and male values and practices point to “*interrelations between gender and sexuality*”. According to the author, the interviewees think that it is the part of women to control their sexual behavior; in the case of men, sexuality is connected to virility, which finds its expression in the seduction and the dominant role in the sexual relationship. In the focus groups it has been noticed that male teenagers do not wear condoms because such a procedure would constitute an expression of their virility and a resource that gives no time for their partners to become aware that they are having a sexual intercourse and, perhaps, back up, since that is the role set out for them in the sphere of gender inequalities.

Participant: (...) when ya go, you know, put it there in the chick, then ya say: no, I'm not wearing a condom, but ya think: if I stop to get the condom, open the pack...

*Participant: [**] that's what I'm talking about...*

*Participant: {**} the chick'll start thinking. Shell put her head together. She won't be horny anymore. The chick'll think: gee, what I'm doing here, screwing this guy here in the street? No way.*

Participant: then, when you stop and put it on, that's it, they are not horny anymore, you know. It's over, man (Group V – Public School, Boys from 17 to 19 years)

The asymmetry of gender produces very different male and female sexual and affective practices (HEILBORN & BRANDÃO, 1999:13). Girls present greater fragility in the acquisition of the HIV virus because it is imperative to have bargaining power for the use of condoms. In the focus groups, the boys themselves say that it's a lot easier for them to negotiate with the girls than for them to negotiate with them. In a way, they see themselves as more powerful.

Participant: I think that for women it's a lot easier than with... for men to negotiate with the women than for women to negotiate with men. (Group II – Private School, Boys of 15 and 16 years)

BÉRIA & MORRIS & CARRET (1998:47) mention embarrassment as one of the main obstacles to the use of condoms by teenagers, due to a greater embarrassment among girls of talking about the subject with their partners. One can notice in the focus groups that the embarrassment is so great that girls suggest throwing a condom down on the floor and then saying: “*look, there's one*”.

The lack of empowerment by girls is expressed in the following deposition, when one of the girls says “*I’d like to be like that, you know? No deal? Bye-bye....*”, that is, girls are not capable of regulating their own sex life in the sense of saying no and standing by that decision. Faced with that fragility, girls end up by accepting this inequality of genders hoping that “*the man will have a condom*”. MONTEIRO (199:137) found out that “*the ordering of genders is structured according to a hierarchy and sexual guidelines for boys and girls are deeply marked by such notions*”.

Participant: I’d like to be like that, you know? No deal? Bye-bye....

Participant: I at least always hope the man will have a condom. It’s very hard for me to get there and say: look, you’ll wear a condom, get it? But I think that it’s crazy going to bed with a guy that you stayed with only once in your life... Because you don’t know the guy. You can get there and, well, let’s suppose...you... (Group I – Private School – Girls of 15 and 16 years)

As for the negotiation for the condom among parts, according to one interviewee it is easier not to wear the condom than putting the relationship in jeopardy. The girl does not suggest the condom afraid of losing the boy she likes. In other words, the relationship should be maintained at whatever the cost.

Participant: It is very common to do it without a condom because they are very afraid of losing the guy they love (Group VI – Public School, Girls of 15 and 16 years)

Finally, concluding our study of the analytical diagram, we can see that women have not as yet conquered room for taking over and controlling their sexuality in our society; this shows that, even with female condoms, gender inequalities persist. Gender asymmetry in relationships among teenagers can be perceived in the negotiation for the condom, when girls do not suggest the use of the condom because they are afraid of losing the boy, of creating a rift in their relationship. Besides that, depositions of the girls always suggest that it is the masculine desire that rules – if the man does not want the condom, and then he won’t wear it. Because it is a masculine method, the condom is beyond the control of women. Offering a condom to the partner raises suspects as to the woman’s

sexual reputation and demeans the partner in the sense that he will think the woman thinks he is promiscuous.

5 Final Considerations

In the demographic sphere, to pay attention to the effects of the contamination on throngs – both vertical and perinatal – is extremely important. Thus, the perversity of leaving adolescents to take the risk of contamination and the urgent need for thinking about policies to break this circle are clear. Besides, allowing contamination by the HIV virus in adolescence or any other age implies in social costs, not to mention lives lost, that will finally have a demographic impact on the death rate.

Teenagers' sexual scenario reflects the norms, practices and beliefs established by Brazilian sexual culture, and specially the distinction between masculinity and femininity that has been built up in a deeply patriarchal sexual context. Thus we have analyzed from the depositions of teenagers in eight focus groups organized in Belo Horizonte how the several factors act and interact in this process. Finally we point out the difficulty of discussion each factor in separate, once the divers factors contemplated in the analysis diagram act simultaneously, depending on the affective, love, and sexual process of teenagers: preventive behavior depends on the point in which adolescents are during this trajectory – dating or staying.

