"Like sucking on a lollipop with the wrapper still on": women's vulnerability to HIV/AIDS and use of condoms in Belo Horizonte and Recife, Brazil[*]

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1. Introduction

Ever since the first cases of HIV/AIDS were detected in Brazil, there have been many changes in the dynamics and profile of the disease. The most significant change is the drastic increase in cases among women, with a man/woman ratio that was 15.1:1 in 1986, reaching 1.5:1 in 2005. Incidence rates (per 100,000 inhabitants) for the female population leaped from 0.1, in 1986, to 9.1, in 1996, to 14.0 in 2006 (Brasil, 2007).

By observing HIV/AIDS distribution according to other characteristics, it is noticeable that in Brazil, as in other locations around the world with marked social inequalities, this epidemic has increasingly affected with increasing intensity less privileged socioeconomic groups, having spread throughout the national territory, with reduced incidence in more socioeconomically developed states (Barbosa, 2001; Brasil, 2004; Brasil, 2007). Specifically in the two states in which the studied municipalities are located, an increase in rates of incidence is observed in Pernambuco between 1996 and 2005, from 7.6 to 10.4, and a decrease in Minas Gerais, from 10.0 to 8.2.

Condoms (male or female) are the only effective means of STD prevention. Nevertheless, their use is not always intended for prevention of diseases and infections, but rather contraception (Fernandes et al, 2000). This makes women's vulnerability even higher among users of other contraceptive methods. The objective of this article is to understand women's vulnerability to HIV/AIDS, with emphasis on the use of condoms, from the perspective of women residing in Belo Horizonte and Recife. Data originates from 83 in-depth interviews carried out in both municipalities between October and December, 2007, with women aged between 18 and 59. Results show that condoms are not used for five main reasons: pregnancy, use of another contraceptive method, trust in one's partner, inequality in gender relations and dislike of condoms by women – "it's like sucking on a lollipop with the wrapper still on."

The article is divided into six parts. Following this introduction, vulnerability to HIV/AIDS and the use of condoms is discussed. Next, data are presented, along with the methodology employed. Part 5 contains results and discussion and, lastly, final remarks are in part 6.

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2. Vulnerability to HIV/AIDS

Recent studies indicate that, entering its third decade, the HIV epidemic has reached the lives of millions of people worldwide and social, economic and family structures of countless countries have been affected. According to the *AIDS Epidemic Update* (UNAIDS/WHO; 2007), it is estimated that over 33 million people lived with HIV around the world in 2007, and more than 6,800 people become infected each day, while approximately 5,700 die of AIDS, mainly due to inappropriate access to prevention and treatment services. In Latin America, 1/3 of the people living with HIV reside in Brazil, where, in 2005, according to estimates, there were 620,000 carriers of the virus. In light of this scenario, it is possible to say that HIV remains as one of the greatest challenges faced by public health and a reason for deep concern.

Although incidence of this epidemic has shown signs of stability when the population is studied as a whole, the same is not true when specific groups are taken into account. In truth, results of several studies have shown close correlation between unfavorable socioeconomic indicators and increasing incidence of this epidemic. Incidence has increased among individuals with little education and low income, residing in geographic areas with low human development rates, as well as Afro-descendants. Furthermore, incidence of HIV/AIDS has also grown among women and the mature and elderly population – individuals older than 49 years of age (Barbosa, 2001; Bastos and Szwarcwald, 2000; Brasil, 2006; Brasil, 2007; Diniz, 2001; Fonseca and Bastos, 2007; Lopes, 2003; Villela, [200-],).

Current data shows that the sex ratio has decreased over the decades, from 15 men to every woman, in 1986, to 15 men to every 10 women, in 2005. Furthermore, over time, changes have taken place in the sexual exposure category, with a larger share in the heterosexual category (9.2% of the cases) and the vertical transmission category, which concentrates most of the cases (81.6%). Lastly, while the incidence rate of AIDS cases (per 100,000 inhabitants) in Minas Gerais is 12.7, it is 15.4 in Pernambuco.

It is thus possible to argue that numerous factors exert influence on the AIDS situation, which in turn generates different epidemics – multi-faceted epidemics which are closely related with their environment. Since Brazil is a country of continental proportions and immense cultural and socioeconomic diversity, its different regions and the numerous co-existing subgroups of its population have distinct characteristics reflected in their epidemics. In this context, there is strong need for more detailed studies of populations which are more susceptible to the epidemic (Barbosa, 2001; Barbosa, 2002; Fonseca and Bastos, 2007; Santos and Iriart, 2007).

Given the relation between the situation of the epidemic and the socioeconomic and cultural contexts, as well as new findings regarding HIV/AIDS, the concept of risk by itself becomes increasingly weak to explain, in a comprehensive manner, the diversity of possible situations and interactions among geographic space and social groups on the one hand, and the epidemic, on the other. Santos and Iriart (2007), for instance, point out that at the start of the epidemic, belief in the existence of risk groups can be seen as one of the factors which led to low efficiency of preventive actions among women, since they were not considered as members of these groups.

This insufficiency led to growing use of the idea of vulnerability in HIV/AIDS-related studies. Originating from the area of Human Rights, the concept of vulnerability was first used in the context of

HIV/AIDS studies by Mann et al (1992). After presenting an overview of HIV/AIDS around the world, the authors propose use of the vulnerability concept based on three interdependent components: social and programmatic contexts and personal behavior. The social context component holds that reduced vulnerability is only possible in a favorable social context. Behind the reflection presented by the authors, context can be inferred to mean the space where rules and values influencing social behavior are created, negotiated and modified. The programmatic context component refers to national programs against AIDS, in favor of information and education. Lastly, the third component, personal behavior, is indicated as fundamental for identification of vulnerability, considering that decisions are made at the personal level. Nevertheless, decisions and behavior are not disconnected from the other components. Improvements brought about by the concept of vulnerability, compared with the concept of risk, are due precisely to interaction and interdependence among these three components, as shown by Mann and collaborators. Barbosa (2001) points out that the mutability of individual behavior must be taken into account, as well as the fact that it is a social construct. Thus, when analyzing vulnerability, values which are inherent to the society under study must be considered, since they influence individual behavior.

