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FRAMING THE SEXUAL SUBJECT

The Politics of Gender, Sexuality, and Power

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Gendered Scripts and the Sexual Scene

Promoting Sexual Subjects among Brazilian Teenagers

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Vera Paiva

In the first decade of AIDS, Brazilian prevention efforts and campaigns directed at the sexual transmission of HIV were based on the concepts "promiscuity," "fear," "death threat," and "the hazardous Other," within an overall strategy of targeting "risk groups." More recently, safer sex (defined as condom use and fewer partners) has increasingly been promoted through face-to-face activities, and many activists and AIDS educators have begun using small-group interventions. Most of these small-group programs have focused on risk reduction and individual responsibility, through interactive information and, in the relatively rare cases where the necessary resources are available, by modeling sexual communication and negotiation skills.

During our ongoing work with young people in São Paulo, we constantly find that social vulnerability compromises the efficacy of AIDS prevention programs. Participants in our workshops are told that HIV is a highly democratic virus—that its transmission modes do not discriminate by race, age, nationality, gender, or sexual preferences. But when they leave the workshops, they find that HIV transmission is in reality more likely to occur within social and cultural contexts that make some people more vulnerable than others. That is, the youth of my city discover in their everyday lives what epidemiology has been showing on large scale for some time: poor people, minorities, the poorly educated, and the disempowered are more vulnerable (see for example Mann, Tarantola, and Netter, 1992; Lurie, Hintzen, and Lowe, 1995; Parker, 1994, 1996). As Altman puts it, "A number of factors will influence the course of the epidemic, of which the bio-

medical are not necessarily the most important" (Altman, 1994). These realities motivated us to ask the following questions:

- How should an AIDS prevention program address social and cultural factors that shape and regulate "risky" sex?
- How can AIDS prevention programs go beyond a focus on *behavioral change* and *individual responsibility?*

In this article, I will outline the theoretical framework for the AIDS prevention programs around which we have built our interventions—and will try to contrast it with some more traditional approaches that have guided AIDS education and prevention work. My discussion will center around examples and lessons learned from a research and intervention program developed with teenage students at public elementary night schools in São Paulo.[1]

Outline of a Theoretical Framework

We began the prevention program in 1991, using small-group approaches inspired by the AIDS Risk Reduction Model (Catania et al., 1990) and the Brazilian reproductive health movement, as well as our previous research, which had indicated that gender norms are a key cultural factor placing young men and women at risk of unwanted pregnancy and/or HIV.[2] We were soon confronted by the importance of social and economic contextual factors, which had not been considered adequately by most existing HIV risk-reduction models and behavioral change interventions. Our research findings stressed how the sociocultural context where sex occurs, and the lack of accessible contraception and reproductive health options—condoms cost about U.S.$1 each at the time of our study—limit individuals' intentions to practice safe sex.

Our project builds on the tradition of Latin American liberation pedagogy, most widely known through the work of Paulo Freire. We seek to promote citizenship while encouraging sexual agency. We assume that behavioral change, condom use, and safer sex should be *part of* programs working with disenfranchised communities, but *not the exclusive goal* or focus. Central to our framework are four key concepts: (1) the sexual subject (from the Portuguese term *"sujeito"*); (2) consciousness-raising or "conscientization" (from the Portuguese

term, "*conscientização*"); (3) gendered scripts and bodies; and (4) the sexual scene.

The main objective in the prevention program is to promote the "*sujeito sexual*" ("sexual subject"). The sexual subject is the agent who regulates his/her own sexual life, coping with the complexity of factors competing in his/her life that can result in either "riskier sex" or "safer sex." In the Brazilian tradition, "*sujeito*" integrates the idea of agency with the idea of citizenship (defined as full participation and influence in our society—something that cannot be taken for granted in Brazil). The *sujeito* is one who takes action, one who enacts. The sexual subject is thus the individual capable of regulating his/her own sexual life—which, in practice, means:

- developing a negotiated relation with the sexual/gender culture, rather than simply accepting them at face value or as given in nature
- developing a negotiated relation with family and peer group norms
- exploring (or not exploring) sexuality independent of a partner's initiative
- being able to say "no" and to have this right respected
- being able to negotiate sexual practices pleasurable to oneself, as long as they are consensual and acceptable to the partner or partners
- being able to negotiate safer sex
- having access to the material conditions to make reproductive and safer-sex choices

One feasible path to promoting sexual subjects builds upon the Freirean tradition and stimulates the group to deconstruct their own sexual scenarios through "consciousness-raising" and "coding and decoding" (Freire, 1993). As the examples below show, in a consciousness-building process, consciousness should be seen as more than "awareness" in a strict psychological and clinical sense or resulting from self-observation intended to change attitudes and behaviors. Instead, we situate the concept of *self* within the social group, as the word "*conscientização*" is used in the Brazilian liberation education tradition (Freire, 1983). We are thus talking not only about "self-observation," "scene observation," and "promoting self-regulation" (Diaz, this volume), but also about citizenship.

In developing our intervention in São Paulo, the importance of *conscientização* became especially evident after the first wave of safer-sex workshops. The students expressed feelings of powerlessness and fatalism when faced with the actual context in which their recently formulated intentions of using condoms would quite likely not be enacted. Their disproportionate social vulnerability in turn tended to ruin their awareness achieved during the workshops:

> I can't have a choice, destiny will choose for me, I see what I can do with it afterwards.

> AIDS is just another burden, why bother? To survive in this crazy and difficult world, and have some fun with sex is the only right I have.

