

NEGOTIATING RISK AND DESIRE: EROTIC ECONOMY STRATEGIES IN CONDOM USE

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ABSTRACT. This study aims to analyze, based on the experiences of men who have sex with men, what aspects influenced the use and non-use of condoms. This investigation is a qualitative, exploratory study with 20 men assisted by the Testing and Counseling Center (Centro de Testagem e Aconselhamento - CTA) in Porto Alegre. The data were produced from interviews analyzed from the perspective of discursive analysis. The findings indicate that risk management concerning the use and non-use of condoms occurs in a context of negotiation - not always explicit - in which the value attributed to sex to the other and oneself in the erotic scene interferes with the decision of condom use. These negotiations and the value attributed to the other and oneself also operate and are produced from social markers, in an economic logic, albeit non-monetary. In this context, beauty, appearance, not having an 'STD (sexually transmitted disease) face', as well as certain sexual practices and heteronormative patterns arise in the homoerotic scene, often reproducing power relations and influencing risk management and condom use. Building spaces for reflection on erotica as both private and public and reproductive of power relations can be an opportunity for the erotica politicization and reflection on risk and care management.

Keywords: Men; condoms; HIV.

NEGOCIANDO RISCO E DESEJO: ESTRATÉGIAS DE ECONOMIA ERÓTICA NO USO DE PRESERVATIVOS

RESUMO. O objetivo do estudo é analisar, com base na da vivência de homens que fazem sexo com homens, quais são os aspectos que influenciam na decisão de usar ou não o preservativo. Trata-se de um estudo qualitativo, de caráter exploratório com 20 homens, atendidos por um Centro de Testagem e Aconselhamento em Porto Alegre. O material foi produzido a partir de entrevistas analisadas sob a perspectiva da análise discursiva. A análise indica que a gestão de risco, do uso e não uso do preservativo, se dá em um contexto de negociação - nem sempre explícita - no qual o valor atribuído ao sexo, ao outro

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e a si mesmo na cena erótica interfere na decisão do uso do preservativo. Essas negociações e o valor atribuído ao outro e a si operam e se produzem também a partir de marcadores sociais, numa lógica econômica, ainda que não monetária. Neste contexto, a beleza, a aparência, o não ter 'cara de DST (doenças sexualmente transmissíveis)', bem como determinadas práticas sexuais e padrões heteronormativos surgem na cena homoerótica, muitas vezes reproduzindo relações de poderes e influenciando na gestão de risco e uso do preservativo. Construir espaços de reflexão sobre a erótica como algo da dimensão não apenas privada, mas também pública e reprodutora de relações de poder, pode ser uma oportunidade de politização da erótica e reflexão sobre a gestão de risco e cuidado.

Palavras-chave: Homens; preservativos; HIV.

NEGOCIANDO RIESGO Y DESEO: ESTRATEGIAS DE ECONOMÍA ERÓTICA EN EL USO DEL CONDÓN

RESUMEN. El objetivo de este estudio ha sido analizar, a partir de la experiencia de los hombres que hacen sexo con hombres, cuáles son los aspectos que influyen en la decisión de usar o no usar el preservativo. Este es un estudio cualitativo exploratorio con 20 hombres, usuarios de un Centro de Pruebas y Asesoramiento en Porto Alegre. Las entrevistas realizadas fueron analizadas desde la perspectiva del análisis discursivo. El análisis indica que la gestión del riesgo, el uso y la no utilización del preservativo, se lleva a cabo en un contexto de negociación - no siempre explícito - en el que el valor atribuido al sexo, al otro y a uno mismo en la escena erótica interfiere en la decisión de usar o no el preservativo. Estas negociaciones y el valor atribuido al otro y a uno mismo, operan y también a partir de marcadores sociales, en una lógica económica, aunque no monetaria. En este contexto, la belleza, la apariencia, no tener una 'cara de ETS (Enfermedades de Transmisión Sexual)', así como ciertas prácticas sexuales y patrones heteronormativos aparecen en la escena homoerótica, a menudo reproduciendo relaciones de poder e influyendo en la gestión y en el uso del preservativo. Construir espacios para la reflexión sobre la erótica como algo que no solo es privado, sino también público y que reproduce relaciones de poder, puede ser una oportunidad para politizar la erótica y reflexionar sobre la gestión de riesgos y cuidados.

