

Sexuality and prevention among men who have sex with men in the contexts of the AIDS and COVID-19 pandemics

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Abstract *This essay reflects on sexual practices and prevention in the contexts of the AIDS and COVID-19 pandemics. It analyses data collected between July and October 2020 through participant observation, as part of an ethnographic research project on HIV vulnerability and prevention among men who have sex with men in the Metropolitan Region of Recife, state of Pernambuco (PE), Brazil. The results point to the relevance of physical appearance and the affective bond between partners in engendering emotions that mediate coping with the risk of infection during both pandemics. It indicates the need to incorporate those communicational dimensions into informational materials to make them more effective.*

Key words *Homosexuality, Body stylization, Covid-19, AIDS, Prevention*

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Introduction

In this ethnographic essay, I present a preliminary reflection on sexual practices and prevention in the context of the COVID-19 pandemic, a disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)¹. One of the main prevention measures for SARS-CoV-2 is physical distancing, which can impact people's sexual experiences.

I discuss data collected as part of a study on HIV vulnerability and prevention among men who have sex with men (MSM) in the Metropolitan Region of Recife (MRR), in the state of Pernambuco (PE), Brazil. The fieldwork for this study was in progress when Brazil took the first measures to address the Covid-19 pandemic, in March 2020.

Although the study focuses on coping with HIV infection, it was impossible to avoid addressing the new dynamic that was set in motion and has affected homosocial spaces and the sexual lives of MSM. It is also worth noting that there is a dangerous synergy between the two epidemics. According to UNAIDS, key populations for HIV (including MSM) are equally vulnerable to COVID-19, and the new pandemic will affect global strategies for HIV/AIDS prevention and care².

In a review conducted in July 2020 for the development of a project on sexual practices in the context of COVID-19³, no studies were found that explored the anthropological aspects of sexuality in the context of the new pandemic. However, in addition to the UNAIDS document², it was possible to identify texts produced by governmental and non-governmental organisations that focused on suggestions for harm reduction strategies in sexual practices in light of the possibility of SARS-CoV-2 infection^{4,5,6}.

It should be remembered that the upper airways are the gateway through which SARS-CoV-2 enters the human body. The virus is found in the saliva and faeces of infected people but can enter the body indirectly, through contaminated objects or body parts. It can survive for a long period of time outside the body, depending on the surface on which it is found.¹ However, in terms of the potential for sexual infection, the details are still vague. According to *New York City Health*⁶

We still have a lot to learn about COVID-19 and sex. The virus has been found in the semen and feces (poop) of people with COVID-19. We do not know if COVID-19 can be spread through vaginal

or anal sex. We know that other coronaviruses do not easily spread through sex. This means sex is not likely a common way that COVID-19 spreads (p. 1).

Furthermore, sexual relations are not restricted to penetrative penis-anus and penis-vagina practices. In the context of SARS-CoV-2 infection, two practices - kissing and oral sex - are highly problematic as they can transmit the virus directly into the mouth.

The documents recognise the difficulty of addressing COVID-19 prevention based on sexual abstinence. They advocate for offering knowledge and alternatives that can be articulated to promote protection by indicating the risk of a set of sexual practices^{4,5,6}.

The sexual practices identified as safer are solitary masturbation and those mediated by information and communication technologies (ICTs), such as video encounters, sexting (exchange of erotic written content via mobile phone) and chat rooms, among others. The documents recommend that sexual experiences that are not mediated by ICTs should be restricted to people who live together but still underline the need for body and object hygiene, as well as the use of masks^{4,5,6}.

Nevertheless, very few people are able to remain completely confined for any length of time, and even those who can must have access to services and supplies from outside the home. As a result, it is necessary to consider that regular sexual partners – even if they live together – can become infected and infect one another. The documents draw attention to the need to discontinue sexual practices, particularly kissing, when a partner develops symptoms associated with COVID-19. As the most dangerous erotic practice in the context of the pandemic, the recommendation is that kissing people outside the home should be avoided, and attention should be heightened with anyone who presents signs of illness (cough, fever, etc.).^{4,5,6}

The documents suggest reducing the number of partners and avoiding contact with fluids and mucous membranes during sex. The use of barriers, such as condoms and dental dams, is indicated as a measure to reduce the risk of infection. Another suggestion for reducing harm is for partners to engage in sexual practices without face-to-face contact⁴⁻⁶.

