

## Reproductive Culture and Sexuality

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The data presented here are based on a low-income urban population in a peripheral neighborhood of the city of Porto Alegre in the southern Brazilian state of Rio Grande do Sul, a population that, with intentional imprecision, we can identify as **working class**. This study is based on two earlier large-scale studies that focused on sexuality and reproductive/contraceptive practices. Both dealt with the same group, although not the same subjects, and both included men as well as women as objects of study. The first study, *Body, Sexuality and Reproduction: a study of social representation*, received support from the Special Programme of Research, Development and Research Training in Human Reproduction of the World Health Organization (1993-96). One of the striking things about this study was that in dealing with reproductive health it included men (while not exclusively focusing on them). It was also methodologically innovative, combining ethnographic and statistical research techniques and thereby generating a scope broader than usual in most ethnographic studies, whose micro-analytic approach has raised concerns among some researchers about the validity of generalizing from a single reference point.<sup>1</sup> The second study, while its scale was

much smaller and of a more applied character, generated more in-depth, qualitative data, utilizing field methods that included the **focus group** technique. Various issues that had been at play in the first study re-emerged. This second study, entitled *Sexuality and Reproduction*, was conducted from 1996 to 1998 and received support from the Ford Foundation.<sup>2</sup> The tendency toward male-centered research is not new in our work. The studies mentioned here were preceded by others conducted in other geographic regions that focused on masculinity<sup>3</sup>. Upon entering the more feminist (so to speak) area of reproductive health, our perspective was

the qualitative data and their systematization, quantification, and analysis. For a methodological discussion on this study, see LEAL and FACHEL. Final Report (WHO) *Body, Sexuality and Reproduction: a study of social representation*, unpublished, 1994. See also LEAL and LEWGOY. *Aborto: uma contribuição antropológica à discussão. Filosofia Política*, Nova Série, volume 2, Porto Alegre, LP&M, 1998, p. 173-195.

<sup>2</sup> LEAL, O. *Sexuality and Reproduction: Final Report*. A project oriented toward intervention and action in conjunction with Health Centers in low-income areas. Ford Project 965-0984 (1996-1998), unpublished, October, 1998. See also LEAL and DOS ANJOS. *Cidadania de Quem? Possibilidades e Limites da Antropologia. Horizontes Antropológicos*, n° 10, on Citizenship, Cláudia Fonseca, editor, Porto Alegre, PPGAS-UFRGS, 1999.

<sup>3</sup> The first of these studies is now more than 15 years old: LEAL, O. F., *Duelos Verbais e Outros Desafios: representações masculinas de sexo e poder no Brasil*. Paper presented at the 1984 Annual Meeting of the Brazilian Anthropology Association, in Curitiba. Other projects include: LEAL, O. F., *The Gauchos: Male Culture and Identity in the Pampa*, PhD Dissertation, Department of Anthropology, University of California, Berkeley, 1989. LEAL, O. F., O Mito da Salamandra do Jarau. LEAL, O. F. (ed.), *Cultura e Identidade Masculina, Cadernos de Antropologia*, number 7, Porto Alegre, PPGAS-UFRGS, 1993.

<sup>1</sup> A total of 200 ethnographic interviews were conducted among 100 men and 100 women of reproductive age. Research methods included basically focused on the inter-relationship between

already colored by having done studies about men, a rather uncommon path – at least at the time. In previous work, we had attempted to synthesize data from diverse studies, discussing the role of studies about men in the context of studies on gender.<sup>4</sup> There, we called attention to the fact that in the literature issues such as reproduction have structured themselves, solidified, and been crystallized in the absence of the masculine. We asked ourselves if we, as researchers, had not taken for granted the social space of reproduction as being restricted to the domestic – the social space of the family – interpreting this as essentially feminine, as though reproduction occurred in a vacuum, in the absence of men. We also noticed that when a few studies on men began to surface, emphasizing gender identity, the focus was on sexuality, not on reproduction, and we asked ourselves if this were a problem that we as researchers had created, or if it were something that our objects imposed on us. Is sexuality to men as reproduction is to women? How can these two issues (sexuality and reproduction) be conceptualized, if not from a relational perspective? How can they be put into relational perspective, if pre-existing constructions in social science have always consecrated them as immutable, autonomous categories?

The study I will present here was conceived of with an eye toward diminishing these very problems. To this end, rather than excluding the male world from the analysis, we brought it to center stage. We sought to treat gender as a relation, or, more precisely, a system of relations, and not simply masculinities and femininities as immutable, essentialized spheres, without any relationship to one another.

### **Bodies and views about bodies**

Although this article focuses on masculine

<sup>4</sup> LEAL and BOFF. *Insultos, Queixas, Sedução e Sexualidade: fragmentos de identidade masculina em uma perspectiva relacional*. In: PARKER and BARBOSA (eds.). *Sexualidades Brasileiras*. Rio de Janeiro: Relume-Dumará, 1996.

behavior, with respect to its practices, beliefs, and values, as much sexual as reproductive and contraceptive – what we might refer to as **sexual culture** – it is important to note that this material and its analysis make more sense when examined in relation to the same type of material on feminine behavior, collected under the same circumstances. In other words, in addition to conceiving of the domain of sexuality and reproduction as an analytical resource within a gender perspective, we need to adopt a comparative approach in presenting this type of material. Furthermore, we suggest that the data on sexuality and the ways that reproductive choices are made only make sense when viewed within the framework of their larger social context; in this case, the precarious socio-economic situation of working-class urban groups and the complex relationships of an extended family system oriented toward matrilocality.

