

2 The fluidity of sexual preference and identity: A challenge for social movements and AIDS prevention programs in Brazil¹

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The Brazilian National STD/AIDS Program (NAP) is seen worldwide as a "success story" regarding advances in the control of HIV/AIDS and its close cooperation with AIDS-NGOs. Prevention campaigns developed by governmental and non-governmental organizations recognize the importance of supplementing the campaigns directed to the general public with activities for specific audiences that are based on their risk behavior, such as men having sex with men (MSM), injected drug users (IDU), sex workers, or campaigns based on identity labels (i.e., gay). However, based on an exploratory review of the literature, this article shows that the process of sexual identity formation and the variations in sexual preference during a lifetime are rarely discussed in programs (by governments, NGOs, or international donors) related to HIV/AIDS prevention or even in the research on AIDS. The work indicates that sexual identity labels are culturally constructed and arbitrary, as well as a sign of society's need to categorize and create borders, which are then transgressed by individuals. It is concluded that NGOs and government agencies working with prevention and involved in the struggle for sexual and human rights and respect for sexual diversity, as well as studies related to sexual health, should consider transgressing cultural, sexual, and economic boundaries, particularly among young people in the population.

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O Programa Nacional de DST/AIDS (NAP) é mundialmente considerado uma proposta bem sucedida de controle da epidemia de HIV/AIDS de cooperação estreita com as ONG AIDS. Campanhas de prevenção desenvolvidas por organizações governamentais e não-governamentais reconhecem a importância de complementar as campanhas dirigidas ao público em geral com atividades centradas em públicos específicos, definidos em função de comportamentos de risco, como homens que fazem sexo com homens (HSH), usuários de drogas injetáveis (UDI), profissionais do sexo ou em categorias identitárias, como o público gay. No entanto, com base em uma revisão exploratória da literatura, este trabalho assinala que o processo de formação da identidade sexual e as variações acerca das preferências e desejos sexuais ao longo da vida, raramente são discutidos nos programas (dos governos, ONGs e doadores internacionais) relacionadas à prevenção do HIV/AIDS e mesmo na produção acadêmica sobre AIDS. O estudo discute que as categorias de identidade sexual são culturalmente construídas e arbitrarias e indicam a necessidade da sociedade de categorizar e criar fronteiras, que são transgredidas pelos indivíduos. Conclui-se que as ONGs e agências governamentais que trabalham com prevenção, envolvidas na luta por direitos sexuais e direitos humanos e no respeito pela diversidade sexual, bem como os estudos sobre saúde sexual, devem levar em conta as transgressões das fronteiras culturais, sexuais e econômicas, particularmente entre a população de jovens.

Introduction

Based on an exploratory review of the literature, this article aims to focus on the changeable nature of sexual preferences as expressed by variations in sexual and gender practices and identities during a person's life. Prevention programs and policies in Brazil related to HIV/AIDS, whether run by the government or by civil society organizations, have not considered these aspects.²

The Brazilian National STD/AIDS Program (NAP)³ is viewed worldwide as a “success story” with regard to its advances in the control of HIV/AIDS. The state program has acted in close cooperation with civil society organizations and in partnership with AIDS NGOs (Follér 2005) to implement prevention and educational projects. Compared to the situation in many other countries, it has achieved remarkable results in lowering mortality and reducing new infections of HIV. In addition, people infected with HIV have also survived longer due to the signing into law in 1996 of universal access to treatment for everybody living with HIV/AIDS (Mello e Souza 2007: 40; Follér 2010).