Accordingly, based on the hierarchies of risk and suggestions for self-protection presented above, as well as analyses of sexuality and risk management for HIV among MSM in the MRR, which I will present after the methodological

notes, I perform an exercise of sociological imagination⁷. I seek to reflect on elements that may affect adherence to protective measures for SARS-Cov-2 in sexual practice in order to contribute to the development of health communication materials that are more attuned to the population under study.

Methodological notes

The research began in 2013 and used varied research techniques in six data collection phases, as shown in Chart 1. The phases were divided into different projects, which were approved by the Human Research Ethics Committee at the Federal University of Pernambuco (UFPE, for its initials in Portuguese).

The interpretations of HIV risk management presented here are drawn from interviews conducted in 2015 with 10 black men, 1 Asian man and 14 white men, as classified by the categories of the Brazilian Institute of Geography and Statistics (IBGE, for its initials in Portuguese). These men were largely teenagers and young adults (between 18 and 38 years old); 14 were university students, two of whom were also formally employed. The others held a range of low-paying jobs without substantial educational requirements.

Thematic analysis was employed to understand the “emic” categories used to describe sexual scenarios and the use of condoms^{8,9}. An analytical framework was constructed using the main themes related to the contexts in which condoms were not used, and the characteristics of the actors that interacted in these contexts were sought.

The data on sexuality in the context of COVID-19 were collected between July and October 2020 through participant observation. I would like to emphasise that they reflect people’s understanding of the pandemic at that moment

in time, as well as community and programmatic responses to it; they are part of a specific ethnographic present and should be understood as such. This is important to mention given the rapidly changing social dynamic surrounding the new pandemic.

I will use two ethnographic scenes as empirical material and, to amplify them¹⁰ and enrich my description¹¹, I will introduce elements of the sexual contexts, drawing upon what I learned from the narratives of my many respondents and my own field observations at other, less dangerous moments¹²⁻¹⁵. The proposal is to construct ideal types: to make connections between elements identified in the subjects’ experiences, thus producing a *one-sided exaggeration of certain aspects of reality* (p. 103).¹⁶ According to Max Weber, types are analytical instruments that, confronted anew with the reality of new empirical incursions into the field, would make it possible to perceive the ways in which actors (collectively and also individually) signify the world, at the very moment at which they are wholly or partially refuted and/or re-described.

Coping with the misfortune of HIV/AIDS

This discussion is located within the field of studies on HIV seroadaptive practices, forms of coping with the misfortune of being infected that are alternative to the individual risk management methods proposed by public health. The term refers to the understanding that an increase in unprotected sex despite the existence of HIV is related to the many years of coexisting with the virus, the saturation of condoms as the sole measure of protection and the dissemination of new evidence and biomedical technologies related to the transmission of the virus and treatment: hierarchy of risk, treatment as prevention (TasP) and pre- and post-exposure prophylaxis (PrEP and PEP)^{17,18}.

Chart 1. Data collection phases.

Phase	Period	Activity
1	2013 - 2016	Participant observation at homosocial sites in the MRR
2	2015	Biographical interview with 25 MSM
3	2016 - 2017	Behavioural survey of 380 MSM
4	2016	Thematic interview with 24 MSM from the survey
5	2019 - 2020	Participant observation at homosocial sites in the MRR, ongoing
6	2019 - 2020	Interviews with 40 MSM with a biographical focus, ongoing

Source: The authors.

In the Brazilian case, the increase in unprotected sex could also be related to the removal of HIV prevention from the agenda, given the rise of conservatism and the false understanding that the AIDS epidemic is over or under control¹⁹.

The most common seroadaptive practices are coitus interruptus (or withdrawal), seropositioning (the person chooses a sexual position based on hierarchies of risk: insertive anal sex, receptive anal sex or switching between both positions)^{18,20} and serosorting (choosing partners based on HIV status)^{17,18,21}.

I have considered sexual entanglements and the uses of protective measures from a conceptual framework that seeks to move closer to the more somatic dimensions of sensemaking. These are understood as social action itself; that is, the direction taken by the person through 1) the sensory apprehension of an object that 2) instantaneously, in a non-reflective manner 3) mobilises emotions and 4) significations²². I understand that the incorporation of instances of signification comprises the multiple identifications we make throughout our lives, with specific people, both those with whom we interact and those who are presented to us through narratives²³.