Several studies have used the framework developed by Mann and collaborators as a starting point to carry out investigations about HIV/AIDS from different points of view (Barbosa, 2001; Lopes, 2003; Cunha, 2006). Generally, researchers emphasize the importance of focusing on vulnerability in AIDS studies in Brazil, taking into consideration different situations of the epidemic – “heterosexualization”, “femininization” and “pauperization” –, which are closely related to socioeconomic and cultural heterogeneity of the population and generate different levels of vulnerability throughout the country.

In the case of this study, although an attempt was made to take into consideration aspects relevant to the three components proposed by Mann et al. (1992) in order to evaluate the perception of vulnerability among interviewees, the component which stands out is personal behavior, particularly in its interaction with the social context component, the latter being understood as the space in which appropriate roles and rules of conduct for each woman are created, negotiated and modified, according to the different social groups to which they belong.

This type of evaluation has been used in previous studies, which revealed the need to overcome the invisibility of cultural, socioeconomic and gender differences as creators of distinct levels of vulnerability to HIV/AIDS and the perception thereof, in addition to identifying the existence of relations between these characteristics and individual perception of vulnerability, or risk of infection by HIV/AIDS (Diniz, 2001; Antunes, 2002; Paiva, 1998). Some studies point out that persisting concepts of risk groups and trust in partners, implicit in steady relationships, affect the perception of personal risk, leading to individual behaviors involving risk, and, consequently, to increased vulnerability (Paiva, 1998). Others suggest that increased levels of information, albeit necessary, are not sufficient to ensure changes in sexual activities, which suggests that, in addition to levels of information, it is necessary to take into consideration differences in lifestyles and sexuality and rules and values which determine the process of sexual socialization of individuals (Santelli et al. 1995; Santelli et al, 1998; Soler et al, 2000; Wagstaff et al, 1995; Antunes, 2002).

Furthermore, in many cases, risk is identified, based on research findings, as being partly defined by fate, as part of the intrinsic cost of any affectionate/sexual interaction (Finkler et al., 2004).

Most of these studies agree that gender relations play a central role in determining behavior. The fact that women are faced with more obstacles than men in adoption of safe sex practices is pointed out. This fact is nearly always associated with lower negotiating power regarding use of condoms during sexual intercourse, particularly in steady relationships, in which monogamy and heterosexuality of the partner are taken for granted; the association between condoms and pregnancy prevention, but not disease prevention; embarrassment of talking about sex with the sex partner, including such topics as pleasure and safe sex; stronger association between love and sex, and between steady relationships and fidelity – which results in lower levels of condom use in sexual intercourse with steady partners; the still existing and socially-accepted concept of men as having uncontrollable sexual urges, as opposed to women, seen as passive and submissive, both men and women acting in accordance with sexual and gender roles transmitted by society (Finkler et al., 2004; Diniz, 2001; Antunes, 2002; Guerriero et al., 2002; Ayres et al., 1999; Paiva, 1998; Soler, 2000).

The concept of vulnerability which served as guidance for activities in this study, based on the bibliography consulted, was that presented by UNAIDS, which holds that vulnerability is a "*reflection of the inability an individual or community has of controlling the risk of infection by HIV*."[1] This concept reaffirms existence of a relationship between individual behavior and social and programmatic contexts in definition of levels of vulnerability and, consequently, planning and achievement of strategies for dealing with this epidemic.

3. Condom use

The only effective means of STD prevention among sexually active individuals is consistent use of condoms. In spite of universal awareness of male condoms among Brazilian women, only 13% currently use this method (Ministério da Saúde, 2008). A study involving 294 women receiving primary health care in Campinas shows that 10% used condoms (Fernandes et al, 2000). In Leopoldo, Rio Grande do Sul, in turn, a population-based study indicates that male condoms are more widely used – 29% of women included in the study used the method (Carreno e Costa, 2006). A study based on SRSR data indicates that 30% of non-virgin women between 18 and 59 years of age in Belo Horizonte used a condom in their last sexual intercourse, compared with 19% in Recife (Souza, 2008). Regarding female condoms, 2006 PNDS data show that, although 91% of all women either had seen or heard of the method, only 3% had ever used it, and current use is null (Ministério da Saúde, 2008).

Few quantitative studies provide information regarding the reason for using condoms or not. In the study performed in Campinas, when asked about the reason for using a condom, 56% replied that it was to "prevent diseases and pregnancy". Among those who actually used condoms, 69% did it to prevent pregnancy and 18% to avoid pregnancy and diseases. Only 10% used condoms solely for disease prevention purposes. Justifications for not using condoms included being pregnant, using other contraceptive methods and trusting their partner (Fernandes et al, 2000).

Women frequently have behavior which perpetuates or expands their vulnerability to STDs, including HIV/AIDS. This takes place because, when attempting to comply with rules which establish what is right and what is wrong for men and women, many women forego their needs, yearnings and potentialities. Barbosa and Villela (1996) point out the difficulty in incorporating the idea of prevention, "*since the verb 'to love', when conjugated in its feminine form, takes on a strong meaning of abnegation, denial of one's self in favor of another, and prevention implies introducing objectivity or rationality into desire…*" The study by Souza (2008) indicates that less empowered women in Belo Horizonte and Recife are more prone to not using condoms. Therefore, in addition to pregnancy, use of other methods and trust in their partner, gender inequalities between partners should be added to the list of reasons for lack of condom use.