At the same time, the multifaceted Brazilian response to AIDS must be understood within the context of the country's political history. The AIDS epidemic is intimately connected to the process of democratization in Brazil – *abertura*, which refers to the gradual opening of political institutions – that started during the 1980s after more than twenty years of military dictatorship (Galvão 2000; Nunn 2009). Today's AIDS activism has grown out of an earlier popular movement for health reforms that originated in the late 1960s and early 1970s, and which deserves mention. This was known as the *Movimento para Reforma Sanitaria*, or the Sanitary Health Reform Movement, and it brought together health professionals, bureaucrats, intellectuals, and civil society organizations (Marques 2003; Mello e Souza 2007). This movement called for a radical reformation of the Brazilian health system and became part of the broader movement for democratization of which the social AIDS movement has been a vital part since the 1980s. Different factors have contributed to the “success story” of the AIDS situation; and the broad, cross-sectoral sanitary movement was one important activity in the late 1970s to develop new democratic institutions to achieve improved health care that reaches all members of society (Grangeiro et al. 2009a). Besides the historical influence from the struggle for health reforms, international and national AIDS governance must also be taken into consideration to understand today's situation. The AIDS pandemic has made public health global. It is not just a health risk; it is also perceived as a security concern of global dimensions (see, e.g., Follér and Thörn 2008). Another important factor is the emergence of global civil society during the 1980s. The AIDS movement is closely connected to movements concerned with human rights, the environment, women, gays, and ethnic groups. Members of

the Brazilian gay movement returning home after exile in, e.g., the U.S. brought with them valuable knowledge and experience from the gay movement's struggle for sexual rights – lessons that have affected the political culture in Brazil and become an important part of civil society struggle for social and political change (Follér 2005).

Although Brazil is an unequal society with a wide gap between poor and rich, and with authoritarian and hierarchical traits, the *abertura* and re-democratization have led to efforts to overcome them. The new 1988 Constitution is one vital aspect of the democratization of the society. It designates health care as a duty of the state and a right of citizens. But in a country with persistent inequalities, marginalized and low-income people with deficient living conditions, a shortage of employment, and irregular access to health care face obstacles in claiming their rights through judicial institutions. Social anthropologists João Biehl and Paul Farmer, who have conducted studies in Brazil and Haiti respectively, show within the context of AIDS that inequalities of power ranging from poverty to racial and gender discrimination determine who is at risk of HIV infection and who has access to what services (Farmer 2003; Biehl 2007: 15). The focus of our study is on people's sexual identity and sexual preferences, in particular those who challenge the heteronormativity of contemporary society.

Background: The prevention of HIV/AIDS in relation to sexual diversity among young people

The characteristics of the AIDS epidemic in Brazil reflect patterns of social inequality; the spread is more rapid among the poor, among those with fewer years of formal education, and those who are unemployed or semi-unemployed. In Brazil, HIV is mostly spread through sexual practices. Due to the long incubation period of the virus, young people are a key target for AIDS prevention (Brasil 2011). It should also be taken into consideration that the rate of HIV infections among girls aged thirteen to nineteen is higher than among boys.

The increased vulnerability of socio-economically less-privileged groups and the efforts to prevent HIV infection and to assist people living with AIDS have led to discussion of the idea that a human-rights perspective, including everybody's right to health care, should be inscribed in the national AIDS policy. This focus aims to improve issues related to gender equality as well as to combat stigma and discrimination associated with AIDS and to provide better access to social welfare, including prevention, treatment, and care. This implies that the spectrum of sexual practices and sexual identities, the use of drugs, and the implications of homophobia and other forms of discrimination all must be taken into consideration (Parker and Aggleton 2003; Cáceres et al. 2008).

In Brazil the epidemic is concentrated,⁴ but at the same time, the general public has to be aware of the risk of getting infected. Therefore, the NAP (the National AIDS Program) has developed HIV/AIDS prevention programs with the intention of reaching the general public. Among other issues, these deal with the importance of getting tested and provide information about the existing treatment programs (Grangeiro et al. 2009b). The NAP has also developed less prominent STD (sexually transmitted diseases) and AIDS prevention campaigns directed toward men who have sex with men (MSM), injected drug users (IDU), women, professional sex workers, and transvestites.⁵ This suggests that NAP recognizes the importance of supplementing the campaigns directed to the general public with campaigns for specific audiences, such as MSM, IDU, sex workers, that are based on their risk behavior. In other words, the campaigns focused on behavior categories, rather than being seen as excluding campaigns focused on the general population, can be seen as complementing them, as they address the different dimensions of vulnerability related to risk behaviors.