One way we have responded to this sense of powerlessness and fatalism has been to help participants to de-codify how the sociocultural context regulates their sexual lives, and to highlight how social forces can frustrate individuals' intentions to practice safer sex and control their own sexual lives. At the same time, collaborative group activities, which can contribute to a sense of responsibility, helped participants to work through the puzzling obstacles in individual sexual scenes, and towards acceptable and feasible safer sex.

For example, research has shown that the symbolic construction of AIDS in Brazil has stressed old prejudices, with a morbid and accusatory attitude towards the "evil" practices, or attributed identities, of those infected with HIV (Paiva, 1992; Daniel and Parker, 1993). These ideas can shape each safer-sex scene, with the condom itself often symbolizing accusation, promiscuity, or the like, and thereby becoming an obstacle to safer sex (Paiva, 1993, 1994, 1995). De-codifying and challenging AIDS stigma, which today is linked to the very idea of safer sex and condom use, is thus a key first step. When learning how to use a condom, intervention participants produced their own (alternative) codes by "making art using the condom" (in Portuguese, "*fazendo arte com camisinha*," which implies both artistic creation and a certain erotic playfulness): music, poems, sculptures, paintings, drama, posters, culinary art, etc., *using* condoms as a creative device. We then de-codified safer sex and AIDS symbolism by looking, collectively, at participants' productions.

In another activity, students also modeled erotic and reproductive body parts from dough, decoding the gendered sex education they

had received at home. Through this group activity, they learned about HIV transmission and about reproduction, and by talking about sex through highly concrete body parts rather than through complicated science classes enacted on blackboards, they deconstructed sexist education and gender culture, and explored the pluralism of pleasures and morals. In discussion about communication with partners, and about other obstacles to enacting their risk-reduction intentions, they also created "sexual scenes" through which they decoded gender relations and sexual scenarios, passive/active relations, and the socioeconomic contexts where sex occurs.

Although focused on the specific content of gender and sexual relations, this process built on the transformative approach outlined by Paulo Freire:

> The *coding* of an existential situation is the representation of that situation showing some of its constituent elements of interaction. *Decoding* is the critical analysis of the coded situation. Its decoding requires moving from the abstract to the concrete; this requires moving from the part to the whole and then returning to the parts; this in turn requires that the Subject recognize himself in the object as a situation in which he finds himself, together with other Subjects. If the decoding is well done, this movement of flux and reflux from the abstract to the concrete which occurs in the analysis of the coded situations leads to the supersedence (surpass) of the abstraction by the critical perception of the concrete, which has already ceased to be dense, impenetrable reality. (Freire, 1993)

Freire here considers meaningful words and emerging themes as codes—an idea that emerged through his innovative program with illiterate rural workers of the 1960s. Freire's work, like most in the Latin American tradition of popular education, was forged within social movements struggling against poverty and oppression, and was used to understand liberation through popular class alliances against the authoritarian elite in many Latin American countries supporting military dictatorships in the 1960s and 1970s. Access to education and literacy was a crucial step, but could only be fully achieved through valuing popular language (words and syntax) and relevant themes, to break the silence of the poor—and in turn make education meaningful for illiterate teenage and adult workers.

Literacy programs that used emerging words and themes as codes were a successful way to finally give access to reading and writing—

they were designed to de-codify the social context by, for example, learning the letter "X" not through "*xadres*" ("chess"), but through "*enxada*" ("hoe"). As people became organized, popular drama, music, and other popular arts were used, as in the past, to communicate and value their lives, heritage, and collective history. At least partly as a result of such work, illiteracy has decreased significantly in Brazil since the 1960s, while national mass media have unified language practice. Yet it remains true that few study beyond elementary school, and that word of mouth, more than written material, continues to reinterpret all other sources of information and remains perhaps the most powerful means for the spread of ideas and social change.

From the late 1970s and early 1980s, when redemocratization began to emerge in Latin America, other definitions of oppression were included in nongovernmental and community initiatives, and sex and gender identity politics entered the scene. In this kind of politics, where the reproductive rights and AIDS movements may be situated, a new face was given to liberation pedagogy—with workshops and small groups used within health education programs to talk about desire, intimate experiences, and gendered bodies, to de-construct and re-construct identities, and to fight violence and discrimination. In this space, popular education and mobilization movements met small-group psychological interventions. Workshops (which in Portuguese we call "*oficinas*") with a psychological approach to empowerment—generally meaning individual empowerment—began to be very attractive to an educated middle class, but did not always make sense to disenfranchised rural migrants (the majority of night school students whom we have worked with in São Paulo).

As we learned through our activities and group evaluations, such workshops should be only the first step in a larger program to mobilize nonorganized communities to cope with their social vulnerability to HIV. We now understand safer-sex workshops to be a space for the production of "codes" to result in a collective "thematic investigation" of the sexual and gender cultures shaping AIDS and reproduction.

Three social issues are relevant to the "codes" we are introducing—words and themes, gendered bodies and scripts, and sexual scripts and scenes. The first (most in tune with the liberation pedagogy of the 1960s and 1970s), is how the sociodemographic variables that define poverty—considered as a mix of income, education, and housing—are associated with vulnerability to HIV infection. The second

concerns the way social context shapes gender systems. The third focuses on how different Brazilian subcultures define a complementary passive/active sexual system that is a key aspect in Brazilian sexual and erotic scripts and sexual scenes (this chapter will focus mainly on heterosexual scripts among young people).[3] As we live in the 1990s and work in a large metropolitan area, the codes and themes produced by the communities with whom we have worked express a mosaic of values, options, and preferences that can result in divergent organized subgroups even though allied by the same socioeconomic constraints.

