


AIDS in posters: representations on sexuality and Aids prevention in December 1st campaigns in Brazil (2013-2017)


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The article sought to analyze representations of sexuality and prevention on posters produced by the Department of Chronic Conditions Diseases and Sexually Transmitted Infections (DCCI) stemming from the combination prevention (CP) guidelines adopted in 2013. A descriptive and documental content analysis of posters relative to the World Aids Day (December 1st) was carried out (2013-2017). Results indicate that relational aspects of condom use appear to be less relevant, and increments of the individualization of care under the logic of “know your status” are becoming stronger. It is also possible to notice preventive alternatives, by way of the tripod symbol: “condom, test and pill”, or new technologies such as PrEP and PEP. This suggests that the CP has been guiding the DCCI campaigns since its launch, as opposed to previous campaigns focusing on target populations and male condoms.

Keywords: Aids. Campaigns. Prevention. Sexuality.



Introduction

Aids representations are generally supported and maintained through different cultural forms, according to the social contexts in which they are built. At the emergence of the epidemic, it was a phenomenon seen by different social actors for the first time. Therefore the media - articulated to scientists - played a unique role in constructing a reality, sometimes clad in the heyday of a “scientific mystery,” sometimes reproducing contradictions exemplified by messages that appealed to both control and solidarity¹.

Media-based representations and state-sponsored prevention campaigns are a crucial aspect of the epidemic and its meanings; among the pioneering analyzes related to this facet, Sontag², Treichler³, Herzlich and Pierret⁴ and Spink et al.⁵ are noteworthy. Critical research on prevention campaigns should also be highlighted from the perspective of communication⁶.

Part of the national studies on AIDS prevention campaigns include materials produced and disseminated between 1986 and 2010, focusing on the early days of the epidemic. Remarkable controversies were raised by the messages, their counterproductive effects (even if unintentional), in the sense of reforming stigmas or contrary positions by some sectors of society, such as the Catholic Church⁷; as well as the issue of moral panic and the alleged control of sexual practices through information. Generally speaking, the analytical processes focused on language and discourse, pointing to aspects such as campaign discontinuity and the need to involve message-receiving groups in message formulation.

Regarding the axes of analysis, gender and sexuality dimensions have been privileged, reflecting the “feminization” of the epidemic, such as the discussion of the preventive discourse of the campaigns of the 1990s and 2000s, in particular the messages of women’s empowerment⁸, as well as an analysis of the campaign focused on elderly women in 2008⁹. Some papers investigate carnival campaigns, problematizing the monogamous ideal as a barrier to condom use¹⁰ or identifying the target audience with values and positions regarding race, class and sexuality of the characters chosen as protagonists¹¹.

Paradoxically, the analyses done with regard to the World Aids Day - December 1st campaign have been less significant when compared to the contributions listed above. Such campaigns have been characterized by their regularity and ability to mobilize discourses from international agencies and national agencies about directions of the response to the epidemic.

The Ministry of Health (MS), through the website of the Portal on AIDS, Sexually Transmitted Infections and Viral Hepatitis, of the Department of Chronic Diseases and Sexually Transmitted Infections (DCCI)^(e), makes available the posters of AIDS prevention campaigns in Brazil produced by the agency since 1998. In the realm of the DCCI campaigns, the poster is the media channel that reaches a more even distribution in the regions of Brazil¹¹. Campaigns generally aim to a variety of target populations and are based on promoting male condom use. More recently, the 2012 Carnival Campaign aimed mainly at young gay men, and the 2013 campaign aimed to -and made by- prostitutes, highlighting the autonomy and legitimacy of sex work, were the target of censorship.

^(e) New classification in organizational chart, adopted in May 2019, changing the former Department for Surveillance, Prevention and Control of Sexually Transmitted Diseases, HIV/AIDS and Viral Hepatitis (DIAHV).