The findings of this survey reveal that prevention is inserted in a context in which several factors – rooted in the affective and sexual process of this population segment – prevent preventive behavior. It is noticed that the non-preventive behavior of teenagers owns much to the way sexuality is seen in society and in the home environment.

In light of what has been verified in the focus groups, we suggest that social policies offer teenagers a deeper understanding of sexuality, affection, reproduction, and birth control that will allow them to choose whether they want sexual relationships or not, and if they do, how do they want them. In other others, policies that will ensure autonomy to them. One can notice that free distribution campaigns of condoms – at least the way they are undertaken – do not work well with teenagers. The reason for that is they are monolithic and take no account of

the specificities and difficulties connected to each gender, each class. In other words, they are made for a “unisex, single-size” teenager. Therefore, one must agree with MONTEIRO (1999) when she says that perhaps STD/AIDS prevention campaigns are not reaching their aims because they are centered in a conception of the equality between the genders, which does not happen among teenagers.

In sum, the findings of this study demonstrate that any interventionist attempt for preventing the risk of HIV virus infection should be differentiated according to sex and directed only to that population segment that presents special characteristics in terms of the affective, love, and sexual process which differ from those of the adult population, Unfortunately, preventing AIDS is not as easy as contracting it.

6 Bibliography

ABBOTT-CHAPMAN, J., DENHOLM, C. Adolescent risk taking and the romantic ethic: HIV/AIDS awareness among Year 11 and 12 students. In: *The Australian and New Zealand Journal of Sociology*, v.33, n.3, p.306-321, Nov. 1997.

ARILHA, M., CALAZANS, G. Sexualidade na adolescência: o que há de novo? In: JOVENS acontecendo na trilha das políticas públicas. Brasília: CNPD, 1998, v.2, p.687-709.

BADIANI, R., QUENTAL, I., SANTOS, E. M. *DST/AIDS e a Pesquisa Nacional sobre Demografia e Saúde : uma análise do nível de conhecimento e comportamentos de vulnerabilização*. Rio de Janeiro: Sociedade Civil de Bem-Estar Familiar no Brasil (BEMFAM). 1997. 55p.

BARBOSA, R. H. S. Aids, gênero e reprodução. *Revista Estudos Feministas*, Rio de Janeiro, v. 1, n.2, p.418-423, 1993.

BASTOS, F. I. et al. Epidemia da AIDS no Brasil. In: MINAYO, M. C. S. (org.), *Os muitos Brasis: saúde e população na década de 80*. São Paulo: Hucitec, 1995. p.245-68.

BATLIWALA, S. The meaning of women's. *apud* SEN, G.; GERMAIN, A.; CHEN, L. C. (ed.) *Population Policies Reconsidered: health, empowerment, and rights*. Boston: Harvard Center for Population and Development Studies, 1994. p.3-12, Reconsidering population policies: ethics, development, and strategies for change.

BÉRIA, J., MORRIS, S., CARRET, M. L. V. Adolescentes e DST/AIDS: pesquisa formativa em um estudo de intervenção. In: BÉRIA, J. (org.) *Ficar, transar... a sexualidade do adolescente em tempos de AIDS*. Porto Alegre: Tomo Editorial, 1998. p.37-54.

BERQUÓ, E., ARAÚJO, M. J. de O., SORRENTINO, S. R. *Fecundidade, saúde reprodutiva e pobreza na América Latina*. São Paulo: Cebrap; UNICAMP/NEPO, 1995. v.1. O caso brasileiro.

BERQUÓ, E., SOUZA, M. R. *Conhecimento e uso do Condom : anticoncepção e prevenção de doenças sexualmente transmissíveis*. Campinas : UNICAMP/NEPO, 1991.

BRASIL. Ministério da Saúde. *Documento de referência para trabalho de prevenção das DST, aids e drogas: criança, adolescente e adulto Jovem*. Coordenação Nacional de DST e Aids. Brasília: Ministério da Saúde, 1997. Disponível na Internet: (http://www.aids.gov.br/c-geral/dstaids_capa.htm)

_____, DATASUS, 1999. Disponível na Internet: <http://www.aids.gov.br/cgi/tabcgi.exe?aids.def>.

CAMPOS, R. C. P. AIDS : trajetórias afetivo-sexuais das mulheres. In: BRUSCHINI, C.; HOLLANDA, H. B. (orgs.) *Horizontes plurais : novos estudos de gênero no Brasil*. São Paulo : Fundação Carlos Chagas, 1998, p.85-109.

CASTILHO, E. A., CHEQUER, P. Epidemiologia do HIV/AIDS no Brasil. In : PARKER, R. *Políticas, instituições e AIDS : enfrentando a epidemia no Brasil*. Rio de Janeiro : Jorge Zahar ; ABIA, 1997. 17-42.