In the first study mentioned (WHO, 1986) as well as in the second (Ford, 1998), testimonies and visual representations (drawings) were elicited in order to arrive at representations of female and male bodies on reproduction and sexuality. That is, the idea of **social representations** was conceived of in a multiple form, including drawings of male and female bodies with a focus on reproduction and the sexual organs. Based on the drawings and the narratives that were generated to explain them, we found a marked gender-based distinction in the way that the female body was conceptualized. Men's drawings showed the visible part of the reproductive/sexual organs: the vagina and pubic hair; in addition, the breasts and face (mouth, nose, eyes, and hair) always attracted a lot of attention. Women, on the other hand, when drawing the female body tended to center their gaze on the interior reproductive organs, going beyond the "visible" body to show the uterus, with the ovarian tubes figuring prominently and a fetus not uncommonly being represented within the womb. It is important to emphasize here the gender basis for what we might think of

as distinct engendered cognitive maps of physicality, sex, and gender.<sup>5</sup>

Another important part of how the body and its reproductive and sexual functions are conceived of by this population, corroborating data generated in previous studies<sup>6</sup>, is that there is a widespread belief among both men and women that a woman's most fertile period occurs during menstruation: 59% of those interviewed believed the menstrual period – or the time immediately preceding or following it – to be the ideal time for conception. In addition to this, nearly 16% believed that conception could occur at any moment during the menstrual cycle or that it depends on external factors independent of the biological functions of the body, and 8% (nearly all men) said that they did not know. In fact, only 15% of the sample, the majority of them women, showed beliefs about fertility corresponding to those of modern medicine. This clearly affects whether and how birth control is practiced. It is interesting to note that younger women with more formal schooling tended to have a clearer understanding of female fertile periods. We note, however, that even in this small group answers often seemed to be given in terms of what the informant believed "should" be answered rather than her actual beliefs: the responses may reflect not practice but what was perceived as the "correct" response to questions that seemed to be testing their "school knowledge". In the case of men, questions about fertility were perceived as being quite legitimately out of their area of knowledge.

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<sup>5</sup> Ceres Victora analyzes this material in detail. See VICTORA, C., *Images of the Body*, lay and biomedical views of the reproductive system in Britain and Brazil. London: PhD dissertation in Anthropology, Department of Human Sciences, Brunel University, 1996.

<sup>6</sup> LEAL, O. F., *Sangue, Fertilidade e Práticas Contraceptivas*. In: LEAL, O.F. (ed.), *Corpo e Significado: ensaios de Antropologia Social*. Porto Alegre: Editora da UFRGS, 1995. E, VICTORA, C., *Mulher, Sexualidade e Reprodução: representações de corpo em uma vila de classes populares em Porto Alegre*. Master's Thesis presented at PPGAS-UFRGS, Porto Alegre, 1991.

The logic behind these representations of the body, its fluids, and conception has been discussed in other papers. Menstrual blood is seen as a vehicle, a substance constitutive of the child. From there a number of related beliefs follow. First of all, conception is perceived as uniting blood and semen, a physically intimate process. Second, physical conditions such as temperature and humidity are seen as important factors in fertility. Third, the necessary circulation of body fluids is regulated by a body that functions as a binary operator, opening and closing. Finally, the dynamic of female and male body fluids is a mode belonging to the interior world, intimate, physiological, having to do with establishing relations "on the intimate level" with the exterior world, the social world. In addition, a **situational logic** is perceived in this view of conception, in terms of the contingency of intimate encounters and their attributes. In this view, for a sexual relationship to be fertile, circumstances such as the time of day and place in which a sexual act occurs, the intensity and quality of the sexual relation, etc. are extremely important.

In the homology between semen and menstrual blood discussed above, conception is understood as combining substances from genders that are different, or opposite, but of the same nature, and in different quantities. Under appropriate conditions, for a sexual relation to result in pregnancy, there needs to be a shared emotional and sexual effervescence. Thus, the woman's orgasm, as well as "coming" at the same time are considered factors extremely favorable to fertilization. One could even say that conception is regarded as a process fusing the feminine and masculine, with similarity and the synchronized participation of affective states predominating, which, in turn, indicate the presence of a relational logic and a dynamic of qualities governing beliefs about human fertilization. Certainly, the equivalence between feminine menstrual blood and masculine semen is a classic topic in anthropology. What is different here is the statistical

relevance of data that comes from an urban population that is culturally part of “modernity” and, although extremely poor, ostensibly assisted by public health services and family planning.

