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Male reproductive culture and sexuality in South Brazil: Combining ethnographic data and statistical analysis

Ondina Fachel Leal and Jandyra M. G. Fachel

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Male Reproductive Culture and Sexuality in South Brazil: Combining Ethnographic Data and Statistical Analysis

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This paper presents a recent research developed in south Brazil which made use of in-depth ethnographic data with statistical analysis. We are dealing with comparative data for both men and women on issues related to sexuality and reproductive contraceptive culture. First, we will summarize the methodology and the findings of the broader project. Second, we will approach in general lines the logic that organizes social representations about the body, bodily fluids and conception. Third, in a gender comparative perspective we will explore the data on contraceptive choice, abortion and sexual practices.

The Research: A Methodological Agenda

This research was a study of existing knowledge and practices a given population has about their own bodies, their social representations of sexuality, reproductive functions, and their actual reproductive and/or contraceptive practices. Sexual behavior was conceived as stemming from a socio-cultural context that holds specific gender identity values and family organization patterns. The research goal was to indicate the different factors, motivations and the social situations which lead an individual - a working-class individual from a slum area (*favelas*) in Porto Alegre, Brazil -- to choose a certain contraceptive method and to decide when to have children or not. Or, when or why he/she adopts what we can call a risk behavior regarding STD, mainly AIDS.

The main point here, from an anthropological perspective seems to be the way of conceiving a study object such as sexuality and reproductive disconnected from the totality of the social life, a part from the everyday life context, splinted from the patterns of family structure and kinship organization. The same can be said focusing male practices and representations, mostly regarding sexual and reproductive culture. The only way of dealing with it is in a gender relational perspective, taking into account female behavior and expectations.

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The project entitled *Body, Sexuality and Reproduction: A Study of Social Representations* was funded by World Health Organization, *Special Programme of Research, Development and Research Training in Human Reproduction* (OMS/HRP Project 91398 BSDA Brazil). First, this research had the peculiarity of working with men, as well as women, as subjects of investigation (a total of 103 men and 99 women in-depth ethnographic interviews were made). Second, this investigation created an original research methodology, developed a specific software and an ethnographic computerized data base easily accessible for both statistical and anthropological analyses. It combined the anthropological analyses with statistical analyses, applied to qualitative and multivariate data on sexuality and reproductive behavior.

The study population this research addressed is an urban low-income population, living in a slum area in Porto Alegre, capital of the southernmost state of Brazil. This population is served by health services from a large public hospital that maintains four community medical centers in the more impoverished area, approaching a total sample of 202 people in reproductive age (from 13 years old up to 60 years old for men and to 50 to women).

The theme of this research is *reproductive health* and a fundamental question should be present: how can we approach *sexuality*, a theme that in our cultural tradition belongs to the area of the *intimate* and *privacy*, which is part of what we name as *subjectivity*, and *individuality* - notions that are in themselves praised values in our society? Or yet: how can we use the classical ethnographic field procedures in order to maintain the reability on that data dealing with "intimate" matters and yet not to loose its representativity and statistical possibilities of generalization? The main challenge was to preserve the qualitative nature of our data with a wider study universe.

On one hand, the intimate nature of data on sexual behavior requires ethnographic field methodology and well established bonds with informers. On the other hand, well trained researchers, long term fieldwork, dense, rich but asystematic anthropological material is usually numerically insignificant and no generalization is possible. Furthermore an enormous amount of survey material about sexuality and/or reproduction may be available, however, with very low credibility, although generalization can be made in a statistical sense.

Our proposition is to combine two approaches: to deal with a number of cases statistically significant, and to preserve all ethnographic field procedures and data content. The combinations of ethnographic data with multiple correspondence analysis and other statistical techniques for categorical variables lead anthropologists to refine the systematization of their descriptive material. Moreover, the use of non conventional investigation techniques, such as drawings of the body, kinship charts, layout of the domestic units, social network analysis or attitude scales structured from ethnographic and folklore material enable us to create categorical scales referring, for example, to standardized social circumstances that take an individual to different decisions concerning reproduction.

This project was an attempt to deal methodologically this question. We have developed a whole systematic of research that can be summed up in: 1. The use established ethnographic field techniques such as direct observation and in-depth interviews, oriented towards a systematization of the same kind of information referring to different subjects. 2. Long term fieldwork (two years) done for researchers with graduate training in anthropology. 3. The

creation of a data entree program that allows the management of all information, from field notes (qualitative data) to coded categorical data. 5. Systematized material is organized in a qualitative computerized database, from where we are able to locate different material through key words. The database is organized in such a way that it can be easily accessed by different computer programs, such as Z&Y, SPSS, and SPHINX. A management program allowing interface routine has been developed. 6. The key-words - "*descritores*" - as analytical categories are a step to construct the categorical variables which will compose the contingencies tables for the statistical analyses. 7. The number of variables and the number of analyses that we can generate is unlimited. The analyses themselves will lead us to set up the main final associations.

Methodologically, the combination of ethnographic data with multiple correspondence analysis should entice anthropologists to refine the systematization of their descriptive material. Subsequent anthropological analysis is necessary and will preserve the qualitative dimension of the results. The use of this statistical technique allows us to measure the degree of association (*correspondence*) among sets of variables, but not infer a cause-effect relationship between variables. The correspondence multivariate analytical graphs show attraction and repulsion among categories that, at last, indicates a pattern of correspondence or association between "social situation" and/or "world view" and the "reproductive choices".

The over all design of this research and its methodological procedures can be summarized in our scheme made in Figure 1. For a detailed explanation of this procedure, see Leal and Fachel (1994), Guimarães Jr.(1995) e Fachel et al. (1995).

The interviews required face-to-face interaction and prior extensive familiarization of the researcher with the community. They were designed also to collect observational descriptive material. Each interview took a minimum time of 10 hours, divided in four different meetings. Report writing time for each section took at least two hours. We calculate a total time of 20 hours for each interview, besides field trip time. It is important to note that we did not work with couples, our analytical unity is the individual, his/her life history, his/her family organization, and social networks.

Given the intimate nature of this inquiry, with questions dealing about sexual behavior, and in order to maintain gender bias data coherence, we decided that only male investigators interview men and female investigators interview women. This methodological approach implied a delay on male interviews, given the fact that we have fewer male anthropologists.

In specific themes, mainly about sexual practices, new interviewing approach was useful, such as to work with folklore material (jokes, proverbs, rhymes, previously collected in this region).

Each interview is composed for approximately 70 *memos*, referring to open questions and observation field notes, besides "closed" pre-codified questions. The total sample of 202 interviews, generated a data-bank of 14 000 texts (character field) from open questions.

The Findings: Kinship structure, modes of sexuality and reproductive-contraceptive culture

The main overall research conclusions indicate that:

1. **Gender dynamics and tension**. Although this population is socio-economically homogeneous, the difference between sexes (male and female) orients radical differences about sexual practices and values. The male-female relational pattern is established as a result of constitutive gender identity aspects peculiar to each sex. Many of these aspects -- such as the meaning of "*assumir*" (parenting responsibilities) and its modalities and different sexual preferences and practices -- interfere directly on the reproductive behavior. Although it is the woman who has the last decision about having or not a child, the role of the man is essential, since her decision is based upon her subjective expectations in relation the male attitude in "recognizing" (*assumir*) or not the child. The descendent kin are a defining element to an actual marital alliance and/or a female strategy to engage man in structuring a family.

2. **Family structure**. The prevailing family structure within this population is that of extensive family, of matrifocal and uxorilocal/matrilocal orientation. Virilocality appears clearly as a "stage" and temporary arrangement associated to the beginning of a new alliance. Our data reveals this socially subordinated population living in an extremely precarious situation (*favela vilas*) maintain a solid familiar organization, in the sense that an amplified kinship structure has a fundamental and permanent role in this type of social organization, where other organizational elements, such as material domestic unit, place to live, jobs, sources of income are ephemeral.