Against the backdrop of the loss of visibility of gender and sexual orientation issues in global and national prevention policies¹², the DCCI announced in 2013 the new focus related to AIDS combat: Combination Prevention (CP). This guideline has gradually introduced strategies such as Treatment as Prevention¹³, pre-exposure prophylaxis (PrEP)¹⁴ and the reorganization of Testing and Counseling Centers (CTA)¹⁵. However, in its original conception, CP proposes alternatives to maximize the protection of individuals and their partners, according to their individual possibilities and needs through biomedical, structural and behavioral actions duly articulated¹⁶.

Considering the possible symbolic effects of this programmatic change, this study aimed to analyze the representations about sexuality and prevention on posters produced by DCCI for the December 1st - World Aids Day - from 2013 to 2017.

Methods

We examined 19 posters from five campaigns from December 1, 2013 and 2017 using descriptive and documentary content analysis. The documentary study seeks to broaden the understanding of objects whose understanding needs historical and sociocultural context¹⁷. The documents are presented in the form of texts, images, sounds, signals, etc., contained in a material support, fixed by special techniques such as printing, engraving, painting, inlays¹⁸.

The choice of posters as a unit of analysis was done due to the fact that we consider that the contents available are defined according to what they want to transmit as well as to the recipient they are aimed. Posters are “elements of culture” that try to influence the receivers’ way of thinking and acting on a particular subject or problem¹⁹. The idea is that posters are elements not isolated from a wider context: on the contrary, the construction of these campaigns and the design of the technologies they disseminate are engaged in a co-construction system that already anticipates the users’ profile of the target audience²⁰. Therefore, there is a trove of meanings that require a sophisticated process of decoding and interpreting the representations of these materials²¹.

The research procedures were developed in three stages. In the first one, the research identified those epidemiological bulletins available on the DCCI website during the period from 2001 to 2017, in order to verify to what extent the campaigns from December 1st are based on these documents.

In the second stage, a survey analyzed the posters available on the same website^(f) accessing the Content Centers section, and then the Campaigns section. We only selected those posters created for the December 1st campaigns produced between 2013-2017, considering that in 2013 the agency launched the CP strategy.

In the third stage, we submitted the material to a pre-analysis aimed to verify the relationship between epidemiological trends and the campaigns of December 1st. Following the proposal of Thiago, Russo and Camargo-Junior²², the material was submitted to a content analysis to identify the main themes regarding the representations about subjects, sexualities and prevention methods.

^(f) Website DCCI: <http://www.aids.gov.br/pt-br/centrais-de-conteudo/campanhas>. The images analyzed in this article are under public domain, disseminated by the DCCI own website.



Results and discussion

Relationship between epidemiological trends and December 1st campaigns: historical series

DCCI made available on its website for the first time a December 1st campaign in 1998. These campaigns followed UNAIDS recommendations between 1998 and 2000, prioritizing children and adolescents (1998 and 1999) and men (2000). The AIDS Epidemiological Bulletins began to be published on the Internet from 2001 on. These documents are produced annually by the MS through data provided by the National Disease Surveillance System (SINAN) and always published on dates around December 1st. The main data contained in the Epidemiological Bulletins from 2001 to 2017 are shown in table 1, an overview of the AIDS epidemic in Brazil in this century and the strategies to combat it.

Table 1. Data from epidemiological bulletins and themes/target audience of the campaigns from December 1st: 2001 to 2017