Palabras clave: Hombres; condones; VIH.

Introduction

The UNAIDS report showed that in 2019, there were 1.7 million new infections with the Human Immunodeficiency Virus (HIV), of which 47% affected key populations and their partners (UNAIDS, 2020). Key populations refers to the degree of social vulnerability that certain people find themselves at that moment. Therefore, it does not refer to a single condition but to an association of factors that imply less access to health services, discrimination, lack of material resources and knowledge that enable full health condition (UNAIDS, 2014).

Globally, the risk of HIV infection is 27 times higher among men who have sex with men (MSM) (UNAIDS, 2018). Despite the new technological devices that are available as a way to prevent HIV infection (such as post-sexual exposure prophylaxis (PEP) and pre-sexual exposure prophylaxis (PrEP)), the use of condoms continues to be an easily

accessible preventive measure without contraindications and low cost (Grangeiro, Ferraz, Calazans, Zucchi, & Diaz-Bermúdez, 2015). In this sense, we seek to understand the factors that favor or hinder adherence to the continued use of condoms so that combined prevention guidance can be more consistent, both among the team of professionals and among users of health services.

According to Rios, Albuquerque, Santana, Pereira, & Oliveira Júnior (2019), efforts to combat the HIV/AIDS epidemic have involved civil society and, until recently, governments in community prevention actions for MSM and destigmatization of homosexuality in society; free distribution of condoms; access to testing for the general population and antiretroviral therapy for people living with HIV and AIDS (PLHA). Such efforts are more than necessary when considering the epidemiological data presented by the same authors: estimated HIV prevalence for the general population (13 to 49 years old) is 0.6% (0.8% for men). However, there is evidence that in Brazilian capitals, the prevalence of MSM varies between 5.2% (Recife) and 23.4% (Brasília), with an average of 14.2% — two and three times higher than that estimated for, respectively, female sex workers and drug users (Rios et al., 2019).

In this scenario, men who practice unprotected receptive anal intercourse (URAI) are subject to a higher risk of infection than those who perform unprotected insertive anal intercourse (UIAI), approximately the double (Rios et al., 2019). When we think about the aspects that guide sexual practices, health discourse often focuses on the discussion of access to information about ways to prevent Sexually Transmitted Infections (STIs). However, although fundamental, information is just one of the elements that makes up people's social and sexual interactions. How we recognize our bodies is crossed by a set of collective agencies related to the way we conceive sexuality based on certain regulations. Louro (2018), for example, writes about the pedagogies of sexuality and how we are somehow educated and taught to live sexuality based on what is considered 'normal' and 'natural'.

Sexuality can also appear as an important social marker, including the concept of marker as a form of identity categorization that refers to the possibilities or limitations of power in social relationships (Brah, 2005). In the power distribution in the social fabric, sexuality intersects with other social markers such as class, race/ethnicity, gender, age and territory. Sexual positions also generate social identifications. Even though research data indicates that there is much fluidity between sexual identifications and practices (active vs. passive), such identities inform gender dynamics in sexual and emotional relationships.

In many of the studies analyzed by Rios et al. (2019), the 'active' are represented as more masculine and the 'passive' as more feminine, stereotypes that are more emphasized in some communities than in others but present in various contexts, in addition to other crossings of race and age (blacks as predominantly active, and Asians as predominantly passive; young people identified as passive and mature men as active, for example). In the analysis by Rios et al. (2019), it is clear that personal and cognitive aspects (drug use, knowledge about risk hierarchies, for example), social categories (race/ethnicity and age), gender stereotypes, with power implications, mediate sexual positions and modes of protection in different contexts around the world.

According to Bensusan (2006), the ways of experiencing sexuality and desire, when disregarded from the political field, begin to have their recognition restricted to the private lives of the subjects. That is, the elements of sexuality cease to be a political issue, whose characteristics can be thought about and problematized, considering the social constructions of permission and appreciation of relationships, and fall back to a perspective

of individual privacy. On the other hand, when sexuality is recognized as belonging to the public sphere, it becomes a political object of attention and care (Bensusan, 2006).