3. **Children's adoption**. There is a intense *circulation of children* - a system of informal children adoption - among an enlarged social network of kin and neighbors with overlapping ties where the child in itself is a key link. "Dar para criar", "to *give* a new born child for someone to raise" appears consistently in the men's discourse (and only as male argument) as a "contraceptive" alternative to parenting.

5. **Body representations**. Our data on social representation of female body and its reproductive functions suggest that: First, for a number of symbolic reasons, menstrual and reproductive period are conceived as overlapping each other. In the male perspective, this can enforce the avoidance of sexual intercourse during the menstrual period. Second, each woman thinks of her body as unique and singular to which a general bio-medical principle or procedure cannot always be applied. These beliefs have a direct effect on the choice and effective use of contraceptives.

6. **Abortion practices**. We have found a 34% prevalence of abortion practices for this population. The women who have had one or more the one abortion in their reproductive history are associated to the contraceptive choice for surgical sterilization and it is also statistically associated with the knowledge *cytotec*. The definition and social recognition of "being pregnant" happens after the biological event and it is directly connected to the attitude of the virtual father. From both a male and female perspectives, abortion when self induced (mostly through oral procedures as *cytotec* and teas) is not identified as such and it is used as a

contraceptive resource. There is strong resistance to planned preventive contraception prior to engage into regular sexual practices, mostly because: a) To be pregnant, for the woman, gives her bargain power over the man or the man's kin to engage him into a marriage. b) To get a woman pregnant, for the man and his peer group, is a sign of virility, and to get engaged into a marriage (shared household) is an important indicator of adulthood and manhood. c) These choices are important in certain periods of the life time of each individual. Male socio-life cycle and passage periods do not necessarily correspond to the female life stages, when there is coincidence, the pregnancy is welcomed, if not, the woman will seek abortion alternatives. At the level of opinion, the men tend to be expressively against abortion. The difference on men and women declarations about contraceptive methods and abortion is not significant.

7. **Sexual behaviour**. Male and female sexual preferences and practices present a drastic gender disparity. Our concern with the modes of sexual behavior is directly related to the incidence of practices, such as heterosexual anal intercourse, which would be more favorable to AIDS transmission. We have concluded that the practice of anal intercourse is expressively spread in the investigated group. Furthermore, specific sexual practices, such as anal intercourse, are unequally distributed along gender lines (or it is verbalized as such) and our data takes us to understand it as an indicator of male sexual violence toward women.

9. **Health care services and family planning**. The four studied neighborhoods present differences on the use of contraceptive methods, the rate of abortion and the kind of health care system preferred (if traditional healing or medical services): this reveals specificities of services offered by each health care unit and time period the services are established in each community. Our data show that: First, the existing family planning programs are designed to an age-group that has already gotten information on contraceptive practices through other sources and through their own engagement into sexual practices. Second, the medical services emphasize contraceptive methods over which medical control is maintained, sometimes in detriment of traditional means of birth control. Third, and most relevant point, contraceptive methods are prescribed without taking into consideration the existing logic and understanding the people has of female body and procreative prerogatives.

Male contraceptive-reproductive culture

Although this paper scope is male behaviour related to sexual, reproductive and contraceptive practices, beliefs and values -- that we can name (at least provisory) as a "sexual culture" -- it is important to note that our material and comments only make sense in relation to the same kind of material regarding female behaviour, collected in the same circumstances. That is, as an analytical recourse, a gender comparative perspective is required in the presentation of the material, besides conceiving this domain -sexuality and reproduction - within a gender relational perspective. Moreover, as it was mentioned above, we are unable to understanding the way reproductive choices are taken if not in the context of complex alliance arrangements within a system of cognatic kindred with residence rules oriented toward matri-uxorilocality in a situation urban shantytown where the "ownership of the place of residence is always at stake.

Working with body drawings made by the informers, who were asked to draw female reproductive system and they were encouraged to explain how it functions, we have a clear gender cleavage: Men's drawings emphasize sexual organs (vagina, pubic hair) and face (eyes and mouth) while women center in the reproductive functions (uterus, fallopian tubes, embryo). More work is necessary to analyze this material, so far it gives us clear keys to gender disparities.[1]

Our material shows that there is generalized understanding that men, as well as women, think the female fertile period as overlapping or immediately connected with the menstrual period, equating directly fertility with menstrual blood. At this point there are not main differences between male and female understandings. For 75 per cent of the men and for 76 per cent of the women, said that the female fertile period coincides with the menstruation or can also happen during menstrual period. But 14 per cent of the men declare `to not know' while only 3 per cent of women show to not know. For the gender distribution of this variable see Figure 2.

The symbolic equivalence between female blood and male semen is a classical theme in anthropology. The novelty here is the statistical relevance of this finding for an urban population who nonetheless has access to preventive medical services and family planning programmes.

Pregnancy is thought as a *risk*, as a fact that may or may not occur, submitted to a universe of randomic events. In relation to that idea of *risk*, it is no accident that the term used for *getting pregnant*, that is, *catch* or *get child* [*pegar filho*] is not the same term used for *catching a disease* or being victimized by an affliction. The fertilization is perceived as a form of contagion where bodily fluids make contact. Typical statements are:

> *There is more risk [of getting pregnant] in the three days following the menstruation.*
>
> *Right after the menses, when the blood is not all dry yet.*
>
> *Right after everything [the menses] comes out, immediately after the period, when the body is clean.*

Sexual intercourse is represented as a situation of exchanging of body fluids. Blood and semen are vehicles of transmission, of pollution as well as life, emotions, and moral elements. The sexual act is essentially a social interaction where interchange occurs. The more evident female vaginal fluid is the menstrual blood, which is taken as token of woman's substance and *nature*.

A bulk of more general data, which I identify as an overarching and disseminated set of cultural facts, an embedded system of beliefs, suggests a direct association between menstrual flow and fertility. Both process are conceived as body conditions, humid and hot, which are necessary conditions to procreation.

The pregnancy or menstrual avoidance rules, as well abortion practices, are regulated by the principle that the blood which is inside has to get out, has to flow. This is part of the

equilibrium of the things, from the humoral model where there is a constant circulation of fluids, conceived as ordering the body. Within this logic, the menstrual blood, when it meets the semen, is procreator:

> *The impregnation I'm not sure how it works, the sperm goes there and makes the fetus.*

> *The most risky [way of woman getting pregnant] is the very same day of the menstruation, then the blood comes out and the semen stays inside her. Besides that, only when both have the orgasm [gozam] at the same time.*

Both statements above are from men, they characterized in an exemplary way the existing association between blood and semen as generating substances. However, the menstrual blood is also seen, mostly in the male perspective as polluted, dirt, waste to be eliminated. Also exclusively at men's speech, a fear of becoming sexually impotent from contact with the menstrual blood, conceiving the menstrual blood as symbolically potent, powerful, strong, fertile. The main notion is that of the menstrual blood as a fluid that cleans the female body either as a waste or as a filter. This works as another representation of the female body that immediately after menstruation, is purified and therefore ready for gestation.

In the interplay of humoral body meanings that involve menstruation and conception, the representation of the female body as something that opens and closes itself dominates all other representations and is the key to understanding the logic of reproduction. The body is always envisaged as plenty of inner movements, in a dynamic of fluids responsible for life, in opposition to death, when the circulation of fluids stops. The female body has an empty cavity, the uterus, the space where the fetus grows. The menstrual blood is a specific female condition indicator of fecundity. In a woman's life-cycle, when she starts to produce menstrual blood, she is able to conceive; when she stops producing it, she is no longer able to reproduce. The blood flow is *clean* while a constructor of life; *dirt,* when acts as cleansing agent, a filter, and carries away *things that are not good for the body.* In that case it should be discharged and quarantine practices are necessary. An unwanted pregnancy comes to be thought as a waste product, as a blood that should be eliminated.