Year	Epidemiologic Bulletin Main data	themes/target audience	Name of the campaign
2001	AIDS case growth among heterosexuals and women	Men	No matter who you have sex with, no matter how
2002	Increasing AIDS cases among poor, women, and over 40. Increased heterosexual transmission	Combatting prejudice	AIDS, prejudice has a cure
2003	Increasing AIDS cases among poor, women, and over 40. Increased heterosexual transmission	Combatting prejudice	Discrimination and Prejudice
2004	Increasing AIDS cases among poor, women, and over 40. Increased heterosexual transmission	Women	Woman, make your history
2005	Increasing AIDS cases among poor, women, and over 40. Increased heterosexual transmission	Black and poor population	AIDS and Racism. Brazil should live without prejudice
2006	Increasing AIDS cases among poor, women, black, and over 35. Increased heterosexual transmission	"PositHive Prevention": promotion of treatment among people with AIDS	Life is stronger than AIDS
2007	Thematic issue – AIDS cases among young people from 13 to 24.	Young people from 14 to 24	Your attitude has a lot of strength in struggling with AIDS
2008	Thematic issue – AIDS cases in individuals over 50. Reversal in the sex ratio (women are predominant)	Men over 50, C & D social classes	Sex is ageless. And so is protection
2009	Thematic issue – AIDS cases in children under 5	Combatting prejudice	Living with AIDS is possible. But not with prejudice
2010	AIDS case growth in people between 35 and 39 years and over 60	Combatting prejudice and conscientization of young people from 15 to 24.	AIDS has no prejudice. You shouldn't either

it continues

**Table 1.** continuation

Year	Epidemiologic Bulletin Main data	themes/target audience	Name of the campaign
2011	AIDS case growth in young gay individuals and MSM ^(a) between 15 and 24	Gay young individuals from 15 to 24, C, D & E social classes.	AIDS has no prejudice. Prevent!
2012	Not available in the website	Encouraging early diagnosis of HIV among classes C, D and E, MSM, transvestites, SW and health professionals and managers	Don't stay in the dark, get to know
2013	AIDS cases growth among young people (15 to 24), adults over 50 years old, MSM, DU ^(b) , SW ^(c) . New sex reversal (mostly men)	Incentive of HIV testing among pregnant women, SW, transvestites and homosexual men.	To live better you need to know. Test for AIDS
2014	Growth of AIDS cases among young men (up to 29 years), MSM, DU and SW.	Importance of testing and early treatment as prevention.	#partiuteste (#letstest)
2015	Growth in AIDS cases among young people (15-24 years), especially among men.	Incentives to early treatment of the infection.	With treatment, you are stronger than AIDS
2016	Increasing AIDS cases among men, MSM Increased homosexual transmission among men.	Pastoral for AIDS Campaign	We can build a future without AIDS.
2017	Growth of AIDS cases among men (20 to 39 years), heterosexual exposure. Increased detection rate in pregnant women.	Focus on young people and the various forms of HIV prevention by SUS	Shall we combine?

^(a)MSM: Men having sex with men; ^(b)DU: drug users; ^(c)SW: Sex Workers.

In part of the campaigns (2004, 2005, 2007, 2008, 2011 and 2013), the information released in the Epidemiological Bulletins guided the actions of the World AIDS Day. The 2004 focus is on women; 2005 highlights the relationship between poverty and AIDS, especially among black people. The 2007 and 2008 campaigns address young people (14-24 years old) and mature heterosexual adults (over 50 years old) respectively. In 2011, youth is again targeted in the campaigns, and especially gays aged 15-24. In all of them, there is a clear direction towards any of the groups in which there was an increase in reported cases.

The fight against racism, prejudice and discrimination marks the period under study permeating explicit campaign intentions. However, the titles chosen in the last five years (2013-2017), with focus on diagnostic technologies and prevention of new cases, seem to reveal less attention to subjects who have already the infection as well as towards the mobilization of attitudes/emotions of solidarity/social commitment to the epidemic. The 2012 epidemiological bulletin is not available on the DCCI website, but the December 1st campaign of that year highlights the importance of testing as a prevention method; the slogan of the 2000 Testing Campaigns (Get to Know) is expressed by the words "Don't be in doubt, get to know". We may assume this to be the kick-off for what would be the next focus of campaigns the following year: the CP. In 2013, the campaign seeks to reach different groups, including sex workers and young people, putting an emphasis on testing. On the following year (2014) it is the time for treatment through the so-called "With treatment you are stronger than

AIDS”. Finally, in 2017, we see the crystallization of the guideline in force through the invitation: “Shall we combine?” This is a play on words, due to the fact that in Brazilian Portuguese, it may mean “Shall we agree?” using at the same time the verb to combine, as in Combination Prevention. Considering that CP has guided almost all December 1st campaigns in recent years, we will then focus on the representations about the subjects, sexualities and prevention methods at stake in the research corpus.