4. Data and methodology

Data used in this study originate from 83 in-depth interviews, carried out between October and December, 2007, with white and Afro-descendant women, between 18 and 59 years of age, non-virgin and residing in the municipalities of Belo Horizonte and Recife. Forty interviews took place in Recife and 43 in Belo Horizonte, where pre-testing was also carried out.

The in-depth interview can be defined as a "process of social interaction between two people in which one, the interviewer, has the goal of obtaining information from the other, the interviewee" (Haguette, 2005, p.86). One of the main advantages of this technique is that it enables the interviewer to obtain information which is not accessible by means of structured questionnaires and which aids in comprehension of the interviewee's behavior, as well as representations of this person's life experience (Weiss, 1994).

In-depth interviews thus, due to their characteristics, make it possible to better understand, by means of accounts by interviewees, the influence different factors can exert on the process of construction of the perception of vulnerability to infection by the HIV/AIDS. Among these factors, gender relations are worthy of note, in addition to level of awareness and information regarding HIV/AIDS and the perception and attitudes of interviewed women about the virus and the disease in their daily lives.

Selection of interviewees is often a weak point in qualitative studies, since the traits sought in possible recruits for interviews are usually chosen on the basis of theoretical aspects and relevant literature, without accurate knowledge of whether the characteristics pointed out in this literature apply to the population under study. Women interviewed for this study were selected according to four types outlined by the Grade of Membership (GoM) method for each of the two cities, based on data from the study of Reproductive Health, Sexuality and Skin Color, performed by Cedeplar in 2002[2]. Some sociodemographic characteristics defined each type: age, marital status, parity, years of education, skin color and health care coverage. The problem of subjectivity in selection of interviewees was minimized by using types indicated by GoM, since recruitment was in accordance with criteria which can be considered, in large part, objective, due to the data, which is representative of the population under study, from which they originated.

[1] UNAIDS, 1998, apud Report on the Global AIDS Epidemic, Chapter 5, page 105, 2005.

Nevertheless, it cannot be said that subjectivity was fully avoided, since selection of interviewees was not random (Miranda-Ribeiro et al, 2007). In effect, selection of participants took place either based on convenience or chance. In strategies of convenience, networks of acquaintances and friendship were used. Some interviewees were chosen randomly, i.e. were approached by researchers, without prior knowledge of the person or her acquaintances. The latter form of contact was more prevalent in Recife, where the team had fewer connections. In Belo Horizonte, most of the interviewees were part of the team's network of acquaintances.

All interviews were carried out based on a script put together specifically for this study, recorded and later transcribed for analysis. In accordance with Ministry of Health Resolution 196, procedures adopted during the study were approved by the UFMG Committee of Research Ethics (Human Subjects).

Types of interviewed women can be found in Table 1.

Table 1 – Interviewee recruitment types, Belo Horizonte and Recife

Belo Horizonte				
Variable	**Type 1**	**Type 2**	**Type 3**	**Type 4**
Age Group	25 to 34	40 to 59	18 to 29	30 to 39
Skin Color	Afro-descendant	White and Afro-descendant	White and Afro-descendant	White
Marital Status	With partner	Separated and Widows	Single	Married
Years of Education	1 to 7	0 to 7	8 or more	8 or more
Parity	2 children	3 or more children	No children	1 child
Number of interviews	10	11	12	10

Recife				
Variable	**Type 1**	**Type 2**	**Type 3**	**Type 4**
Age Group	25 to 34 and 40 to 54	18 to 29	18 to 29	40 to 44 and 50 to 59
Skin Color	White and Afro-descendants	White and Afro-descendants	White and Afro-descendants	White
Marital Status	With partner	Single and With partner	Separated and Widows	Married
Years of Education	0 to 7	8 or more	0 to 4	8 or more
Parity	3 or more children	0 or 1 child	1 child or 3 or more children	2 children
Number of interviews	10	10	10	10

5. Results and discussion

Women's perspectives are at the center of the analysis in this study and their accounts make evident some fundamental issues requiring analysis. It is worthy of note that including only the feminine perspective

[2] For further information about the Grade of Membership method, the Reproductive Health, Sexuality and Race/Skin Color (*Saúde Reprodutiva, Sexualidade e Raça/Cor* – SRSR) study and application of the method to data from the

does not mean that men's points of view are irrelevant. On the contrary, they are implicit in the different reports made by interviewees, which make clear how cultural rules present in women's socialization for sexual life may put them in situations of vulnerability[3].

When analyzing results form the four types of women interviewed, it becomes clear that obstacles in HIV/AIDS prevention are quite similar in each municipality. Variations emerging from different types are subtle and reinforce the idea that gender relations, level of information regarding HIV/AIDS, changes in attitude about sexual intercourse and other aspects are crucial elements which led to this study's findings.

During qualitative activities, it became evident that behaviors established in the affective/sexual realm are nearly always based on unequal gender relations, and thus a key to reducing female vulnerability to HIV/AIDS. In contrast with traditional standards, which require that women only start their sexual life after marriage and that a single partner is maintained, for example, most women said that their lives take on very different paths from the one set by social expectations. In spite of this, the content of the interviews suggests that several sociocultural regulations are still in place and cannot easily be overcome, hindering the practice of safe sex, in addition to affecting risk perception. These matters are illustrated by the account made by one of the interviewees from Recife, transcribed below.

