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# Opinions and attitudes regarding sexuality: Brazilian national research, 2005

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## ABSTRACT

**OBJECTIVE:** To describe opinions and attitudes concerning sexuality of the Brazilian urban population.

**METHODS:** A population survey was carried out in 2005 on a representative sample of 5,040 interviewees. An analysis of the attitudes regarding sexual initiation and sexual education of teenagers, considering gender, age, schooling, income, marital status, color, geographic region and opinion on fidelity, homosexuality, and masturbation. The results were contrasted with a similar survey carried out in 1998, when possible.

**RESULTS:** Most interviewees selected the “sex is evidence of love” option when describing the meaning of sex. As in 1998, the majority was in favor of sexual initiation after marriage (63.9% for women vs. 52.4% for men initiation); results differed among religions. School teenage education on the use of condoms was supported by 97% of the interviewees across all social groups. The proportion of Brazilians who agreed with having access to condoms in health services (95%) and at school (83.6%) was high. Fidelity remained an almost unanimous value and there was an increase, in 2005, in the proportion of those in favor of sexual initiation after marriage, and in the rate of acceptance of masturbation and homosexuality compared to the 1998 survey. The younger generations tend to be more tolerant and equalitarian.

**CONCLUSIONS:** As observed in other countries, this study confirms the difficulty in establishing a single dimension that guides sexual life (“liberal” vs “conservative”). The study suggests that the normativity concerning sexual activity should be understood in the light of the local culture and social organization of sexuality, considered by the STD/Aids programs. Opinions in favor of free access to preservatives at school clash with the slower results obtained in fighting the stigma and discriminating against homosexual minorities. The design of laical policies on sexuality allow for the dialog across different perspectives.

**DESCRIPTORS:** Sexuality. Health Knowledge, Attitudes, Practice. Educação Sexual. Socioeconomic Factors. Population Studies in Public Health. Brazil. Cross-sectional studies.

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## INTRODUCTION

Attitudes toward sexuality and sexual morality have been considered important factors for normalizing and regulating what is acceptable or unacceptable as a practice in a country or community.<sup>7-9,12-14</sup> At the same time, understanding attitudes and values has proved to be essential in planning initiatives of prevention and health promotion, in addition to influencing in the guidelines and

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Received: 8/24/2007  
Reviewed: 1/30/2008  
Approved: 3/5/2008

design of public policies in education and in initiatives to protect and promote rights.<sup>1,10</sup> Public policies which aim at promoting sexual and reproduction health or preventing sexually transmitted diseases effectively and efficiently depend on a permanent dialog with the values of program participants – professionals who make decisions and implement the programs; community groups, participants; or patients involved.<sup>1,9,10,a</sup>

We have observed that the largest part of scientific literature on sexual normativity, including of Brazilian literature, is made up of qualitative studies on the social organization of sexuality and the sexual culture of certain regions or populations (e.g. people in a certain neighborhood, homosexuals), or household surveys about specific groups (youngsters).<sup>2,4,6</sup> The topics addressed in recent national surveys in the field of demographics or HIV/AIDS are about, in most cases, the level of knowledge on and use of contraceptives, opinions and attitudes concerning condoms or teenage pregnancy, prevalence of unsafe sexual practices and HIV testing.<sup>15,b,c</sup>

Studies available in international literature, which include analysis of opinions and attitudes toward sexual morality, usually assess the following categories: monogamy and fidelity, meanings of sex (such as procreation, pleasure, love relationship or oral sex as sexual intercourse), and the tolerance rate of certain practices (premarital sex, homosexual intercourse, abortion, oral and anal sex, use of pornography). These studies almost always show important differences when they compare answers provided by men and women, different generations, religions and regions of a country or continent.<sup>7,8,12,13,d</sup> In general, the individuals are classified in groups with conservative, traditional and liberal<sup>7</sup> attitudes, or more or less permissive attitudes.<sup>8,12</sup>

There is some support for<sup>8</sup> the assumption that greater tolerance regarding sex before marriage, teenager sex, extramarital sex and sex between people of the same sex are indicators of a single dimension, which could explain a set of sexual attitudes, such as greater or lower permissiveness in individuals or countries. However, the analysis of the differences among industrialized countries shows that countries which are more permissive concerning premarital sex are not as permissive in regard to extramarital sex.<sup>8</sup> Several studies have shown that religion, family and groups strongly affect indi-

vidual attitudes and the different sets of norms regarding sexuality individuals uphold. A national study carried out in the United States<sup>7</sup> suggested the existence of three groups, according to the meaning given to sexual life: sexual activity associated to pleasure; to intimacy and to love; or to procreation. Belonging to one of these groups explains a certain standing regarding approval and regulation of the context of teenage, premarital, extramarital, and homosexual sexual practices.<sup>7</sup>

To follow and monitor public policies in the field of sexual and reproduction health, and particularly in preventing HIV/AIDS, the Brazilian Health Ministry has been funding national surveys as of 1998.