### Conception and contraception

Our data indicate that the use of clinical contraceptive methods among this population does not differ significantly from the usage patterns for the general population of Rio Grande do Sul. Nearly 50% of the women of childbearing age use some kind of contraception (oral contraceptives, IUD, or surgical sterilization).<sup>7</sup> Still, recurring complaints emerge about contraceptive methods, including a number of tales of conception occurring “when the pill is stopped” during the menstrual period or while using the IUD (intra-uterine device). These stories, looked at from one perspective, point toward possible misuse of the contraceptive methods or to their relative inefficiency, but seen from another angle – and being so numerous – also serve to discredit clinical contraceptives. The way of using them “just doesn’t make sense”: why, for example, should one stop

<sup>7</sup> Our data, based on women of childbearing age, indicate that 29% used oral contraceptives, 10% used the IUD, 8% had chosen female surgical sterilization, 41% did not use any birth control method or resorted to traditional methods, and 10% were pregnant or trying to become pregnant. Other data from epidemiological research (based on much larger samples) on the same population do not show significantly different distributions. These data concord with the profile for contraceptive use in Rio Grande do Sul, but, as is known, differ from the profile for Brazil as a whole, since Rio Grande do Sul is the only state in which female surgical sterilization is not the most widely used contraceptive method. We call attention to this because of the relatively low frequency of female surgical sterilization compared to the national average (27% PNAD-IBGE 1987, for women between 15 and 54 years old). The figure of 6.9% that we found (including here reports from men) is close to the PNAD average for the state of Rio Grande do Sul, which is 8%. In this sense, the rate of around 7% for this sample, whose socio-economic situation is extremely precarious, living in slum conditions, can be considered not so drastic. It is interesting to note, however, that it was distributed unequally among the four neighborhoods, possibly indicating variations in the services offered.

taking the pill in order to allow menstruation to occur? And, since using hormonal contraceptives diminishes the amount of menstrual flux, they are seen as problematic in that they “keep the blood inside you when it should be coming out”, interrupting the circulation of vital body fluids and bringing on a series of undesirable side effects. Thus, the medical prescription that oral contraceptives should be taken daily is considered counter-intuitive in this social milieu, and in practice the pill is frequently taken irregularly, which results in a decreased effectiveness, in turn damaging its credibility as a contraceptive method.

Men react to their partners’ use of the IUD because the device generally causes menstrual periods that are longer and more abundant, as well as eventually provoking bleeding between menses. Two separate problems may be attributed to the IUD, but not necessarily both by the same person. The first argument against it goes like this: “How can IUDs prevent pregnancy if they make you bleed more?” since menstrual blood is seen as a powerfully fertile fluid. The second, a generally widespread notion that is even more common in this population than in middle-class groups, is that the IUD actually functions as an abortive. This argument, from a clinical perspective, is a sensible one (although generally not revealed by medical services); the effect of the IUD is to prevent the fertilized egg from attaching itself to the lining of the uterus. The complexity behind the population’s resistance to using this method is thus revealed, since the second argument (which we would say is consistent with science) ends up reinforcing the first, albeit in a rather confused way. In addition, notions of pollution are linked to vaginal blood along with ideas about

Examining neighborhood by neighborhood, it can be traced to the neighborhood Valão, for example, a low incidence of sterilization and a high incidence of abortion. But this profile does not take on a pattern to the extent that in the neighborhood SESC we see a high incidence of female surgical sterilization as well as a relatively high incidence of abortion.

fertility<sup>8</sup>, which leads – or can lead – to longer periods of male avoidance of vaginal sexual contact with women who use IUDs, without a similar avoidance of non-vaginal forms of sexual contact, which women perceive as violence. This, as a factor causing women to opt against using the IUD, should not be underestimated. Pregnancy is also thought of as a sort of game of chance, a haphazard event that may or may not occur. Thus it is no mere coincidence that the Brazilian expression “*pegarfilho*” meaning to become pregnant, uses the same verb as the colloquial expression for becoming ill, “*pegar doença*.” Fertilization is perceived as a kind of contagious contact between one’s body fluids and those of another person. The inclusion of induced abortion among alternatives for contraception should be understood in terms of the logic of the haphazard event, a type of rational choice that is native, or, to use anthropological jargon, *emic*. A cost-benefit analysis seems clear here: if all contraceptive methods have at least some type of problem (or many problems when they are misused) why not just take one’s chances, instead of taking a medication to avoid a hypothetical pregnancy? In fact, why not take the “medicine” if pregnancy occurs, and even then only after considering, naturally, all of pregnancy’s implications: establishing a union, stabilizing a marriage, extra help from family, the prospect of future help, the prospect of mobilizing alliances and economic and symbolic resources in an individual project of social mobility.

The data also revealed that men overestimate the number of women who use some type of contraceptive. Men indicate with greater frequency oral contraceptives as the

couple’s choice for birth control. One might suggest that some men may be poorly informed by their own partners. If that were the case, pregnancy could be understood, we think, as an indication of the female space of negotiating pregnancy. Despite the possibility of misinformation on the part of the men, a mere 1.5% stated that they did not know what type of contraceptive method their partner used. In general, men demonstrated an understanding of contraceptive methods and a certain control over contraceptive decisions. Male participation in choosing the method was not insignificant, to the extent that many could state not only that oral contraceptives were the method being used (the pill) but also knew the medication’s pharmaceutical name and could even recount the types of contraceptive methods previously used, and/or the brand names.<sup>9</sup>

The use of contraceptives is clearly related to social mobility, overriding possible differences between men’s and women’s statements on this issue. Categorizing the interview data (in other words, “closing” it by codifying it in variables and analyzing it statistically)<sup>10</sup> revealed that ascending life trajectories (taking into account the relativity of social mobility) are positively correlated with choosing medical, reversible contraceptive methods (oral); whereas falling life trajectories are linked to female surgical sterilization; and life trajectories that neither rise nor fall correlate with not using any type of contraceptive or with

<sup>9</sup> In this study, men and women are independent samples. Married couples were not included in the sample. These data are only valid in an aleatory way, thus being generalizable.