Consequently, we assume that adolescence, like sexuality, rather than being a universal and transcultural phenomenon, is modeled by cultural, economic, and political influences that cannot be overlooked when thinking about AIDS prevention projects (Paiva, 1994, 1995). As Janice Irvine states, the "changes of puberty, such as menstruation, breast development, wet dreams, and hair growth, are given meanings by the culture in which the adolescent lives" (Irving, 1994). Cultural identifications such as "race, gender, and sexual identity must be recognized as social categories, not biological variables" (Irving, 1994). In our program, we stress how these social categories will shape and regulate each individual sexual scene, and how they are competing factors faced by everyone (see also Diaz, 1997, and in this volume).

Inspired by the pedagogic use of "theater of the oppressed," by psychodrama techniques, and by the social-science constructionist approach to sexuality, including the ideas of "sexual scripts" (Gagnon and Simon, 1973) and "erotic scripts" (Parker, 1991), we have used the "sexual scene" as an approach to group investigation of both the sexual context and the choices made by individuals in relation to protected sex.

AIDS consciousness and sexual literacy cannot be achieved without coding and decoding "sexual scenes," the social and cultural contexts in which sex occurs. Sexual scripts are enacted in every scene, and are learned very differently depending on whether one is a girl or a boy. Most of the time, nonconscious "gendered scripts" limit the power and agency of the *"sujeito sexual"* (sexual subject), as will be seen.

In the "sexual scene" exercise, the person who tells his/her story (the "main character") can put "on stage" all the elements that build a dramatic scene:

- where he/she is (place and time where sex occurs)
- with whom (partners and relationships)
- doing what (actions during the encounter)
- scripts of the characters (each partner's point of view)
- speech (conversation)
- gestures (communication without words)
- feelings (going to the depths of the mind and body)
- personification or concretization of norms ("invisible presence" of peers, parents, religion, gender or age expectations, etc.)
- personification or concretization of access to condoms (that is, of salary, cost of condoms, health service providers, parents, pharmacies)
- knowledge or lack of knowledge (lack of information, misinformation, or prejudices) about HIV and reproduction
- power balance (possibly different in different scenes)
- rhythm of the scene—slow or hurried

In sum, he/she explores many competing variables that fight for the attention of the *sujeito sexual* within the sexual scene. Sexual negotiation or individual skills are *not* our focus prior to scene investigation. In the following sections, I use examples from experiences with this framework to illustrate the gendered codes through which our participants experienced their sexuality.

The Gendered Reproductive and Erotic Body as a Code

The theme most strongly emphasized among the students was pregnancy. Activities focusing on reproduction were most likely to throw new light on the meaning of sexual scenes and to emphasize the legitimacy of planning (being responsible for) the sexual act. The risk of undesired pregnancy was perceived as much greater than the risk of AIDS—a perception entirely understandable from the point of view of these students.[4] In one girl's words: "I have to think about pregnancy before AIDS. If I get infected with HIV I will die—that's it. If I have a baby, I have to live for me and the baby, and two of us will survive."

The students especially appreciated exercises creating models of the erotic and/or reproductive body parts with a mixture of salt, flour, and water. Admiring their models (mouths, hands, breasts, genitals, female and male complete figures, buttocks, tongues, etc.), they learned how their knowledge about the body was gendered, as well as how much they did not know. Other than the penis, male reproductive organs were never modeled in any workshop, although we conducted more than a hundred with young people and a dozen with teachers. Models of the vulva were also comparatively rare. So, when we would put all the models in the center of the room, we would include a complete male reproductive body made by the facilitator, and sometimes also a vulva, after discussing why they were absent. Penises and breasts were the most frequent objects produced by the students, as they represented both sensual pleasure and reproduction. According to the students, men are expected to know everything about pleasure, including female paths to pleasure—and in fact the men did have a better knowledge of the female vulva than did most of the women. The discoveries made and questions raised through the modeling exercise were manifold. "It was the first thing I wanted to study closely, in magazines and 'live,' " said one young man. "Pee and menstruation comes out from this hole, I think . . . They come both from here . . . Or do we have another orifice I have never noticed?" asked a young girl.

Yet the women were avid to learn about sex; they were more than ready to learn from the most experienced girls about pleasure, including the erotic knowledge shared by the open lesbians, as well as about reproduction and contraception. Men pretended less interest in learning about issues unfamiliar to them, since they were supposed to already be very knowledgeable. They indicated they were not interested in, and did not value, male-male sex/erotic wisdom, but did find young lesbians "exciting." In looking at and discussing the models, both women and men paid much attention to explanations about how HIV could pass from one person to another. Most women knew less than we had expected about reproduction and contraception, but knew more than did the men. "Yes, I know the most dangerous time to fuck; it is when they are having . . . their period, when they bleed," said one young man, reflecting the views of many, while "Great, I learned a lot," exclaimed a young girl, "You speak a language I can understand, this is not English!"[5]

Talking about their gender constructs (codes)—about what they knew, and things they "may or may not know or do"—we began to discuss (de-codify) gender roles and gendered scripts, the "lady-killer/assertive/macho" man and the "naive/passive or resisting" woman. Buttocks, for example, were frequently made during the modeling exercise, and generally accepted as both sensual and contraceptive. They were also an emerging symbol of the existence of different kinds of pleasure, in both same-sex and heterosexual relationships. It is interesting that, after the AIDS epidemic, "homosexuality" had become known—a new word associated with an old stigma (the passive male)—but "heterosexual" and "heterosexuality" were words that needed explanation in most groups, and generally not part of the students' vocabulary.