Therefore, the goal of this paper is to present a descriptive analysis of the opinions and attitudes regarding sexuality norms in the Brazilian population.

## METHODS

The analyses refer to findings of the survey “*Comportamento Sexual e Percepções da População Brasileira sobre HIV/Aids*”<sup>e</sup> (Sexual behavior and perceptions of the Brazilian population regarding HIV/AIDS), carried out in 2005, compared with a similar survey carried out in 1998.<sup>f</sup>

The 2005 survey was carried out on a sample of 5 040 men and women aged 16 to 65. Using stratified multi-stage census tracts, households and individuals over 16 were randomly successively drawn in each microregion. The household surveys were based on the 1998 survey questionnaire, which was modified for the 2005 survey, ensuring comparability of questions that were repeated. In this paper, the questions that focused on opinions regarding sexuality and sexual normativity are addressed. We designed double entry tables for sociodemographic variables (gender, age, schooling, income, marital status, religion, color, marital status and geographic region of city of residence) and variables regarding attitudes toward socialization of the youngsters, meaning given to sexuality, opinions on fidelity, extramarital sex, sex between people of the same sex and masturbation. Favorable opinions were defined as the total number of answers “I completely agree” and “I partially agree”.

<sup>a</sup> United Nations. General Assembly. Declaration of commitment on HIV/AIDS. New York; 2001. Available from [http://data.unaids.org/publications/IRC-pub03/aidsdeclaration\\_en.pdf](http://data.unaids.org/publications/IRC-pub03/aidsdeclaration_en.pdf) [Accessed on 5/13/2008]

<sup>b</sup> Ministério da Saúde. Secretaria de Vigilância Saúde, Programa Nacional de DST/Aids. Pesquisa sobre conhecimento, atitudes e práticas na população brasileira de 15 a 54 anos- PECAP – Brasília: 2005 [Accessed on 5/13/2008]. Available from: <http://www.aids.gov.br/main.asp?ViewID=%7BA62BDF6E%2D914A%2D4DF7%2DA10E%2DCE06AB4E26F7%7D&params=itemID=%7BE8765A44%2DD0BE%2D4269%2D9DCA%2D0F6D72C2FBA2%7D;&UIPartUID=%7B585687B3%2DF650%2D459E%2DAC6E%2D23C0B92FB5C4%7D>

<sup>c</sup> Paiva V, Venturi G, França Jr I, Lopes F. Uso de preservativos: pesquisa MS / IBOPE 2003. Brasília: Ministério da Saúde, Programa Nacional de DST/AIDS; 2003. Available from: [http://www.aids.gov.br/final/biblioteca\\_ibope/artigo\\_preservativo](http://www.aids.gov.br/final/biblioteca_ibope/artigo_preservativo) [Accessed on Feb/2006].

<sup>d</sup> Programa de Naciones Unidas para el Desarrollo. Actitudes, información y conductas em relación com el VIH SIDA em al poblacion general: informe para el establecimiento de la línea de base para el proyecto actividades de apoyo em la prevencion y control em Argentina. Buenos Aires; 2005.

<sup>e</sup> Research coordinated by the Centro Brasileiro de Análise e Planejamento (CEBRAP) and Brazilian Ministry of Health.

<sup>f</sup> Berquó E, coordenador. In: Comportamento sexual da população brasileira e percepções do HIV/AIDS. Brasília (DF): Ministério da Saúde, Secretaria de Políticas de Saúde, Coordenação Nacional DST e Aids; 2000. (Série avaliação, 4).

The 1998 and 2005 surveys were based on representative samples of the Brazilian urban population in the microregions defined by the *Instituto Brasileiro de Geografia e Estatística* (IBGE – Brazilian Institute of Geography and Statistics). Trained and supervised teams carried out the interviews in both surveys.

The variables of the 1998 survey corresponding to the ones in the 2005 survey were tabulated, and identical and similar questions were grouped. To the questionnaire adopted in 1998, questions on access to prevention and condoms at school were added. There was also an attempt to establish possible differences between current normativity on sexuality of young men and women. The meaning of sexual life was obtained differently in the two surveys.