The notion of a body that during the menstrual period, opens and closes itself is a main representation, in both feminine and masculine discourse. The menstrual blood is a fertile substance, but because the "body is open" the internal organs are seen to be exposed. Thus, vaginal contact should be avoided in the intense days of the period, leaving the days immediately before, and mostly, those after, as perceived as ideal for fertilization. The assumption of fecundation occurring together, in *contiguity* with the menstruation is widely shared. As such, it reveals a representation of body as a cultural model, which includes notions of bodily opening, heat, and humidity, as well as the logical need for the existence of a conducting fluid and the perception of boundaries (or their absence) regarding the female body:

> *One should not have sexual intercourse during the menstrual period, because the body is all open, letting all this bleeding go.*

Three days before get the period the uterus stays open and then just about anything will let you pregnant, and after menstruation when the uterus is not closed yet.

The woman can get pregnant right after the menses, because then she is clean.

Women avoid sexual intercourse during the *strong days* of the menses, either because it may result in pregnancy or because it is said to be "dirty", "messy", "disgusting". Men avoid female menstrual blood because it is polluting, but they do not abstain from sexual contact:

When the woman is pregnant or when she is menstruating, anal sex should be [practiced] to not spoil the baby.

Summarizing we see that first, conception is perceived as a physically intimate process of consubstantiation of the blood and the semen. Second, body conditions such as temperature and humidity play an important role in this model. Third, the body is regulated by a cultural construct that works as a binary operator of a body that opens and closes itself, to let fluids circulate, providing the possibility of the inner physiological world to establish actual relationships with the exterior, social, world. And, fourth, the whole process of procreation is also submitted to the influence of what can be called ***a situational logic*** concerning the haphazardness of life facts. In this sense, whether sexual intercourse results in reproduction depends on several different circumstances, such as the intensity and the quality of the sexual relationship, the time and place where sexual act occurs, and diverse other social conditions (such as time of the year, will, desire etc.). [2]

A main issue here is as follows: Evidence of a system of representations about female fertile period which could be expected to lead to reproductive and contraceptive practices of limited medical efficacy. Histories about pregnancies during menstrual period (`in the between pills') or using the IUD (infra uterine dispositive) are current. The data in the use of contraceptive methods has to be understood within a context where the administration of oral contraceptives lacks meaning, among other things, because it is necessary to stop taking the pill exactly during the menstrual discharge. The fact that the use of hormones diminishes the amount of menstrual discharge is also identified as a problem, because "*it keeps inside the blood that was supposed to come out*", and it interrupts the necessary circulation of bodily fluids. Within this logic, the medical prescription for daily regularity in the use the oral contraceptive does nor make sense. Thus the fact that pills are often taken irregularly affects their efficacy. In turn, belief in their efficacy is compromised on permanent bases.

Men react to women's use of the IUD, mostly because it generally causes longer and more abundant menstrual flow. It is seen with distrust: how can it prevent pregnancy if it actually produces more bleeding, which is categorized as fertile? On other hand, the fact that menstrual blood implies male avoidance of vaginal intercourse (and perhaps male insistence on non-

vaginal relations which might include sexual violence), should not be underestimated as a factor leading woman to avoid choosing the IUD as a contraceptive method.

Contraceptive Choices and Abortion

Inquiring both men and women about which is the contraceptive method used we have:

Table 1:

Declaration about contraceptive method use	Man	Woman
Oral contraceptive	41	29
IUD	7	10
female surgical sterilization	6	8
Vasectomy and infecundity for other causes	2	0
Withdrawal or periodical abstinence	3	5
Woman is pregnant or wants to get pregnant	6	10
Does not use any contraceptive method	21	36
Condom	12	1
Does not know what method the woman uses	3	0

The inquire was about the method currently used by the person her/himself or by the conjugal partner. For a graphic of the distribution of used according male and female declaration see Figure 3. The consistency and comparison between male and female declarations cannot be checked one against the other, except in general terms, because men and women sets of data are independents: we did not worked with couples. In general lines, there is not a difference between male and female declaration about contraceptive method, except by the fact that men seem to superestimate the female use of oral contraceptives and a significant number of women, comparing to male statements, declare that they are not using any contraceptive methods. We can assume that there is a rate of 10 per cent of masculine misinformation in relation of the method actually used by women and hypothesize that men are misinformed by their own partners: clearly more women than men have said they are not making contraception because they were willing to have a child.

Although we can suppose men's relative lack of information actually only 3 per cent, for the total of the male sample, stated that they did not know which was their spouses or partners contraceptive choice. We also observed that male participation on the decision about contraceptive method is not small. Many of the men indicated, for instance, not only that their partners use oral contraceptive (*pill*), but also the pharmaceutical name of the product and they knew the wife's history of changing methods and/or brands. In general, mostly for men engaged in regular marital unions, they were also familiar with female's claims about contraceptive's side effects or complains about the inefficacy of the used method.

Regarding men's data on the use of condom (12 per cent for the male group comparing to 1 per cent female declaration) is important to note that it refers to a method that is being used simultaneously with other method and not necessarily as a contraceptive devise. The condom is

used in intercourses with other partners, not the spouse. For the total of the study population (men and women) only 9 per cent claimed that occasionally have made use of a condom; 29 per cent stated that they had tried to use a condom, once or twice in their life time; and 61 per cent never used or tried to use a condom.

As described earlier this inquire had a qualitative orientation and worked with a sample that, although it is statistically representative of this kind of urban poor population for this region, nevertheless is a relatively small sample. It was the largest possible to approach ethnographically. Given this limitation it is interesting to observe that our data on the use of contraceptive methods conform to the data a recent epidemiological survey done exactly in the same area (working with a sample of 803 women (see references in Leal 1993). Call our attention the relative low number of female surgical sterilization when compared national rates (for Brazil, according to PNAD-IBGE 1987, we have a rate 27 per cent of surgical sterilization for women between 15 and 54 of age, PNAD-IBGE 1987). We found a rate of 6.9 per cent (including male declarations) what is very close to PNAD's rate for the state: 8 per cent of female surgical sterilization. In this case, the frequency of about 7 per cent for this very specific population, who lives in a slum area, may not be considered so drastic. It is also interesting to note that this frequency is not equally distributed among the four studied villas, indicating slight differences in the kind of health services offered in each area.

Working only with the data on male declaration about the use of contraceptive method, using the technique of correspondece analysis (see Figure 4) we find that the contraceptive choice is associated with the social mobility. A socially *ascending* life trajectory is clearly associated with the choice for oral contraceptive; a *descending* life trajectory is linked to female surgical sterilization and to the use of condom; and people with a socially *regular* life trajectory are related to the no use of contraceptive devise either medical or traditional methods. These data confirm some of our initial hypothesis related to reproduction as a strategy for climbing up in the social hierarchy, either because de married status is socially more significant or because a given union represents actually "to marry up" or yet because as a productive unit the alliance-descent network organization means also an increase of familiar income and/or residence space.

We found a rate of 34 per cent of abortion practices for this population (male and female declarations). To be more specific, 15.4 per cent stated they already had an abortion (or in the men's case, one of their partners had made an abortion) and in 19 per cent of the cases there was evidence that abortion was performed, but the person interviewed does not identify an given abortive practice such - it is the case of the use of traditional abortive teas (*chapoeiradas*) combined with prostaglandin medication (*Cytotec*). We are considering both cases as abortion practice. Another interesting data is that 18 per cent of the women have knowledge of medication "Cytotec" (prostglandin) and its abortive effects, its not only employed orally but also introduced vaginally. Men have no or very little knowledge of these procedures. Regarding the data on abortion we can also observe that both female and male statements basically have a matching distribution, only indicating a margin of male possible misinformation about women actual practices. See Figure 5.