When students named the models of vulva and penis and the related fluids, the gendered sexual scripts became rapidly obvious; men gave only "street" names to their models, while women chose what might be described as "family" slang (that is, terms used by parents and children), although they knew and some might use street names as well. The penis had "penetrative" and aggressive names like "stick" (*"pau"*), "baton" (*"cacete"*), or "pistol" (*"pistola"*)—and the slang for "sperm" (*"porra"*) could be used as a noun synonymous with a "hit" or a "blow" (*"porrada"*). The names of animals were frequently used—"bird," "snake," or "chick" for the penis, "spider" or "butterfly" for the vulva. Female genitals were also called by words representing seduction ("pierced," "pursued," "chased"). There was no name for female vaginal fluids; the young men thought that women had the same *"porra"* they did, but without sperm. Most girls were confused about their vaginal fluids, with "vaginal discharge" (*"corrimento vaginal"*) used as a generic name.[6]

When we talked about the reproductive and erotic body, we ended up discussing gender not as a cultural lens oppressive for women only, but also in regard to men's oppression by gender norms and how gendered scripts made it difficult, for both men and women, to think about risks. In the imaginary sexual scenes constructed, acting as if a partner were "dangerous" contradicted the need to be a "stud" or "lady-killer," or a "marriageable" or "desirable" woman, and was even more inconsistent with the idea of "surrendering" to love or passion or with the "impulsive, assertive male." In the end, the students concluded the following were oppressive: for men to need to drink to

find courage to take initiative or overcome shyness; for women to want men assertive and aggressive in order to feel valued; for women to not be able to "choose" to say "yes" or "no," or to have to settle for "any man"; for women to have to pretend ignorance, even when men might actually prefer them more assertive in sexual intercourse.

Gendered Scripts and Sexual Scenes

According to gender norms in the subculture of these young people, it is the responsibility of girls faced with possibilities of sex to actively choose the right person and the right moment, to try to "make love with people they love." Female responsibility is thus placed long *before* the sexual encounter. The only skill a young women needs is of saying "yes" or "no" to "this" or "that" partner. The consequences of a bad choice are "natural" and expected. It is a woman's fate to be held responsible for the choice and its consequences, but not her role to be careful about practices. Boys, on the other hand, cannot easily "decide" and "choose" before the act of sexual consummation. To think or select is for the future. The first task is to "relieve" sexual pressure, to be assertive and conquer sexual partners—being a lady-killer is not a simple matter. Men's choice comes after pregnancy occurs—accepting or not accepting responsibility for paternity. For example, in one exercise we asked boys to think about a scene in which their last sexual partner (real—or desired if they had not yet had sex) told them "I am pregnant." In the female groups, we asked the girls to do the same, and the conversations they imagined were always similar to this:

Girl: I need to tell you something. I am pregnant.
Boy: Are you sure?
Girl: I did the test.
Boy: But how do you know the baby is mine?
Girl: You were my only man.
Boy: How can I know for sure if I am the father?

The strongest male reaction possible to this event, since condoms were not used and the baby was not planned, is "The baby is not mine!" In exercise after exercise, somebody would indeed say this, and male participants would stick to it as a symbol of what they felt.

In the girls' group, a girl playing the boy's role in the same scene would repeat the same widely expected phrases. Only 33 percent of men we interviewed in this project said they needed to love a sexual partner to have sex, but 88 percent of the women said love was required. On the other hand, women did not feel they had to love or marry their sexual partner to have a baby, while most men said they needed to love the woman to become a father of her child—but then would, even if it were another's child.

Among both the young men and the young women, responsibility for the consequences of the sexual act was always represented by pregnancy, not by HIV infection. For participants in the sexual scene, the possibility of babies out of an idealized context was more likely than HIV to foster responsibility or provide the incentive for avoiding being overcome by emotions—passion, lust, fear of abandonment or labeling, haste, and so on—emotions themselves symbolic of individual histories entangled with cultural regulations. In the sexual scenes, these factors competed for the subject's attention, breaking his/her volition and intentions. In one young man's words, they "prevent one from thinking or putting a condom on."

Yet the young people would panic at the idea of not having babies. During group meetings, for example, lesbians or "sterile" women (never male figures) are mentioned as specters of infertility. The primary meaning of a baby was not—as the Brazilian elite usually suppose of the poor—to have more arms to work, or to provide support during old age. It was to make up for lack of citizenship and disenfranchisement: "My child will, first of all, have all that I did not have, and than be what I was not or do what I did not do," in a young man's words. The child represents the possibility of a better future—one that, in accord with much social research in Brazil, is perceived as the effort of an entire family rather than as an individual achievement. The child the parent(s) will love and take care of will define and fulfill the future, give meaning to a hard adult life. And this adult life, for the majority, has already begun; the students speak of a youth that passed too quickly, of a life marked by tragic events that take hope away, or by worthless events.[7] For the young men, the right to decide when to have children, and the idea that they too are entitled to this right, are new concepts. They are used to feeling mere objects of women's decisions in this regard—an accurate perception, in some ways, of the female fertility revolution in Brazil, accomplished in large

part through birth control pills (and irresponsible mass sterilization)—saying, for example, "She is guilty, she is a traitor, she makes me have an adult life before I wanted or decided to." When we suggested that condom use could give them the ability to negotiate their reproductive life, the young men said this was, in their opinion, the most convincing argument for condom use they had heard during the entire program.