It is narratives that allow a child to incorporate, for example, sexism and racism, even if they have no concrete experiences of them. Narratives are expressed in tales and also in the many little stories about everyday life that we tell our children, hoping to teach them right from wrong or help them cope with misfortunes.²³ Through identifications, people incorporate social rules, categorisations of sex-gender, class, race, sexuality etc., thus producing figurations. When confronted with new images, these imaginaries will be activated anew, guiding interactions^{10,24,25}.

I use “body stylisations” to refer to the figurations of classifications inherent to the operation of the aforementioned social systems. They are social compositions, aesthetic results of the negotiation of bodily elements (physical constitution, gestures, clothing, adornment, accent, smell, taste, texture, etc.). When someone is assigned to a stylisation by an imagetic configuration, there is a sensemaking (of dispositions, meanings, values, emotions) that will mediate actions^{14,15}.

The agony of *tesão* (lust)

The analysis of the interviews indicated that serosorting is the most frequently used seroadaptive practice. However, only one of the respondents mentioned partners getting tested prior to

condom discontinuation and agreeing to begin using condoms again if one of the partners had or wanted to have relations outside of marriage. As in other contexts^{17,21,26,27}, the existence of presumed serosorting practices was observed, in which certain elements served as indicators for inferring the serostatus of a potential sexual partner. In this context, in addition to physical attributes, the bond between the partners contributed to the occurrence of unprotected anal sex (UAS).

We identified three stylisations: “the beautiful and therefore healthy man, presumed to be HIV negative”; “the thin man, with a sickly appearance, and therefore an *aidético* (a person with AIDS), presumed to be HIV positive”, and “the HIV-positive man with a healthy appearance”. In terms of relationships, terms such as *stranger*, *acquaintance*, *friend* and *boyfriend* emerged¹⁴. These terms functioned as elements of a scale, as presented in Figure 1.

As Figure 1 shows, the closer a partner was to the right side, the more likely the respondent was not to use condoms. The justification was that they *knew* their partners’ habits, which engendered *trust*. The closer a partner was to the left side, the less the respondent knew him, and trust decreased progressively until it disappeared completely with the stranger. As in other contexts and studies, *tesão* and *love* emerged as descriptors of emotions that allowed the prospect of UAS, which was closely linked to the emotion of *trust*²⁷. However, scenarios marked by *tesão* could easily disrupt this arrangement and lead to UAS with *strangers*¹⁴. In those cases, the importance of a *healthy appearance* in the composition of the stylisations became more evident.

One night, I slept with 19 men. Me and two more gays [...]. A guy “did” my friend, then he came to me and then he went to the other friend, right? [...] [And did you use condoms?] With all of them but one. Because I was already sick of it. But I used them with all the rest. I thought he was the hottest, so I thought he didn’t have any diseases. [...] That’s the process. We think that just because they’re hot, there’s no diseases. (Hebert, 24 years old, black, pintosa [effeminate man], versátil passivo [man who practises both receptive and insertive anal sex but prefers receptive]).

Hebert’s account is engendered by three stylisations that are organised to produce - through bodies - the scenario and the entanglement of UAS. When he mentions beauty (and thus, a healthy appearance) as a justification for not using condoms with that partner in the *suruba* (orgy), he is also saying that he would not forego

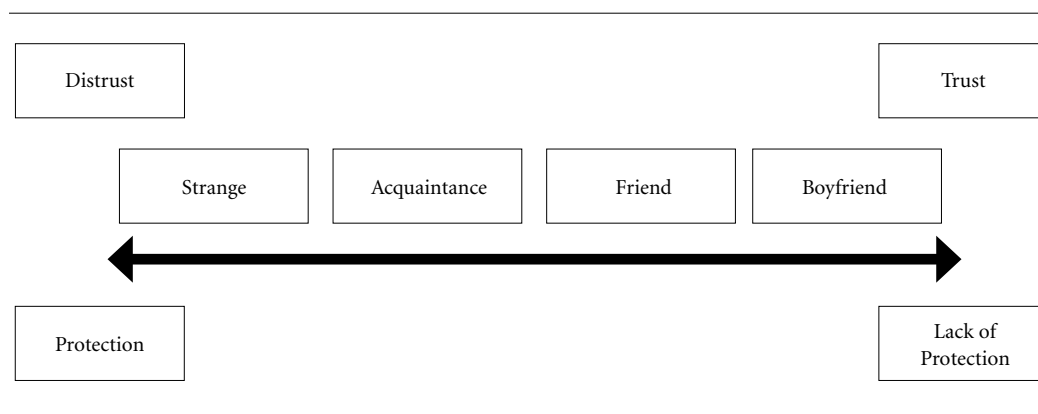


Figure 1. Scale of trustworthiness for condom discontinuation, according to affective bond.