The use of the term MSM in prevention campaigns and studies about AIDS was introduced in research and health programming for sexual minorities, as a recognition that behaviors, not identities, place individuals at risk of HIV transmission. Cáceres et al. (2008: S45) explain that “the term MSM is used to refer to individuals born male, who have sex with others who are biologically male, with the understanding of the possible conflation of very distinct groups (based on sexual orientation, gender identity and participation in sexual communities, age, social class, culture) with similarly distinct needs.” However, Young and Meyer argue that MSM, as well as WSW (women who have sex with women) “signify not a neutral stance on the question of identity [... but] imply absence of community, social networks, and relationships in which same-gender pairing is shared and supported” (2005: 1145). This argument indicates that behavior categories, such as MSM and WSW, obscure the comprehension of socio and cultural dimensions of sexuality that are crucial to health research and prevention as well as to political action. The authors came to the conclusion that “the solution resides not in discovering better terminology but in adopting a more critical and reflective stance in selecting the appropriate terms for particular populations and contexts” (2005: 1147).

What we wish to highlight is that the variations (or fluidity) of sexual and gender identities and preferences during the course of a person’s life have not been considered by the governmental health policies or by the NGOs implementing the AIDS prevention programs. In other words, society, in this case Brazil, sets the “border” for how many genders and sexual categories exist and which body practices are accepted. This many times rigid classification might prevent

information and prevention from reaching certain parts of the population. The outline of the article is as follows: a theoretical framework and definition of vital concepts; an exploratory literature review on HIV/AIDS risk behaviors with a focus on men and women with bisexual and same-sex practices; and finally, some concluding remarks.

Theoretical framework: Concepts about sexual identity and sexual preferences

We all want to know who we are, establish ourselves in relation to others, and find sameness and differences in our own being and in the social and political reality we live in. These aspects will be discussed as challenges in today's society, both in terms of individual and collective (sexual) identity, and how identity markers are set up by society and civil society organizations and how they are transgressed.

In general terms, following Stuart Hall, we view identity as a construction, a process, which is “never completed – always in process” (1996: 2). Sexual identities are part of this process of changing belongingness and transgression of borders.⁶ However, in most Western societies, individuals, social movements, and health institutions categorize and define sexual preferences into fixed boxes such as heterosexual, bisexual, gay, lesbian, transvestite, or transsexual. These definitions are both individual and collective identity markers; they are used as self-identification by the individual and as a categorization by society. The expressions of sexual identities and sexual preferences display variations throughout the life trajectories of the individuals. Some people express sexual identity in the private spheres of life;⁷ others express it openly in both public and private contexts. This can be seen as an intention to exert an influence for social change and/or a resistance against prevailing sexual politics, and it results in a proactive participation in the LGBTTT movement to fight for human and sexual rights (Fry 1982; Parker 1991; Heilborn 2004). But there are also people who refuse any sexual identity or create an alternative sexual identity; others assume a sexual identity that does not correspond to their sexual preference and practice.

Hall also makes a distinction between identity and identification. He wants to stress that the concept of identity is more static, and that identification encloses space for change. Individuals frame and produce a self-identification and are at the same time identified by others, or are struggling against them as a form of resistance (Hall 1996: 13). In other words, people have various identities, which are changing over time, and the fluidity of sexual identities and preferences are part of this tendency. We live in a post-traditional time, and the traditions that in earlier days directed our lives have decreased in significance.