Seffner and Parker (2016), when analyzing prevention strategies related to HIV in Brazil, highlight that the vulnerability of certain bodies to others occurs when there is the valorization and precariousness of social markers through power relations. In this sense, HIV infection in certain social conditions, especially when it comes to same-sex relationships, can be socially considered as a consequence of an illegitimate relationship, constituting a punishment for the subjects. Since this understanding supports the collective view on the issue, the exercise of sexuality will also reverberate on the public view and the generation of policies on the topic.

Souza Neto and Rios (2015) consider that sexual desire is built within a hierarchical social fabric, and power relations are placed within it. Thus, valuable characteristics are identified in relationships between men related to virility, class, femininities and masculinities, sexual positions (such as active and passive) and body (Souza Neto & Rios, 2015). Furthermore, 'being in love' and the guarantee of the use of antiretrovirals for continuous HIV treatment could also be negotiation currencies (Antunes & Paiva, 2013) featuring a kind of erotic economy.

The concept of performativity, a central concept in Judith Butler's theory, assumes the absence of an 'I' before the action. That is, the action itself constitutes an idea of the 'I' for each discussed scene. In this sense, the subject is understood as performed in self-practices concerning a discursive regime, being related to such through reiteration, tensions, or subversions, always internal to it (Maracci-Cardoso, Paz, Rocha, & Pizzinato, 2019). Therefore, the subject is supported by the response to discourses that question them, rearranging them according to their performative action and agency. To Butler (2015), the 'I' exceeds the subject's narrative since their origin will never be fully explained.

As such, it is from the discourses addressed to the subject, within the social fabric and their performativities in the erotic scene, that the establishment of what we call the erotic economy can be identified. This fact constitutes a context of negotiation regarding the value attributed to sex, to others, and to oneself based on social markers.

To understand how negotiations are organized regarding the use or not of condoms between MSM and how relationships of autonomy and choice are established in these relationships, it is necessary to identify their characteristics and specificities (Antunes & Paiva, 2013). Thus, besides prescriptive health concerns, it is necessary to know the issues that are present within the erotic context and that interfere with the risk management of not using condoms (Carvalho, Both, Alnoch, Conz, & Rocha, 2016). Risk management is a strategy that starts from people's autonomy and protagonism in making choices according to their interest in protecting themselves and through the information accessed (Leite, Murray, & Lenz, 2015).

As previously stated, the present study is justified by the importance of seeking to understand how HIV risk management related to condom use occurs in relationships between MSM, based on the experiences of these men, considering that different social markers and power relations influence this decision-making process.

Method

This study is qualitative research of an exploratory and analytical nature, based on the doctoral thesis *Exposição ao risco de infecção por HIV/Aids: fatores associados à*

intenção de não usar preservativo em homens que fazem sexo com homens, financed by the Coordination for the Improvement of Higher Education Personnel (Coordenação de Aperfeiçoamento de Pessoal e Nível Superior - CAPES) and the Research Program for the Unified Health System (Programa de Pesquisa para o SUS - PPSUS). The research considered the ethical aspects required by resolution 466/2012. The project was previously approved by the Research Ethics Committee of the Pontifical Catholic University of Rio Grande do Sul (opinion number: 1,892,233) and the participating institution. All participants signed the Free and Informed Consent Form (FICF).

Twenty adult men participated in this study, assisted by the Testing and Counseling Center (Centro de Testagem e Aconselhamento) in Porto Alegre. The data saturation criterion defined the sample size (Fontanella, Ricas, & Turato, 2008). The service's team of counselors invited the participants as they sought the service to undergo rapid testing for HIV and other STIs.

Most participants were white men, 28 years old on average, single and carried out mid-level activities such as sales, administrative assistant, receptionist, security guard, student, and pharmacy technician, among other occupations. Half of the participants had more than 12 years of study, and the other half had between eight and 12 years of study, which characterizes the sample as having a good level of education. P1, P2, ..., identified all participants, ..., to ensure their anonymity in this research.

Data collection occurred in a Testing and Counseling Center through semi-structured interviews about the aspects that influenced the use and non-use of condoms. A doctoral student in psychology conducted the interviews after the participants completed rapid HIV pre-test counseling with the CTA team. The interviews lasted an average of 30 to 40 minutes while users were waiting for the exam results and post-test counseling from November 2016 to January 2017, all recorded and later transcribed.