<sup>10</sup> The statistical technique employed was factor analysis of correspondence. For a detailed discussion of the methodology employed in this study, see LEAL, O. F. and FACHEL, J. G.; *A Antropologia do Corpo e Pesquisa sobre Sexualidade: dados qualitativos e tratamento estatístico, uma proposta metodológica*. Paper presented at the Work Group on Personhood, Body, and Illness at the 18th annual meeting of ANPOCS, Caxambu, Minas Gerais, in November, 1994. This text is available as a publication of *Corpus: Cadernos do NUPACS*, number 004/97, Série Textos de Divulgação do NUPACS-PPGAS/UFRGS, Porto Alegre, 1997.

<sup>8</sup> The associations between menstrual blood and contamination (*sangue sujo* – dirty blood; *sangue que limpou o corpo* – blood that cleansed (one’s) body; *najo* – disgust; *resto* – residue; or the idea of it being a fluid that can result in male impotence, etc.) are extremely widespread. Recently, however, this belief has been amplified and reinforced, since it is now well known that blood is a vehicle for transmitting the AIDS virus.

using traditional methods. These data support some of our hypotheses concerning reproduction as a strategy for moving upward in the social hierarchy, whether because marriage is more important socially or because certain unions represent improved life circumstances, or even because in a productive unit the growth of one or more people (child and parents) in the domestic unit and family network (by alliance or by blood) also can mean a growth of family income and/or living space and resources.

### Abortion

In terms of contraceptive choices, the data show that the most significant tensions between men and women may center around abortion practices.<sup>11</sup> First, men's attitudes about abortion were markedly less favorable than those of women. We are referring here to favoring abortion "under certain circumstances" (including the woman's unwillingness to be pregnant). 53% of the men favored abortion, as opposed to 70% of the women. It is interesting to observe that in men's statements the possibility of "giving (the baby) away" emerged as an alternative to abortion.

In practice, opinions about abortion were much less conservative than they first seemed when we examined responses to the question, "Do you favor or oppose legalizing abortion?" The informants' comments on this subject always presented relativizing arguments about the conditions or situations in which abortion was acceptable, or at least permissible. A total of 61% believed that abortion to be acceptable "under certain circumstances." The circumstances included the "lack of (financial) conditions for raising a child" and the lack of someone from the extended network of family, neighbors, and friends who could "take on caring for the child".

<sup>11</sup> See also LEAL and LEWGOY. *Aborto: uma contribuição antropológica à discussão. Filosofia Política*. Nova Série, volume 2, Porto Alegre, LP&M, 1998 (p. 173-195). I reproduce here some of the data and arguments presented in this text.

It is estimated that for the population under study there is a **34% incidence of induced abortion**. In other words, 34% of the population of child-bearing age has had one or more abortions. This figure was derived from the statements of both women and men (not a usual demographic technique when dealing with the issue of reproductive health). The question put to women interviewees was couched in terms of whether "one (or more) induced abortion(s)" had been performed over the course of their reproductive history. For male interviewees, the questions also sought a cumulative history, but their responses obviously could have been based on experiences with more than one woman. When we examine only women's statements, the incidence of induced abortion becomes even higher (according to women, 43% of those of childbearing age have had at least one abortion). It was decided, however, to stay with a larger sample size; this entailed including the statements of both men and women and, consequently, arriving at a more conservative estimate.<sup>12</sup> However, in the statements of both men and women, only 15% stated directly that they had had an abortion (abortion being understood here to mean the voluntary termination of a pregnancy); another 19% did not say so directly but it became evident from their narratives that one had occurred.<sup>13</sup> The use of traditional abortive teas ("*chapoeiradas*"), even when these teas were also combined with the drug prostaglandin (commercially known as

<sup>12</sup> In this project, women and men, as was mentioned earlier, are separate groups, since none of the informants were married couples.

<sup>13</sup> Here also, if only women's statements were considered, a different distribution appears: 18% said that they had already had at least one abortion and 25% did not identify as an abortion the procedures to which they had submitted themselves. In the case of men, 13% said that at some time in their lives one of their partners had, during the course of their relationship, resorted to abortion and 13% related the use of abortive procedures without identifying them as such, for example: "No, she didn't have an abortion, she just took those teas along with some pills".

Cytotec, prostaglandin has recognized abortive effects), fell into this category. Other abortive procedures – cleansing with “drops” of different chemical products, vaginal use of Cytotec, or even the voluntary introduction of objects into the vagina – were also not necessarily explicitly identified as *astirar a criança*, (“removing the child”) to use the local term, but were instead denominated *fazer baixar as regras* (“induce the period”). Therein lies the difficulty of the data and, certainly, the wealth of nuances in the very definition of abortion. One could consider that the level of male information about abortions explicitly identified as such to be high. The gender gap emerges when one includes the abortions that are not thought of as such, which are self-induced and generally restricted to the very private sphere.