Representations about subjects, sexualities and prevention methods on posters from 2013 to 2017

In the first year of our time frame, DCCI opted for using posters that address different target populations: pregnant women, homosexual men, health practitioners, sex workers, and transvestites. The focus of the campaign is to encourage testing of HIV, syphilis and hepatitis B and C. There is also the image of a woman in a white coat, remembering that health professionals should prescribe those tests to SUS (Brazil’s Unified Health System) users who have “active sex life”. All these images were compiled in Figure 1.



Figure 1. “To live better, you need to know. Take the AIDS test.” Campaign 2013.

Source: DCCI / MS

Photo backdrops may vary depending on the subjects. Only the pregnant woman is in a domestic environment; a lighter set of shades appears in the photo, similar to the poster with the health practitioner in the workplace. The others are set in public spaces, with different degrees of urbanity: a clear allusion to the big cities in the “transvestite” poster; a square or park in the “sex worker”; and an urban aesthetic in the case of the poster that alludes to young MSM (men who have sex with men).

In Figure 1, both in the “pregnant AIDS poster” and in the “homosexual AIDS poster” we observe the statements “Some things we should know a.s.a.p.; Regarding AIDS this is also the case. Do the test”. These two posters showing subjects in

interaction, propose as main theme the responsibility of the transmission of the virus when contacting another person, through vertical transmission, in the case of the pregnant woman, or sexual, in the case of homosexual partners. It is noteworthy that representations of 'heterosexual' couples are absent in this campaign.

These interactions lead us to the idea of self-surveillance, a displacement of the state as responsible for health procedures on the individual and the community for self-management of health²³. The statement and the picture seem to naturalize and foster the idea that an HIV-infected body can be "dangerous," and in consequence, "Some things we should know a.s.a.p.; Regarding AIDS this is also the case". At the same time, the message implies as an important requirement for establishing an affective-sexual relationship to know the serological status of the partners. In both interpretations, testing gains the space of an indispensable element of prevention.

The subjects evoked in the "Professional Aids Sex Poster" and "Transvestite Aids Poster", are supposed to be even more "dangerous", carrying the statement "Do not be late for your health. Take the AIDS test." The change only in the vocative sex or transvestite in the main call naturalizes the representation that both this gender identity and sex workers are potential vectors of the virus.

On the posters of homosexual men, sex workers and transvestites, the text highlights how "AIDS is a serious disease that still has no cure, but it's treatment is guaranteed by the SUS". In some way, the posters reinforce old stereotypes and moralisms about the subjects who do not fit the parameters of heteronormativity or monogamous life, linking them to potential illness and death. In the pregnant woman's image, there is no mention of the severity of the disease or the impossibility of curing the HIV virus. As Pelúcio and Miskolci²⁴ propose, public health laid the foundations of the AIDS device that has effects to the present day through the prejudiced way that initially intervened with the AIDS epidemic. This device operates through public HIV prevention policies and results in control and normalization of affective and sexual relationships based on heteronormative patterns.

The State is represented as responsible for prevention in the poster that thematizes the "health professional". The image and content convey the idea that the professional has the prerogative to prescribe the test, and it is up to the SUS user to decide to do it, which brings us back to the theme of responsibility and self-surveillance of "knowing" the condition of carrier or non-carrier of the virus, especially among those who have a sexually active life.