Based on semi-structured interviews, the data produced was analyzed from the perspective of Van Dijk's (2008) discursive analysis, considering the dimensions involved in managing safe sex practices associated with power relations in the negotiation for condom use. In this sense, we created the axis that analyzed the discursive articulations on the use of condoms in sexual relations with the update about the criteria established for safe and unsafe sex.

The axis that leads the analysis was constructed as the participants discussed in the interviews the factors that influenced the evaluation process and the decision to use condoms during sexual relations. From this analysis, the erotic economy axis was considered, which establishes a context of negotiation regarding the value attributed to sex, to others, and to oneself in the erotic scene.

Erotic economy: the value of others and oneself as a decision-making factor in the use of condoms

When asked about the factors that would influence the use or non-use of condoms, the participants began to describe which characteristics of the partners and the erotic scene were decisive in this decision-making process. In this characterization, the pedagogies of sexuality (Louro, 2018) are present in constructing how desire is naturalized in the socialization of bodies.

Horniness itself, or lack of it, can affect condom use; as one of the participants mentioned, "Boring boy, no grip, facilitates condom use [...] Too much horniness, sex without

a condom” (P7). This attitude demonstrates the presence of processes that can be named as non-rationalized, in other words, automated, concerning the non-use of condoms (Bensusan, 2004).

Thus, there is an economic classification of the degree of attractiveness and interest between partners that will modulate the flexibility and availability in complying with requests on not using condoms during sexual relations. The ‘boring boy’, far from the standard attributed to idealized partners, corresponds to an emic term in the shared homoerotic scenario. Designations of this nature are mentioned throughout the interviews. At the same time, they describe the subjects and outline attributes of hierarchical and evaluative classification of ways of life. It is as we observed in the speech below,

I've had sex without a condom, and sometimes I play a role in the decision-time related to identifying whether the person looks like he has an STD or not, and that is something that obviously doesn't exist. Nevertheless, if someone doesn't go out with many people or has been in a relationship for a long time, I think he probably wasn't exposed to many things (P6).

The expression ‘STD Face’ is the explicit configuration of the screening process and the relationships that are established between people, assigning degrees of negotiation regarding which practices are performed in the sexual field and, from this, identifying the potential risk that the other exposes it. Bensusan (2004) mentions that the desirable is articulated through characteristics that eroticize and establish power relations, with the desire to dominate and submit being present, configuring the desire system.

The issue of good appearance is a factor that impacts the decision-making process regarding the use of condoms. If the partner is beautiful, he poses no risk. In this context, a participant states, “If Brad Pitt came and said, 'I want to have sex without a condom', I would consider it differently. That's funny because beautiful people don't have AIDS” (P14). Even though he is critical of this assessment, participant P6 identifies this dynamic, “If it's someone who has a soap opera-type face and such, you won't think he has an STD, right? So, it ends up influencing the use and non-use of condom” (P6). Being highly ranked in the erotic economy facilitates finding someone to have sex without a condom. Thus, bodies more aligned with beauty ideals (young, muscular body) would reiterate the presumption of health. The muscular body figure with a low percentage of fat has a significant index of attraction, becoming an object of desire, and the hypervaluation of this image takes on considerable proportions and meanings both for young people in general and for young homosexuals (Cunha & Gomes, 2016).

The interviews also show that beauty intersects with other social markers, such as social class, ‘good clothes’, ‘good cutis’, and ‘youth’. In this perspective, the idea of beauty and social class may appear related since there is an assumption of greater care and better access based on material aspects associated with appearance. In this direction, participants quote,

I look at the person's appearance, good clothes, good cutis: ‘No, there's nothing’. Moreover, it's not what really fits with life nowadays (P9).

If the person is ugly, I'm obviously going to use a condom. It's terrible, but it's true. I'm a little prejudiced, actually (P13).

Regarding the power of choice, P14, in his narrative, states that the fact that he is white, a university student, has already lived outside the country and is beautiful gives him greater power and autonomy in decisions. He mentions, “If I want to have sex without a condom, it's not that difficult, you know?” For that matter, it can be identified that the

protective attributes perceived about HIV in relationships between MSM are strongly crossed by issues relating to the idealized body, which associate aspects of beauty and health imputation. This dynamic ends up integrating an erotic economy that constitutes and affects relationships between people in a way that is not restricted to the field of private relationships: the closer to the idealized muscular body of the markers of economic power, the greater the conditions to impose their willingness to use or not use condoms.