In fact, the diversity of abortive practices among the working class presents a challenge to anthropological reflection, since there is a series of situations containing not only an accentuated dramatic weight for the subjects involved, but also a high level of complexity in their analytical circumscription. These situations point toward the need for relativizing concepts that until now have been considered univocal and naturalized, such as abortion and pregnancy. The problematic dealt with here suggests a broad, inclusive understanding of the variety of critical values and practices in dealing with reproduction used by the population under study. Clearly this is not to negate the reality and natural regularity of conception and pregnancy, but merely to highlight that these, as well as abortion itself, are experienced and interpreted in a plethora of ways, which even authorizes us to introduce distinctions between pregnancy as a natural condition and pregnancy as a social condition.

Independent of the shades of difference between men’s and women’s statements, an enormous cultural value is put on pregnancy. This value is of such a magnitude that it permits us to suggest that since, for the urban working class virginity has

ceased to be a value, even in the marriage market, pregnancy has begun to occupy its space as a concrete indicator of affective commitment. It may have to do with a more global phenomenon: in general, all of the data, whether in Brazil or in more developed countries, indicate a relative increase in teen pregnancy.

As was already mentioned, younger women who are unmarried, without boyfriends, without even short-term employment – in other words, impoverished – are also the group that least utilizes preventive contraception. This could be taken as evidence that the **risk of pregnancy** (risk also being an emic concept), or pregnancy as a biological state, is the cornerstone of their marriage strategy, constitutive of different identities of gender, relationships, and social networks. As a strategy, it is within the competence of the agents to utilize it. But the situational evaluation of the biological indices of gestation may not offer a viable solution, in terms of pregnant women’s networks and social relationships, not simply in terms of tolerance but also in terms of tacit expectations of the mother’s responsibility. It must be emphasized, precisely because it does not correspond to the more or less widespread prejudice against the working class, that the family organization of this group, which lives extremely close to the edge, in poor neighborhoods and *favelas* (slums), can be called solid, in the sense of being an extended family structure that has a fundamental, permanent role in this type of social organization. In other words, **kinship** – as the anthropological literature has demonstrated – is the fundamental principle structuring the urban working class. This is a group whose social context is perennially unstable, uncertain, and “illegal” in terms of ownership of their living quarters, which have come to be called *favelas*. It is precisely because of the multiple precariousness of the socio-economic conditions (lack of stable employment, unstable income, illegal occupation of living space, precarious housing situation) that the family in its larger

organization begins to play a fundamental role. Decisions about reproductive matters are taken in the context of complex arrangements of matrimonial relationships, in a cognatic kinship system, with an extended, matrilocally-oriented family.

In other terms, the domestic units are much *more frequently established in the woman's living space or in that of her family*. It is important to emphasize here the accentuated feminine orientation in the domestic unit – the woman's parents, maternal grandparents, and other relatives from the mother's side generally live in the same place. Through the life histories it was possible to observe a movement toward virilocality (living in the man's house or space), which functions as a relationship strategy and a way of socially legitimating a new consensual union. In other words, it is common at first in a new relationship, or when the existence of the relationship becomes public, for the couple to establish living quarters in the household of the man's family, or in an addition physically linked to it; only afterwards, generally after the birth of the first child, does the couple settle into the woman's parents' domestic unit or property.

The relationship strategy for beginning a new union is clearly associated with this type of family structure, which, in turn, has a direct effect on the use of contraceptive methods and over abortion practices. The social roles are always at play, and the moment of reproduction is also the moment when these roles are redefined. Utilizing the life history material from this population, an attempt was made to identify different **relationship strategies**: (1) "they got married because she was pregnant"; (2) "virginity", in a wide sense of the term, meaning that "the woman wasn't pregnant when they got married"; (3) "they ran away from home". I contend that conception and contraception must be understood in the context of **extended family** – one that is oriented by relationship and blood ties, diverse family arrangements and extended kinship networks – and that the dimension of gender is fundamental here. The first strategy – getting married because of

pregnancy – covers the vast majority of cases, and is clearly associated with (ethnographically as well as statistically) the pattern of matrilocality, although it may be preceded by a temporary virilocality immediately after the time of union. The association between neolocality and marriage without a prenuptial pregnancy is also clear, following a pattern in which the couple has a long-term relationship and a project in common of building a relationship and having their own living quarters. There is still visibility in the association between "running away from home" and virilocality; that is, establishing living space in the man's household.

Pregnancy appears especially frequently as a relationship strategy among adolescents, while not as clearly among men. It is worth noting that here teen pregnancy is not perceived as a "problem", contrary to medical-clinical perceptions. Once pregnancy occurs, an intense negotiation is established regarding who will potentially (and socially) "take responsibility for" or "recognize" the baby/pregnancy: this person may be the baby's father, its mother, or even its maternal grandparents. As mentioned earlier, at the time of making a relationship public, the man's living space tends to be temporary, until such time as a tacit, public recognition of the new relationship occurs. Such a situation highlights the man's recognition of his paternity and of his (or his family's) support for the couple and/or child.