INTERVIEWER:So, you thought it was good? [referring to the first sexual experience] How was it? Was it your initiative or his?
NORMA:His. He came right out and asked for it! Since I was too young and didn't know any better, he would say "a woman who's said she likes man has got to show it. If she likes him, there's no big deal in giving herself to the man." Then I'd be scared, because most of my friends, when they lost their way, they all got pregnant, so I was scared, because if my mother found out my father would toss me out on the street. "No! If you get pregnant, I am going to be a man and own up to the baby!" But thank God, I lost my way with him, but God didn't let that happen. Because we stayed together, I lost my way at the age of thirteen, I went to live with the father of my future children at 16, and had my first daughter at 18.
INTERVIEWER:And did you take any precautions not to get pregnant on your first time?
NORMA: I had no experience at all. I just kept telling him: I get scared. Then, he'd say: that's not how it's going to be! And because he had experience, that's not how it was. But then it would come into my head that it's not every man that's worth going to bed with.

(Norma, T3, Recife)

Another interviewee's account, which contains themes that are recurrent in several other interviews, invites reflection about the meaning attributed to some behaviors in light of the prevailing system of gender relations in society. Although the account shows that she deviated from the stereotypical expectations of a traditional system, i.e. that women should preferably have a single partner throughout their lives, she herself admits that women who have multiple partners are regarded as "vulgar". In comparison, men with multiple partners are not identified as such, since, in her opinion, and that of other interviewees, the urge for adventures with several women is a male characteristic.

CLAUDETE:Yeah... Like I've told you, I've only had three partners. You must have noticed that I don't lead a vulgar life.
INTERVIEWER:What do you consider too many or too few partners?
CALUDETE:Any more than ten partners is for vulgar women.

SRSR study, see Miranda-Ribeiro and Caetano, 2003 and Miranda-Ribeiro et al., 2004.

[3] For an insight into the masculine view of aspects related with vulnerability to HIV/AIDS in Belo Horizonte and Recife, see the article by Lacerda, in this volume.

(Claudete, T2, Belo Horizonte)

The accounts of many of the women suggest that, to them, it is natural, for instance, for men to start their sexual activities earlier in life, and that sex need not be related to love; that men have different partners before marriage and it does not necessarily mean their reputations are at stake, since their sexual repertoire should be larger than that of women, because it is their duty to teach their partners how to make love and have pleasure. In some interviews, it was also noticeable that male infidelity is regarded as natural, part of life for many men.

INTERVIEWER: Tell me something, which is worse, men who cheat on women or women who cheat on men?
NIARA: I think women.
INTERVIEWER: You think it's more serious?
NIARA: It's just that women become the talk of the town [**] is a slut, is a whore, the good-for-nothing woman
INTERVIEWER: And when it's the man cheating?
NIARA: Well, then it's not [**] as dirty as women.

(Niara,, T3, Recife)

Furthermore, many accounts make it clear that men are hardly ever held responsible for protection of the sexual health of their partners, by means of condoms during intercourse, since this is a role assigned to women. Barbosa and Villela (1996) remind us that all of these matters are fundamental because they affect and are affected by the entire process of sexual negotiation, by placing into a single equation losses and gains brought about by different values and meanings attributed to sexuality.

It is interesting to see, however, that even though it is considered natural for a man to start his sexual activities earlier and that responsibility for maintenance of feminine well-being is solely the woman's, many interviewees believe that odds of catching some kind of disease are greater for themselves, not men. Anatomical and health care differences between men and women are emphasized.

INTERVIEWER: Who runs greater risk of becoming infected? Men or women?
HORTÊNCIA: I think women are, aren't they?
INTERVIEWER: You think women are at a greater risk. Why is that?
HORTÊNCIA: Women are more complicated, they've got to have preventive care of the… her thing, to take better care of themselves. Women have more lubrication, I think that... women get diseases easier than men. Men are… it's like whip it out from there, open up, pee, and all set. I think women are more vulnerable to infections.

(Hortência, T4, Belo Horizonte)

INTERVIEWER: What if you were a man?
GLAURA: If I were a man I think it'd be easier for me because men have it easier. Men have good health much more easily, it is only up to them and women depend not only on themselves to be in good health. Not men, men are exclusively them, because they've got a cover there, you know?

(Glaura, T4, Belo Horizonte)

During interviews, accounts related with the process leading to use of the condom or not, as a means of protection against HIV/AIDS during intercourse, unveiled a series of questions. Firstly, it is worthy of note that, in both municipalities, the female condom is not part of the contraceptive repertoire of interviewees, not even as a possibility. None of the interviewees claimed to have tried it and some had never even seen one. For many of the interviewees who had seen a female condom, aesthetic matters – "it's ugly",

"it's weird", "looks like a plastic bag" – were commonly brought up, often as justification for not using them.

INTERVIEWER: Have you ever used a female condom?
NANCI: No. Never.
INTERVIEWER: Have you seen one?
NANCI: I've seen what it looks like, I thought it was realy ugly.
INTERVIEWER: Oh.
NANCI:It looks like a plastic bag.
INTERVIEWER: Oh! Heheheh
NANCI: It's ugly.

(Nanci, T3, Recife)

In addition to reiterating ideas discussed in other studies, findings included here question the role of female condoms as an alternative which, in effect, promotes empowerment of women in the process of negotiation and protection. If women do not use them regardless of their partner's opinion, if the female condom is not part of daily life and its use, as suggested by accounts of some interviewees, is not fostered by health care professionals, the intended advantages of its adoption simply do not come true. The following account illustrates this issue.

INTERVIEWER: When talking about condoms, what usually comes to mind is this round one, right, which is the male condom. How about the female condom, have you ever seen one?
VIRGINIA: Girl, the female one I've even wanted to buy, because it seems more appropriate. You slip it on and leave home wearing it. But I've never actually seen or worn one.
INTERVIEWER: You've never seen or touched one?
VIRGINIA: Never seen, never touched. I've seen it on TV, but they should hand them out at health care centers like they do the male ones, right.

(Virgínia, T2, Belo Horizonte)

Regarding male condoms, interviewee accounts show that these are indeed part of the contraceptive repertoire in this group, at least at the level of possibilities. In terms of effective use, however, it is not unanimous. Most interviewees, particularly those from Recife, claim not to make use of condoms. For women in steady affective/sexual relationships, it is at best used as a contraceptive. The next two accounts clarify this point.