Most societies in the world have heterosexuality as the norm. Early social anthropological studies in non-Western societies illustrate sexual fluidity through a transition from same-sex to other-sex, which highlights that Western notions of fixed sexual identities are culturally specific (Herdt 1984; Blackwood 1985). It also demonstrates that sexual identities are not fixed types but are created and given meaning through social interactions and cultural ideologies (Foucault 1980). Throughout history, variations of sexual identity and sexual preferences have – in countries, cultures, and religions – been seen as perverse, criminal, and deviant; and individuals displaying them have been distanced as the “other,” exoticized, discriminated against, and stigmatized.⁸

In sum, social identity can be understood as a set of social marks (dashes and attributes), not static, ordered by values, which classify and locate the individuals in the social world; sexual identity refers to social categories that are attributed to people based on their erotic orientation (homosexual, bisexual, or heterosexual). Sexual preference is related to wishes and/or sexual practices of a person but do not always correspond to his/her sexual identity (Heilborn 2004). The construction of identity is dependent on the circumstances and can be seen as marking a state of difference, a position of exclusion, and/or a resistance. In other words, in the specific case of any given individual, desires, sexual practices, and sexual identities may not directly correspond, as has been indicated in studies conducted in Brazil (Fry 1982; Parker 1991; Heilborn 2004), and also in international contexts (Richardson 2000; Dolan 2005). These studies indicate that in different social contexts men or women who are sexually active with both sexes could define themselves publicly as exclusively heterosexual or exclusively homosexual.⁹

Some examples of how HIV/AIDS prevention is handled

In our analysis we want to highlight the situation of young people with a sexual life that does not fit with the expectations and viewpoints at the NAP, or in civil society organizations and among international donors. The government works in partnership with civil society organizations (CSOs) and non-governmental organizations working with HIV/AIDS (AIDS-NGOs) to reach young people for HIV/AIDS prevention. These are not a homogeneous entity but various organizations with diverse target groups, strategies, and issues. They might be women’s, black, human rights, and faith organizations with HIV/AIDS on their agenda, but many times they focus mainly on broader identity questions. Since the 1980s, and with the process of democratization and greater transparency in Brazil, a rapid growth of different CSOs has taken place.

What has been debated in recent years is the professionalization of activism, and critical questions are raised about whom the NGOs represent, their political

autonomy, and whether they are undermining state control or acting as the prolonged arm of the state. The borders between the state and NGOs are rather blurred, and this is a controversial topic within the AIDS-NGO movement. Civil society organizations cooperate and create diverse constellations with governments and international organizations. These links exemplify a global development pointing to a new model for how health issues are dealt with. Many NGOs are part of a form of “outsourcing” of health care, and thereby act as service providers fulfilling the responsibility of government (Biehl 2007).

The reason why governments “outsource” health issues is that civil society organizations are perceived as having better networks at the community level, which makes it easier for them to mobilize and reach vulnerable groups with prevention campaigns. The questions raised are as follows. Who are the NGOs representing when they are commissioned by the government to fulfill a task, or use funds from international donors to implement a prevention program? And is there a risk of “exclusion” of individuals or the groups that we want to study: those with sexually fluid identities and preferences?

HIV risk perception among gays and lesbians: An exploratory literature review

A review of studies related to AIDS prevention among gays and lesbians has been carried out in order to determine whether sexual identity fluidity is being discussed in relevant social science literature. We do not include studies with denominated heterosexual populations related to AIDS prevention and risks. Regarding transvestite and transgender studies, there are a large number of studies on transvestism, transsexualism, and transgender issues,¹⁰ but few in relation to prevention programs. Social anthropologist Don Kulick writes about transvestites in Brazil and highlights the gender implications for this group (Kulick 1998).¹¹ We discuss the LGBTTT movement and its role in making these sexual identities visible, and some of the literature on transsexualism is included in research with gay and lesbian populations.

Sexual practices and perceptions of the risk of becoming infected with HIV among gay men have been studied since the beginning of the epidemic, due to the historical and controversial definition of AIDS as a “gay cancer” and due to the HIV vulnerability of gay men around the world (Baral et al. 2007).¹² International and Brazilian studies among MSM in diverse contexts have highlighted that HIV risk perception does not necessarily result in preventive practices. Investigations based on qualitative and quantitative approaches indicate that choices of less safe or less risky sex among gay men have different rationales and motivations. Some qualitative studies conducted in Rio de Janeiro found that HIV risk practices in the gay population are related to the stability

of relationships and agreements about trust and loyalty, as well as the desire to obtain maximum pleasure during sexual intercourse within erotic-affective contexts (Rios 2003; Monteiro et al. 2010). A study undertaken by Gondim and Kerr-Pontes (2000) with 400 homo/bisexual men in Fortaleza (Northeastern Brazil) found the following factors to be related to unprotected sexual relations: insufficient information on HIV transmission; sexual intercourse with more than one partner (man or woman); being sexually aroused by unprotected sex; not knowing anybody with HIV/AIDS; and not being active in gay organizations.