In the words of Cunha e Gomes (2016), the ideas that reinforce the male body as muscular could be understood as performativity since they evoke the intention of producing certain effects, such as having the attention of other men, who feel attracted to muscularity as a masculine sign. According to Maracci-Cardoso et al. (2019), the theory of performativity, proposed by Butler, opposes dualisms that privilege society to the detriment of the individual or vice versa; the author proposes a notion of subject based on one's own doing, on performative actions that are internal to normativity, which can reorganize it into manifestations of oneself (Butler, 2015). Thus, performativity encompasses different productions of gender and sexuality, as well as other social markers in dialogues and tensions with culture. It refers to a response to previous and interpellating discourses, also shaken and possibly modified as they are stressed in the face of the multiplicity of ways of producing oneself (Maracci-Cardoso et al., 2019).

The notion of risk associated with not using a condom also appears linked to the representation of promiscuity attributed to the other, as mentioned by P11, "When the guy asks to ejaculate in the mouth, I think he is promiscuous, and I think he is a can of trash". This statement illustrates that certain 'performances' in the sexual act can be associated with a value that goes beyond the specific erotic scene and begins to qualify the subjects involved hierarchically. This feeling is what Bensusan (2006) mentions happens when there is a depersonalization of the other in the erotic scene, in which the similarity of what pornographic pedagogy teaches - the person's sexual act is separated from the other - the body that socially learns to desire, faceless, subject is evidenced. This eroticization of certain bodies also disciplines desires and builds political possibilities for valuing existences, which symbolize power and the hierarchical attribution of the value of others and oneself.

This evaluation of the other will also interfere with the investment and availability in becoming or presenting oneself as someone with greater value to the partner. This fact is what we see in the participant's speech below,

When I have a steady partner, I buy the condom. Then, I choose the condom I like. Because I'm more attached to the person, it's just that it's bad to use a SUS condom because you think the guy is promiscuous, who has sex with lots of people. Everybody has sex with lots of people, but it doesn't appeal well (P13).

Here again, the social marker of class appears, which is associated with the use of condoms by the Unified Health System (SUS) as a practice of lesser value. Within the interview scenario, being a SUS user indicates belonging to a specific social class, as it is also associated with 'health for the poor' (Martins et al., 2011). Using this type of condom testifies negatively twice since it can be associated both with a lack of financial resources and with promiscuity when using the term 'promiscuous'. Listing greater or lesser value for partners generates screening situations in relationships where degrees of risk are attributed to sexual relations, which will modulate the use or non-use of condoms, associated with a dynamic of valuing and discarding the other.

Formats of sexual and affective relational agreements associated with the heteronormative patriarchal model overvalue the maintenance of fixed and/or exclusive

sexual partners, operating as another factor in valuing relationships that, supported by health discourse, corroborates markers that aim to make homosexuality 'acceptable' (Oliveira, 2013). Thus, fidelity and promiscuity are taken, respectively, as protective and exposure factors, and the responsibility for the risk of being infected with HIV falls primarily on the partner.

In this way, the desire to experience a romantic relationship along these lines with a partner may also appear associated with the idea of freedom in being able to have sex without a condom,

My dream is to be able to have a partner and bring him here (to CTA), test him and after 30 days, do the test again and go without a condom (P11).

Without a condom, just with the love of your life (P14).

You know, I want a wonderful, beautiful, hot partner who I can have sex with without a condom (P19).

Thus, having a stable relationship from the perspective of the participants also establishes a greater degree of security, increasing the availability of sex without a condom (Antunes & Paiva, 2013), which characterizes 'homonormativity'. This association between homosexual erotic life and the ideal of romantic relationship in heteronormative and patriarchal ways can, in the Brazilian context, be illustrated by the use of the term homoaffectivity - introduced as an option to shift the association of homosexuality with an accentuated erotic desire to a more affective field and, therefore, tolerable to the heteronorm. The consequences of using this term can subordinate the legitimacy of sexual rights to an institutionalized family and marital framework focused on affection and romantic love, consolidating sexual hierarchies (Costa et al., 2017). In this sense, the forms of social manifestation of homonormativity, according to Rosenfeld (2009), occur through silence about sexualities or neoliberal action through inclusion in institutions and heterosexual values. Being special to someone else means that someone else will 'do it only with you'.