INTERVIEWER: When you were married, in order to negotiate what kind of method to use in order to avoid pregnancy, who made the call, was it you, him, or both?
DORALICE: At first it was us both together, I started on the pill. Then it made me sick and I went and quit taking it. I told him: "No, we're gonna go and do it with a condom for a while now."He didn't question me, he went and used it. Every time we would go at it he would wear it, he didn't argue at all.

(Doralice, T2, Belo Horizonte)

MARTA: The T-shirt, no, I've never used it.

(Marta, T1, Recife)

Some interviewees claim not to trust condoms entirely, saying that it may break or "fall loose inside". Furthermore, it is unanimous in all interviews: condoms are not used for oral sex, not even by women who mention this type of sex as one of the means of HIV infection. These findings bring another point to attention, which is the need not only to make condoms available, but also teach people how to use

them correctly and make them aware of their importance, which are two crucial points to bring about changes in attitudes and behavior, in terms of prevention. This is a central matter, since efficacy of the condom depends, first and foremost, on its proper use. The three accounts below illustrate the lack of trust in condoms.

INTERVIEWER: What do you mean you don't trust the condom?
TÂMARA: Because it comes off. Because you, [**]in your normal, I see that in... in the intercourse it'll want to come off, and when it's in people it's… when both have had some drinks, I don't believe it works. I think it's something that you should pull and tie right around here (laughing). In order to keep tight, not slip off, because I don't believe that [**]. I dunno what part of penetration hits you, if there's AIDS.

(Tâmara, T4, Recife)

INTERVIEWER: And do you worry aobut catching some disease?
NORMA: I'm scared to death.
INTERVIEWER: Really? What kind of disease?
NORMA: Just HIV, and I like to hold back, it's better, sometimes you feel like having some nooky there and stay with the person than to just do it and then get hurt. Because in my opinion, just with the condom, you're taking a chance.
INTERVIEWER: Really? You think even wearing a condom you're taking a chance?
NORMA: Once I had sex with this man, my ex-husband, in fact, and the condom got left inside. If I were to sleep with someone who's HIV positive and the condom slipped off inside, I wouldn't want to risk catching this disease. I got lucky on that one too, because sometimes he's like: yeah, that girl is with someone else, it's better than being here with me, no, I'm better off alone because at least then we know we're keeping it safe, than going around with any kind of man and come out hurt.

(Norma, T3, Recife)

BRENDA: Oh, I don't think it's right because… I think it's relative, right, this is really serious. In order to go, the person's got to know the other well, know their true intentions. Because, let's imagine, you meet the guy today, and go to bed with him, and suppose you forgot to take your pill or trust the condom. What if the condom rips right then or the pill didn't work and all? Sometimes the person isn't taking the pill right and she goes and gets pregnant. I've had friends get pregnant like that. So you've got to stop and think. You can't place your hands in front of a hat that you can't reach because it gets complicated.

(Brenda, T1, Belo Horizonte)

Regarding the moment in which the condom is put on, accounts suggest that most interviewees are aware that its efficiency depends on its use even during foreplay, i.e. before penetration. Many interviewees, nevertheless, claim to not use condoms in all sexual encounters or not to put them on before penetration takes place every single time. This fact serves to reaffirm the importance of information and awareness regarding condom use.

This argument seems to be in line with the idea that prevention – be it against pregnancy or STDs – remains a female preserve, in spite of widespread current debate regarding the role of men in the process and the relevance of negotiation within the couple. Furthermore, as discussed previously in reflections about gender relations, use of the condom is seen by many partners as something which is not for men, i.e. true men do not use condoms. The accounts of two interviewees from Belo Horizonte, transcribed below, illustrate these points.

INTERVIEWER: And at that time you didn't use condoms?
CLAUDETE: No.
INTERVIEWER: When you were married?
CLAUDETE: No. I never used them.
INTERVIEWER: Have you ever tried to use a condom?

CLAUDETE: No, because he didn't want to. He didn't like them.
INTERVIEWER: What would he say?
CLAUDETE: He Said he didn't want to use them, it was nonsense. It wasn't something real men did.
INTERVIEWER: Wasn't something real men did?
CLAUDETE: Right.
INTERVIEWER: Why would he think that?
CLAUDETE: Well... he thought it wasn't necessary, it was silly, he was married, he didn't want to, whatever. He got angry, yelled at me, said he worked too hard and had no woman. See? If something didn't work, he would get offended and leave. He went out and came home at three or four in the morning, angry.

(Claudete, T2, Belo Horizonte)

BETÂNIA: Yeah. Because there're lots of chauvinist men. Whenever the woman comes out and asks to use a condom, he's like: "What do you want to do that for? We've never used one before, so why now?" There's a roadblock there.
INTERVIEWER: So you think the decision of whether to use a condom depends more on the man than on the woman?
BETÂNIA: It depends more on some men. Especially if they're married, 'cause then it's more complicated.

(Betânia, T1, Belo Horizonte)

The exception to this rule is observed in type 4 in Belo Horizonte and Recife. In both sites, women with more years of education believe that negotiations over use of the condom should start from the couple.

INTERVIEWER: Right, right, and uhm... whose initiative do you think it should be to use a condom?
ÚRSULA: Both man and woman.
INTERVIEWER: Both?
ÚRSULA: Yes.
INTERVIEWER: Who should carry the condom?
ÚRSULA: Both. My daughter used to carry her condoms.

(Úrsula, T4, Recife)

Some accounts indicate that, for many interviewees, although both men and women may suggest use of the contraceptive, this suggestion necessarily generates suspicion in the partner, since it raises questions about health and/or fidelity, the latter taken by most interviewees as a guarantee for protection. This becomes more legitimate in the case of older interviewees, particularly those who are married or in steady relationships.