As noted earlier, while in pre-2012 campaigns there was an -albeit not an entirely close one- relationship between epidemiological trends and campaign motto, from 2013 the new prevention guidelines appear to act as a sort of "compass" - the incentive testing goes throughout all the posters of this period. Figure 1 suggests the incorporation of the Provider-Initiated HIV Counseling and Testing (PICT) strategy into the official preventive discourse, which consists of routine testing in health services, where the physician requests the examination, subject to user consent²⁵. This strategy should be differentiated from Voluntary Counseling and Testing (VCT), which materialized in Brazil through CTAs, where the spontaneous demand of users for testing predominates.

In 2014, the Ministry of Health highlights the 30 years of the fight against AIDS and reinforces the idea of prevention, not only through condoms, but also through

joy, but also to the scientific and technological nature of biomedicine, under the argument that condoms, testing and treatment, can protect the person with the virus and their partners if the examination is positive.

According to the MS, the objective of this campaign is to prioritize the strategic focus on priority spaces and populations to accelerate the expansion of treatment. The campaign follows the UNAIDS/WHO²⁷ targets known as 90/90/90, i.e. to increase to 90% the proportion of people living with HIV to know their diagnosis; of this total, have 90% receiving antiretroviral treatment; and within this number in treatment as prevention, to have 90% with undetectable viral load.

In 2015, five posters were made available, three of them picturing the faces of “young people on treatment living with HIV”, with the message “living with AIDS is not easy. But I can handle it.” The fourth poster highlights a “young female activist for the fight against HIV / AIDS”, with the statement “my fear cannot overcome my desire to win” (Figure 3). Already, the fifth poster (Figure 4) shows a man with a pill on his tongue.



Figure 3. “With treatment, you are stronger than AIDS” Campaign 2015.

Source: DCCI/MS

The 2015 campaign is clearly aimed at people living with HIV and AIDS, encouraging them to seek early treatment as it is “simpler and with fewer side effects”. Thus, the recommendation of Treatment as Prevention (TcP) is materialized, especially in the slogan of Figure 4: “With treatment, you are stronger than AIDS.” Such messages lead to the bio-medicalization of the AIDS epidemic anchored in the false promise of HIV / AIDS end of the disease by signaling the absence of “magic bullets” and the profusion of “misleading slogans”²⁸. Another feature of this process would be the resumption of the leading role of medical and behavioral knowledge that prevailed in the early days of the epidemic.



Figure 4. “With treatment, you are stronger than AIDS” Campaign 2015.

Source: DCCI/MS

Other posters focus on the idea that it is possible to face HIV, and it is necessary to “overcome” fear. Thus, the collective invitation to combat prejudice, evidenced in previous campaigns, is replaced by an appeal for individual control of emotions associated with seropositivity. This type of message, propping-up “willpower”, seems to reveal the rescue of the behavioral perspective of AIDS, mainly counterbalanced by the formulation of the concept of vulnerability²⁹.

The narrative about “overcoming AIDS” by “confronting it” through testing and treatment hides the difficulty many people have in accessing antiretrovirals; it also hides a second dimension: those who get medicines sometimes use only those that do not impact quality of life; and finally hides the crisis of AIDS responses in Brazil and around the world.



Without experts or interactions, the focus of the 2015 campaign is on the identities of individualized subjects facing the epidemic, by their HIV-positive condition, gender, race / color, generation.

When we look at 2016, there is a total erasure of individuals, their sexual identities. On the poster, a text invites prevention, testing and treatment (figure 5). The goal of the campaign is “We can build a future without AIDS”. In this respect, the “invitation” to the end of AIDS makes invisible the crisis in the response to AIDS in Brazil, where there is an increase of new infections, especially among the ‘key populations’, added to the hardening of conservatism, the lack of political will on the part of government as well as the weakening of SUS and NGOs / AIDS³⁰.



Figure 5. “We can build a future without AIDS” Campaign 2016.

Source: DCCI/MS

In a year of singular political instability in the country, there was no campaign from the MS for World AIDS Day, but an articulation with the Catholic Church, through the National Conference of Bishops of Brazil (CNBB) and the Pastoral for AIDS.