The effect of sociodemographic characteristics on the meaning of sexual life and on questions regarding sexuality of individuals younger than 19 was submitted to inferential analysis to assess its relevance.

Pearson's chi-square hypothesis tests at a 1%, 5% and 10% significance levels were used. SPSS version 13.0 was used for data analysis.

Interviewees signed an informed consent statement and the survey received the approval of the Research Ethics Committee of the Faculdade de Saúde Pública of Universidade de São Paulo.

## RESULTS

According to Table 1, the most frequently chosen answer given by 2005 Brazilian interviewees to the meaning of sexual life they most identify with was: "sex is evidence of love towards one's partner" (46.8% of women and 39% of men); the least chosen alternative was "sex is a physical need, such as thirst and hunger" (8.5% of women and 13.3% of men). The alternative "sex is important for having children and maintaining family life" was chosen by 28.8% of men and 24.7% of women. The distribution of men and women was significantly different ( $p < 0.05$ ) concerning these alternatives. The statement: "sex is source of pleasure and satisfaction" was selected by almost 20% of interviewees, male and female.

Table 1 shows that the distribution of the answers to meaning of sex does not indicate important differences between whites and blacks. Interviewees living in the Northeastern region chose less frequently the alternatives that mentioned pleasure or love, and gave more frequent answers indicating that sex is associated to physical needs, family and children. In the Southern region of Brazil, there were more answers associating sex to pleasure. Marital status was found to be an important aspect of the context that defines people's attitude toward their sexual life: singles and separated

tended to value pleasure and sex as 'a physical need', and less 'sex as evidence as love', and this difference was statistically significant ( $p < 0.05$ ).

The higher the schooling and the family income, the more important sex was considered a source of pleasure, the less it was seen as having procreative function and the less it was considered evidence of love; the proportion of those who considered sex as a physical need remained stable. When age groups were compared, the choices varied only between the 16-25 age group, which, when compared to older individuals, had a tendency to value sex as a source of pleasure and saw it less as evidence of love.

Catholics, Historical Protestants, and Pentecostals valued sex, proportionally more ( $p < 0.05$ ), for having children and maintaining family life, in addition to sex as a source of pleasure. Among Christians, Catholics gave more importance to pleasure, however less than interviewees from African-Brazilian religions, in the 'other religion' category, and Kardecists. To the latter, the importance of pleasure was close to the importance of love as meaning of sex.

In the 1998 survey, interviewees answered the question "What is the meaning of sex to you?". To 17% of participants sex meant sexual pleasure; 19.5% said it meant "having children"; 62% checked "love relationship" and 13% chose "to have sex".

In Table 2 we can see that among the opinions regarding socialization for the sexuality of the younger age bracket obtained in 2005, opinions favoring the beginning of sexual life after marriage prevailed: 63.9% favoring the start of the sexual life of young women after marriage; and, as expected, a smaller percentage, 52.4%, for that of young men ( $p < 0.001$ ). This difference in the proportion of people favoring virginity among women until after marriage was consistent across all categories of age, schooling, income, religion, gender, color or region. The difference in morality concerning men and women was greater in the Northeastern region and among interviewees with lower schooling rates. Opinions favoring the beginning of sexual life only after marriage increased with age, and were less frequent among Kardecists, followers of African-Brazilian religions and among those declaring not having a religion. It has increased among Catholics and was more frequent among Protestants.

Among the Brazilians interviewed in 1998, the statement agreeing with the need of marriage for the beginning of one's sexual life was chosen by 43.6% of interviewees (data not shown), a lower percentage than the average for the beginning of the sexual life of young women obtained in the 2005 survey, which subdivided the question into sexual initiation of young men and young women. Support given to sexual abstinence before marriage doubled among those who reported