In another study (Paiva, 1995), we found these feelings and responses understood, but not shared, by more educated or higher-income college students of the same age. This research showed that undergraduate students had a more egalitarian gender culture and different paths to adulthood than had the poorer, younger night school students interviewed in the current study. They started to work and to have a sexual life later than low-income, less educated young people—on average, two years later for both men and women.[8] Having children carried different meaning and value in groups of different status. Less than 4.5 percent of students in either group studied were married, but 25 percent of the elementary school students, versus 2 percent of the college students of the same age, "wish to have children within the next two years." This difference was highly significant, and there was no significant difference between males and females in the same group. College men thought and felt the same way as their poorer peers, when confronted with the pregnancy announcement—"Is it mine?"—even though they controlled their feelings and were less likely to act them out; however, college women in the same role-playing exercise would never anticipate, and were quite surprised by, this unspeakable male sentiment. The night school students were more likely to act on their attitude, ending the relationship to escape responsibility and/or guilt, but if they were in more regular or formal relationships, would sometimes try to behave differently. And when they would change roles and play the women, all of the men recognized the women's right to be enraged by their attitude—although the role-playing changed no male night school students' basic attitude and the college men remained more prompted to self-reflection.

College students generally had greater knowledge about reproduction, contraception, and modes of HIV transmission, with no significant gender differences in levels of knowledge and information. Sexual intercourse with anal penetration (a high-risk practice) began earlier for night school students, and 32 percent did not see it as risky,

while only 1 percent of college students said it is not. In the workshops, we learned that anal sex as a means to avoid pregnancy was confused, among night school students, with a supposed efficacy of anal sex to avoid HIV infection—an idea of course absolutely incorrect. And, as described above, the anus was also seen as both sensuous and contraceptive.

College women and men tended to balance decision-making power over sex,[9] and they were more likely to believe their friends often used condoms. Night school students found it significantly more difficult to negotiate condom use than did university students, and 33 percent of night school students, versus 18 percent of the university undergraduates, *never* wanted to tell the partner to use condoms. Among the night school students, relatively higher home income was strongly associated with condom use, which was never associated with race, religion, or district of residence.

Our research showed, in short, that income and education produce different sexual scenarios, different gendered scripts, and different sexual scenes in the same city and among the same age group. This helps to explain epidemiological data showing how disenfranchised people are disproportionally vulnerable to HIV. Prevention programs must address this vulnerability, which cannot be characterized as simply an individual's deficit in knowledge, motivation, or skills, possible to correct through behavioral interventions based on models of individual behavior change. Paraphrasing Diaz (1997 and in this volume), prevention programs aimed at and focused on "changing behavior" (such as social marketing of condoms, or skills-building training sessions), which fail to take into account deeply internalized cultural meanings and socioeconomic contexts, are doomed to fail.

The Sexual Scene as Code, and the Sexual Subject

Throughout the prevention program, using the "sexual scene" to identify the difference between intentions to practice safer sex and actual enactment helped students understand and challenge social and cultural regulations. Along with the "dough exercise" (as the students called it) described above, which enabled them to decode their gendered sexual culture and to actively raise their AIDS and reproduction literacy, linking the ideas of the sexual subject and citizenship to the

"sexual scene" was, we found, the best instrument for decoding the obstacles to individual enactment (and self-regulation), as well as to community organizing.

The "sexual scene" program worked primarily through actual scenes from the students' lives, with every element concretized or personified in the scene through group collaboration. Here is one schematic example of the use of the "sexual scene":

Step 1 Step 2
scene observation + self-observation →

Step 3
group processing and collaboration + group mobilization →

Step 4
sexual subject (*sujeito*) + increasing citizenship

Reinaldo, for example, told his scene and staged it, with the help of the group:

I was going to a party, in my young uncle's car. I saw a girl in a black mini-blouse, standing there. I asked: "Where are you going?" She said she was going to meet a guy, but he didn't come. I invited her to a wedding. I said, "I am a family guy." She came . . . We danced the whole night. We began petting . . . I drank. We went outside. We had to come back at 5 A.M. to catch the ride back. When we came back, I was in the back of the car, a little drunk . . . My uncle [was] in the front . . . I opened her zipper, and we had sex. I am dating Mônica now for six months, now we use condoms because of pregnancy, but at that night I did not think of anything . . ."

Talking about this with Reinaldo, the group investigated meanings, identifying and personifying the conflicting factors in these events. Some key elements the group felt important in the scene follow:

Reinaldo and Mônica did not have a *place* to have sex other than a car. He would have had *money* to buy a *condom* (but *not* for *every time*). Yet, at this *hour* there was no place to go buy a condom, and the most important thing was to *conquer* her. The only other thing in his mind was the effect of the *alcohol*. When Reinaldo switched roles in order to act out *her script* in that scene, Mônica would *not think of HIV*, but *only pregnancy*, and she had her period the day before. She would never *spend her salary buying condoms*, but would rather use the money to buy bus tickets [which cost the same] since she was going to work on foot some days, and being late to her night school classes because of budget shortfalls. She *feels bad and guilty* about having sex in a car, with someone else listening. Reinaldo would not. But she was *in love*, he was *handsome*, and there was *no other place to go*. She was in a *hurry* to finish it, as was he; he liked her, and wanted to *relieve his urge. Later, after this first date, if they had begun to have a steady relationship, the scenes would take on other meaning as well as new obstacles*. They would have to find some *moment* in one of their houses [which both have only one bedroom for all family members to share] when nobody would be there, and *make love quickly*, or do it *in dark streets of the neighborhood, as does everybody else*.