Other aspects related to HIV risk-taking behaviors among MSM have been analyzed in international studies, such as the impact of effective antiretroviral treatment and decreased perception of the threat of HIV infection, since multidrug treatment was available.¹³ This assumption was discussed by Kalichman et al. (2007) based on surveys with gay and bisexual men and by Van der Snoek et al. (2005) based on a longitudinal study of 151 HIV-negative homosexual men. The consequences of community involvement (e.g., volunteerism, activism) for the adoption of safer sex behaviors were also studied, based on a study of Latino gay men in Chicago (Ramires-Valles and Uris 2003). Although there were few Latino volunteers at the organizations, the conclusions are that community involvement resulted in increased self-esteem, empowerment, and safer sex behaviors. Another aspect investigated was the relationship between a history of child abuse (perpetration and victimization) and unprotected intercourse among gay/bisexual men (Bogart et al. 2005).

In the literature about risky behavior among MSM, the consequences of use and abuse of drugs for less-safe sexual practices is examined. Koblin et al. (2007) identified a relationship between unprotected receptive anal intercourse and amphetamine use among self-identified gay or bisexual men who attended public venues in New York City. Other qualitative study among gay and bisexual methamphetamine users in New York City (Halkitis et al. 2005) suggests that “while an individual may already be participating in risky sexual behaviors, they engage in methamphetamine use to enhance their sexual experience even further” (715), indicating that there is “a synergistic interrelationship between methamphetamine use and sexual risk behaviors” (715). The practice of “barebacking”¹⁴ (Adam 2005; Grov and Parsons 2006) and experiences of social discrimination (Hucks 2005; Dodds 2006) are also described as contexts of HIV vulnerability among gay and bisexual people.

These studies indicate the importance of renewing efforts in terms of prevention strategies aimed at young gay men (Terto Jr. 2002). The initiatives also have to take into consideration that today’s young generation did not live through the devastating impact of the first decades of the epidemic in the gay community. There is now an accumulated knowledge and experience gained from

the activities in social movements, through scientific research within various disciplines, and also policy implementation on international, national, and local levels. A more committed politics of AIDS can be seen in most countries in the world after thirty years of living with the epidemic, including technical advances in testing and the new antiretroviral therapies that exist today.

Research among lesbian and bisexual women mainly focusing on the perception of AIDS risks stresses some innovative preventive challenges. The studies analyzed are based on population surveys, questionnaires, interviews, or discussions in focus groups. They have as target groups a variety of age, class, and color/race profiles – but the conclusions regarding AIDS risk perception among women who have sex with women (WSW) are possible to compare. International investigations (Dolan 2005; Marrazzo et al. 2005) as well as Brazilian studies (Mora and Monteiro 2010) revealed that the perception of low (reduced) HIV vulnerability is dominant among WSW; this perception was cited as a “lesbian immunity” view. Within this group, HIV/AIDS risk is mainly associated with having bisexual female partners or partners who are having sex with men, as HIV transmission is associated with direct contact with seminal secretions. The majority of the studies indicate that the ties established with sexual partners in women’s social networks express trust and minimize perceptions of HIV risk. In this sense, the notion of HIV protection among lesbians is related to lesbian identity, stable and/or exclusive relationships, and “knowing” the partner.