**Table 1.** Meaning given to sexuality, according to sociodemographic characteristics. Brazil, 2005.

Sociodemographic characteristics	Sex is a source of pleasure or satisfaction		Sex is important to have children and to sustain family life		Sex is evidence of love toward one's partners		Sex is a physical need, such as hunger and thirst	
	n	%*	n	%*	n	%*	n	%*
<b>Sex**</b>								
Men	442	18.9	674	28.8	914	39.0	312	13.3
Women	502	20.0	619	24.7	1.175	46.8	213	8.5
<b>Age** (years)</b>								
16-19	121	21.5	159	28.2	223	39.7	59	10.5
20-24	172	25.3	171	25.1	262	38.5	76	11.1
25-34	234	19.8	326	27.6	520	44.1	100	8.5
35-44	181	18.1	239	23.8	466	46.4	117	11.7
45-54	166	19.2	220	25.4	380	43.9	100	11.5
55-65	70	12.6	178	31.8	238	42.5	73	13.1
<b>Color**</b>								
White	471	21.2	564	25.4	975	43.8	214	9.6
Black	450	18.2	687	27.7	1 051	42.4	293	11.8
<b>Family income** (in Minimum Wages)</b>								
Up to 1	82	15.6	147	27.9	234	44.4	63	12.0
More than 1 to 2	137	13.6	282	27.9	485	48.0	106	10.5
More than 2 to 3	114	16.0	208	29.3	319	44.9	69	9.8
More than 3 to 5	176	17.2	279	27.3	442	43.2	126	12.3
More than 5 to 10	218	25.3	210	24.4	337	39.1	96	11.1
More than 10	157	34.1	105	22.9	155	33.7	43	9.3
<b>Schooling**</b>								
Illiterate	34	14.3	68	28.7	120	50.7	15	6.2
Primary education	282	13.5	589	28.1	988	47.2	235	11.2
High-school	351	20.3	479	27.7	715	41.4	184	10.6
Undergraduate/Graduate	262	35.5	147	19.9	242	32.8	87	11.8
<b>Religion**</b>								
Roman Catholic	600	19.5	818	26.6	1.320	42.9	337	11.0
Historical Protestant	55	13.2	128	30.8	195	46.9	38	9.1
Pentecostal	86	13.0	214	32.4	301	45.6	59	9.0
Kardecist	63	34.8	28	15.7	72	39.9	17	9.7
African-Brazilian	5	23.2	1	2.8	11	47.1	6	26.9
None	118	28.5	80	19.3	156	37.5	61	14.7
<b>Region**</b>								
North/Northeast	224	17.5	381	29.8	508	39.8	165	12.9
Central-West/Southeast	287	19.5	353	24.0	674	45.8	156	10.6
State of São Paulo	273	19.5	388	27.7	600	42.8	141	10.0
South	160	22.9	170	24.3	306	43.7	64	9.1
<b>Marital status**</b>								
Single	408	24.9	418	25.5	616	37.7	195	11.9
Married	322	15.7	583	28.5	951	46.5	190	9.3
Widow(er)	14	11.0	38	30.7	58	46.4	15	11.9
Partnership or living together	127	17.2	174	23.6	352	47.7	85	11.5
Separated	53	24.2	57	26.3	74	34.1	34	15.5
Divorced	22	24.6	22	25.2	37	42.5	7	7.8

\* Percentages obtained based on the total amount of valid answers in the line

\*\*  $p < 0.01$  in chi-square test of the variable vs. meaning of sexual life

having university-level education (it accounted for 17% of answers in 1998), and this trend was observed among men and women in all levels of income and schooling, regions and religions.

Despite this apparent change in values, increased support of sexual initiation after marriage did not implicate lack of support to providing information to youngsters on the use of condoms and contraception. In 2005, almost all interviewees were in favor that youngsters between 15 and 19 years of age were informed by their schools on contraceptive methods and about the use of condoms (97.5%), with no differences among the various social groups. The majority of respondents were also in favor of facilitating access to condoms in health services (94.9%) and at school (83.6%), and of talking about sex to individuals under 15 (76.2%). Proportionally more women than men, and more whites than blacks, answered they completely or partially agreed with the statement "We should talk about sex with children under 15"; these answers prevailed among those with higher schooling rates, and among interviewees belonging to African-Brazilian religions, among Kardecists and those who declared not having a religion. In the 1998 survey, the question "In your opinion, should we talk about sex to children (individuals under 15)?" was answered affirmatively by 65.1% of the sample.

Favorable opinions ("completely agree" and "partially agree") to fidelity as a value that helps build happiness in married life totaled more than 90% of the answers in 1998, and the same was found in 2005, as we can see in Table 3 and in the Figure. There was a growth in approval given to male (56.3% in 2005 vs 41.7% in 1998) and female (54.3% in 2005 vs. 35.9%) masturbation (Figure).

The proportion of those indicating tolerance towards masturbation in 2005 (data not shown) was higher among men, youngsters, whites, singles and separated, groups with higher income and schooling rates, and in the Southern and Southeastern regions; concerning religion, it was lower among Protestants, Pentecostals and members of other religions, and significantly higher among Kardecists and members of African-Brazilian religions.