The storyteller and the group would de-codify every element in the scene and discuss how to solve the puzzle. Our goal was not simply to train sexual negotiation skills through role-playing, although when a trained "facilitator" was leading the group, we might use a particular scene as a model, acted out and performed differently numerous times, as skills trainers do. But our focus was broader; we were trying to foster group collaboration with the person who offered the narrative, to help him/her, as well as each member of the group, to become a subject of her/his own intentions.

We used self-observation and scene-observation to help the students understand what was individual responsibility and what was a role of context that might be better transformed by social organizing and mobilization—the difference between self-regulation following self-observation, such as deciding for abstinence, and self-regulation plus social agency, such as demanding condom distribution in the health clinic. At the end of workshops, our final question was always "All right, you have the information. Suppose you have decided to choose when to have your child and to prevent an undesired pregnancy, or to protect yourselves against HIV. Is it fair to say that you have the material conditions and support necessary to practice safe sex?"

In response to this question, in 1994 some elementary students involved in the project tested out available services in reproductive health, and in sexually transmitted infection and AIDS prevention and treatment. Their experience brought out striking examples, which they shared with the group, of the precariousness of the public health system in São Paulo, the richest city in Brazil. Some of their stories:

One 20-year-old girl had reached an excellent level of communication with her mother concerning sex and contraception, as a result of this program. The mother and daughter talked and decided that whenever the daughter was ready for sex, she would seek out the health service for medical orientation on contraception before the "first time." When she and her boyfriend made the decision to have sex, she went to the public health center to consult with the doctor and was told "Why don't you just remain virgin? Men do not like women who have already slept with someone," and the like.[10]

She was interviewed on the way out of this consultation by a group of students, and felt furious and impotent. If she were a middle-class college student, she would have changed doctors. What can one do when one depends on a public health clinic? This is part of her and the other students' actual sexual scene and its social and cultural regulations.

One young man, encouraged by the work we did, sought a public family-planning service. He was not admitted to the weekly meeting because "Only women are admitted at these meetings." While consulting a urologist for guidance on contraception and sexually transmitted infections at a different health service, he was kicked out because he "did not have any problem [disease] and was wasting the doctor's time for no reason at all." There was no one in line, the service facility was empty, and the young man left, suspecting racism.

This young man, an active black activist in his Catholic base community, died of kidney insufficiency a year later, after waiting unsuccessfully for a kidney transplant. Given such occurrences, it is not surprising that young men and women prefer to self-medicate, or to deny health problems, rather than to receive mostly bad service from the public health system, where they feel helpless and denied their citizenship. The young man's case was the only point in our program where racism or race was mentioned as a key social- and cultural-regulation variable; otherwise, race never came up explicitly in the group dynamics, and only 0.5 percent of the men and women in our sample said that ethnic background was relevant in considering a sexual partner or a date. The sample included 45 percent white Brazilians, 47 percent black/brown Brazilians, 6.5 percent Asian Brazilians, and 1.5 percent Native Brazilians, but there were no significant differences in attitudes, knowledge, or practices among students from the different ethnic groups, whereas, as already noted, education and income variations did impact these.

A boy and a girl pretended they were a couple to be accepted in the (public health clinic's) "family planning" group, where the doctor (a woman) said the condom was not a reliable method, and recommended only hormonal methods; she also did not know how to put a condom on. The "couple" asked permission to perform the "condom on a cucumber" demonstration they had learned in the workshop, and it was enthusiastically received by the family planning group. The doctor then said that the clinic would have free condoms. The "couple" came back another day, and the nurse said the condoms were there but had passed their expiration date, and that she would not be responsible, although she would give the condoms to them anyway. This clinic had, for months, no condoms available.

Contraceptives and condoms rarely were available in the students' sexual world. The places where they had sex (dark corners, cars, common areas in large buildings, or at home when other family members were temporarily out) led to hurried sexual activity. They shared small household spaces with many others and could not afford motel rooms. There were few contraceptive options, and abortion, which was and is illegal, was referred to as "hell." What resources could these youth draw on for encouragement and support in the radical changes they needed to accomplish—especially with the HIV/AIDS epidemic rapidly increasing among the poor—to avoid unprotected sex.

For a person to be a subject, to feel capable, there is need for experience not separated from day-to-day experience. Being a sexual subject is neither a skill nor a behavior that can be trained in a workshop. It is *reflected experience that generates the subject* and that builds up cognitive structures and levels of functioning more fluid and dynamic than previous ones. If conditions for experimentation are limited by collective forces—social, cultural, economic—that cannot be confronted or conciliated, the feeling of impotence will always be greater than the feeling of power or perceived self-efficacy.

Some youth we have worked with begin their experimentation not through sexual negotiation or individual skills-training, but through initiatives related first and foremost to citizenship: investigating the public health system and services for young people; investigating different sexual networks and subcultures in their neighborhoods; demanding free condoms in the clinics; demanding value-free counsel-

ing about STDs, HIV/AIDS, and contraception; creating a play about abortion and reproductive rights; demanding male acceptance in family planning counseling meetings; suggesting that dancing halls distribute condoms as well as alcohol.

The key question we need to address with this approach is how we can promote safer sex without adding another burden to the already heavy fatalism that the youth carry from other "failures," which the elite attempt to ascribe to a "lack of individual enterprise/effort" or (when racist) to congenital "limitations" of *nordestinos* (Northeasterners, who make up the majority of the poor, immigrant population in southeastern Brazilian cities such as São Paulo). Hence the need to go beyond the notions of "natural sex" or "the power of hormones," or description of a universal adolescence or uniform gender culture. Decoding the sexual scene with all its built-in socioeconomic and cultural elements is a path to consciousness-raising (*conscientização*).