condoms with someone who presented the image of an *aidético*. However, when he critiques what he calls his “process”, he reveals the third stylisation at work in the field: “the HIV-positive man with a healthy appearance”.

The stylisations have their origins in the social history of the HIV epidemic. Valle²⁸ situates the emergence of the *aidético* in 1987, “related to bodily wasting and an undesired finitude” (p. 185), embodied in the media by the singer Cazuza, who went public with his illness and death: “Represented as the ‘face of AIDS,’ Cazuza became the best known embodied cultural image of an ‘AIDS victim’ and an *aidético*” (p. 185). As such, the *aidético*, in “contrast to the ideas and images of healthy people” (p. 186), continues to give meaning to social interactions.

The “HIV-positive man with a healthy appearance” is the result of two biomedical advances: the expansion of testing, which enabled the presence of the virus to be identified before the onset of illness, and advances in treatment, which made it possible to delay and/or overcome the disease. According to Valle²⁸, this category emerged between 1991 and 1992 and, similar to Cazuza serving as the figure of the *aidético*, Magic Johnson, an American basketball player, embodied the new category: [...] a combination of ideas of disease, courage, physical strength and health. There was talk of asymptomatic HIV-positive people. [...] healthy carriers of the virus, who lived a normal life. Nonetheless, Valle²⁸ adds: *There was always a shadow behind this new cultural representation of health in the body of a sick person. His identity functioned in the ambiguous field of conflict and interaction between health and illness* (p. 186).

This field of conflict produces yet another emotion: *fear*, which is revealed whenever a sexual interaction with *strangers*, *friends* or *acquaintances* is over or when a relationship ends. The fear of having been infected causes young men to seek testing as soon as the immunological window closes. The anti-HIV test appears as a subjectivising biomedical technology²⁹ and a ritual of reparation³⁰ to put an end to uncertainty, giving rise to the final emotion in the drama of unprotected sex: *relief*¹⁴.

From HIV to SARS-CoV-2: scenes and risks

From HIV to SARS-CoV-2, I will describe two events of which I made observations: a scene at a public park, in Olinda, PE, Brazil, and an after-party during the reopening of the Vale das Ninfas (in English, Valley of the Nymphs) in Recife city centre. These descriptions provided certain elements with which I reflected on sexual practices and coping with the misfortune of COVID-19.

Masked at the foot of the Saint

The MRR was experiencing a gradual reopening of economic activities beginning on 1 June, following 16 days of stricter lockdown. Due to religious commitments, I needed to leave offerings to the goddess of water, Oxum, celebrated in the region on 16 July. In times such as these, and given the federal government’s very poor response to the COVID-19 pandemic, which was characterised by disorganisation, stigmatisation and a disregard for the poorest,³¹ it is never excessive to ask for protection from the other world.

It was Sunday, 19 July, at 10 o'clock in the morning. The place I had chosen to leave the offering was a park that lies between the municipalities of Olinda and Paulista, on Rio Doce beach, a very pleasant area where the river meets the sea. It is a place often used by practitioners of Macumba for their offerings. There is a large statue of Yemanjá, which everyone calls "the Saint", facing the sea. The crowds are larger in December, when, on the 8th, the goddess of the sea is celebrated.

Marcelo, my husband, and I got out of the car and walked along a trail to the river. The vegetation there is sparse, but there is a long stretch of mangroves between the river and the road, preventing those on the avenue from seeing what is happening in certain parts of the park. As we walked, we saw men closer to the mangroves, but they could not be seen from where we had left our car.