The proportion of those indicating tolerance toward homosexual sexual relationships increased from 5.2% in 1998 for sex between men to 14.6% in 2005; for sex between women, the tolerance rate increased from 10.6% to 16.1%. (Figure)

Favorable opinions regarding sex between men were similar among male and female respondents in 2005. In the 1998-2005 period, favorable opinions increased in all age brackets, in all levels of income and in all levels of schooling, especially among those with higher education.

## DISCUSSION

The results of the present study mirror the opinion of Brazilians on sexual life and have implications on public policies in the field. The data analyzed confirm that defining the normalization of sexuality based on a single axis (e.g. promiscuous or liberal vs. conservative) does not seem to be an adequate route to understanding the variability of standards found in the Brazilian surveys examined in the present study. These results corroborate North-American, Australian, European and Asian studies.<sup>7-8,12</sup> It is not possible to consolidate opinions on monogamy, marital fidelity, meaning of sex and of some sexual practices on a single dimension capable of explaining the attitudes of Brazilians toward regulation of their sexual life.

The results of the 2005 survey, compared to the survey carried out in 1998, showed a growth of tolerance toward masturbation and homosexual relations, in addition to greater importance given to fidelity and to initiating sexual life in the context of marriage. The comparison of the two surveys must be interpreted carefully, due to small adjustments in the second design plan, which were necessary to meet the demographic changes that occurred in Brazil between 1998 and 2005.

In addition, the majority of opinions favoring sexual education initiatives among youngsters, including free access to condoms at school and at health units as supported by AIDS programs<sup>10</sup> in Brazil, confirm the difficulty in establishing a single dimension to explain the regulation of sexual life. The present study suggests that the normativity regarding sexual activity must be understood in the light of sexual culture and social organization of sexuality in the local level, and their interface with public policies.

The great importance attached to maintaining virginity until marriage, for men and women, does not result in intolerance concerning talking about sex to individuals under 15; most interviewees in 2005 believed that it was adequate to provide information on contraception and condoms at school and at health services. At the same time, these findings suggest the importance of including the topic of postponing the beginning of one's sexual life, common among more educated youngsters, as an element to be considered in the education of teenagers on sexuality and in preventing sexually transmitted diseases;<sup>11</sup> the programs that include support to postponing the beginning of one's sexual life and the use of contraceptives do not result in a decrease in the use of condoms.

Fostering the right to information on contraception and access to condoms, an essentially governmental effort, contrasts with the staggering results in fighting stigma and prejudice against homosexual minorities—especially by the National AIDS Program.<sup>10</sup> Although

**Table 2.** Opinions on premarital sex and prevention among youngsters according to sociodemographic characteristics. Brazil, 2005.

Sociodemographic characteristic	Young women should wait until marriage to have sexual intercourse	Young men should wait until marriage to have sexual intercourse	Youngsters should receive information at school on contraceptive methods	Youngsters should receive information at school on using condoms	Youngsters should have facilitated access to condoms at school	Youngsters should have facilitated access to condoms at health services	We should talk about sex to children under 15
	n	n	n	n	n	n	n
	%*	%*	%*	%*	%*	%*	%*
Sex							
Male	1,526	1,206	2,326	2,321	2,040	2,258	1,691
	64.2	50.6	97.4	97.2	85.7	94.9	70.8
Female	1,675	1,411	2,588	2,581	2,154	2,510	2,146
	63.7	53.9	98.1	97.7	81.8	95.0	81.1
p	ns	<0.01	ns	ns	<0.01	<0.10	<0.01
Age (years)							
16-19	304	250	572	573	501	564	391
	52.3	43.0	98.4	98.2	85.9	96.6	67.0
20-24	364	308	686	686	622	679	529
	52.5	44.3	98.6	98.7	89.4	97.8	76.0
25-34	711	584	1,196	1,198	1,003	1,162	958
	59.2	48.6	98.9	99.0	83.1	96.2	79.1
35-44	695	579	1,009	1,004	850	978	801
	67.2	56.1	97.5	97.3	82.5	94.6	77.2
45-54	645	516	883	881	743	846	722
	71.3	57.3	97.1	96.8	82.5	93.4	79.5
55-65	481	380	570	560	475	539	437
	80.9	64.5	95.3	93.7	79.7	90.3	72.7
p	<0.01	<0.01	<0.01	<0.01	<0.01	<0.01	<0.01
Color							
White	1,327	1,120	2,242	2,239	1,931	2,198	1,843
	58.2	49.3	98.0	97.8	84.6	96.0	80.5
Black	1,774	1,408	2,520	2,511	2,146	2,433	1,869
	68.8	54.8	97.6	97.2	83.4	94.4	72.2
p	<0.01	<0.01	ns	ns	ns	<0.01	<0.01
Family income (in minimum wages)							
up to 1	439	351	537	534	450	530	347
	78.9	63.5	96.3	95.9	81.0	95.5	62.1
More than 1 to 2	744	624	1,029	1,027	871	1,001	722
	70.9	59.7	97.5	97.6	83.1	95.0	68.2
More than 2 to 3	506	409	721	714	610	688	574
	69.5	56.0	98.0	97.1	83.3	93.6	78.2
More than 3 to 5	675	539	1,021	1,025	902	996	833
	64.6	51.7	97.5	97.9	86.7	95.7	79.5
More than 5 to 10	501	411	861	859	752	834	711
	56.9	46.8	98.0	97.5	85.3	94.6	80.5
More than 10	178	145	473	472	385	462	424
	37.3	30.5	99.2	99.1	80.7	96.9	89.3
p	<0.01	<0.01	<0.05	<0.01	<0.01	<0.10	<0.01
Schooling							
Illiterate	248	208	265	255	219	251	151
	90.4	77.1	96.1	93.5	80.6	92.1	54.5
Primary education	1,593	1,272	2,110	2,108	1,800	2,038	1,503
	73.7	59.1	97.2	97.1	83.2	94.0	69.1
High-school education	1,023	848	1,732	1,735	1,511	1,699	1,443
	58.1	48.1	98.2	98.3	85.8	96.2	81.7
Undergraduate/ Graduate	302	260	753	749	616	728	693
	40.0	34.5	99.2	98.5	81.2	95.9	91.2
p	<0.01	<0.01	<0.01	<0.01	<0.01	<0.01	<0.01