Conclusion

The first safe sex workshops we conducted in this community were positively evaluated by participants, teachers, and parents. We were able to confirm attitude changes showing more flexible values concerning sex and/or traditional gender roles, more confidence in the reliability of condoms, and broadening of risk perception. Nevertheless, such changes are not easy to accomplish, and do not guarantee consistent safer sex, as the students reported in the evaluation follow-up process, where they provided examples of how social-cultural regulations are hard barriers to overcome.

When we collaborate with young people of lower status in practicing safe sex, if we do not examine the social and economic limits of our own proposals (for example, "Use condoms!" "Be healthy!"), the novelty of AIDS becomes no more than a new risk, a new item in a life already marked by one's dealings with adversity, by numerous tragic events, by the violence of everyday life, by financial instability, by other diseases long eradicated from a richer world, by housing problems, and—in Brazilian terms—by lack of citizenship. Nor is it possible to think our task accomplished simply by informing these students about the new risk of AIDS and about safer sex and making them "individually responsible." Understanding that risk perception, perceived self-efficacy, and commitment to change are entangled in

social and cultural regulations, we have been able to recognize over the course of our program that, most of the time, risky sex is not an individual deficit or responsibility.

We broadened the traditional focus on behavioral change, focus groups, and marketing approaches—in which the social and cultural context is typically used (by "experts") to plan products and determine the best language to "sell" these products to target populations (in turn allowing the "experts" to create models of behavior change based on measurable outcomes).

Many AIDS prevention programs have used well-intentioned social research to investigate meanings, attitudes, and prevalence of behaviors, and to formulate innovative language to preach condom use and safer sex—desirable outcomes, of course. The problem is how to substitute these outcomes-to-be-modeled with more politicized popular education approaches, in which social and cultural factors are understood and illuminated *from the community perspective*. If social and cultural factors are not challenged, we will neither foster the sexual subject nor decrease the heavy fatalism and powerlessness of isolated individuals facing an impenetrable reality—and the result will be that communities in developing countries will, like the poor and marginalized communities of developed countries, continue to see AIDS as just another burden among the many they already carry.

After observing how AIDS, sexual meanings, power hierarchies, and gendered scripts have been codified, we must de-codify them and highlight the internal contradictions in each sexual culture. These contradictions are the open doors for agency, for individual, and group cultural innovation (Paiva, 1990). We agree that the individual history and the permanent process of transformation we experience, including changes in personal identity, may bring different tones and rhythms to sexual life as we age; the meaning of sex is different at each stage in life, with each type of bond, and with each partner, and depends upon whether one is a woman or a man, feels part of a sexual community or not, is rich or poor (Gagnon and Simon, 1973). But our focus should not be individual responsibility, but the context in which individuals must act. To help disenfranchised young people feel less "clueless," less fatalist, consciousness-building or consciousness-raising must show how both gendered scripts and the socioeconomic context in which sex occurs take away the agency of the individual and the power of the sexual subject.

We worked on this project to encourage AIDS prevention based upon real life, real experience, the language of daily life, the creativity of art and of popular religiosity. We have used real emotions, felt by real people, in real contexts and scenarios, all voluntarily shared—rather than celebrities playing at marketing and trying to "model" safer sex behaviors, as in the Ministry of Health campaigns shown on Brazilian television. Without "*conscientização*," safer sex workshops are a resource-intensive program that can be successful only with the middle class, which can find the resources and social support to fulfill the program's intentions.

We should insist instead on interactive AIDS education programs in which the educator is more of an instigator of problems and a source of information than a problem-solver. Yet we must assume that our work does not finish at the end of meetings, sessions, or classes. Any experienced activist (or therapist) knows that change depends upon a long course of trials, rehearsals, and challenges against habitual personal and social environments. And in contexts like Brazil, it is not feasible to offer individual counseling and clinical interventions for millions of people, to produce the revolution that we need to stop this epidemic. Similarly, we cannot wait for some vague "empowerment" prior to beginning work on AIDS prevention; we need to do both.

Real AIDS prevention will depend on a new pedagogy and on activist wisdom, rather than on depoliticized models of behavioral change, universal psychological theories, or vague statements about powerlessness. Psychological theories can give many insights, as can the social sciences. But to collaborate with impoverished communities, we need more than clinical approaches, more than generic speeches about health, sermons about condom use. The urgency of this epidemic calls for the less simplistic approaches of liberation pedagogy, and demands political coherence in the implementation of these approaches. In countries like Brazil, as in other countries and communities around the world, it is life-wasting luxury not to derive political action from educational action. It is more effective and faster, from the life-saving standpoint, to consider activism or advocacy *a built-in part of our approach to AIDS education*, encouraging personal power by agents of political action—and in turn encouraging sexual agency.

As Paulo Freire would say, "Turn the question around; while education is not the lever for social transformation, transformation itself is an educational event. Transformation teaches us, shapes and reshapes us" (Shor and Freire, 1987).

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Notes

1. São Paulo has over 200,000 night school students. To study in a night school, students must be over fourteen years old. Ninety percent of these students work in a paid job or at home during the day.

2. A short description of the workshop was published in English in "*AIDS Action*," Issue 25, by ARTHAG, London, 1994. The participants are all the night students, fourteen to twenty-one years old, of four different districts in São Paulo. The program consisted of individual interviews, long workshops (five three-hour sessions), group evaluation sessions, individual counseling, and community organizing initiatives. As part of the project, approximately 3,500 older night school students participated in a shorter version (six hours) of this workshop. We have trained teachers and health services providers in these districts.