Abortion practices or opinion about abortion did not present any significant correlation to other variables (such as *housing conditions* or *life trajectory* taken as socioeconomical indicators

within a very homogeneous poor population). Yet other more discriminating variables - such as *religious practice*, *ethnic origin* or *social origin (rural or urban)* - did not present either a correlation with *abortion practices*. We believe the novelty of the finding is exactly at this point.

The data on opinion about abortion finds a greater discrepancy between the studied men and women. Its worth to remind that abortion is a illegal practice in Brazil and in media in general it is presented as a highly controversial issue.

The opinions on abortion are much less conservative than they seem to be at a first sight if we only take into consideration a straight answer to a closed question: "Are you in favor or against the legalization of the abortion?". The informants' following comments in this matter always present relativizing arguments about the given conditions or situations in which the abortion should occur. If we analyze these discourse subtleties, we have for the total sample, that 60.7 per cent warrant abortion given certain circumstances, such as "lack of conditions to raise the child" or the lack of "someone who may takeover ("*assumir*") the child within the amplied network of kindred, neighbors and friends). Thirty-seven per cent are "against" abortion and do not accept it under any justifications, except the ones foreseen by law (therapeutic abortion or in rape cases). Clearly men are less favorable to abortion in contrast to women (53 per cent of the men are favorable to abortion in given circumstances, while 70 per cent of the women). There is a group of men (5 per cent) which had the experience of having one of their partners make an abortion where this man interviewed was the virtual father, however they persist in being radically against abortion. In these specific cases, once we look at their life histories, this abortion was made based exclusively on the woman's decision and winded up being the reason for a strong matrimonial conflict and for the end of the union. See Figure 6 for the distribution of opinion related to abortion.

In the table 2 we specify the distribution of opinion related to situations in which an abortion is justified.

Table 2:

Situations in which an abortion is justified	Man	Woman	Total
There is no one to takeover the child or partner does not want the child	21	26	24
The woman or the couple already has too many children or lack of financial conditions	24	29	27
Rape cases	8	16	12
Life risk pregnancy	12	13	12
In no situation	35	16	25
n	95	95	190
Per cent	100	100	100

In Figure 7, the correspondence multivariate analyses shows that *adult man* is clearly associated to an opinion unfavorable to abortion, while *young man* is slightly more favorable than older men. In the feminine universe, both *young women* and *adult women* are more favorable and abortion is performed. [3]

It is interesting to note that the statement "to give the child [to someone] to raise" ("*dar para criar*") came up spontaneously in the male discourse as an alternative for abortion in a suggestive number of cases (around 20 per cent). This coincides with the existing anthropological literature on working-class urban groups on patterns of family organization which emphasize an extend kindred group.

Another point that can be raised here is that a pregnant woman who is not living with her mate and does not intend to do so, and who does not wish to raise her child may choose to give it to the biological father's family, thus establishing a link between the man and his matrifocally oriented family. This is a key issue for the definition of a man's place of residence. (See also Fonseca 1993).

In another paper (Leal and Lewgoy 1995) we discussed the nuances of being pregnant indicating that intense social negotiation occurs before the recognition of the fact of "being pregnant". Self-induced abortion (through oral procedures combined with the use of prostaglandin medication) is not identified as "abortion" but as a procedure to "help a delayed menstruation come down" ("para baixar as regras"), thought of as a contraceptive routine. It is clear that pregnancy gives the woman bargaining power over the man, in order to pressure him into a consensual union.

As it was mentioned, although the prevailing family pattern is matrilocal, virilocality appears as a "stage" and temporary household arrangement associated to the beginning of a new alliance. Working with material from the life-histories of this population we tried to identify what we classified as "alliance strategies", we were able to construct three categories: 1. "virginity" or "the couple was not expecting a child when they got married"; 2. "got married because the woman was pregnant"; 3. elopement ("run away from home"). In Figure 8, the correspondence analysis graph shows a sharp association between neolocality and a marriage without prenuptial pregnancy, in a pattern where the couple had a long engagement and a common project of constituting an alliance and having a house of their own. The graph also shows an association between "getting married because of the pregnancy" and virilocality, that is, the establishment of residence in the man's local of residence. This tends to be a temporary arrangement until a general acknowledgment of the new alliance exists. It signals the man's recognition of his paternity and his (or his family's) support to the couple and/or child. There exists an association between "running away from home", meaning by that the woman left her parental home in order to constitute a new alliance. Apparently "elopement" supposed the non acceptance by the girl's family of the union, but actually it is a culturally established pattern, a tacit strategy for legitimizing the new alliance. The couple will live for a short while away (in a friend or relative's home) and will return to the woman's place of residence, usually when she gets pregnant.

Sexuality

In the scope of what we have named *sexual culture*, a set of beliefs, meanings and practices related to sexuality, we consider that our ethnographic study strategies were successful. The challenge was to be able to penetrate this private and intimate word. With a rigorous control of

the quality of each report-interview and after applying various routines to check the consistency of the answers we consider the data obtained are reliable and accurate.[4]

The frequency of sexual relations for this population is concentrated in the interval from two to seven relations a week, with 63 per cent of the cases. Twenty per cent of the total of the sample indicates a minimum of 5 relations a week, only at this point there is a difference between male and female behaviour (or declaration): 23 per cent of the men against 17 per cent of women indicated this frequency for sexual relations. We can hypothesize that the male data could be slightly overestimated, but as a procedure we chose always the inferior numerical limit of any statement. Our ethnographic data confirms that sexual practices, sexuality in general, seduction games and dating are important elements and considerable time of the everyday lives of this people - men as well as women - is devoted to these activities.

Figure 9 shows that when we are dealing with the variable which combines sex-gender, age and life-stage the distinction between male and female behaviour gets more clear: "adult men" to practice more sex than any other group. Interesting enough, between young women and young man there is any significative difference, both having sexual relations with considerable less frequency.

From the qualitative material we build diverse categorical variables related to modes of sexual activities. The process of categorization of the descriptive material dealing sexuality was done by different investigators having similar goals in mind - or, in other words - asking analogous questions to the same bulk of material. The intention of this procedure was to confirm (or not) the accuracy of the content analyses of the statements, in order to validate the created categories. We end up with several variables that give us, trough the analyze of categorical data, detailed distinctions and subtleties about sexual activities and preferences.

Regarding the variable "possible sexual practices" (see the table 3) we classified the actual practices, expectations, wishes and possibilities of sexual activities in "conventional", "permissive" and "restrictive". As "conventional sexual practices" (when the informer only has genital intercourse with a partner from the opposite sex) we have 34 per cent of the total of cases are in the category. For "permissive" sexual practices, when it was declared that "everything is allowed" and clearly were observable indicators of nonrestrictive sexual conduct we have 46 per cent of the cases. And, for "restrictive" practices - where were grouped those who have restriction to some modality of sexual practice (such as homosexual sex, or oral sex, group sex, etc), we have 19 per cent of the cases. In the correspondence analysis graph (Figure 10) we can see that sexual preferences have an unequal distribution along gender lines: men having or willing to have less restrictive sexual activities and women, in an inverse situation, have "conventional practices":

Table 3:

Possible sexual practices	Man	Woman	Total
Unrestricted practices	56	35	46
Restricted practices	14	24	19
Conventional	30	38	34
Does not know	0	3	1
n	100	93	193
Total	100	100	100

The practice of heterosexual anal sex finds also a diversified distribution between men and women: 28 per cent of the men say they have such practices, versus only 8 per cent of women who declared to practice anal sex. For the totality of the sample (both men and women) we have that although 40 per cent declare to not practice anal intercourse, thus say that this "is part of the possibilities". The analysis of their statements shows that not only this "is part of the possibilities" but that these practices are actually part of their sexual experience. Within the female discourse this appears as a male demand.