_____, SZWARCOWALD, C. L. Mais uma pedra no meio do caminho dos jovens brasileiros : a AIDS. In: JOVENS acontecendo na trilha das políticas públicas. Brasília: CNPD, 1998, v.2, p.197-207.

HEILBORN, M. L. Construção de si, gênero e sexualidade. In: HEILBORN, (org.). *Sexualidade o olhar das ciências sociais*. Rio de Janeiro: Jorge Zahar, 1999. p.40-58.

HEILBORN, M. L., BRANDÃO, E. R. Introdução: ciências sociais e sexualidade. In: HEILBORN, (org.). *Sexualidade o olhar das ciências sociais*. Rio de Janeiro: Jorge Zahar, 1999. p.7-17.

KNAUTH, D. R., VÍCTORA, C. G., LEAL, O. F. A banalização da AIDS. In: HORIZONTES antropológicos. Porto Alegre: UFRGS/IFCH. Programa de Pós-Graduação em Antropologia Social, 1998. p.171-202.

LEAL, O. F. Cultura reprodutiva e sexualidade. *Revista Estudos Feministas*, Rio de Janeiro, v. 6, n.2, p.376-392, 1998.

LEAL, O. F., RIETH, F. Ficar, namorar: desvendando práticas e representações adolescentes sobre sexualidade. In: BÉRIA, J. (org.) *Ficar, transar... a sexualidade do adolescente em tempos de AIDS*. Porto Alegre: Tomo Editorial, 1998. p.27-36.

LOYOLA, M. A. Percepção e prevenção da AIDS no Rio de Janeiro. In: LOYOLA, M. A. *Aids e sexualidade: o ponto de vista das ciências humanas*. Rio de Janeiro: Relume – Dumara; UERJ, 1994. p.19-72.

MADEIRA F. Recado dos jovens: mais qualificação. In: JOVENS acontecendo na trilha das políticas públicas. Brasília: CNPD, v.2, 1998. p.427-496.

MANN, J., TARANTOLA, D. J. M., NETTER, T. W (orgs). *A AIDS no mundo*. Rio de Janeiro: UERJ/IMS, Relume Dumará, 1993. 321p.

MIRANDA-RIBEIRO, P. *The stud, the virgin, the queer, and the slut: a qualitative analysis of teenage sexual identity in Brazil*. 1998. (Paper presented in Population Association of America. Annual Meetings, 1998, Chicago)

MONTAGNIER, L. *Vírus e homens: AIDS; seus mecanismos e tratamentos*. Rio de Janeiro: Jorge Zahar, 1995.

MONTEIRO, S. Gênero, sexualidade e juventude numa favela carioca. In: HEILBORN, (org.). *Sexualidade: o olhar das ciências sociais*. Rio de Janeiro: Jorge Zahar, 1999. p.117-145.

_____ (expositora). Debate: sexualidade e juventude. In: HEILBORN, (org.). *Sexualidade: o olhar das ciências sociais*. Rio de Janeiro: Jorge Zahar, 1999. p.117-145.

PAIVA, V. Sexualidade e gênero num trabalho com adolescentes para prevenção do HIV/AIDS. In: PARKER, R. G. et al. (orgs.). *A AIDS no Brasil: 1982-1992*. 2. ed. Rio de Janeiro: Relume-Dumará, 1994. p.231-250.

_____ Sexualidades adolescentes: escolaridade, gênero e o sujeito sexual. In: PARKER, R., BARBOSA, R. M. (orgs.). *Sexualidades brasileiras*. Rio de Janeiro: Relume-Dumará, 1996. p.213-234.

PARKER R. G. *Corpos, prazeres e paixões: a cultura sexual no Brasil contemporâneo*. São Paulo: Best Seller, 1991. 295p.

PARKER, R. Sexo entre homens: consciência da AIDS e comportamento sexual entre homens homossexuais e bissexuais no Brasil. In: PARKER, R. G. et al. (orgs.). *A AIDS no Brasil: 1982-1992*. 2. ed. Rio de Janeiro: Relume-Dumará, 1994. p.129-149.

RIETH, F. Ficar e namorar. In: BRUSCHINI, C., HOLLANDA, H. B. (orgs.) *Horizontes plurais: novos estudos de gênero no Brasil*. São Paulo, Ed. 34, 1998. p.111-133.

SAFFIOTI, H. B. Rearticulando gênero e classe social. In: COSTA, A O, BRUSCHINI, C. (orgs) *Uma questão de gênero*. Rio de Janeiro: Rosa dos Tempos, 1992. p. 183-215.

SANTOS JÚNIOR, J. D. Fatores etiológicos relacionados à gravidez na adolescência: vulnerabilidade à maternidade. In: CADERNOS juventude, saúde e desenvolvimento. Brasília: Ministério da Saúde, Secretaria de Políticas de Saúde, 1999. p.223-229.

ZAGURY, T. *O adolescente por ele mesmo*. Rio de Janeiro: Record, 1996. 277p.