We already knew it was a well-known spot for *pegação* (a hook-up spot, a place where MSM go to have sex), but we were not expecting to find it so busy on a sunny Sunday. We had been there before the pandemic, at that same time, to leave other offerings, and we had never seen it so crowded. On those other occasions, only an *entendido* (someone knowledgeable of homosocial codes)¹³ would know what it meant when one or another passer-by ventured into the mangroves.

Most interestingly, most of the men were dressed for the occasion. From a distance, we observed the frequent use of masks. When we were returning from delivering our offering, a young man passed by and greeted us. Like us, he was wearing a mask and also had a small bottle that seemed to contain hand sanitiser. It is important to note that, at that time, masks were not required in public spaces; they were only required by state decree at the end of that month, on 31 July.

As all the commercial establishments devoted to sexual libertinism in the MRR were closed, it appeared that using the park to engage in sexual practices had become an option for a greater number of people, considering that the number of people there surpassed the usual number of people visiting the park on other occasions. The following day, 20 July, the restaurants and bars would reopen with new hours and protocols. I did not return to the site to find out whether the dynamic of the *pegação* had changed as the reopening progressed.

Reopening in the Vale

It was the second Sunday in October. At nine o'clock in the morning, I went to a department store in Recife city centre, very close to the Vale das Ninfas, the name given to the area that is the home of gay social life in Recife city centre, the epicentre of which is the corner of Avenida Manuel Borba and Rua das Ninfas. The use of Vale das Ninfas to refer to the area may also reflect the fact that it is mostly frequented by young people and that the area is home to many *pintosas*. A nightclub and a number of bars compete with one another and with street vendors for a clientele of lesbians, gays, bisexuals, transvestites and transsexuals, among others (LGBT+), on hot weekend nights in the MRR.

On the way home, I purposely walked along Avenida Manuel Borba, the site of the main bars and nightclubs. As I approached the edge of the entertainment complex, I immediately looked at the ground, and there were signs that the previous night had reached a fever pitch. Based on the number of disposable cups and cigarette butts (the cans had surely been picked up by recycling collectors), no one had been wearing masks. Social distancing? It was very likely that that had not happened either.

Miami Pub, an extension of the nightclub Metrópole, had built a small outdoor patio that had been used as a smoking area until March, adding small tables and improving the décor. Next, we saw Conchitas Bar with the doors wide open. The impression is that it was being cleaned after a late Saturday night.

Evidently, the belief that the virus was gone – the same way it arrived – had spread among the community of *entendidos*. Online, I noticed that the website "disponível.com" had removed an announcement on its landing page that, since March 2020, had encouraged users to engage in only online interactions for the duration of the pandemic. For the past four or five weeks (taking 21 October 2020 as a reference), and following the steps of the opening plan mapped out by the state government, I had noticed an easing of preventive measures in homosocial circuits. On WhatsApp, I received a video showing the excitement (large crowds and no masks) on one of the first nights of the Vale's reopening and, recently, I had received an invitation to a pool party at a country house in Olinda. The party was scheduled for the end of November, but by October, the first batches of discounted tickets were already on sale. In the invitation, there was no

mention of COVID-19 or health security measures, and the organiser even promised a warm hug for those attending the party. The nightclub Metr pole also resumed its activities, focusing on parties in the pool area. Well in advance, perhaps to get ahead of competing parties, it announced its “traditional” Halloween party on Facebook (/clubemetropole/):

Listen up: The theme of HALLOWEEN AT METRO will be SOCIAL IN THE POOL!

That mega-production you are so familiar with is back, adapted for all the health security protocols: it will be THREE DAYS of Halloween, with all the comfort and closeness you remember!

Pathways to prevention

To organise my interpretation, I use an analytical framework developed based on observations in homosocial circuits in Rio de Janeiro.¹² Briefly, I can say that there are