You end up doing it without a condom because you believe that person will do it without a condom only with you. Maybe it won't happen, but in your head, you end up doing it only with that person (P15).

Without a condom, only if you were in a stable marital relationship, with much trust in the person. Someone worthwhile, then yes (P19).

For many participants, a romantic relationship with a steady partner would make it special to the other, unfolding into a relationship of fidelity and exclusivity. In the context of the fixed relationship and the romantic spirit, the falling in love creates a perception and responsibility for the partner, giving a feeling of mutual reliability that justifies not using condoms,

I fell in love. I think he's the love of my life, you know, we're going to be together until the end. So, I feel a great responsibility for not causing disease to him(P14).

It's really about mutual trust. We didn't see the risk of using it, that's all (P16).

It is important to think about how often this criterion of exclusivity and fidelity, while foreshadowing for the participant the possibility of greater freedom for sex without a condom, can transform itself in the context of coexistence into greater exposure to HIV. This situation can happen because it is common to mention that after establishing a relationship without condoms, it is much more difficult to introduce using it later. Any change in procedure or self-care suggestion could produce different instabilities and conflicts that are difficult to manage and justify to the partner. This reality can also be present among heterosexual

relationships, which explains how asymmetrical relationships of power and control are established between individuals and the institutions they want to preserve so that negotiations on safe sex are silenced, even if they imply an increase in vulnerability of self and others.

This approach to heteronormativity transcends the social politics of bodies and plays a strong role in the erotic economy in the desire field. For some participants, it is understood that a heterosexual man can be highly valued, especially when he is a married man.

As a married man, I think this gives me greater security. Theoretically, if he has a family, he will be much more careful in his parallel life because he has a family and a wife. I imagine that he won't expose himself so much and take so much risk (P18).

There is a characterization of married men as someone who will develop homoerotic relationships less frequently and, consequently, reliability, which would pose risks to their marital and family life. In the analysis of some participants, married men would be more prudent in choosing their relationships, as they would risk breaking the construction of their own socially sustained identity. Furthermore, the ideal of virility and masculinity associated with heterosexual performativity has a distinctive value (Hamann, Pizzinato, Rocha, & Hennigen, 2020). In physical relationships in the sexual market, for example, the relationship with sexualities (occupying spaces 'outside the environment', performing a 'trickster' body), are signs of a heterosexual *ethos* that is not so dependent on physical enunciation but is highly valued and eroticized (Hamann et al., 2020).

In a relatively recent relational field of public socialization, it is worth considering how other relationships between individuals can be validated and benefited by social advantages that have only been attributed to marriage and kinship relationships (Foucault, 2004). In this view, idealizations about certain relational contexts create negative perceptions and low expectations about the quality of life and the value that can be attributed to one's existence and that of others. Hence, the greater or lesser appreciation of the other concerns an offer of interest that consolidates relationships based on desires balanced by characteristics and conditions that have greater value for establishing relationships (Souza Neto & Rios, 2015). Thus, desire presents private and public characteristics related to social markers (Bensusan, 2006).

Another element that seems to influence risk management is familiarity and social interaction, that is, in the case of knowing the partner from other social contexts or even through continued coexistence, which allows them to take the risk as we identified in the statements,

I imagine that by knowing people for longer, you can get an idea of what the person is like, whether he takes risks or not, whether he exposes himself or not [...] Anyway, it's my way of making a selection. I wait for a while in the relationship to start sex without a condom (P18).

The existence of a relationship measures the risk, monitoring the other's ways of acting and thinking. Trusting acquaintances with known habits would produce a negative serological assumption (Cunha & Gomes, 2016). Then, reliability is reinforced when the relationship becomes 'fixed', using it as one of the preventive strategies. Some participants mention that an attitudinal reading of the partner in the first meeting signals the degree of risk that sex without a condom can present for them. The result of this reading can lead to a total willingness to have sex without a condom or even result in the decision to discard the relationship. As P13 said, "If the partner asks not to wear it on the first date, I don't have sex, and I even fail. I am unable to do anything".