INTERVIEWER: I see. You think this condom situation is different for men? If, say, the man asks to have intercourse with a condom, does it change anything?
EMÍLIA: Well, I think if he asks it's because he doesn't trust what's inside him, right, or doesn't trust the person he's with. A woman, on the other hand (...).
INTERVIEWER: So, there's always something behind his request to use a condom?
EMÍLIA: Right. I don't reckon anyone would ask for no reason at all. Using condoms doesn't feel good, so I don't believe anyone would want one if not for some reason.

(Emília, T3, Belo Horizonte)

Both points of view presented above suggest surviving traditional gender roles, in which the image of the woman is closely associated with reproduction, seen strictly as a female event, in which men are mere supporting actors. As for differences observed in the case of older women, a possible explanation is the fact that their sexual initiation took place, in the majority of cases, before the appearance of HIV/AIDS and campaigns in favor of condom use, in a context in which condoms were still associated with promiscuity and prostitution. All of these factors would make it difficult for interviewees to take up this practice. Some also reveal prejudice toward women who use condoms.

INTERVIEWER: Can women ask to use a condom? At the time of intercourse? Can she suggest it?
NIARA: She not only can, she must.
INTERVIEWER: Can women walk around with condoms in their handbags?
NIARA: Boy, am I ashamed of it.
INTERVIEWER: Really?
NIARA: If you reach inside your handbag and a condom falls out, what will people think? ? ?
INTERVIEWER: I see, I see. You mean men see that you've got a condom in your bag (...)
NIARA: And think I want to go straight to bed with them [**]us to sleep together, and they'll start actually trying to get us in bed together, and it'll just be a pain.
INTERVIEWER: Men really think that?
NIARA: I believe so, seeing women carrying condoms makes them think that, but if you see men carrying condoms you'll think that [**]

(Niara, T3, Recife)

According to some traditional patterns of thought and behavior, the content of the interviews strongly suggests that the type of connection with the sex partner is essential to determine the option of whether or not to use a condom. Most interviewees admit that its use can be easily dismissed in steady affective/sexual relationships, in which a bond of love and trust is assumed to have been formed, protecting partners. It is worthy of note that this attitude is adopted in spite of the fact that interviewees admit in their speeches that betrayal "can take place at anywhere, at any time". Accounts of interviewees from Belo Horizonte show this point.

FLORA: [...] Oh, I don't know! I don't know because this is how I think: it's not wrong to do it without a condom. If you've been going steady for a long time, you trust your partner, he's had his blood tested, anything like that. Of course the guy could always have someone on the side, but then he should have had her tested first. It's like I used to tell my boyfriend: "I trust you now, and we're having sex without a condom, but if you by any chance cheat on me and do it with another woman and I am at risk of catching some disease, that'll be extremely low of you to do that!" He would reply: "Of course not, honey, I worry about catching diseases too."

(Flora, T3, Belo Horizonte)

INTERVIEWER: Right. And when you have sex with someone you've known for a long time, like a steady boyfriend, how does the condom fit into the story, got to use it, not necessary, how long 'til you stop using it?
ROSANA: I guess you've got to use 'em, don't you? But I think that like, once you're married, then it's not necessary, before you get married you need to get tested, to see if you've got any diseases, because if you don't the woman can go on the pill and you can do it without a condom, since you've married the person, know what I mean?
INTERVIEWER: And what does marriage mean? That you can...
ROSANA: So you can?
INTERVIEWER: Do it without...
ROSANA: Because, it's like, there's more pleasure, doing it without, and it'll be better because you married the person and you trust him! Because you want to be with that person forever! So he's clean, you're married, if kids come along, at least you're already married, right? So I guess that, I think practically everyone who's married has sex.

(Rosana, T3, Belo Horizonte)

The same line of thought can be observed in the account by one of the interviewees from Recife, who, despite her awareness of risks, has intercourse without a condom because she trusts her partner.

INTERVIEWER: You said you're on the pill, didn't you?
MAGNÓLIA: Yup.
INTERVIEWER: What about condoms? Ever use them?
MAGNÓLIA: Yeah, but only at first.
INTERVIEWER: Then you stopped?
MAGNÓLIA: Right.

INTERVIEWER: How come?
MAGNÓLIA: Because it feels better without a condom.
INTERVIEWER: But did you talk about it? How did it happen?
MAGNÓLIA: Yeah. We talked, and... well it was kind of like, he insisted that he doesn't really like it. I hesitated a bit, but I gave in, because I trust him and all. I know I'm taking a chance, but when you're in love you end up giving in.
(Magnólia, T2, Recife)

In practice, most interviewees in steady affective/sexual relationships who claim to use condoms say they are meant to prevent pregnancy. Those without a fixed sex partner also worry about STD/AIDS more commonly. Interviewees of Type 3 in Recife are an exception, where most, in spite of not having a fixed partner, declare never to have used condoms, or even to have used them a few times and stopped, particularly for disliking them. It is worthy of note that this type is made up of women who have the largest number of socioeconomic characteristics that increase their vulnerability to HIV/AIDS. As indicated by previous studies, women with little education, who are unemployed or underemployed, who became sexually active and reproductive at an early age and who only had, in most cases, steady relationships of short duration, are more vulnerable to infection. Accounts by these women suggest that not only is their negotiation power low, but they also have little conviction that effective use of condoms is actually necessary in every sexual relation. Exceptions appeared to be associated with access to more effective information regarding prevention, which suggested that it can indeed contribute to changes in behavior.