As stated earlier our interest in the modes of sexual practices is directly connected to the knowledge of the existence of practices that would facilitate AIDS transmission and help to justify the significative increase of cases of women with AIDS (see Naud et al. 1993, Goldstein 1994)). One of our initial hypotheses, based in previous work was that anal intercourse is a well-disseminated practice in popular groups in this region of Brazil (Leal 1989). Our current data confirms this hypothesis, although this data only makes sense when compared to the frequency of these practice in another group, a data that definitely does not seem to exist in respect to the general population - there are only references to this in medical contexts that treat of quite specific populations, such as HIV positive women (Naud et al. 1993). Nevertheless, contrary to our initial hypothesis, heterosexual anal intercourse does not come up as a contraceptive practice. It is related to male pleasure, and only to male pleasure. If we take into account the fact that the rates are very unequal according to each sex declaration, we can raise suppositions that either women have difficulties to address the subject or men overemphasize these practices. There is clearly a moral double standard surrounding male and female sexuality and exists an association of anal sex with a more promiscuous sexuality: Men would have permissive sexual practices always with "other" women, "the prostitutes", outside the main union. In our evaluation, the issue anal intercourse seldom can be associated to male sexual violence toward the woman, since in the female discourse it appears as an unwilling act.[5]

A variable "pleasure" created from the material from diverse topics in the interview, tries to identify which are the practices or sexuality modes indicated as most pleasure-fulfilling. Also here, as in others sexuality related issues, a gender disparity is clear, as the Table 4 shows:

Table 4:

Sex pleasure	Man	Woman	Total
Foreplay ("carinho")	16	45	30
Penetration ("the act itself")	26	15	21
Orgasm	14	6	11
Non-vaginal intercourse	7	2	5
Does not have pleasure with sex	0	11	5
Context of the sexual relation	36	20	29
n	97	81	178
Per cent	100	100	100

The statistical analysis (Figure 11) shows that men and women are unequally distributed in a "map of sexual pleasure", occupying opposite spaces. For the women, the sexual pleasure concentrates in the foreplay: "Tenderness" ("*carinho*") appears as a strong emic category, while men stated other modes, such as the context in which the intercourse happens, or that it "depends" on the partner performance, or the level of affinity or affection with the other person involved etc. as the main principle of the sexual pleasure. Besides, the answer "do not have pleasure" (in sex relations) is eminently feminine and it positioned at the "feminine" side of the graph while "penetration", "orgasm" and "non vaginal sexual activities" are at the "male" side of the graph.

Yet referring to sexual practices, 4% of the male population spontaneously stated they have or have had homosexual relations. Only one of these men identified himself as a homosexual.

A detail full anthropological analysis of this material exploring its gender specificities is developed in another paper (Leal and Boff 1994). Summarizing our argument presented there, we indicate that there are different gender expectations related to what should be male and female sexual performances. On one hand, we have that for the women, the ideal sexual partner is the one who is "*carinhoso*" ("tender") a notion that assumes many semantical nuances such as non genital physical contact, timing, density of the interaction, subjective experience, etc. It also reveals the inclusion of other elements such as "courtship" (namoro) or dating in itself, the act of pleasing the other with words and gifts. For the men, the ideal sexual partner is the one "who has sexual initiative", "who enjoys to make love". On another hand we have, in the female speech, that the ideal women "is who knows how to please the man", "Who do what they want", the one who is "comprehensive" (with the man's sexual needs). In the sex-gender grammar even the intimacy (or mostly it) is constitute as a cultural difference.