An important aspect concerns the interpretations that involve negotiation for condom use. The fact of proposing to a sexual partner to use a condom may represent a questioning of the health of the other and, consequently, produce an unwanted situation in the sexual encounter, as commented by P6, "For that person, it is possible that he already feels like a little, like, the word is not inferiorized, but maybe I'm putting or questioning his health, and I think that's bad".

In this respect, hesitation regarding the effects of proposing to the partner to use a condom appeared due to the fear that this proposition would constitute a manifestation of distrust and/or diminishment of the other. Aiming to avoid this situation, a strategy used by some participants when they are willing to have sex without a condom is to ask his partner about the last time he underwent a rapid test or even to tell the sexual partner how regularly the participant himself submits to testing to identify sexually transmitted infections, as a counterpart to his partner's information about his serology. Serological control appears as one of the forms of care and safety for having sex without a condom (Platteau et al., 2018).

When discussing unprotected sexual practices, Rios et al. (2019) bring data from their research in which participants argue that in situations of high excitement and absence of a condom, aesthetic elements, knowledge and sexual position create a willingness for unprotected sex. In the gay community, the passive category has the double meaning of liking the practice receptive anal intercourse (RAI) and being a feminine man and is recurrently used to refer negatively to someone. In this sense, gender identities are also hierarchical and, therefore, would be subjects that would generate more fear of infection (Rios et al., 2019).

Thus, repeating the Anti-HIV test, previously presented in studies only as a form of recurring indication of exposure, now also has a preventive character, being even recommended as one of the preventive actions to be performed periodically and an indicator of current care for individuals (Redoschi, Zucchi, Barros, & Paiva, 2017). Combining different preventive methods allows individuals greater autonomy in the face of the diversity of situations and people's perceptions regarding risks and forms of protection (Grangeiro et al., 2015). In the research by Rios et al. (2019), participants who exposed themselves to risks, driven by fear of infection, waited for the immunological window period to end to seek some relief with the test, which appears as an attempt at repair, even without individual preventive efficacy. However, as reported by P6, a more direct negotiation about risks can be understood as something that can 'inferiorize' the other.

Besides, participants also mentioned self-esteem and situational mood as being related to risk management and condom use. One of the participants states that in the face of depression, low self-esteem and feelings of inferiority, having sex with many people can be a way "[...] to feel an inflated ego" (P6). Thus, sex itself can be considered a strategy to feel valued. As P14 mentions, "[...] kind of like an addiction, you know, when I noticed that the rest of my life wasn't going to work out, at least I could control how much I had sex". The identification of emotional deprivation highlights an increased risk of not evaluating the consequences of actions, as mentioned by P11, "[...] if we go to a party and we are well attended to sexually, we don't jump at the first one". In a complementary way, the security of others, persuasion and the feeling of inferiority make the person more susceptible to not using a condom:

Some people, I think, are very secure; even theoretically, they've had more partners, but they're secure. And then they convince you that you're wrong, that it's just a concern (P14).

So, the feeling of inferiority appears to be associated with the social stigma imposed through a set of experiences of rejection, aggression and violence, which are expressed through negative actions motivated by sexual orientation and increased by the (self) evaluation of lower value in the erotic economy. This process of precariousness and devaluation of people can generate situations of vulnerability (Seffner & Parker, 2016), as can be seen in the following statement,

Generally, the most demanding are these handsome guys who stay in the GLS nightclubs. They know that they have the power of seduction. After all, they have toned bodies because they are big and strong. When they catch the ugly gays who haven't picked up anyone by four o'clock in the morning, they can demand whatever they want. I see that my ugliest friends were the first to get HIV, the fat ones because they felt inferior and such. If the person is prettier and requires it to be without a condom, they agree so that they don't miss the opportunity. They have that low esteem. My very handsome friends take great care of themselves and don't stay with anyone. They manage to choose more selectively (P10).

For Butler (2015), the 'I' does not originate in an individual per se but in the relationships of interpellation and response that they establish with others. Thus, the process of absorbing negative social attitudes and assimilating them as part of personal identity, associating them with shame, avoidance and self-destructive behaviors can lead to the concealment of sexual identity in an attempt to hide sexuality in the face of punishment and rejection fear (Meyer, 2003). Shame regarding a stigmatized identity and the fear of experiencing social stigma can contribute not only to the covering up of sexual identity but also to the inhibition of the exercise of pleasurable sexuality.