To be continued

Continuation Table 2

Sociodemographic characteristic	Young women should wait until marriage to have sexual intercourse		Young men should wait until marriage to have sexual intercourse		Youngsters should receive information at school on contraceptive methods		Youngsters should receive information at school on using condoms		Youngsters should have facilitated access to condoms at school		Youngsters should have facilitated access to condoms at health services		We should talk about sex to children under 15	
	n	%*	n	%*	n	%*	n	%*	n	%*	n	%*	n	%*
<b>Religion</b>														
Roman Catholic	1,965	61.8	1,528	48.1	3,143	98.3	3,146	98.5	2,696	84.6	3,069	96.1	2,418	75.6
Historical Protestant	357	84.4	325	77.3	403	96.0	394	93.1	334	79.2	379	89.2	308	72.6
Pentecostal	559	81.9	509	75.0	657	96.6	649	95.5	535	78.8	629	92.8	495	72.4
Kardecist	56	30.1	45	24.4	183	98.3	187	100.0	164	88.7	184	98.6	165	88.0
African-Brazilian	11	44.9	9	38.1	24	100.0	24	100.0	24	96.6	24	100.0	23	94.5
None	197	45.6	148	34.2	429	98.2	429	98.0	384	88.6	416	95.8	360	82.3
p	<0.01		<0.01		<0.01		<0.01		<0.01		<0.01		<0.01	
<b>Region</b>														
North/Northeast	965	73.4	706	53.8	1,282	97.4	1,284	97.6	1,064	81.1	1,258	96.0	880	66.8
Central-West/Southeast	1,007	65.6	856	56.1	1,498	97.4	1,489	96.8	1,267	82.7	1,433	93.0	1,176	76.2
State of São Paulo	835	58.0	720	50.1	1,426	98.2	1,420	97.8	1,272	87.7	1,385	95.5	1,173	80.8
South	393	54.6	334	46.4	709	98.2	709	98.2	591	82.2	693	96.1	608	84.1
p	<0.01		<0.01		<0.01		<0.01		<0.01		<0.01		<0.01	
<b>Marital status</b>														
Single	881	52.2	712	42.1	1,657	98.0	1,660	98.1	1,465	86.6	1,627	96.2	1,270	75.0
Married	1,523	72.3	1,269	60.4	2,063	97.6	2,049	96.9	1,702	80.8	1,964	93.0	1,651	78.0
Widow(er)	111	79.0	93	69.2	138	98.6	138	98.5	117	83.5	137	97.9	106	75.1
Partnership or living together	492	65.1	374	49.5	742	97.4	741	97.7	639	84.2	732	96.4	545	71.4
Separated	140	61.4	120	53.3	227	98.4	225	97.4	195	85.2	222	96.8	185	79.8
Divorced	54	59.5	48	53.0	89	98.0	89	98.0	77	85.2	86	95.1	81	89.2
p	<0.01		<0.01		<0.10		<0.10		<0.01		<0.01		<0.01	
<b>Total</b>	63.9		52.4		97.8		97.5		83.6		94.9		76.2	

\* Percentages obtained based on the total amount of valid answers in the line p; Obtained through chi-square test of the variable vs. each proposition; ns= not significant

acceptance of homosexuality has grown, this is still the opinion of a minority of the Brazilian population. According to respondents, the increase in tolerance occurs firstly outside the home: friends have more liberal views than one's own; and the family, less.