"Running away from home" means that the woman leaves her home in order to begin a relationship; the apparent presupposition is that her family will not accept the relationship, but in reality this is a culturally established pattern, a tactical strategy for legitimating the relationship. The couple lives for a short time in the house of friends or family (on the man's side) and afterward returns to the mother's household, usually after the woman has become pregnant. In the case of teenagers, the act of leaving home legitimates the relationship, once it has become public that the couple has had sexual relations.



A distinctive characteristic of the domestic organization of this group is the **circulation of children**, an informal system for adopting children, in which they remain permanently within an extended social network of family and neighbors with overlapping ties, the child itself representing an extremely important link in that network. In the group under study, there was an 11% incidence of a family member "taking (children) to bring up" and 19% that "gave up (children) to be raised" by another family member.<sup>14</sup>

It is worth noting that the option of "giving (the child) to be raised" in cases where the pregnancy was unwanted, unlike abortion, arose spontaneously **only in men's discourse**, in a reasonable number of cases (around 20%), concurring with the existing anthropological literature on patterns of family organization in urban working-class groups, which emphasizes an extended family group. The circulation of children, in this extended family context has an important role in the domestic organization of the group. The option of "giving (the child) to be raised", presents itself as an alternative to abortion for pregnant women who are not involved in relationships and for whom relationships are not based on getting pregnant. These women may opt for giving the child to the biological father's family (perhaps feeling male pressure to do so), thus establishing a link with the man and his family (which may itself be defined by a matrilineal orientation). Such decisions taken by the woman are fundamental in defining where the man will live.<sup>15</sup>

I would also like to call attention to the

<sup>14</sup> Bearing in mind that families who "gave children away", were not those who "took" children to bring up, we see that a total of 30% of the families studied were involved in the practice of **circulation of children**. That is, in a sample of 200 families, 34 children were given away to be brought up by others, and 38 were taken in; that is, a total of 72 children circulated among different families.

<sup>15</sup> FONSECA, C.. Children and Social Inequality in Brazil: a look at children circulation in the working class. In: RIZZINI (ed.). *Children in Brazil Today: a challenge for the third millennium*. Rio de Janeiro: Editora Universitária Santa Úrsula, 1994.

fact that, surprisingly, the incidence of abortion practices does not present any significant correlation with other variables, such as living conditions or life trajectory, taken as socio-economic indicators by this homogeneously impoverished population. Still other more discriminatory variables, such as religious practice, ethnic origin, or social origin (rural or urban) do not show a correlation with abortion practices. That is precisely where these data reveal something new. The fact that it is not possible to establish a correlation between abortion and variables that can be taken as indicators of institutions or more specific cultural traditions defining rules of conduct, give support to our line of argument, which seeks, in other, more ethnographic variables, including views of the reproductive process and social organization, to find elements for understanding the event and status of abortion in the population under study.

As much in the male perspective as in the female, pregnancy or the possibility of it is a fundamental element in the wider cultural context of this group and the structure of its family organization. This also makes, as was indicated, its inverse (the termination of the pregnancy) an equally legitimate possibility, or, better yet, differentially legitimate, depending on the circumstances and strategic evaluation of the empirical contingencies of a situation.

Abortion - interrupting the process of conception - is always the result of a social discussion established in terms of gender negotiation between the masculine and feminine. The negotiation involves the notion of "assuming responsibility", which is necessarily correlated with the idea of conception. Put another way, the wider social context - which encompasses biological reproduction - is a determining factor in the way that human existence within the uterus is initially recognized. This factor is extremely important, even superimposing itself onto the reading of the different signs spread out through the woman's body at the moment in which it becomes known whether the woman is pregnant or not. In a world in which

maternity is so highly valued, pregnancy presents itself as a crucial moment of in the sociological point of view. Pregnancy – when recognized as such – involves a social production of at least two people – **mother** and **child** – no less important, but less frequent, is the social production of a **father**, which has intense consequences for social reproduction.

### Gender relations and sexual relations

Concerning what is referred to here as sexual culture; that is, a system of beliefs, meanings, and practices relating to sexual behavior, the data obtained are extremely rich, especially when we consider that the methodological approach (an ethnographic orientation) we adopted met its objectives in terms of opening up an extremely intimate topic; namely, sexuality. It is important to say that we consider the reliability of the data to be very high, since it went through several levels of evaluation in terms of coherence and was tightly controlled during the process of data collection and field work.

In a gender analysis perspective, the first data that interests us here is the frequency of sexual relations. From men's and women's statements on sexual relations, it emerges that 63% of those interviewed had sexual relations from two to seven times per week. Although differences between men's and women's statement do appear, (remembering that we are dealing with separate worlds) this is not very well differentiated (23% of the men, in contrast to 17% of the women, indicate a minimum of five sexual relations per week). While the frequency of sexual practices, especially among men, may be over-estimated by them, it is necessary to indicate that we always opted for the more conservative estimate in statements regarding the frequency of sexual relations, and that our qualitative evaluation of the data concurs with our evaluation that sexual practices, sexuality, seduction, and/or love relationships is something that occupies an important part of the lives of the people in this group.