The CNBB AIDS campaigns from previous years may be found on the DCCI website. An “unprecedented and historic action” by the MS and the Catholic Church aimed in 2009 to “make the faithful aware of the importance of testing for AIDS

in the general population and for syphilis among pregnant women”. In 2014, MS technically supported the testing incentive campaign promoted by the CNBB and the Pastoral for AIDS. Two aspects are highlighted in these initiatives: on the one hand, the promotion of testing as a sponsored strategy through this articulation and –as expected- the omission of condoms; on the other hand, despite the campaigns resulting from the partnership with the Catholic Church both in 2009 and 2014, the MS launched its own campaign on December 1st.

In 2017, the MS resumed the promotion of its own campaign, whose name and posters use the language of biomedical prevention alternatives, contemplated in the national guideline of the CP, launched that same year. The statements express the idea of inviting the population to know “all forms of prevention” through a website designed specifically for this campaign, with the general theme “#VamosCombinar”.

The invisibility of the subjects was almost total. It possible to clearly understand which group is in focus only through the image of the heterosexual couple with the title “Pregnant”. In other images, the identification of the diversity of sexuality and gender expressions is only possible by the titles given to each poster on the DCCI website: “Gay” (purple background); “Manager” (gray background); “Hetero” (red background); “Physicians” (blue background); “Trans” (yellow background). There is still a third red background image titled “Numbers” that reports data on the epidemic. All these images are in figure 6.



Figure 6. “Shall we combine?” Campaign 2017.

Source: DCCI/MS

The original conception of CP not only emphasizes the biomedical approach, but also contemplates the cultural, social and structural dimensions of the epidemic¹⁶. However, it seems that CP's government discourse has stagnated on medicines, as if it had discovered the "magic bullet". In 2017 posters, it is possible to highlight symbols, whose distribution resembles a constellation that evokes the image of the test, the pill and the strategies, the diagnosis and a male condom. Without further explanation of what these acronyms mean, and with the exception of the "manager" posters and the heterosexual couple with the pregnant woman, the words PEP and PrEP are highlighted for the first time.

Sexual and gender diversity is once again "visible," but it becomes dangerous if it is not performed according to "combined prescriptions." It is of note also the return of the experts. Now they are named as "doctor" and "manager", thus including not only health professionals working at the frontline of the SUS, but also those working in public policy management.

The central design of these posters is the interlocking of people's hands, which resemble typically youthful (tattoos, bracelets) or gendered (e.g. arms of official actors wear men's and formal clothes). This image evokes a new alliance or combination: between couples (and their distinct arrangements), and between subjects and experts. Historically, on the December 1st campaign posters, the maximum symbol is the red bow, absent only in 2008 and 2016. In 2017, the images of the crossed hands and arms refer precisely to the iconic red ribbon, which symbolized the struggle for the availability of the antiretroviral therapy in the 1980s. The loop refers to the expression "cut the red tape".

Given the complexity of the symbols that make up this latest campaign, it should be considered whether or how much the recent messages about CP are really intelligible to the public. Or, to put it another way, part of the information conveyed in these images is interpreted only by a public "initiated" in the CP, as seems to be the case with the acronyms PEP and PrEP.

Conclusion

The analysis of AIDS from the perspective of the human and social sciences has been focused on its symbolic dimensions, such as the experience of the disease, the forms of social mobilization, the sexual morals, among other issues^{12,31}. Aligned with this thematic scope, the study made a quest for some keys to interpret the representations of sexuality and AIDS prevention in the December 1st campaigns in Brazil.

The messages of the analyzed material attribute responsibility and self-surveillance of sexuality, especially through testing, as an essential element of AIDS prevention. Although this type of message is not a novelty in itself, it must be stressed how its meaning seems to have shifted. If pre-CP campaigns appealed for condoms and the management of affects and erotic interactions - particularly in those relationships regarded as stable⁸ - now the motto for accountability is directed to 'self-awareness'. This would be one of the effects of the growing incentive to incorporate testing into

the subjects' daily lives, as illustrated by an analysis of the international literature on test uptake strategies among the so-called MSM³².

