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AIDS Prevention and Gay Community Mobilization in Brazil

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In Brazil, as in most other countries, HIV transmission has taken place primarily through sexual contacts. For a variety of reasons, heterosexual transmission has increased rapidly over the course of the past decade. Yet same-sex relations between men have continued to play a central role in the epidemiology of HIV/AIDS, and continue to account for nearly half of the cases of AIDS reported in the country as a whole. In the absence of effective prevention efforts, the incidence of HIV infection, as well as reported cases of AIDS, have continued to rise among men who have sex with men. (Daniel and Parker, 1993)

While it is impossible to deny the importance that homosexual and bisexual behaviour has had in shaping the HIV/AIDS epidemic in Brazil, in virtually all sectors, Brazilian society has been slow to respond to this situation with meaningful prevention programmes or policy decisions. Until well into the second decade of the epidemic, neither the Brazilian government, nor the many non-governmental AIDS service organizations that have sprung up in response to AIDS, had made significant efforts to develop programmes designed to serve men who have sex with men. On the contrary, in large part as a response to the stigma and discrimination associated with homosexuality in Brazilian society, in virtually all sectors a significant attempt was made to downplay the importance of homosexuality in relation to HIV/AIDS in order to present the epidemic as itself less stigmatized and more socially acceptable.

The social organization of same-sex relations

In Brazil, as elsewhere, the difficulty of responding to HIV/AIDS, particularly among men who have sex with men, can be linked to a relative lack of

understanding of the complexity of same-sex interactions. In particular, the lack of well-developed and organized communities, along the lines of the gay communities in many western industrialized nations, has meant that the gay community as both a focus for HIV infection, yet at the same time, a point of departure for prevention activities, has been problematic in Brazil. On the contrary, in order to respond effectively to HIV/AIDS, it is necessary to examine the specific organization of same-sex relations. (Daniel and Parker, 1993)

A fuller understanding of many of these issues depends upon a sense of how relatively recent, and, at some level, superficial, notions such as 'homosexuality' and 'heterosexuality' are in Brazilian culture. While categories such as *homossexualidade* and *heterossexualidade* are certainly present in Brazil, and have in fact become increasingly common terms, particularly with the emergence of HIV and AIDS, they are nonetheless not necessarily the most important or salient classifications used to structure the sexual universe in daily life. On the contrary, categories such as *homossexualidade* and *heterossexualidade* have traditionally been less significant than notions such as *atividade* ('activity') and *passividade* ('passivity'), which are understood both as distinct roles within the sexual act and as profoundly different manifestations of masculinity and femininity. (Fry, 1982; 1985, pp.137-53; Parker, 1989; 1991; 1994; Daniel and Parker, 1993)

Given this focus on activity and passivity as key coordinates of the sexual universe, the selection of a sexual object may well be less significant in the subjective construction of an individual's identity than is the role performed in his or her sexual interactions. Particularly among members of the popular classes, for whom more elite medical

Richard Parker et al examine the social organization and complexity of the gay community in Rio de Janeiro and São Paulo. They suggest that the issue of homosexuality must be taken into account in responding to HIV/AIDS in the context of developing countries such as Brazil.

and scientific categories such as homosexuality or bisexuality are perhaps particularly distant, the so-called active partners in same-sex interactions do not necessarily consider themselves to be either *homosexual* ('homosexual') or *bisexual* ('bisexual'), and their equally 'active' interactions with members of the opposite sex, or their social roles as husbands or fathers, may be more significant in the constitution of their own sense of self than are the occasional relations that they maintain with other males. (Fry, 1982; 1985, pp. 137-53; Parker, 1989, pp. 269-89; 1991; 1994; Daniel and Parker, 1993)

This is not to say that active/passive role separation among men who have sex with men in Brazil is necessarily absolute or exclusive. On the contrary, a relatively high erotic value is placed upon a certain flexibility in sexual encounters, a willingness to transgress rules and prohibitions (Daniel and Parker, 1993; Parker, 1989, pp. 269-89; 1991; 1992, pp. 225-42; 1994), and this is no less true in the dynamics of sexual activity and passivity than in any other area. The ideological structures that distinguish between activity and passivity, while simultaneously opening up possibilities for the transgression of this distinction, however, nonetheless create a social and cultural context in which the constitution of sexual and gender identities can easily find what might be described as points of escape within the system itself — contradictory or parallel meanings which make it possible for the assumption of unwanted or socially undesirable characteristics (such as male 'passivity' or, more recently, 'homosexuality') to be avoided or ignored. An active partner in same-sex as well as opposite-sex interactions can thus relatively easily ignore his homosexual behaviours, while the active partner who is also occasionally passive can choose to disregard his passivity, and so on. Sexual identities may thus be situationally contingent, while specific contexts or situations must necessarily be negotiated in the flow of social interaction. (Daniel and Parker, 1993; Parker, 1991; 1994)