What is most interesting is that, even when not using condoms or using them ineffectively, the interviewees in this type, as well as interviewees in other types in both municipalities repeated the well-disseminated phrases of campaigns, which say that condom use is essential in all sexual relations, even if there is a single partner – husband, companion or boyfriend. This is not sustained throughout the interview, since most interviewees, when asked about the role of the condom in this type of relation, declare to not use it, or difficulties in negotiations regarding its use with someone with whom they live. The following account, by a highly-educated woman, residing in Recife, makes this point well.

INTERVIEWER: So, tell me... do you think, you mentioned that your daughter no longer uses them with her boyfriend?
ÚRSULA: Well, I don't know.
INTERVIEWER: You don't think so.
ÚRSULA: I suppose that, that after some time has gone by [**].
INTERVIEWER: And you're okay with that, you think this is fine? Or should she keep using them, what do you think?
ÚRSULA: See, now, I think she should. She should, right? Strictly speaking, I should even use them with my husband.

(Ursúla, T4, Recife)

The type of bond established seems to interfere in the form dialog takes place between partners. If, with an occasional partner, condom use can be negotiated and, in some situations, imposed, with the steady partner, especially with the husband or partner, this use is at best the topic of conversations, not in a systematic form and lacking emphasis regarding prevention of STD/AIDS. Insisting on condom use would be like questioning fidelity and monogamy within the relationship, both of which are usually considered pillars in relationships, part of a tacit agreement which is not often verbalized by the couple.

The preceding arguments may be contested by many women in Type 2 in Belo Horizonte, which included widows and separated women currently in new relationships, who reported interesting experiences

regarding condom negotiations. Generally, these women married the person with whom their first sexual intercourse took place or their first sexual intercourse took place only after marriage. In the first marriage, these women did not feel at liberty to discuss condom use, since their husbands determined what could and could not happen. Nevertheless, in current marriages, some of these women feel free to ask for a condom, and even instruct their partners about its proper use, and not at the cost of pleasure – a constant fear among men, according to them. The following accounts illustrate this point.

VIRGÍNIA: I couldn't even do it [ask for a condom]with my husband. With this boyfriend I have now, I've managed to get it into his head, but without keeping it on his mind at the time, like don't keep thinking about it, forget you have it on. Then we can [*] properly, but if he keeps thinking that he's got it on, it changes completely. Geez, he just goes soft on the spot! (laughter). So, it's all about getting used to it, and with our guidance, right. I tell him, all right (laughter).

(Virgínia, T2, Belo Horizonte)

INTERVIEWER: What if they told you: look, I'll pay your bills, but will you have sex with me without a condom?
CLAUDETE: No. No way.
INTERVIEWER: No? Even if he paid...
CLAUDETE: Even if he paid. No deal.
INTERVIEWER: No deal? Why not?
CLAUDETE: Because I want my safety too, my health.
INTERVIEWER: Right.
CLAUDETE: And I want someone by my side, who treats me right, who likes me, loves me and gives me financial security.

(Claudete, T2, Belo Horizonte)

According to interviewee accounts, suggesting use of condoms becomes even more complicated when another contraceptive method is being used, which would make concern with STD/AIDS evident, in addition to acceptance of infidelity – associated with promiscuous and therefore socially inappropriate behavior – as a possibility within the relationship. Again, this fact is particularly marking in steady relationships even in situations in which the woman is not using any other contraceptive method. The following excerpts exemplify this point.

INTERVIEWER: And when sex is with someone you've known for a while, say, a partner you've been living with, how does this condom business work out?
NORMA: He doesn't like it. Just like my ex-husband didn't like it. He would be like what are we gonna use a condom for? Do I look to you like I've got some kind of disease? And he just went ahead and (.) wouldn't want to, since most men, if a woman puts a condom on, what are you thinking? That I'm sick? Then that whole speech again. With my ex-husband it was always the same. All right, let's forget the condom. Then we wouldn't use a condom and he would take it out to cum. This taking it out business, the first liquid that comes out stays inside. Then (...) start saving money for baby clothes. Yeah, all because it's better than preventing a pregnancy, better than using a contraceptive, because a condom can prevent all of that, but he just doesn't want it.
INTERVIEWER: Did you trust your last partner?
NORMA: I've never trusted a man. I just did that 'cause I did it! Not because I trusted.
INTERVIEWER: And do you think you might have caught a disease?
NORMA: Yes, but I still did it.

(Norma, T3, Recife)

In summary, what is perhaps most common in interviews is the incoherence between what is said and what is done, i.e. what is known and allegedly believed to be right on the one hand, and what is actually done in everyday life on the other. The view of HIV/AIDS as a disease which can only affect others and blind trust in the fidelity of the partner as a mechanism for protection against infection are probably the points which created the most discontinuity. An example is the fact that even in cases in which the interviewee admits, as a possibility, betrayal and HIV infection during unprotected sex, this acceptance apparently referred to other women or other relationships far more than to the women themselves. The following account represents the gap between theory and practice well, in addition to the women's biggest concern: contraception.

FRANCISCA: No. I think they should always be used. I'm not using them because, as much as they are effective against diseases... I'm only taking the pill, but I think they should be used.
INTERVIEWER: Regardless of the situation?
FRANCISCA: Regardless.
[...]
FRANCISCA: I think they should be used. Regardless of the person they should be used. Especially... I don't know. I worry about kids. Precisely... Currently, and for many years now, I worry far more about kids than about diseases. Currently I have no possible means of raising a child, so if I were not engaged to my fiancé, I would use a condom with anyone else.
INTERVIEWER: So you're more concerned about not getting pregnant...
FRANCISCA: Currently, yes. It is my concern, but if I weren't with him, I would use them a lot more because of diseases.

(Francisca, T3, Belo Horizonte)

From a standpoint of women who use condoms, and also from that of some who do not, the argument that interrupting foreplay to get the condom and put it on is a "mood killer" is very frequent, with a negative effect on the sex. Furthermore, condoms are not compatible with all sexual relations – for instance, one of the accounts brings up the difficulty of using condoms in water.