four orders that intersect in the organisation of [erotic] practices. Although these orders often have specific places for their performance in the collective social space, they should actually be thought about more as operators that guide practices. [...] ‘Azaração’ (flirting) is present in all those spaces, even if, in the common space of the streets, it appears in an almost autonomous way. In this order, the most frequently used bodily sense is sight. The subtle exchanges of glances may signal desires and characterise acts of ‘pegação’, a gestural discursiveness that may give way to ‘sarrações’ (frottage), ‘bacos’ (orgies) or ‘relationships’. ‘Sarrações’ [...] will occur where crowds gather and can be characterised by transgressions of the hegemonic rules of proxemics (Alferes, 1987), as a kind of invasion of the limits of physical contact, common in everyday non-sexual relationships – particularly in the perception that others (those not involved in the ‘sarração’) have of the interactions they are observing. [...] [In the case of ‘relationship’ order] [...], where it operates, it is the possibility of the word that makes other sexual interactions (‘azaração’, ‘sarros’ and ‘bacos’) move towards dating or friendship. [...] ‘Baco’ is a condensed form of bacchanal, referring to what is generally conceived as sexual practices (fellatio, anal sex, etc.), involving two or more people. It is important to note that, in the erotic system, there is a predominance of practices marginalised by the normative discourses of sexuality (religious, medical, etc.). [...] I would like to reiterate that [...] sexual practices will be, to a greater or lesser extent, intersected by the four orders, even if, in certain places, one or another

predominates in their sociosexual configurations (p. 227-228).¹²

In the two scenes described, the phenomenon that most drew my attention was the use of masks in an orgiastic space, where people go for *baco*¹², considering that mask use was not yet mandatory. On ordinary days, *pegação* in the park requires anonymity and discretion. As for the affective bond of the actors, the overwhelming presence of *strangers* diminishes trust in the health of those with whom one is interacting. Perhaps this is why masks have been so prevalent. Additionally, they could be perceived as raising the level of discretion.

To guide the interactions, non-verbal codes predominate; they tend to engender scenes of sex, beginning and ending very rapidly. With some exceptions, time management for *pegação* in parks is related to the need to ensure anonymity; thus, there is not much time to waste. What is important is to achieve sexual satisfaction as quickly as possible and leave the place, although this does not mean that the person will only orgasm once during the episode.

What is not very common in entanglements in the park is kissing on the mouth, as this enters the realm of having sex with *strangers*. In terms of sexual uses of the mouth, it is most common for scenes of masturbation to very quickly lead to mouth-penis oral sex. Using my sociological imagination⁷, I would say that, due to mask use, oral sex has been ruled out by the majority, but, as we see in non-sexual everyday life, it is likely that one man or another will lower his mask to his chin and go to town on someone’s penis. In the ideal scene, in the context of wearing masks, the actors would be expected to get straight to the point and move from masturbation to penis-anus sex. In parks, vertical positions are most common for anal sex, and there is less of a possibility of face-to-face contact.

In a context such as this, it seems easier to maintain the main harm reduction measures for SARS-CoV-2 than, for example, when two people who live in their respective parents’ homes meet and go to a motel. In the latter case, there is a possibility of engaging in a greater range of positions and practices; some of these are complicated and impact the effectiveness of masks, particularly those practices classified as foreplay: *sarrações*¹². Furthermore, the lengthier the *sarração*, the more sweat and humidity accumulates in the mask, decreasing its effectiveness.

It is very unlikely that a couple will remain masked in a motel room as being in a committed

relationship implies mutual *trust* that they are following prevention measures. When arranging the meeting, undoubtedly *love* was the word most often used to convince the more resistant partner to accept the invitation. Surreptitiously, though, it was *tesão* that broke the quarantine.

In my sociological imagination, in this case, prevention strategies should include encouraging an open and sincere conversation about the most personal ways to protect oneself from the virus in everyday life; this would serve as the pathway to discussing feasible measures for maintaining sexual life in the context of a pandemic with some measure of safety. This would require both self-regulation with regard to the main symptoms and reflection about asymptomatic people (those who are infected but have a healthy appearance).

The risk to family members living in the same home should also be a topic of conversation as the couple's sexual encounter could affect the communities in which they live. Those elements, along with adequate knowledge, could help the couple negotiate the most appropriate measures, such as what to do and when, in terms of certain sexual positions.

In the case of the Vale das Ninfas, the focus is not exactly on sex itself; even if the opportunity arises, the actors will have to retreat to a more private place in a scenario similar to the ones described, in the park and the motel. *Azaração*¹² in crowds on the street, near nightclubs and bars, is reminiscent of public exposure and *paquera* (making a pass); as such, they are thus environments that require strategic positioning that allows the person to see and be seen.