If we take **gender** as a discriminatory variable, here thought of at an analytical level, although demographically this variable superimposes itself onto that of sex (not necessarily coinciding with gender in the sociological sense) – to draft an outline of sexual practices and preferences (it being possible to visualize this through the statistical techniques) a tension that manifests itself through the differences enunciated by the masculine and feminine becomes clear.

It is constructed through qualitative data and a number of variables with respect to behavior and sexual expectations. Although some variables do overlap, this was a way of testing the validity or coherence of the categories themselves. In the variable designated as "possible sexual practices", we divided practices, expectations, or possibilities of sexual practices into three categories: **traditional** (when the informant only practices genital coitus with a partner of the opposite Sex), with 34% falling into this category; **permissive** (when it is stated that "all" is permissible and there is clearly a non-restrictive conduct in relation to sexual practices, with 46% falling into this category; and 19% **restrictive** (who restrict themselves to a certain mode of sexual practices, such as restricting themselves to homosexual practices or "not doing oral sex", etc.). These preferences have a marked sex/gender-based distinction: men's statements correlate with a stated preference for "permissive" sexual practices and those of women with what we are calling "restrictive practices".

In terms of the variable "current sexual practices" – here attempting to focus on effective behavior – 66% (including both men and women) practiced only genital sex; 24% practiced anal sex in addition to genital; 5% practiced oral sex in addition to the other practices; and 4% did not have any type of sexual relationship at the time of the interview. Specifically with respect to the practice of heterosexual anal sex, when we asked directly about this, 17% said that they practiced it; 31% said that while they did not practice it, it "was a possibility";

and 50% said that they had never practiced it in the past and would not do so in the future. Our concern with the types of sexual acts is directly linked to better understanding the frequency of practices such as anal sex that are possible factors in the transmission of AIDS. One of our initial hypotheses was that anal sex is currently a common sexual practice under cultural norms, especially among the working class in this region of Brazil. Our data confirm this hypothesis, although this data is best understood in comparison to the patterns of this practice in other groups, data which definitely seem not to exist for the general population – there is only one reference to it in medical contexts that deal with very specific populations, for example, women who are HIV+. However, quite differently from what we initially supposed, the practice of heterosexual anal sex does not seem to be used as a contraceptive practice. This appears with relation to masculine – and only masculine – pleasure. When we consider the frequency of anal sex by gender (in the statements of both men and women), we see that it is extremely unequal, suggesting a lack of information on women's parts and also a link between this practice and a more promiscuous sexuality, which men practice with "other" women: namely, prostitutes.

Deviating a bit from the rigidity of numbers, let's take as examples a few statements with respect to the practice of anal sex.

In women's voices:

"... I never did that, my husband respects me."  
"(...) Where does that come from, England? I think you have to want it a lot. You have to have guts to do it. I think that only a prostitute would do it. For men to pay so much for it, it has to be because it's different than what married women will do. I think married women don't do it. But behind closed doors who knows what happens."

In men's statements:

"... with your own woman you can't do it but with other women you can. But I just never got the urge. I'm not against it, but I just never felt like it."

"I've done that. At the time I would do missionary-position type stuff at home, but away from home I'd do different type stuff. It doesn't make sense to do the same thing both places. I wouldn't trade my wife for anything. Apart from going out to do that, I stay at home. Both have vaginas and the one at home is better."

"... I did it for pleasure and out of curiosity, I wanted to know what it was like to fuck a woman up the ass, and what it was like to have my dick sucked. In the beginning it was difficult, it takes a lot of concentration to get it right. It's not easy to do it from behind, because it must hurt a lot.."

With respect to this discussion, Borges and Pacheco<sup>16</sup> analyze these data more detidamente from a gender perspective, comparing them with statements from middle-class groups and arguing that, for working-class women, unlike their middle-class counterparts, such practices are identified as characteristically masculine preferences, which women may practice on certain occasions with their husbands, although with certain constraints. For most men from this group, anal sex (and oral sex) are considered masculine preferences. Some of those interviewed claimed that these practices also give more pleasure to the woman, however, paradoxically, they would never do it with their wives but only with "other" women, those who are outside of the domestic space, whose "deviant" sexual conduct identifies them as prostitutes or sluts.

The ambivalent character, tension, or even conflict between the masculine and feminine determines itself in a number of variables that focus on the statements on sexuality, through different questions. The

<sup>16</sup> BORGES, A. and PACHECO, J.. Entre Saber o que se Pensa e Pensar sem Pretensão: discursos e representações de camadas médias e populares. Paper presented at the Work Group on Body, Health, and Illness at the Second Mercosul Anthropology Meeting, Piriápolis, Uruguay, November 11-4, 1997. This paper was published in *Corpus: Cadernos do NUPACS*, Série Textos de Divulgação - 007/97. Porto Alegre, NUPACS-PPGAS/UFRGS.

variable we call **pleasure** was constituted through different interview topics, identifying the sexual practices or acts that were most pleasurable to the interviewee. In this case, once again gender-based differences were clear, with men and women indicating different preferences regarding sexual pleasure. A total of 26% of those interviewed (including both men and women) indicated that they obtained the most pleasure from practices preceding the sexual act itself, including "affection," "attention" (those showing these preferences were mostly women); 18% indicated that penetration, "the act itself," (this group included mostly men); 9% referred to the orgasm (mostly men); 4.5% (all men) stated that anal heterosexual coitus was their greatest source of sexual pleasure; and 25% indicated that what gave them the most pleasure during the sexual act were "other modalities", such as the general situation in which the sexual act took place, which depend on the partner, on different situations, the level of affect involved, etc. What is interesting here is the effort to emphasize the gender-based differences in the perception of sexual pleasure: women's responses tended to focus on the idea of affection, while men's answers tended to focus on other modalities.