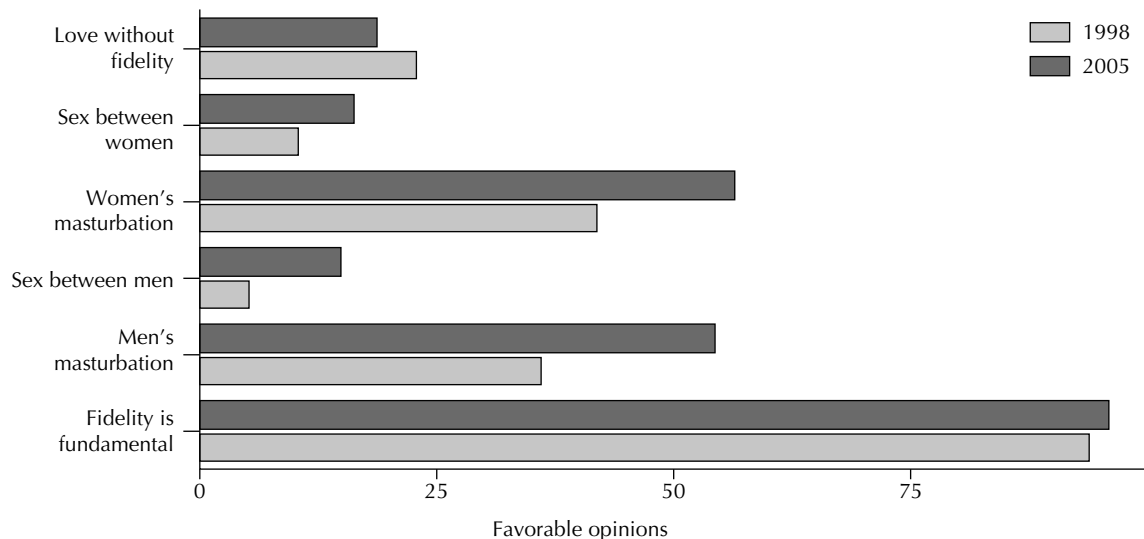
These results confirm that normative references regarding sexuality are produced by the social groups to which one belongs, and that they are strongly marked by social categories such as gender, age cohort, and especially, schooling and income. In terms of religion, Christians chose, in general, alternatives more coherent with the traditional values of their beliefs; however, the majority of the Catholics interviewed support the use of condoms. Kardecists, followers of African-Brazilian religions and non-believers were more tolerant concerning less traditional practices.

It was found that normative references on sexuality are different when we compare what is expected of men to what is expected of women, sometimes even in different directions: female homosexuality is more accepted. On the other hand, female virginity until marriage is more expected than male virginity. Younger generations tend to be more tolerant and equalitarian.

Population-based studies<sup>5,8,9,12,14</sup> that investigated sexual normativity in other countries confirmed the importance of subcultures and their specific features in defining what is expected of each gender and of sexual life. According to these studies, even in countries with similar religious profiles and social development rates, findings differ: opinions are more favorable towards premarital sex in Australia than in England and in the United States, countries of a Protestant majority; homosexuality is more

**Table 3.** Opinions on fidelity, homosexual relations, and masturbation of the Brazilian population in 2005, compared to the survey carried out in 1998.

Opinion	Agreement rate	Survey 2005	Survey 1998
There can be love without fidelity	I completely agree	9.0	12.8
	I partially agree	9.4	10.0
	I partially disagree	6.2	11.7
	I completely disagree	75.3	65.6
Fidelity is fundamental for the couple's happiness	I completely agree	90.0	83.5
	I partially agree	5.9	10.3
	I partially disagree	1.4	2.3
A woman can have sex with another woman	I completely disagree	2.7	3.9
	I completely agree	8.8	3.7
	I partially agree	7.3	6.9
A man can have sex with another man	I partially disagree	3.8	6.0
	I completely disagree	80.1	83.4
	I completely agree	8.6	2.3
Man can masturbate	I partially agree	6.0	2.9
	I partially disagree	3.6	4.6
	I completely disagree	81.8	90.1
Women can masturbate	I completely agree	38.1	20.3
	I partially agree	18.2	21.4
	I partially disagree	7.4	9.7
Fidelity is fundamental	I completely disagree	36.3	48.6
	I completely agree	36.1	18.2
	I partially agree	18.2	17.7
	I partially disagree	7.3	10.2
	I completely disagree	38.4	53.9



\* Supporting opinions (percentage): total number of "I completely agree" and "I partially agree" answers.