As might be expected given this emphasis on changing situations and negotiation, although a distinct sexual subculture (or set of subcultures) developed around same-sex interactions has become increasingly evident in Brazilian life, particularly in recent decades, the boundaries of this social universe have been considerably more flexible than seems to be the case in the gay communities of the United States or many parts of western Europe. While these same-sex subcultures do in fact form the point of departure for what we would describe as an emerging gay community, this gay community may be formed less on the basis of a shared sense of sexual identity, or a commitment to political activism organized around this identity, than on the search for sexual partners and the diverse play of sexual desires — in short, less a shared sexual identity than a shared universe of erotic meaning. While this emerging erotic community is highly diverse and even fluid, like the

more clearly demarcated and more self-consciously gay communities of many developed countries, to the extent that its particularities are comprehended and respected, it might well serve as a point of departure for prevention efforts that have thus far been almost unknown in Brazil.

Projeto Homossexualidades: AIDS prevention for men who have sex with men in Rio de Janeiro and São Paulo

Given the almost complete lack of prevention activities directed to a gay or bisexual population in Brazil, it would appear that the most widespread response to the sexual universe described above has been to avoid confronting its complexity. Yet in spite of the dilemmas which an analysis of this complexity might suggest, it also offers a number of possible points of departure for the development of prevention activities. We have at least attempted to build upon such findings over the course of the past two years in a fairly large-scale prevention project (known as the Projeto Homossexualidades) for men who have sex with men in Rio de Janeiro and São Paulo, developed in conjunction by a number of non-governmental organizations. Since July 1993, the project has developed a multi-dimensional intervention for homosexual and bisexual men in the two cities, addressing what we believe to be the major reasons for the continued practice of high risk behaviours on the part of men who have sex with men. (ABIA, 1994; Terto Jr *et al.*, 1994)

The project is based on a number of key assumptions:

- that high risk practices continue to be common in spite of relatively widespread knowledge and information about HIV/AIDS;
- that the continued practice of high risk behaviours on the part of men who have sex with men is closely associated with social isolation and psychological conflicts caused by widely disseminated prejudice and discrimination in relation to homosexuality and bisexuality; and
- that it is only by responding to this wider context of sexual oppression, and by situating AIDS prevention positively as a key element in the construction of a culture of 'safer sex as community practice' (Watney, 1990, pp. 19-35), responsive to and respectful of the universe of sexual or erotic meanings described above, that we can effectively respond to the epidemic.

Taking these assumptions as a point of departure, the project has thus sought to develop a range of activities and strategies aimed at demystifying the relationship between homosexuality and HIV/AIDS and at creating a supportive social environment for risk reducing behavioural change

on the part of the emerging gay community. We might reasonably summarize three key objectives:

- to address the stigma and discrimination related to homosexuality in Brazilian society, seeking to demystify homosexual behaviour and develop a more realistic assessment, on the part of the population as a whole, of the relationship between AIDS and homosexuality;

- to develop a range of outreach activities aimed at reaching men who have sex with men in the diverse sites that serve as a focus for the homosexual subcultures in Rio de Janeiro and São Paulo; and

- to develop a range of support services and activities, in order to draw men who have sex with men into networks of social and psychological support capable of reinforcing risk reducing behavioural change (Terto Jr *et al.*, 1994).

In order to achieve these objectives, the project is composed of a number of different components, which we will try to briefly describe here, and which, in practice, are interrelated (as systematically as we can manage) in order to comprise a multi-dimensional intervention in the face of HIV/AIDS.

Formative research

Research activities were carried out aimed at identifying and mapping the specific sites and locations that serve for interactions among men who have sex with men in both Rio de Janeiro and São Paulo, as well as in carrying out an initial segmentation of the different sub-populations and sub-cultures that compose this broader population.

Communication and cultural intervention

In order to provide support for outreach activities and face-to-face behavioural intervention, a range of educational and informational materials were developed.