In this same panorama of social influence, the acceptance of homosexual orientation by the family increases security and the conditions for expressing desires. This factor appears to be encouraging for creating resistance to unsafe sex and negotiating the use of condoms. P14 comments,

Once my biological father accepted that I was gay, it went on like that. So he positively talks about these things, you know. He says it's important to use a condom, and he makes me want to use a condom [...] A good family situation makes you not want these behaviors so much that can put you at risk (P14).

In the opposite direction, the lack of family support and acceptance can make it difficult for people to accept their sexual preferences and become a clear factor in suffering.

If I could, I would have sex with women. If I could, I wouldn't be gay. I can't change that. What I do is reduce sex with men. Sometimes, I do it once a month. I've thought about taking Viagra and having sex with women. I've tried having sex with women, but I don't have an erection. I prefer my family's happiness to my own. Nobody knows in my family, at work, that I'm gay. I have an uncle who is, and he revealed it to the family. Some understand, and others don't. This situation is not what I want (P4).

In this excerpt from P4's speech, we face the conflict regarding the fear of rejection in showing his relationships and desires. The participant still remembers some sexual relations he had more impulsively with other men, especially in his youth, that happened after moments of great tension between giving in or not to the desires he was trying to resist. He comments that after the sexual act, he felt guilty and ashamed. As social acceptance is scarce and especially conditioned for homosexuals (Bensusan, 2004), shame takes up space, configuring hierarchies and attributes that affect self-esteem. Maintaining secrecy about sexuality and staying 'outside the environment' is also valued in the field of homoerotic negotiations and creates the perception that the private, what is inside and the subject himself can remain controlled, more attached to the ideals of masculinity heteronormative.

At the same time, a more open life would increase hostile responses from all fronts (Miller, 1988). However, when self-acceptance is low, and negotiation resources are not exercised, there is a greater possibility of exposure to risks and increased vulnerability of individuals.

The social-historical context seems to be another predisposing factor for establishing preventive strategies. This is what P19 comments when saying that being born in a generation that followed the previous generation that had no idea what AIDS was and that “[...] they had sex without a condom and died from it” (P19) makes the person more attentive to preventive issues. Thus, the age marker appears to be related to risk management. The constitution of subjects is always configured in material and qualitative experiences articulated within concrete historical and existential conditions (Brah, 2005).

Desires are part of a social construction. They comprise the confluence of the community, subjectivity and our environment (Bensusan, 2006). Therefore, it is important to think about how the system of erotic scarcity can transform desire into possession, reiterating domination and subordination relations in an attempt to establish guarantees of security and full pleasure through the exercise of power that enables value in the erotic economy. It is necessary to consider desire as an abundant good (Bensusan, 2006), creating affective spaces in which property relations and domination do not prevail, but rather spaces in which eroticism can be problematized as a territory that is also political.

Final considerations

The present study analyzed that risk management related to condom use is related to an erotic economy, in which intersecting social markers establish power relations that affect risk management. Thus, the erotic economy, which describes the value of the other and the factors concerning the constitution of risk management in the use of condoms, interferes with the degree of negotiation between partners about which practices will be performed in the sexual act. It can be seen that the simple transposition of a heteronormative model for sexual relations between men can also result in asymmetrical power relations, common to heterosexual relations.

As such, the implication of this research is to present this erotic economy so that we can think about the intersections of power relations in risk management. It is necessary to highlight the importance of negotiations on safe sex based on the establishment of communication between partners who seek to build more symmetrical relationships and political discussions in the private field. In this sense, it is important to revisit the importance of human and sexual rights for diversity, considering their relevance for establishing greater balance in the erotic economy.

It must be considered that this study occurred in the context of undergoing an anti-HIV test, which may have contributed to the process of analyzing issues related to the non-use of condoms. It is worth thinking about future intervention studies that consider sexual practices and new prevention technologies in a way that stimulates spaces for expression, creative transformation and autonomy for the development of prevention strategies for the full exercise of each person's sexuality.

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