Some studies stress difficulties and limitations within prevention programs and health services in moving toward better sexual health among WSW (Dolan 2005; Facchini and Barbosa 2006; Goodenow et al. 2008). They affirm that the invisibility of the risk of AIDS among WSW is, in part, a consequence of the HIV/AIDS preventive discourse, which puts emphasis on penetrative sex practiced in gay and heterosexual contexts. It is also argued that educators and health professionals need to take into account women’s sexual history, as well as the differences between sexual identities and sexual practices.

This exploratory literature review indicates that the investigations of AIDS risk generally use social categories such as gay, lesbian, or bisexual as fixed social identities. As cited before, instead of these categories some studies use the terms MSM and WSW as a recognition that behaviors, not identities, place individuals at risk of HIV transmission. However, this wide-ranging definition does not solve the problem of the complexity and challenge of the categories used to describe sexual identities and sexual practices in health research, as discussed by Young and Meyer (2005).

Although there are limitations in our literature review, we propose that the process of sexual identity formation and the variations in sexual preference

during a lifetime are rarely discussed in the research on gender and sexuality or in programs (by governments, NGOs, or international donors) related to HIV/AIDS prevention. A few studies discuss the fact that sexual and gender identities and preferences are contextual and vary over time, particularly during the period of youth. Besides, as mentioned earlier, self-defined sexual and gender identifications are not always consistent with sexual practices (Diamond 2008; Pedersen and Kristiansen 2008; Mora and Monteiro 2010). Based on the arguments about the construction and expression of sexual and gender identities and preferences in today's societies, described in the theoretical section of the article, we argue that this aspect should be addressed in studies related to AIDS and other sexually transmitted diseases as well as in prevention programs and campaigns, mainly targeting young people.

Some concluding remarks

In our analysis we argue that sexual labels are culturally constructed and arbitrary as well as a sign of society's need to categorize and create borders, which are then transgressed by individuals. We understand that the sexual identity categories, as expressed in the lesbian, gay, and transvestite/transsexual movements, have been necessary in order to highlight important questions, and that the LGTBTT movements have won political and social rights for sexual minorities and made them more visible. But we wish to consider the possibility of discussing the place for people with sexual fluidity within the social movements and studies related to sexual health.

Sexual fluidity among young people is part of a process of identification and of becoming an adult in that particular location. It involves questions such as: Who am I in relation to society, parents, friends, and sexual partners? These questions of identification can be interpreted as a manifestation of a resistance against the heterosexual norms in society and/or the exclusion from wealth, education, and job opportunities, or other reasons discussed in the literature that we have cited. But they need a sounding board to be heard by health authorities, for civil society organizations to be aware of their existence, and for them to become visible in governmental policy.

We have not discussed sexual fluidity as a problem for the individual. According to the literature reviewed and the fieldwork we have done with young people in other projects related to AIDS prevention, some people prefer not to be labeled with any term related to their sexual behavior or desire, but we have not investigated whether sexual fluidity poses a special dilemma for the individuals. In this text we wish to call attention to the challenge for the CSOs, NGOs, and health authorities to reach these people with AIDS prevention campaigns. In other words, based on research related to AIDS risk perception among gays,

lesbians, and bisexuals, we argue that AIDS preventive discourses, developed both by governmental and by non-governmental organizations (including the gay, lesbian, and LGBTTT movements), are based on behavior categories or in fixed sexual and gender identity categories and therefore do not reach the group of people with sexually fluid identities or with no specific sexual identity who are highly vulnerable to HIV/AIDS. The behavior categories (e.g., MSM and WSW) also have limitations as they neglect the influence of socio and cultural aspects of sexuality in the definition of social and sexual practices.