These materials are focused in two different ways. On the one hand, they try to provide information about homosexuality and homosexual life-styles for a general population audience, seeking to demystify homosexuality and the link between homosexuality and AIDS in order to counteract generalized prejudice and discrimination on the part of the general population which inadvertently contribute to low self-esteem and the maintenance of high-risk behaviours on the part of many homosexual and bisexual men. With this in mind, a video on homosexuality based on the life histories of three gay men was produced for television and festival presentations and for use in sex education programmes throughout Brazil.

In order to improve and to reinforce what might be described as a form of cultural intervention, in addition to the video, materials and articles addressing social and political issues like violence, activism, human rights and AIDS, among others, have also been developed for publication in bulletins and newsletters of gay organizations and AIDS/NGOs. Along these lines, gay guides of Rio and

São Paulo were produced and distributed, publicizing useful addresses for men who have sex with men, such as bars, discotheques, twenty four hour pharmacies, STD clinics, gay groups and NGOs, etc.

At the same time, a range of graphic materials were also developed targeting in different ways the population of men who have sex with men. Pamphlets on HIV/AIDS, correct condom use, STD information, and safer sexual practices were elaborated for distribution within this population. Additional materials publicizing the services provided by the project or linked with the project, such as some STD/AIDS health centres, have also been developed and distributed in order to advertise them and to refer the target population. In large part, however, these materials consciously avoided a focus on information, in favour of an imagery capable of reproducing what might be described as a Brazilian gay aesthetic, focusing on the erotic value of safer sexual practices, as well as on the claims of sexual citizenship and basic rights that must be asserted and defended in seeking health services such as STD diagnosis and treatment.

Outreach activities

In order to stimulate participation in the project's activities and the demand for the services, and to reach men who have sex with men in the settings of their interactions, a range of outreach activities are being carried out. A team of approximately a dozen outreach workers/peer educators was trained and develop targeted outreach activities in parks, night-clubs, bars, saunas, and other similar locations throughout metropolitan Rio de Janeiro. Peer counselling concerning HIV/AIDS, safer sex, and risk reduction is carried out on site and condoms are distributed, when established on an ongoing basis. The outreach workers/peer educators are supervised and evaluated on site and participate in regular meetings at ABIA's office. Activists from a number of emerging gay organizations have been incorporated whenever possible as members of the outreach team, and as key collaborators who have helped define strategies for reach the gay and bisexual population.

Collaboration with commercial establishments

In addition to such targeted outreach activities, a systematic attempt was made to sensitize commercial establishments (such as bars, nightclubs, and saunas) concerning the risk of HIV/AIDS and the potential benefits (even in commercial terms) of developing prevention activities. In collaboration with such establishments, plans are made to publicize the project, to make project materials available on site, to plan and implement targeted events (such as safer sex workshops and theatre sketches) and to stimulate condom distribution.

Collaboration with public health centres

In order to provide non-homophobic health services for men who have sex with men, an attempt was made to

contact and to sensitize some STDs clinics (two in Rio and one in São Paulo), that could provide free, anonymous and more tolerant treatment for the targeted population. This effort is still in an early stage and we are only partially convinced that it may ultimately prove to be a complete success.

Safer sex and theatre workshops

Regular events such as safer sex and theatre workshops are weekly set up using meeting places in Rio de Janeiro and São Paulo and periodically at gay establishments. These regular meetings, which are publicized through project materials, outreach activities and the mass media, seek to establish a 'safe' environment in which not only information about HIV/AIDS/STD is disseminated, but also social and psychological support for changes in risk behaviour can be guaranteed.

One of the weekly meetings is based on group communication exercises and the other two on Expressionist Theatre methodology. For the second year, a series of theatre presentations developed by some participants of the workshops upon their own experiences are being presented in Rio de Janeiro.

Counselling

Individual and group counselling services about HIV/AIDS, STD, safer sex, HIV/STD testing services, and other forms of social and psychological support are carried out on a regular basis and at regularly scheduled times throughout the course of the project.

Condom distribution

When they are available free condoms are distributed through outreach activities. In addition to providing incentive for condom use, these activities are intended to stimulate additional demand for other support services provided through the project.

Research, follow-up and evaluation

A plan for systematic evaluation of project results and coverage was established using methods such as focus groups and targeted surveys.