3. Our reading of these issues draws heavily on the conception of gender and sexual systems as defined by Gayle Rubin (1984), active/passive relations as defined by Peter Fry (1982) and Richard Parker (1991, 1999), and erotic scripts as defined by Richard Parker (1991).

4. As I have already argued elsewhere (see Paiva, 1993), it is irrational to approach sexuality with separate programs, yet in most countries family planning and reproductive health are separate programs from AIDS prevention.

5. "Not English" would be the equivalent of "not Greek".

6. For an extended discussion of the gendered language of the body in Brazil, see Parker (1991).

7. In in-depth interviews the students say things like: "Since I was twelve, I have had an adult memory," or "I had a very hard young life for my age of thirteen." When we asked them, to begin the interview "Tell me about your life," the first idea that occurred to most was that they have

nothing to tell us (since we are privileged people from the university). What is important in their lives are bad things, tragic experiences. For the most part, they chose a tragic event to talk about. Only 10 percent of them described their lives as "beautiful," "calm," or "nice."

8. To study how education (highly correlated with income) shapes gender differences in sexual meanings, we compared primary night school students with college students, taking a subsample of young men and women from seventeen to twenty-one years old.

9. No college woman responded "I never decide what to do in sexual intercourse" and no college man responded "I always decide"—the two extreme alternatives. On the other hand, 30 percent of the night school women responded that they "never" decide and 9 percent of the men said "I always decide."

10. We had trained most of the health professionals at this health service, as at many others in the area. But only nurses or social workers, mostly women, would come to the training. We never had a male doctor come to a training session on adolescents, HIV prevention, and reproductive choices.

References

Altman, D. (1994). *Power and Community: Organizational and Cultural Responses to AIDS*. London: Taylor and Francis.

Catania, J. A. et al. (1990). "AIDS Risk Reduction Model." *Health Education Quarterly*, 17 (1):53–72.

Daniel, H., and Parker, R. G. (1993). *Sexuality, Politics, and AIDS in Brazil*. London: Falmer Press

Diaz, R. M. (1997). *Latino Men and HIV: Culture, Sexuality, and Risk Behavior*. New York and London: Routledge.

———. (2000) "Cultural Regulation, Self-Regulation, and Sexuality: A Psycho-Cultural Model of HIV Risk in Gay Men." In Parker, R. G., Barbosa, R. M., and Aggleton, P. (eds.), *Framing the Sexual Subject: The Politics of Gender, Sexuality, and Power*. Berkeley, Los Angeles, and London: University of California Press.

Freire, P. (1993). *Pedagogy of the Oppressed*. New York: Continuum Press.

———. (1983). *Education for Critical Consciousness*. New York: Continuum Press.

Fry, P. (1982). *Para Inglês Ver: Identitade e Política na Cultura Brasileira*. Rio de Janeiro: Zahar.

Gagnon, J., and Simon, W. (1973). *Sexual Conduct: The Social Sources of Human Sexuality*. Chicago: Aldine.

Irvine, J. (1994). "Cultural Differences and Adolescent Sexualities." In Irvine, J. (ed.), *Sexual Cultures and the Construction of Adolescent Identities*, 3–29. Philadelphia: Temple University Press.

Lurie, P., Hintzen P., and Lowe, R. (1995). "Socioeconomic Obstacles to HIV Prevention and Treatment in Developing Countries: The Role of the International Monetary Fund and the World Bank," *AIDS*, 9:539–46.

Mann J., Tarantola, D., and Netter, T. (eds.). (1992). *AIDS in the World*. Cambridge: Harvard University Press.

Paiva, V. (1990). *Evas, Marias e Liliths: As Voltas do Feminino*. São Paulo: Brasiliense.

———. (1993). "Sexuality, Condom Use, and Gender Norms among Brazilian Teenagers," *Reproductive Health Matters*, 1, no. 2, 98–110.

———. (1994). "Sexualidade e Genero num Trabalho com Adolescentes para a Prevenção do HIV/AIDS." In Parker, R. G., et al. (eds.), *A AIDS no Brasil*, 231–51. Rio de Janeiro: Editora Relume-Dumará/IMS-UERJ/ABIA.

———. (1995). "Sexuality, AIDS, and Gender Norms." In Herdt, G., and ten Brummelhuis, H., (eds.), *Culture and Sexual Risk: Anthropological Perspective on AIDS*, 97–115. New York and London: Gordon and Breach.

Paiva, V. (ed.). (1992). *Em Tempos de AIDS*. São Paulo: Summus.

Parker, R. G. (1991). *Bodies, Pleasures, and Passions: Sexual Culture in Contemporary Brazil*. Boston: Beacon Press.

———. (1994) *A Construção da Solidariedade*. Rio de Janeiro: Editora Relume-Dumará/IMS-UERJ/ABIA.

———. (1996). "Empowerment, Community Mobilization, and Social Change in the Face of HIV/AIDS." *AIDS*, 10(suppl 3):S27–S31.

———. (1999). *Beneath the Equator: Cultures of Desire, Male Homosexuality, and Emerging Gay Communities in Brazil*. New York and London: Routledge.

Rubin, G. (1984). "Thinking Sex: Notes for a Radical Theory of the Politics of Sexuality." In Vance, C. (ed.), *Pleasure and Danger: Exploring Female Sexuality*, 267–319. London: Routledge and Keagan Paul.

Shor, I., and Freire, P. (1987). *A Pedagogy for Liberation: Dialogues on Transforming Education*. Westport, CT: Bergin and Garvey.