In our opinion, NGOs and government agencies working with prevention that are involved in the struggle for sexual and human rights and respect for sexual diversity should develop specific policies capable of transgressing cultural, sexual, and economic boundaries and differences. This discussion should consider the fact that “the pursuits labeled ‘identity politics’ are collective, not merely individual, and public, not only private” (Calhoun 1994: 21). Calhoun argues that the issue of identity is about recognition, legitimacy, and power. He characterizes “identity politics movements” as political while they involve refusing, diminishing, or displacing identities others wish to recognize in individuals. In other words, the private is also political. The fixed identities or categorical identities found in social movements and NGOs, instead of being a more complex view of individuals, are problematic. There is a tension between identity as an uncomplicated marker of individuality and identities as plural, cross-cutting, and divided between both the individual and collective levels (Calhoun 1994: 27). The wish for an identity of plurality or a politics of difference is what is vital for a democracy, that people participate in civil society organizations and political movements and are thereby given opportunities to influence the structure of society – a politics of location (Hall 1996: 2). One aspect of this is that young people’s voices related to sexual experiences and identification be considered by society. This view is part of our analysis and what we see as one of the challenges for AIDS prevention programs developed by civil society organizations and governmental health institutions.

Notes

- 1 We would like to thank Peter Fry for his careful revision and critical contributions to the text. Any persistent problems are our own responsibility. We also want to thank the Swedish International Cooperation Agency – SIDA (project SWE-2007-094) for supporting Simone Monteiro’s trip to the HAINA conference.
- 2 Both authors work with research related to HIV/AIDS in Brazil, and this article includes experience and knowledge from earlier projects. S.M. works with young people and HIV/AIDS risk perception in Rio de Janeiro. M.F. works with AIDS governance and how the AIDS-NGOs are interacting with the state and other actors.
- 3 <http://www.aids.gov.br/>

- 4 An epidemic is considered “concentrated” when less than one percent of the general population, but more than five percent of any “high risk” group are HIV-positive. http://www.unicef.org/aids/index_epidemic.html, accessed August 1, 2010.
- 5 The campaigns developed by NAP are available at the site: www.aids.gov.br/mediacenter/. They are organized by year and theme: Carnival, World Day, STD, MSM, IDU, and Prevention.
- 6 The concept of “identity” has been discussed and subject to critique in postcolonial and feminist literature (e.g., Butler 1990; Hall 1996; Mohanty 2003). The critique of ethnic, racial, and national conceptions of cultural identity and the “politics of location” also indicate the complexity of using the concept. But as Stuart Hall states, as long as we do not have any other concept we have to deconstruct, contextualize, and use it (Hall 1996: 1).
- 7 From studies conducted in Argentina, Pecheny (2004) argued that parents’ tolerance is associated with the subjects’ discretion in the expression of their sexual orientation. According to this viewpoint, due to fear of discrimination, the formation of a gay or lesbian sexual identity tends to involve a separation between the public and private spheres of life.
- 8 There is a debate in the social sciences between sexual orientation being considered a biological force, essentialism, and the other extreme, constructivism, which explains sexual orientation as a social construct. But the issue is more complex than this, and the constructivist model has to be placed in a political context (Calhoun 1994).
- 9 This debate leads us to the criticisms formulated by queer theory about the current forms of understanding social identities developed by sociological studies on sexual and gender minorities (Miskolci 2009).
- 10 <http://mensbiblio.xyonline.net/trans.html>
- 11 Based on his ethnographic work with transvestites in Bahia, Kulick (1992) notes that the gender system in Brazil is not only based on anatomical differences between the sexes, as in Europe and the United States, but on sexuality, or rather, on the role that sex organs play in sexual intercourse. Among the transvestites the one who does penetrative practices (active) is identified as masculine, the one who receives penetrative practices (passive) is identified as feminine or gay (“viado”). These roles were described by Fry (1982) in the representations of masculine homosexuality in Brazil, especially in the less advantaged classes, at the beginning of the 1980s.
- 12 There are few studies from African countries about MSM and AIDS (Monteiro 2009).
- 13 Relying on social network diagrams and the theory of planned behavior, Boily et al. (2005) argue that “a fraction of the changes in individual behavior are non-volitional and can be explained by a change in ‘sexual partner availability’ due to the transmission dynamics of HIV/AIDS before and after ART.”
- 14 “Barebacking” is derived from the word barebackers, a rodeo term meaning cowboys who ride a horse without a saddle. The term has become internationally known as slang for sex without a condom practiced in groups at private parties by serodiscordant men (HIV positive and negative).

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