Figure 1: Research Procedures

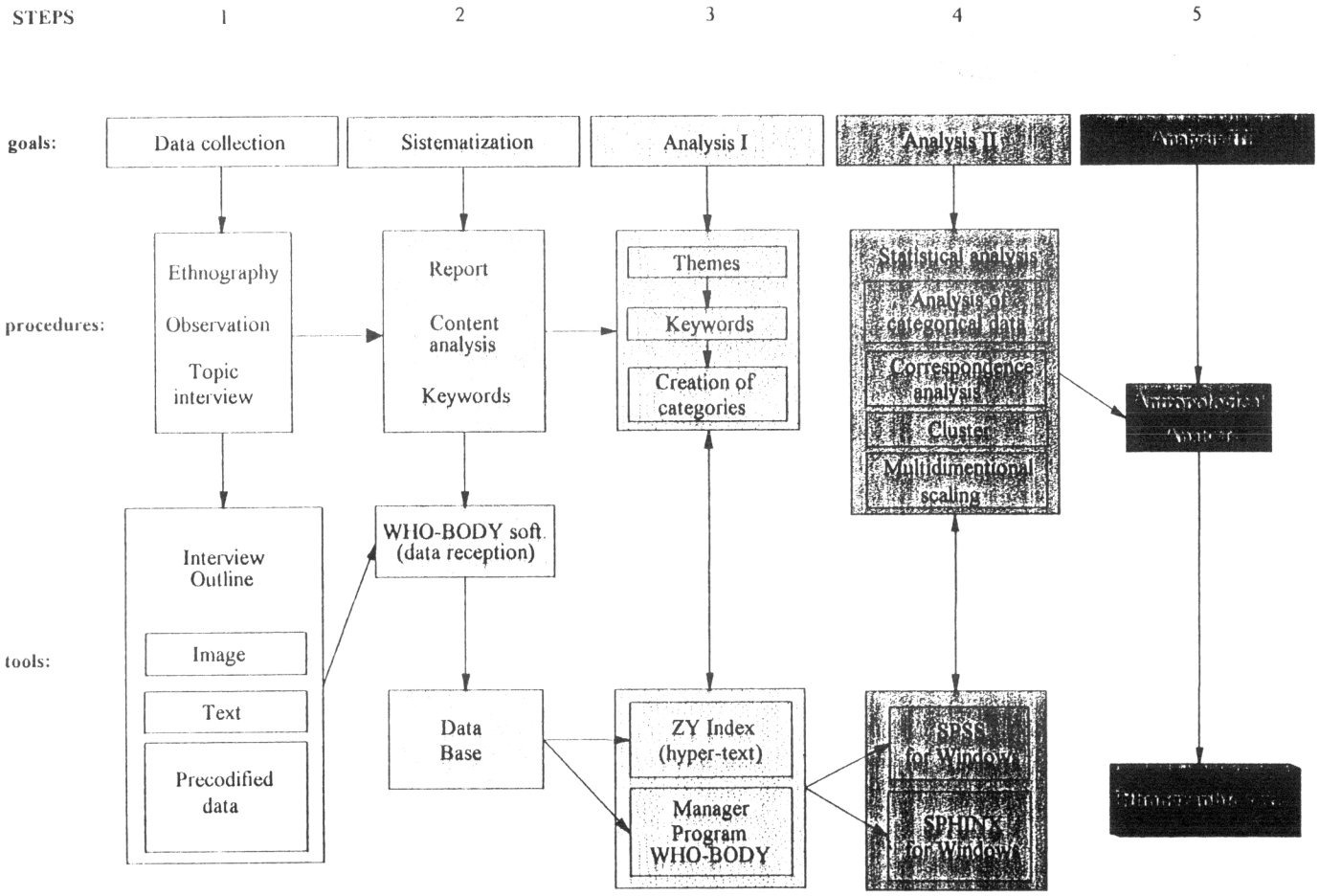


Figure 2: Knowledge about the fertile period

n=202, 99 women, 103 men

per cent by sex

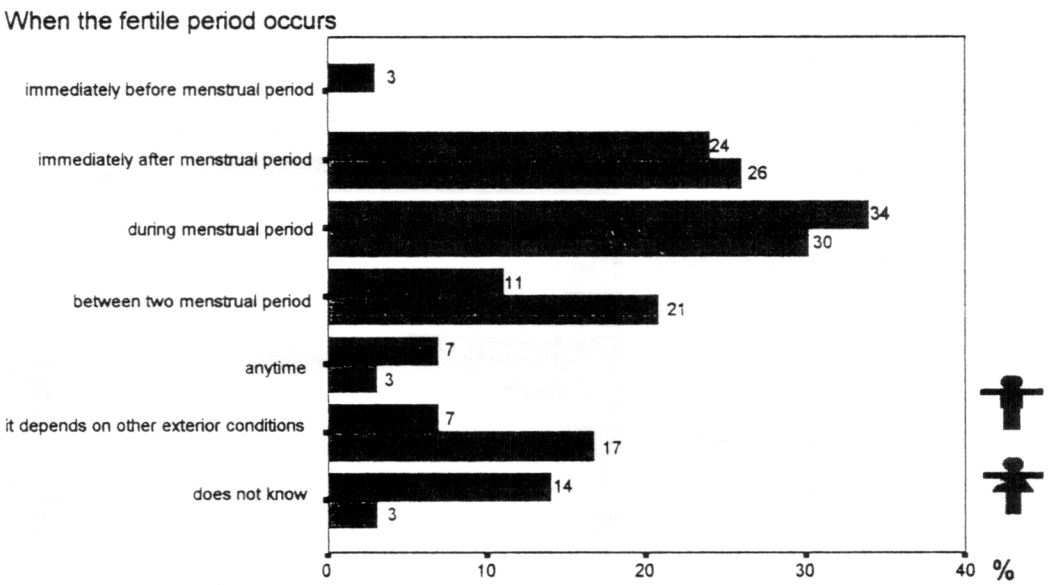


Figure 3: Declaration of contraceptive method used by sex
n=202, 99 women, 103 men
per cent by sex

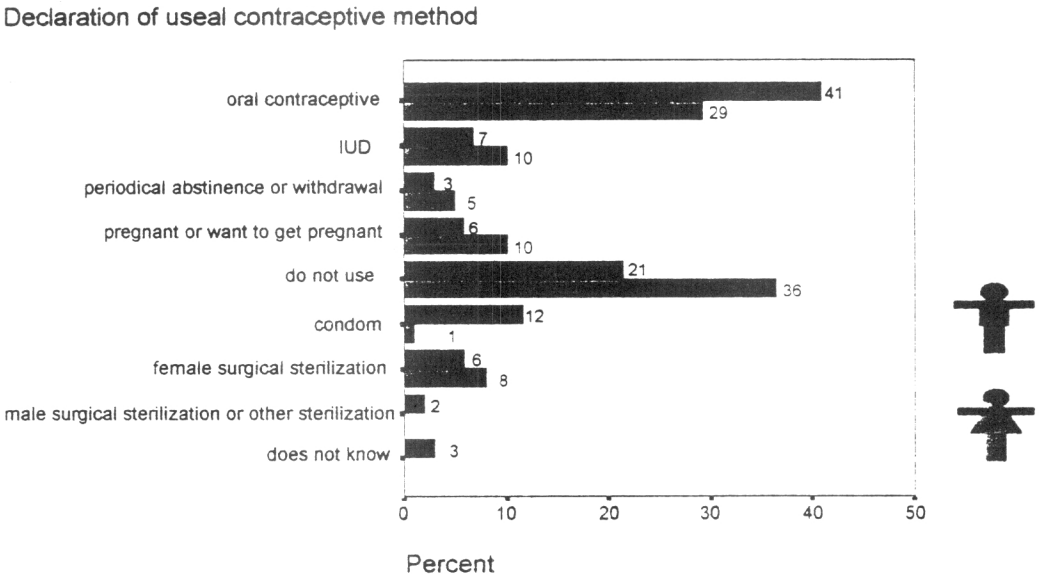


Figure 4: Use of contraceptive method by life trajectory, male declaration
n=103 men

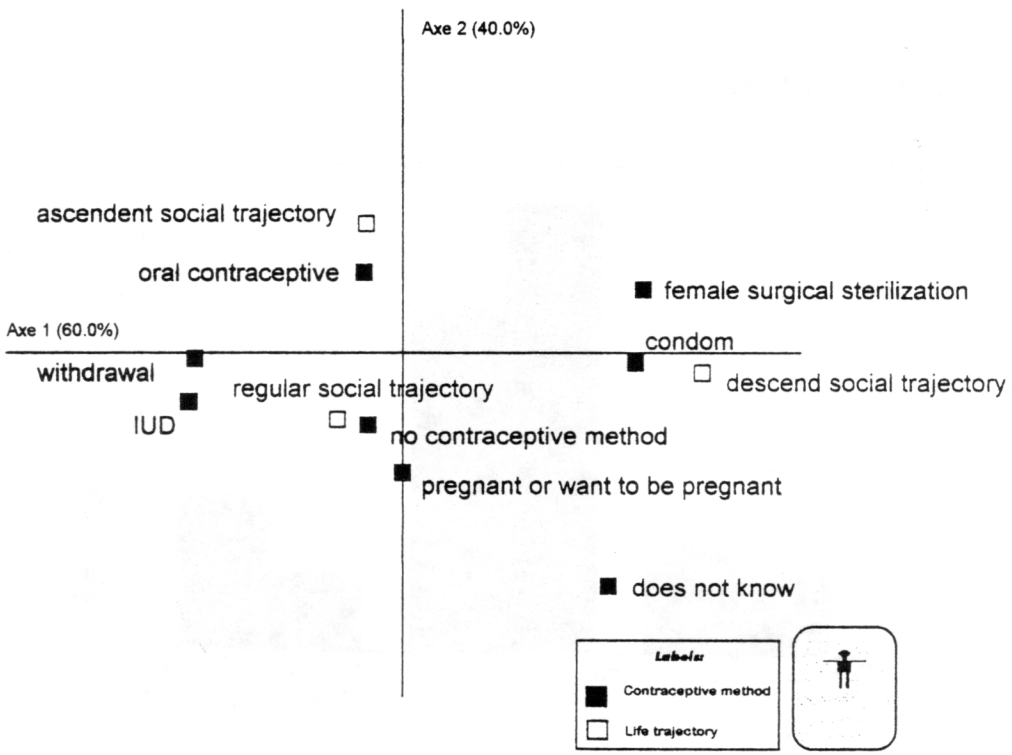


Figure 5: Abortion by sex
n=202, 99 women, 103 men
per cent by sex
For the male declarations abortion practice refers to man's partner

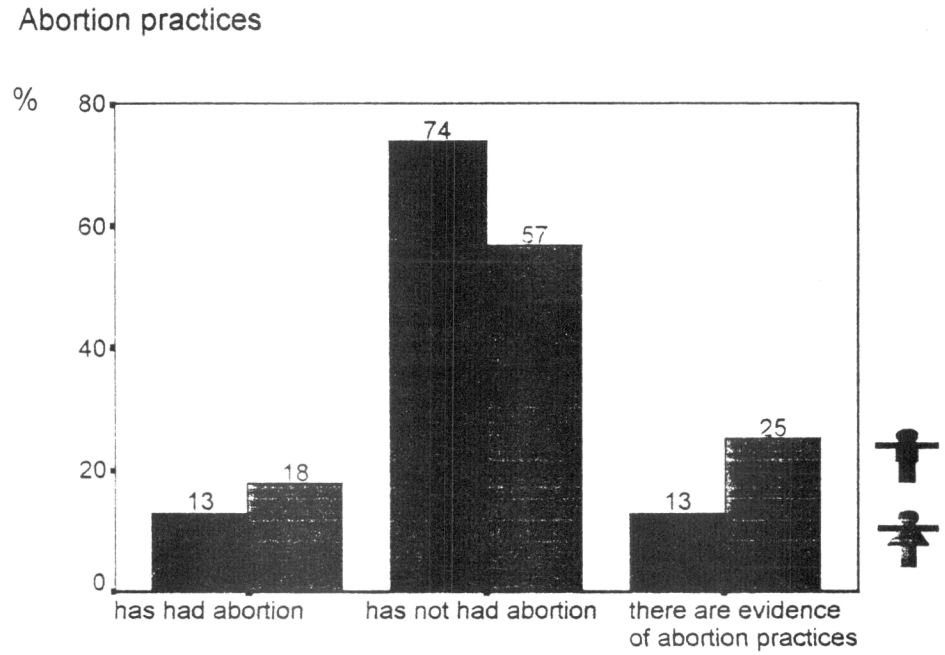


Figure 6: Opinion regarding abortion by sex
n=202, 99 women, 103 men
per cent by sex