However, that does not stop hand-holding, hugs, touching heads, legs and backs, *bicotas* (brief kisses) and other expressions of physical closeness among *friends*, which are very common among LGBTT+ people in the MRR. On certain occasions and at certain times, however, the number of people per square meter may cause interactions to shift from *azaração* to something very close to *sarração* - the rubbing of bodies, even if moderated by clothes.

I would like to underline, once again, that in this scene, *friends* and, very often, *boyfriends* are the most frequently present figures in the interactive compositions, although glances pass between *strangers* in pursuit of someone interesting with whom to perhaps strike up a conversation and, in as near a future as possible, have sex and/or date. In any case, the presence of *friends* and the *trust* they engender certainly diminishes the

willingness to wear masks, as does the high consumption of drinks and cigarettes. But how is a person to act in this space in a way that reinforces the pillars of COVID-19 prevention?

This would be a strategic space for the distribution of educational materials. Inspired by what took place in the early days of the Brazilian response to AIDS^{18,19}, I would suggest producing a "COVID-19 survival kit", similar to the famous condom dispensers that characterised the response to HIV/AIDS in festive environments. In the kit, along with condoms and lubricants, there would be sachets of hand sanitiser and masks, which would be sterilised and ready to use.

The kit should be large enough to also include narrative materials, such as those we distributed at the end of our interviews for the current project. Entitled "The agony of *tesão*", the series of booklets was based on the analysis of seroadaptive practices presented above. These are materials that, using narratives and images, discuss the ways in which emotions and physical styles can prompt a person to engage in UAS. The first booklet in the trilogy, "Love and condoms", deals with the negotiation over condom use between committed partners. The second, "Friends who have sex", discusses HIV infection in a sexual scene between friends after a night out. The third, "Fernando and the bear", deals with the search for PEP following a sexual encounter with a stranger³².

For the narrative of one of the booklets that would be part of the kit, I visualise a nightclub scene with an infected - but asymptomatic - person. There is a person wearing a mask, who is being stigmatised for using it and for constantly applying hand sanitiser. Ten days later, phone calls comment on which of the friends have been infected, and it turns out that the masked person is the only one who was not infected. Although many of his friends have developed the mildest form of the disease and others are asymptomatic, one of them is in the ICU.

I believe that we need to reflect on the effects of the etiological agent (virus) and misfortune (disease) on someone's life. In my understanding, such reflection is a way of producing identifications and helping people believe in what they do not see: the virus, which they would only become physically conscious of through their own illness. This would be the final booklet in a series of three. I have described one of the booklets in the greatest detail, but I offer clues about how to narrate the other two and what technical aspects could be explored.

Final considerations

Some studies show that many MSM are consumers of biomedical knowledge^{33,34}, facilitating the production of what we now call seroadaptive practices. Some of these practices have a very impressive degree of effectiveness, to the point of being incorporated into the official HIV prevention tool kit³⁵. But it is also necessary to consider that much of this knowledge is performed and disseminated physically, in homosocial circuits. This occurs through stylisations that, for example, embody phases of confronting the epidemic, as with the images of Cazuzu and Magic Johnson.

Accordingly, the production of health education materials must make those images more current, narrating them using perspectives that transform the disease, its etiological agent and the figures in sexual entanglements into objects of reflection and instruments capable of producing changes in human relationships in order to mobilise empathy, solidarity and care.

Focusing on the context of confronting the current SARS-CoV-2 pandemic, which, among other measures, calls for physical distance among people, and with a focus on MSM in the MRR,

the text identified several challenges to be considered in the development of health communication materials. I emphasised how physical images and affective bonds can elicit emotions that influence the willingness to use protection measures against HIV and SARS-CoV-2 in sexual encounters. I suggested that a healthy appearance and trust in the partner de-emphasise the danger of the virus and illnesses. These are themes that, along with technical information, should be included in informational materials.

Although I have not explored the programmatic and social aspects of the new pandemic and how they affect prevention, I cannot refrain from saying that the obtuse way in which governmental bodies in Brazil, particularly the federal government³¹, have defined the pandemic (a mild flu) and forms of prevention (sissy stuff), focusing on fatality as a response (we all die someday)³⁶, creates a refractory field for the incorporation of preventive measures by people – which I have seen in Pernambuco with increasing frequency, since October 2020. In this context, an “epidemic of signification” is being created in Brazil that overlaps with that of SARS-Cov-2, shaping and strengthening the nefarious work of the virus³⁷.

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