Still referring to sexual practices, 4% of the male population spontaneously stated that they had, or had had, homosexual relations. Only one of these identified himself as homosexual; specifically, in this case, a transvestite.

The expectations and representations on sexuality, taken into a relational perspective between masculine and feminine, were analyzed in three dimensions, through open-ended statements (narratives). First, concerning the **ideal sex partner**, male and female subjects showed extremely different concerns. Another variable was views on **fulfillment and male/female sexual pleasure**. Here, 19% of those interviewed considered sexual male and female sexual pleasure to be **unequal**, with the understanding being that men had or felt more pleasure than women. Close to 41% of those interviewed

considered pleasure to be unequal, but judged it difficult to define whether there is an emphasis on one of the partners, demonstrating the idea of "natural" inequality – with women's opinions being clustered here. 40% of those interviewed, mostly men, had egalitarian expectations with respect to sexual pleasure or relations: they showed a clear sense that both should feel sexual pleasure, and, while allowing for the possibility of differences, felt that men and women, if not equal, are equivalent. The third variable dealt with gender-based expectations surrounding the idea of fidelity: 59% believed that fidelity should be reciprocal and egalitarian, even though it might eventually be broken by one of the partners; 41% thought that it dealt with situations and conditions that are unequal "by nature." Here a significant number, men as well as women, believed that the man (and not the woman) "had the right" to be unfaithful, or that it was part of his "nature."

As indicated in other papers referred to here<sup>17</sup>, in an analysis that took as a paradigm the social construction of personhood in the sense proposed by Duarte<sup>18</sup>, the research on sexuality among working classes reveals an array of valorative indicators that basically point to different expectations with regard to intimacy and sexual fulfillment. This suggests a tension in the very relational construction of gender.<sup>19</sup>

<sup>17</sup> See LEAL and BOFF. Op. cit.

<sup>18</sup> DUARTE, L. F. D.. Pouca Vergonha, Muita Vergonha: sexo e moralidade entre as classes trabalhadoras urbanas. In: LOPES (ed.). *Cultura e Identidade Operária: aspectos da cultura da classe trabalhadora*. Rio de Janeiro: Museu Nacional, UFRJ, 1987. DUARTE, L. F. D.. *Da Vida Nervosa nas Classes Trabalhadoras Urbanas*. Rio de Janeiro: Zahar, 1988. The analyses presented are helpful not only in terms of Duarte's work but in a number of his commentaries and discussions, above all in the Work Group on Personhood, Body, and Illness in ANPOCS and the Brazilian Anthropology Association (ABA). My thanks to Luiz Fernando Dias Duarte for his constant feedback, but without attributing to him any of the opinions or ideas presented here.

<sup>19</sup> This analysis, referring to data from this study, is taken up again by BORGES and PACHECO. Op. cit.

About expectations with regard to the ideal sex partner, from the woman's point of view, a good sex partner is defined as **affectionate**. "Affectionate" here assumes a number of semantic nuances, referring to caresses, physical contact – incorporated into the dimension of time in this context, non-genital, discursive elements, such as gallantry and gifts. From the woman's perspective, a good female sex partner is **understanding**, in the sense that "she understands the man and his sexual needs," including that he "needs to escape now and then, it's men's nature," and being aware of "what men want in bed". We see, however, differentiated expectations of gender and gender fulfillment. For men, the ideal female sex partner is "one who has her own desires"; she who "can be understanding, but firm", "who takes the initiative".

The ideal wife, for women themselves, appears to be associated with the type of woman who invests in the husband's fidelity, seeking to guarantee the stability and/or reproduction of the family, a female subject who is constructed as **pure** and **understanding**.

When men were asked about the ideal sex partner, they indicated an ideal of "equality," in which the woman should have her **own desires**: "She's similar to men (...)

she isn't the type who just does what the guy wants." When the question refers to the ideal male sex partner, virility appears expressed in the ideal of "pleasure for both": "What satisfies the woman, be able to do what the woman wants". Or, (the man who is good in bed) is **me**. He has to be able to make the woman beg him to stop".

The male subject is conceived of as **active** in sexual relations. An implicit notion is that of **excess** ("fuck until she begs him to stop"); it is also typically masculine to verbalize aspects of sexuality. "Work", "duty", and "effort" are key terms that appear, associated with male sexual practice, in an exclusively masculine perspective. They are terms that, on the one hand, potentialize the notion of force-effort, virility, and, on the other, create a new dimension for a sphere – **work** – that is socially conceived of as masculine.

It becomes clear that, in the domain of sexuality – of practices experienced and thought of, effective and ideal – a distinctive and at times conflictive dimension reveals itself, since socially the male and female beings are produced in bases that are also differentiated, and the values that rule over the sexual modes of the relations are not disconnected from the social modes of production of the genders.