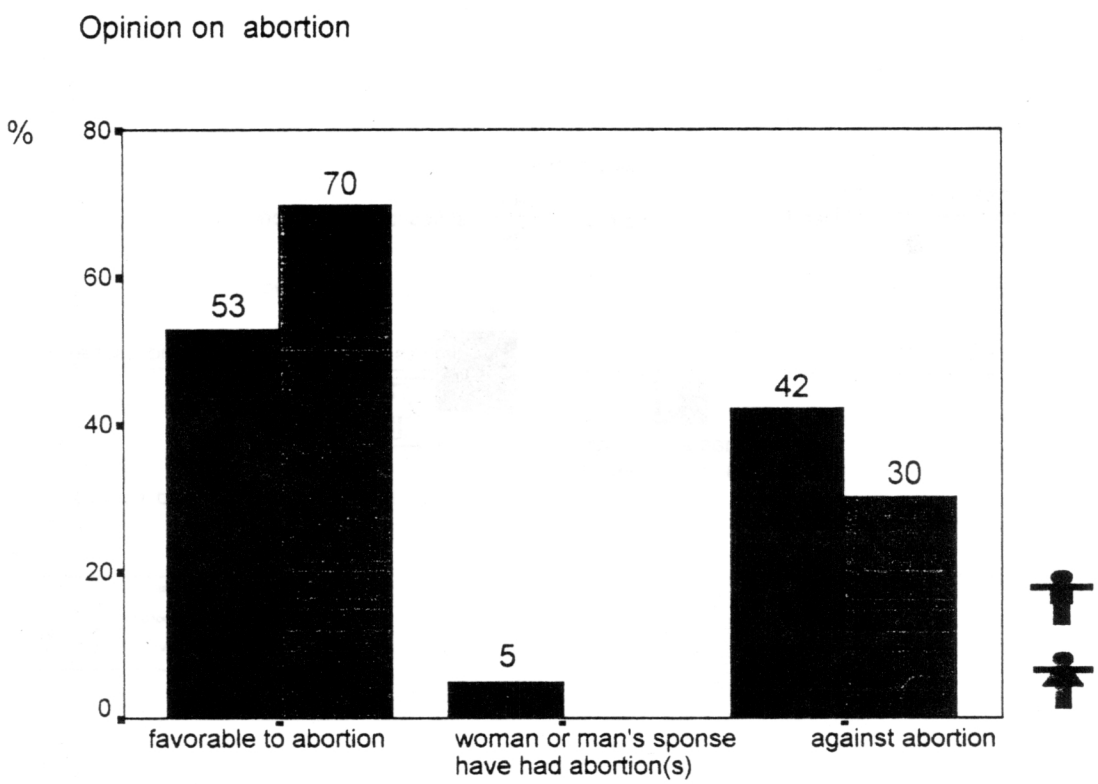


Figure 7: Opinion about abortion by sex and age-group

n=202, 99 women, 103 men
per cent by sex
In the case of male declarations, the abortion practice refers to man's partner