A second wave of survey data collection is currently underway in order to evaluate changes that have taken place in the gay community over the first year of project activities. Permanent evaluation activities facilitate the follow-up of the changes in perceptions, knowledge and attitudes on AIDS and STD and through the focus groups, the monitoring of the impact of the project at a subjective level. Research, follow-up and evaluation are integrated in all projects at different stages seeking to reflect the multi-dimensional nature of the whole intervention.

In addition, project activities are documented as thoroughly as possible (through written and statistical records, photographs, and so on) in order to provide a record of data and results such as the number of participants in the workshops, condoms and leaflets distributed in the outreach work, video distribution and exhibition, number of training sessions, publications in the media, among other issues. Such documentation has become especially important given interest on the part of a number of organizations elsewhere in Brazil in seeking to replicate some project activities in other settings.

After two years of work, a number of positive results contrast with the obstacles and challenges that must permanently be confronted. In this sense, the balance between what might be described as an 'activist' perspective, necessary for the mobilization of resources and people, and a 'professional' perspective, necessary to monitor and to implement activities, is a constant preoccupation. (Terto Jr *et al.*, 1994)

In addition, violence and discrimination are questions that must be faced directly by the different organizations involved in the project. The increasing visibility of homosexuality (in times of AIDS) in Brazil unleashes radical actions against the gay population, and the question of violence has increasingly become an unexpected yet nonetheless central component of our work. The great majority of the population reached by (or drawn to) the project comes from lower income classes that inhabit Rio de Janeiro's poor and violent suburbs and other poor areas in São Paulo, and social and sexual oppression have become key questions that must be constantly considered in implementing and evaluating activities.

One important result of the work carried out thus far, is the establishment of partnerships and networks for co-operation with emerging gay groups, health centres and the owners of commercial establishments and gay meeting places. Such networks legitimate the project's activities within the emerging gay community and reinforce health promotion and advocacy for civil rights. In this sense the project consciously seeks to broaden its character as a specific intervention project and becomes an agent for progressive social changes, fostering policies of solidarity and sexual democracy, and, quite literally contributing as best it can to build gay community structures in order to confront HIV/AIDS in Brazil. (ABIA, 1994; Terto Jr *et al.*, 1994)

Sexual citizenship

There is a contradiction which, we believe, has severely limited the response to HIV/AIDS in many parts of the developing world (and perhaps in some developed countries as well). On the one hand, it is clear that the sexual universe in Brazil fails to organize itself neatly along the lines of

familiar epidemiological categories and classifications. The social configurations that have served (based largely upon epidemiological analyses) as the point of departure for prevention activities in many countries are shaped somewhat differently in Brazilian society, and are characterized by fluidity, flexibility, and apparently rapid change.

This conclusion might lead (as it has led in many sites) to the assumption that we should therefore abandon attempts to develop community-based prevention activities, opting, instead, for culturally appropriate but nonetheless technically competent prevention programmes — education projects which either ignore questions of community by developing materials that will be sufficiently broad-based to speak to all populations, or, on the other hand, which segment populations in order to speak to sub-groups. Such an approach might seek to prioritize broad-based educational campaigns, together with highly specific interventions for more clearly delimited population groups. Yet such approaches have also shown notoriously little impact over time, as they have been largely devoid of the kinds of social support that have increasingly been understood as fundamental to any meaningful prevention effort. (Mann, Tarantola and Netter, 1992)

On the contrary, we would argue that even in contexts in which sexual communities are apparently absent — or in which they would seem to be shaped in different ways — the possibilities for community mobilization as the basis for AIDS prevention in fact exist. A careful 'reading' of the contours of sexual culture in any given setting makes

possible the development of effective prevention measures — but only when this reading is treated as a fundamentally political rather than simply technical exercise. The technical impediments to such a process are in fact relatively limited, while the political impediments are immense. The lack of community-based prevention programmes for men who have sex with men in countries like Brazil do not stem from the lack of communities — communities exist if we would only look for them. But the possibility to build upon these communities for effective AIDS prevention efforts depends upon a willingness to build within them. AIDS prevention must ultimately be transformed into political mobilization. Sexual risk may necessarily be a secondary issue. Sexual citizenship may in fact be more important. In the work that we have carried out over the course of the past two years in Brazil, at least, we have become increasingly convinced that the success or failure of our efforts depends upon our ability to interpret and understand the complexity of sexual culture and sexual identity, to understand the value of erotic meaning, and to organize (in the most basic sense of the word) around the notion of solidarity. It may seem like a small victory, but it is a start.

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