In the preventive discourses recreated in the posters, there is also a shift in emphasis on social commitment or goals that can be understood as structural, such as the fight against discrimination. The attention of those subjects living with HIV and AIDS is directed towards emotions such as "courage" and "willpower" to bet on a life with dignity. These representations are in line with recent initiatives such as the 90/90/90 goal and its optimistic messages, which advocate for the normalization and chronification of AIDS at the biological and social levels.

Purposely or not, in the analyzed period, biomedical alternatives have been gradually occupying a prominent place, focusing on specific groups. Previous campaigns were a call to society, with less emphasis on behavioral change and even messages to disrupt the representation saying that women cannot talk about sex or propose condom use⁸. However we have recently witnessed a turning tide to new tones, objectives and means, which end up erasing or eclipsing social and symbolic aspects that are so dear in confronting the epidemic. It seems that recent campaigns aim at spreading CP strategies in themselves, and that the meaning of the subjects in the images is that they are only concerned by their acceptance. Despite the diversity of portrayed characters (e.g. transvestites, youth, pregnant women), reflections on sexual practices and gender relations are not at stake in the images or even related to condom use. Also noteworthy is the appearance of characters -sometimes masculinized- representing medical knowledge in the scope of the campaigns in the material analyzed.

Earlier observations converge with the process described as the biomedicalization of AIDS, which consists of focusing the AIDS response on biomedical interventions as well as "... a moment of greatest drama, marked by a heavy moral panic in the politics of sexuality."³³ (p. 131). Far beyond the daily use of medication, this logic imposes an individualizing regime, which does not require dialogue with collective subjects or social movements¹². Additionally, we suggest that the issue of biomedicalization needs to be studied further, using methodologies that directly address the social actors involved.

The analysis of the study corpus timeline also revealed that the design of the campaigns in recent years has scarce continuity regarding formats and mottos adopted, while before 2013 the posters tended to align with information from epidemiological bulletins. Therefore, we identified a game of visibility/invisibility in the approaches, sometimes collective, sometimes individualizing, as well as certain subjects and identities. The trellis of this game, shows a conjunction of symbols from previous campaigns - "Get to Know", "No shame, Girl!", "Dress up" - as well as new symbols, highlighting the prevention tripod. The construction of these representations, which hybridize multiple initiatives and guidelines, is a mark of a process of changing preventive discourses in Brazil. In this change of discourse, those initiatives focused on prostitutes and trans (as subjects considered non-heteronormative), whose scope once recognized rights and citizenship, currently reinforces old moralisms, linking them to potential illness and suggesting their need to be disciplined. In this process, which involves thorough examination of the body, HIV testing occupies a significant place³².

In the analyzed period, the language used in the posters sometimes highlights certain subjects and their gender expressions, possibly obeying the “logic of the essentialist concept of vulnerability”¹², whose effect in political and social terms results in the widening of the distance between ‘us’ and the ‘others’. In the 2016 campaign, we identified an exception, which concerns the resumption of the alliance between the state and the church, in which the imagetic terms differ from the tendency to show subjects’ faces as a way of coping with AIDS.

Finally, the language of the posters, based on acronyms and norms about the self-surveillance of the serological status and its possible familiarity among those who master minimal information to interpret it, provokes a reflection on an issue raised by Herzlich and Pierret⁴ and that still holds true: what future is reserved to those who do not know how to survive the infection?

Authors’ contributions

Helena Salgueiro Lermen participated in the conception, design and writing of the work and approved the final version of the manuscript. Claudia Mora participated in the discussion of the results and writing of the work and approved the final version of the manuscript. André Luiz Machado das Neves participated in the discussion of the results and writing of the work and approved the final version of the manuscript. Rogerio Lopes Azize participated in the discussion of the results, critically reviewed the content, and approved the final version of the manuscript.

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