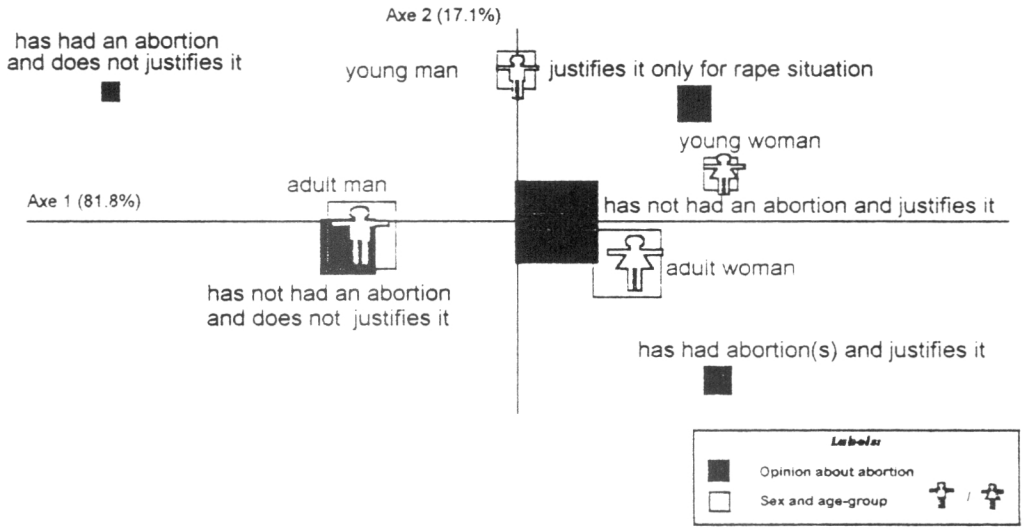


Figure 8: Alliance strategies by local of residence

n=202, 99 women, 103 men

the size of the squares sign is proportional to the frequency of the category

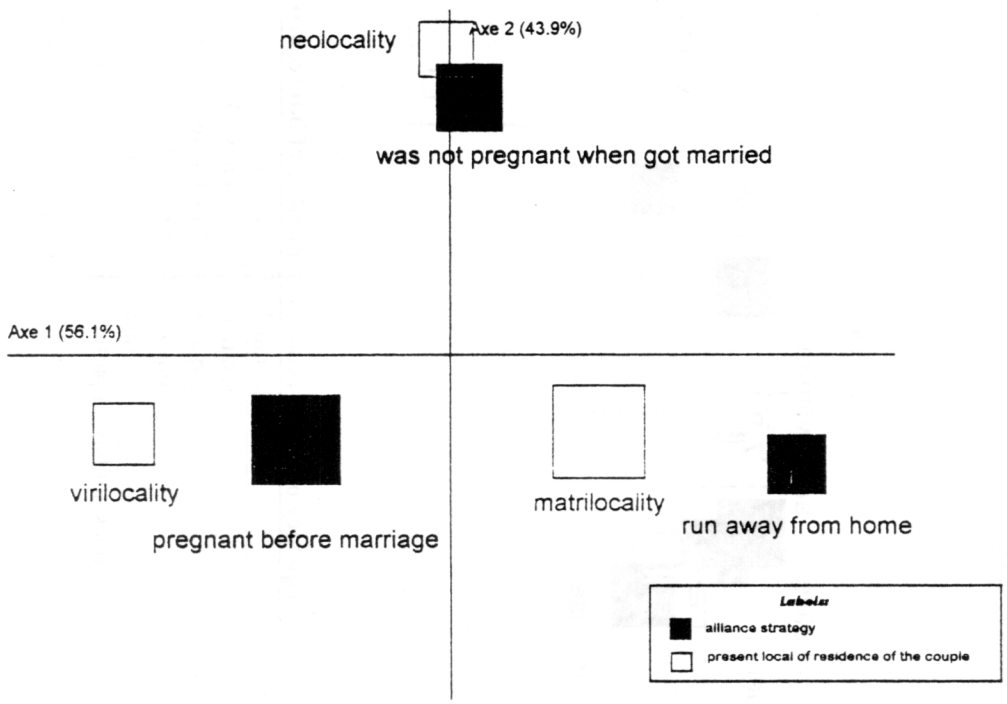
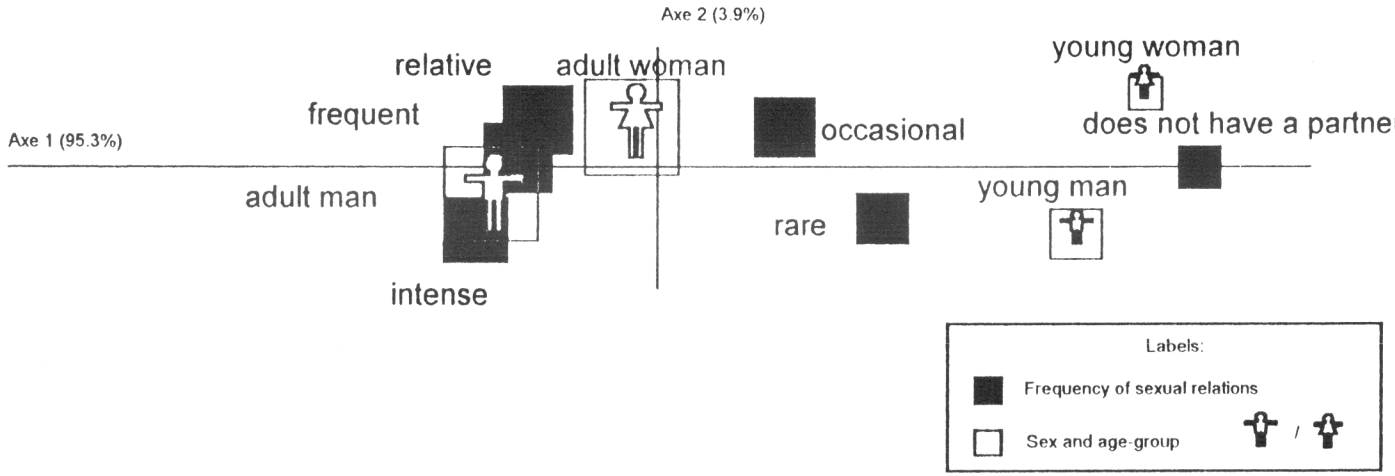


Figure 9: Frequency of sexual relations by sex and age-group

n=202, 99 women, 103 men

the size of the squares sign is proportional to the frequency of the category



frequency of sexual relations	number of intercourses
occasional	1 a week
relative	2 to 4 a week
frequent	3 to 4 a week
intense	5 to 7 a wek
rare	1 a month
does not have a partner	0

Figure 10: Possible sexual practices by sex and age-group

n=202, 99 women, 103 men

the size of the squares sign is proportional to the frequency of the category

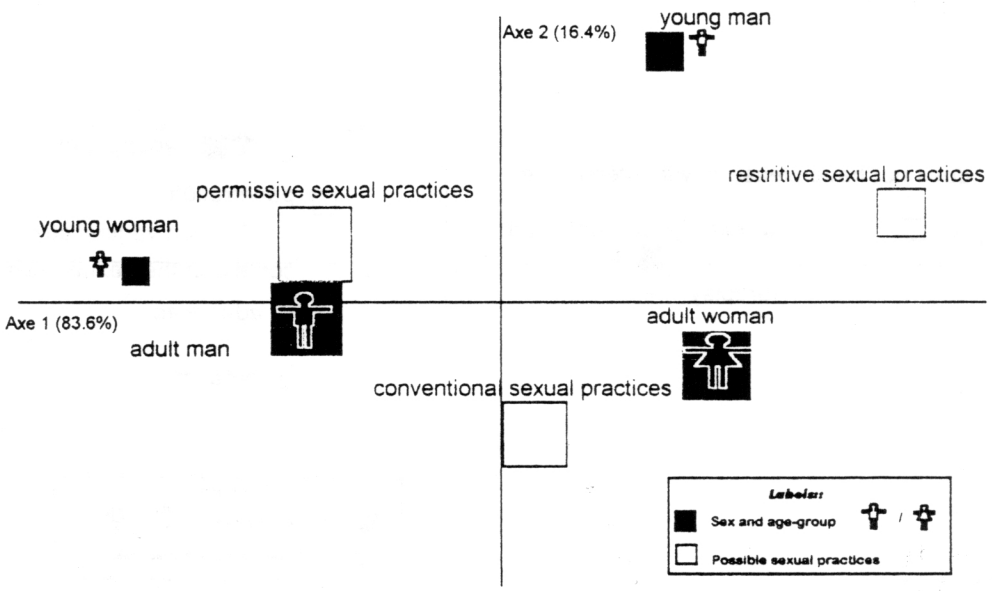
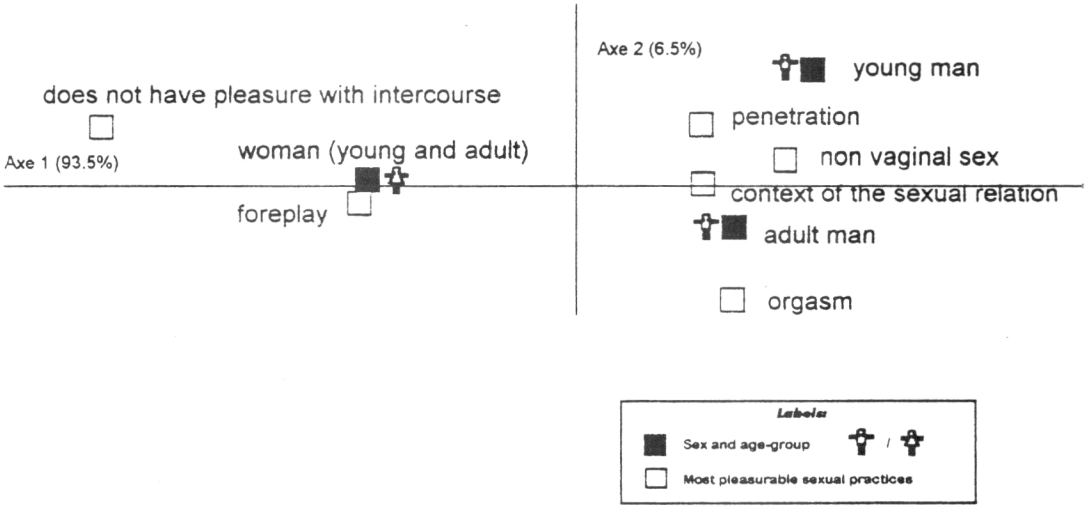


Figure 11: Sexual pleasure by sex and age-group

n=202, 99 women, 103 men

Young woman were grouped with adult woman



Notes:

1. For more detailed analysis of similar body drawing material applied to same population see Victora 1991, 1995. For a discussion of the use of body drawing as an ethnographic resource for the study of female sexuality see MacCormack 1985.

2. Part of this material is presented in Leal 1993 and Leal 1995. For a symbolic analysis of blood and fecundity see Duarte 1986 and Héretier 1984.

3. The variables *young men/female and adult men/female* were created taking into account a combination of indicators such as marital status, age, individual dependence or not from the ascending family.

4. Among others, the works of Pickering 1988, 1994 and Welling and Field 1994 are important discussions on methodology to study sexual behaviour.

5. See Parker 1987, 1991 for an analysis of Brazilian sexual culture where he points out a male transgression ideology and its implication for the AIDS epidemy.

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