**Figure.** Opinions on fidelity, homosexual relations, and masturbation. Brazil in 2005 and 1998.



tolerated in Spain than in Italy, despite both countries being mainly Catholic. In Australia, 85% of interviewees in a 2001-2002<sup>12</sup> survey were in favor of premarital sex, in contrast to 61% of the interviewees in 25 countries surveyed by Newcomb et al<sup>8</sup> in 1994 (varying from 11% in the Philippines, 15% in Japan, 41% in the United States, 57% in Russia and Bulgaria, 59% in Italy, 63% in Spain, 65% in Israel, 70% in England, to 87% in Germany, and 89% in Sweden, among others).

Among the Australians interviewed in 2001,<sup>12</sup> sex between men was completely disapproved of by 32% of respondents, and sex between women, by 23%; the differences found are influenced by religion (liberals and non-believers) and of gender (men tend to be more liberal in most items surveyed). In England in 2002,<sup>6</sup> the disapproval rate of sex between men was 54% among men and 36% among women. In the multi-centered Newcomb et al<sup>8</sup> study, homosexual practices were considered wrong by 24% of respondents in the 25 countries, varying from 84% in the Philippines, 81% in Bulgaria, 70% in the United States, 67% in Italy, 65% in Japan, 58% in England, 57% in Israel and Russia, 56% in Sweden, 51% in Germany, to 45% in Spain, among others.

Based on studies carried out in England, United States, Ireland, Germany, Sweden, and Poland, countries that have substantially different cultural and social and political traditions, Scott<sup>14</sup> found a significant increase in the acceptance of premarital sex, whereas disapproval rates for extramarital sex remain high; and a slow decrease in the acceptance of homosexuality. Religion would be the main force against a speedier and more substantial increase in tolerance towards homosexual practices.

Although studies carried out in a number of countries in the fields of sexuality and health promotion have established that there is no direct and consistent association between what people think, approve of, and what they in fact do,<sup>7</sup> the analysis based on these databases and partial results should look for significant associations between the different beliefs and some of the indicators of relevant sexual practices, aiming at planning measures for preventing HIV in Brazil.

The social research that resulted in the targets agreed to by the United Nations for preventing and controlling HIV and AIDS<sup>16</sup> have systematically proven that the most successful normative context for promoting and ensuring certain rights, including the right to health, is a scenario that includes a dialog with the values of each group.<sup>a</sup> Personal and group beliefs, opinions and values, must be valued in this dialog and taken into consideration by both the form and content of the approaches adopted in the field of promoting sexual and reproduction health, and by initiatives in preventing sexually transmitted diseases. Therefore, we aim at ensuring that scientific knowledge, which includes how to take care of oneself and how to prevent diseases, meets with knowledge that each individual produces throughout one's sexual life, which is always governed by one's personal values.<sup>19</sup> In the case of Brazil, where universal and free access to full health care is a right of the Brazilian citizen and a responsibility of the State, the dialog with the various normative references on sexuality depends on deepening the experience of the laical State.<sup>10</sup> It also depends on recognizing and valuing socially organized diversity of beliefs, attitudes and values, and sexual practices of Brazilians.

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<sup>a</sup> United Nations. General Assembly. Declaration of commitment on HIV/AIDS. New York;2001. Available from [http://data.unaids.org/publications/IRC-pub03/aidsdeclaration\\_en.pdf](http://data.unaids.org/publications/IRC-pub03/aidsdeclaration_en.pdf) [Accessed on 5/13/2008].

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Article based on the data from the survey "Comportamento sexual e percepções da população brasileira sobre HIV/Aids (Sexual behavior and perceptions of Brazilian population on HIV/AIDS)", sponsored by the Brazilian Ministry of Health through the Centro Brasileiro de Análise e Planejamento (Process n. ED 213427/2004).

This article followed the same peer-review process as any other manuscript submitted to this journal, anonymity was guaranteed for both authors and reviewers.

Editors and reviewers declare they have no conflict of interests that could affect the judgment process.

The authors declare they have no conflict of interests.