ENEIDA: Yeah, I'm less scared of catching AIDS, I'm less paranoid about that, but I still defend the use of condoms, if it were up to me I would use condoms every single time, even with my boyfriend, like I'm totally in favor of condoms.
INTERVIEWER: I see. And why don't you use them?
ENEIDA: This is why! Sometimes you're there, in the mood, horny, and you can't do it. This idea that it doesn't kill the mood is bullshit. It is, you may get used to it, but it still kills the mood, it does!
INTERVIEWER: Right. It douses your fire?
ENEIDA: It does! On the spot! You hold 'til the person gets it and puts it on and all, but the fire just goes away! It's a mood killer!
INTERVIEWER: Right!
ENEIDA: And how do you, like, how do you have sex in the sea! On a wonderful deserted beach with a condom, you know what I mean? You're taking a stroll with your boyfriend, out for a walk and you get horny, you're in the middle of the woods with no gun! And then you're, like, no, let's not have sex in this here paradise 'cause we don't have a condom? It's sad! I get real pissed with all these diseases. (laughter)

(Eneida, T3, Belo Horizonte)

In addition to killing the mood, condoms are not always the woman's "object of desire". On the contrary, for many it is seen as something which interferes in female sexual pleasure and causes discomfort. For these women, the condom is a "last resort", i.e. as a contraceptive method.

INTERVIEWER: And regarding the regular, male condom, which you've used, haven't you? At what point in the relation, the sex, does the condom come in?
LAÍS: I don't like condoms at all.
INTERVIEWER: Don't like them?
LAÍS: I don't. It wouldn't come in at all.
INTERVIEWER: Really? And your partner, your husband?
LAÍS: He feels the same way. We only use them if there's no other way.
INTERVIEWER: Bringing business and pleasure together?
LAÍS: Business and pleasure.
INTERVIEWER: I get it.
LAÍS: We use them only to avoid kids or being grossed out.
INTERVIEWER: So, only as a last resort?
LAÍS: Only as a last resort. Neither him nor I like it.
INTERVIEWER: Why don't you like it? Is there something about it that bothers you?
LAÍS: I guess it's the plastic that gets hot. He says it's not the same as well. Doesn't feel as horny, not with the conodm.
INTERVIEWER: And you feel different, too?
LAÍS: I feel different, too.
INTERVIEWER: So, if it were up to you, you wouldn't use them either.
LAÍS: No.

(Laís, T2, Recife)

Differently from what is often found in bibliography, women are not always willing to negotiate condom use with their partners. The reason may be as simple as that stated by men: pleasure with a condom is reduced. Women prefer not to suck lollipops with the wrapper still on, just like men.

MAIARA: Even with him. So from the moment we got together I told him: "Look, I trust you, don't let me down." Because in most of the cases, it's the man who gives diseases to the woman. See? So I've always come clean with him. But I take care of myself. Tell him to use a condom, he [*].
INTERVIEWER: He doesn't like it?
MAIARA: Won't do it. He refuses.
INTERVIEWER: You take the pill, don't you?
MAIARA: I'm on the pill.
INTERVIEWER: So, condoms are out. No negotiations?
MAIARA: Nope.
INTERVIEWER: No way, no how?
MAIARA: Man, it's a fight, it's war!
INTERVIEWER: Would you like to?
MAIARA: Honestly, not with him.
INTERVIEWER: It bothers you?
MAIARA: It's like sucking a lollipop with the wrapper still on, you know. You keep it in your mouth forever and the taste just won't come. The taste of the candy is just trapped.

(Maiara, T1, Belo Horizonte)

6. Final remarks

Vulnerability to HIV/AIDS is a phenomenon which is hard to grasp. Generally, this difficulty is largely attributed to the nature of data commonly used by researchers, which are quantitative and provide limited possibilities for analysis in the case of phenomena as complex as vulnerability, which requires entry into areas seldom reached by quantitative data, such as gender relations. Nonetheless, even when qualitative data are used, difficulties in comprehension do not disappear entirely.

Many are the reasons why women are vulnerable to HIV/AIDS. Regarding sexual transmission, this vulnerability is directly linked with lack of condoms. But why do women not use them? The four reasons pointed out in this study reflect what is found in literature: pregnancy, use of other contraceptive methods, trust in partner and gender inequality. The male condom is only considered as an option in the range of contraceptive choices for women when pregnancy is not desired and no other method is used. This possibility, however, is always subject to the will of the male partner. In this scenario, situations are not rare in which a suggestion to use a condom by the woman generates suspicion in the man. Men who are married or in steady relationships frequently see this suggestion as an indication that the woman is either cheating on them or carrying a disease, men who are in casual relationships see it as a sign of "indecency". Even the female condom, largely rejected by women, depends in part on male consent, since it is a barrier which can be seen, felt and heard.

There is a fifth reason women do not use condoms: some interviewees said they do not like to use condoms. Traditionally, the "lollipop with the wrapper still on" speech is made by men. There is an implicit assumption that women, unlike men, always want to use condoms, since it is the only possible means of prevention against STDs. If a woman does not use condoms, it is because she is pregnant, uses some other method, trusts in her partner or feels powerless when with someone who generally dislikes condoms. The woman is, therefore, regarded as the "victim" of a sexual partner who rejects condoms, rather than a protagonist who has the right to manifest desires and preferences and enhance her pleasure during intercourse.

The fact that some women also dislike condoms is worthy of attention not only from health care professionals and campaigns promoting their use, but also studies with a wider scope, representative of the population as a whole. In order to reduce women's vulnerability to HIV/AIDS, condom use must be promoted, taking into account that "sucking on a lollipop with the wrapper still on" is no longer a male preserve, having been integrated into the female repertoire.

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